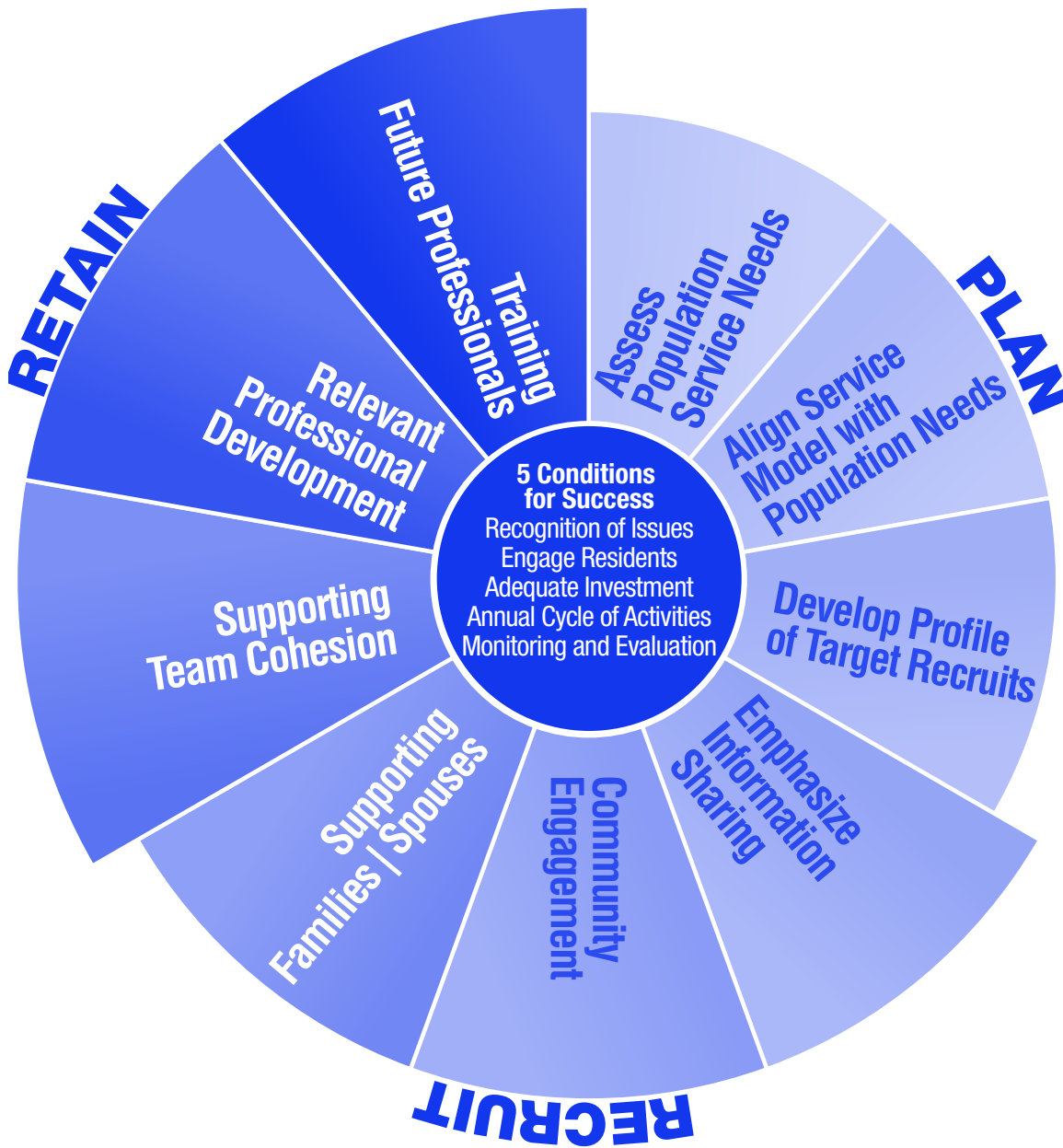


JANUARY 2019



making
it work

The Scottish Case Study Report



The Framework consists of nine key strategic elements, grouped into three main tasks (Plan, Recruit, Retain), with five conditions for success.

Executive Summary

The Scottish MIW Group consists of NHS Highland (NHSH), NHS Shetland (NHSS), NHS Orkney (NHSO), North of Scotland Planning Group (NoSPG) and NHS Education for Scotland (NES). It is aligned with ongoing work at the Remote and Rural Healthcare Alliance (RRHeal), the Scottish Rural Medicine Collaborative (SRMC), the Scottish Rural Health Partnership (SRHP) and the Scottish Government (SG).

The Scottish case study aimed at improving the recruitment and retention of remote and rural multi-disciplinary teams.

Our first objective was to gather information to help understand more fully what the current issues were around recruitment and retention in Scotland. This information provided us with grassroots evidence to direct and validate project activities.

Our second objective was to explore the role communities can play in the recruitment process- with the intention of working with a rural community to develop useful community information for candidates.

Our third objective was to develop and pilot innovative and authentic ways of advertising vacancies, by working in partnership with one rural and remote health and social care team.

Our fourth objective focused on professional development and team cohesion: our aim was to find ways to improve access to learning, professional support and team building.

There was a deliberate strategy of focussing on multi-disciplinary teams in the Scottish case study to complement the Scottish Government funded Scottish Rural Medicine Collaborative, which was running alongside Making It Work.

Key lessons learned in the case study for future recruitment and retention projects were to:

- map out agencies with similar agendas and develop shared think tanks around mutually shared agendas;
- ensure activities are embedded within current national policies and guided by contemporary knowledge and research;
- invest in effective internal and external facing communication and engagement strategies throughout project lifespan; and,
- recognise relationships matter, they are the foundation upon which sustainable remote and rural communities are built.

Background: The Recruit and Retain Project

From 2011-2018, an international collective of academics, human resources professionals, health services administrators, health professionals, social and cultural development professionals, living and working in Northern rural or remote communities in Sweden, Norway, Iceland, Scotland, Greenland, Ireland, Northern Ireland and Canada, studied factors related to workforce recruitment and stability in rural and remote environments.

Funded by EU's Northern Periphery Programme and based in the project Recruit and Retain (2011-2014) the partnership developed, implemented and evaluated a variety of solutions that supports recruitment and retention in these communities. Funded by EU's Northern Periphery and Arctic Programme and based in the project *Recruit and Retain: Making it Work* the partners from Sweden, Norway, Iceland, Scotland, and Canada, moved the work forward and developed *Making it Work: Framework for Remote Rural Workforce Stability*.

The Making it Work Framework describes the necessary elements of a strategy to ensure the recruitment and retention of the right professionals to provide needed services in rural and remote locations; in other words, to ensure a sustainable fit-for-purpose workforce. The Framework consists of nine key strategic elements that fall into three sections:

1. **Plan:** these elements are activities that may be taken at a local, regional or national level to ensure the population's needs are periodically assessed, that the right service model is in place, and that you are going after the right recruits.
2. **Recruit:** these elements are generally at the local and/or agency level to ensure the right recruits have the information and support they need to make the life decision to relocate to your community and that when they arrive, both they and their families are welcomed and integrated in the community.
3. **Retain:** these elements are part local, part regional and part national and are to ensure the current remote and rural workforce are supported, and developed, and meanwhile, that the future workforce is grown.

The document *Making it Work: Framework for Remote Rural Workforce Stability* provides a thorough description of the different elements of the framework. Figure 1 gives a graphic description of the strategic elements.



Figure 1: Making it Work: Framework for Remote Rural Workforce Stability

As part of *Making it Work* each partner has worked on their unique case studies. The partner projects have given important input to the development of the *Making It Work Framework*. The following parts of this report gives a description of the Scottish Case Study.

About Our Project

The Scottish MiW Group consists of NHS Highland (NHSH), NHS Shetland (NHSH), NHS Orkney (NHSO), North of Scotland Planning Group (NoSPG) and NHS Education for Scotland (NES). It is aligned with ongoing work at the Remote and Rural Healthcare Alliance (RRHeal), the Scottish Rural Medicine Collaborative (SRMC), the Scottish Rural Health Partnership (SRHP) and the Scottish Government (SG).

We aimed to improve and implement recruitment and retention processes for multi-disciplinary rural teams. This includes the development of a selection of activities and processes for potential and new recruits, communities and NHS employers to improve engagement, integration and knowledge sharing.

There was a deliberate strategy of focussing on multi-disciplinary teams in the Scottish case study because of the Scottish Rural Medicine Collaborative, which was running alongside MiW.

The group have been able to share information with recruitment and retention projects and programmes funded by the Scottish Government .e.g. *Being Here*, *NHS Highland*¹, *Scottish Rural Medical Collaborative*² and *RRHEAL NHS Education for Scotland*³. This collaboration, across key programmes of work with and by MiW has enabled the group to map Scottish recruitment and retention products and services which are already being addressed or developed.

This continuous review and monitoring of ongoing complementary Scottish recruitment and retention programmes and their objectives throughout the MiW project has been fundamental to ensure that resources are used to full effect, avoiding duplication and augmenting work in the interests of efficiency, achieving impact and achieving maximum value from our partnership in the NPA MiW project.

Overall Aim

To support and help improve recruitment and retention strategies based on the MiW business plan.

1 <http://www.nhshighland.scot.nhs.uk/News/Pages/BeingHerenewsletternowavailableonline.aspx>

2 ruralgp.com/wp-content/uploads/2017/05/SRMCCfl.pdf

3 <http://www.rrheal.scot.nhs.uk/Default.aspx>

Project Priorities

- Co-production with communities: Develop recruitment promotional material, templates and processes that can be adapted to specific community or vacancy needs.
- Community integration activities: Develop Selection of activities and processes for potential and new recruits and communities, to assist engagement and integration between them.
- Recruitment and retention processes: Develop novel Recruitment & Retention (R&R) processes for the NHS to engage with potential and new recruits.

Project Objectives

1. To gather information to help understand more fully what the current issues were around recruitment and retention in remote and rural Scotland. This information provided us with grassroot evidence to direct and validate project activities.
2. To explore the role communities can play in the recruitment process- with the intention of working with a rural community to co-design community information for candidates
3. To develop and pilot innovative and authentic ways of advertising vacancies, by working in partnership with one rural and remote health and social care team.
4. To find ways to improve access to learning, professional support and team building.

Our project activities and timelines

The Scottish partner's core activities were directly related to their agreed project aim and goals. The following table provides a list of desired outcomes and associated project activities and timeframes:

Objective	Outcomes	Associated Project Activities	Framework Element
To gather information to understand more current issues were around recruitment and retention in Scotland.	Accessible user-friendly marketing outlets promoting RR vacancies	Meet with Human Resources (HR) and other stakeholders to explore HR challenges and innovative thinking. Explore exemplar health board marketing outlet initiatives and discuss with HR; rural health team and rural communities the value and process to implement similar initiatives	Emphasise information sharing
To explore the role communities can play in the recruitment process	Co-designing community information for candidates	Review literature on community engagement to guide project activities. One community developing and piloting a template that incorporates community living information	Community engagement Supporting family and spouses
To develop and pilot innovative and authentic ways of advertising vacancies	Local and personalised vacancy information designed by remote and rural Health Care teams	One Rural healthcare team developing and piloting a template that incorporates team/ speciality information. Agreement sought with recruiting managers and HR to incorporate newly developed marketing material from pilot areas into their recruitment processes. Develop and implement a buddy support system to support R&R Health & Social Care Support workers	Emphasise information sharing
To improve access to learning, professional support and team building	Multi-professional partnership package of support and educational opportunities Promoting joint training across professions.	Develop and implement a buddy support system to support R&R Health & Social Care Support workers. Developing efficient initiatives to delivering educational material and supervision across professions. Test interactive eBook. Working with RRHEAL developing a specific Remote & Rural digital Learning Platform for Rural Health & Social Care Support Workers	Training future professionals Relevant professional development Supporting team Cohesion

Expected outputs: Community Information template. Professional information template. Branded NHS recruitment brochure. Principles of good practice for Community Engagement. Interactive eBook. Buddy framework. Digital Learning Platform. Multi-disciplinary training programme.

What resources (funds and in-kind) were required for the project

Principal resources have come from the MIW project via NHS Highland RD&I Division (who provided Project Management, Administration, Accountancy and Researchers support) and wider NHS Highland colleagues in Rural Support Team, Human Resources and Employment Services to support the project. Other significant contributions have come from an external advisor with experience of previous NPA projects - this helped shape and progress MIW. We also sought to work with an independent company, Interactive Health, to develop and trial e-book professional training platform for staff in remote and rural areas.

Match funding contributions were made by The Remote and Rural Healthcare Educational Alliance (RRHEAL), part of NHS Education for Scotland (NES) and SRMC programme, North of Scotland Planning Group, and NHS Highland, NHS Orkney, and NHS Shetland.

RRHeal have played a central role in the project, locally contributing to the Scottish case studies and regular team meetings, identifying and developing the education and training components of the project. RRHeal also provided the Scottish delegate for Communication Working Group; making a significant contribution, attending the regular WebEx meetings and developing the communications strategy.

We developed a working relationship with the Scottish Rural Medicine Collaborative: their programme - aims to develop ways to improve the recruitment and retention of GPs working in a rural setting across ten Health Board areas in Scotland. We had open communication and knowledge sharing, coordinated and collaborating on recruitment & retention initiatives and activities across the region, where applicable.

NHS Orkney and NHS Shetland have also provided contributions to the project, HR Managers and Officers attending initial meetings to support and advise when mapping out the direction of the Scottish business cases. NHS Orkney HR Manager offered valuable support and practical experience, sharing information of their very successful recruitment strategy involving the community. This was followed-up with visit to NHS Orkney to meet key stakeholders and Community members involved in this strategy. NHS Shetland undertook an exercise to map the MIW framework against their recruitment and retention activities.

Key Outcomes and Lessons Learned

The most important outcomes of our project

Objective 1: Understanding the issues

We interviewed 22 staff from HR, the public at job centres, newly appointed staff and staff who had recently left employment, plus community members who were actively involved in the recruitment process. Issues that were raised included:

- the need for improvement in how jobs are advertised and for more robust and imaginative advertising;
- concern about the nature of adverts which should be authentic both from a professional and community perspective offering a realistic picture of the job and environment;
- newly appointed staff drew attention to improving the contractual information and the need for clear and specific contractual job descriptions;
- community members emphasised the importance of being a welcoming community, and that taking up a post in a remote area can be a life changing moment for recruits and their families;
- there is a clear relationship between getting the recruitment process right and retaining staff;
- rural and remote posts are not standard and demands are often not captured in standard job descriptions;
- alternative ways of accessing education and updating their knowledge and skill is needed in order to maintain best practice; and,
- team work is an essential survival feature for lone workers. A buddy scheme might meet the need for support.

Objective 2: Community engagement

There were three main features to our work around communities:

- **A Literature review** demonstrated local and historical knowledge can be important to recruitment planning. Involving communities from the beginning of the recruitment process is more likely to create a sense of ownership. Communities can promote themselves as an attractive location. The quality of the relationship between community and Organisation will impinge on the quality of their future partnership and collaborative working.
- **Community exemplar:** We visited Westray (Orkney) to interview community members who worked alongside primary care staff to improve recruitment of GPs and nurses over the last 8 years with a 100% recruitment success. Community members had high levels of commitment and understanding of the complexities around recruitment and retention. There was clearly a strong partnership, and healthy working relationship with the primary team and together they have developed a welcoming plan for candidates and their families visiting the Islands prior to interview.

- **Community brochure:** The community of Ullapool, on the North West coast of Scotland, produced a brochure through the community council. This offers an array of local information for potential and newly appointed candidates and is available for adaptation.

Objective 3 Professional Information Sharing

Following a population assessment and service needs analysis, NHS Highland, along with representatives from the community, developed a Rural Support Team to support delivery of primary and urgent care in West Highland. The Rural Support Team lead identified that staff turnover in the team has been high and agreed to work with us. Together we developed a professional information brochure to be included with the job application pack. The brochure includes information on what it is like living and working in west highland and is available for adaption and use for your own recruitment purposes.

Objective 4 Professional Development and Team Cohesion.

Multi-disciplinary training programme Following a review of role competencies, joint training sessions with Rural Advanced Practitioners (non-medics) and Rural Fellows (medics) were piloted. There is now commitment to develop this joint education in the future.

Interactive eBook A prototype toolkit (mApt) was commissioned: managing Pre-eclampsia was used as an example. In some areas of remote and rural Scotland there is limited or no phone or broadband coverage. This causes difficulty for staff who are needing access to evidence-based information on site. Healthcare practitioners agreed the toolkit could be of value to both midwives and less specialised healthcare practitioners. The ability to use the toolkit to work on CPD whilst on the move was particularly welcomed.

Buddy scheme to improve support for staff, a buddy framework was developed. Experienced rural advanced practitioners will buddy up with support workers to provide additional personal and educational support. The buddy framework is available and can be adapted for any role.

e-learning education platform MIW were also involved in the development of an e-learning education platform for support workers.

Lessons Learned for future projects in our region it is important to:

- map out agencies with similar agendas and develop shared think tanks around mutually shared agendas;
- ensure activities are embedded within current national policies and guided by contemporary knowledge and research;
- invest in effective internal and external facing communication and engagement strategies throughout project lifespan; and,
- recognise relationships matter, they are the foundation upon which sustainable remote and rural communities are built.



Northern Periphery and
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