Angus Health and Social Care Partnership Workforce Plan 2022 – 2025

Engagement Findings

Engagement Questionnaire Results

The results of the engagement questionnaire issued in October 2021 can be viewed below:

The survey included eight questions covering a range of current workforce issues. The questions are listed below, along with a summary of the responses we received.

1. Vacancy Information

Can you please provide vacancy information on your service area (s) – this should include vacant posts/level of vacancies in your service(s) and where you are using bank/agency/locum staff.

Most service areas described having staff vacancies at the time of responding. In total, these amounted to a (head-count) total of 133 vacant posts, both part-time and full-time across a wide range of specialisms.

Most services described using sessional / bank staff to cover shifts, where this option was available. However, some respondents described the current availability of bank staff to be either "extremely limited" or "non-existent".

2. Current Recruitment Challenges

What are your current recruitment challenges? Can you tell us about the number of 'new starts', pending new starts', advert recruitment timescales/delays etc?

The following reasons were provided as challenging to current recruitment:

- A low number of applicants / having to recruit numerous times throughout the year.
- National shortage of certain grades, for example Band-5 RMN's, Consultant Psychiatrists and OT's.
- Lengthy timescales for recruitment.
- Impact of the Covid-19 pandemic upon recruitment process / remote recruitment.
- Laborious electronic recruitment systems.
- Desirability (or otherwise) of temporary and P/T posts.
- Poor quality information provided by candidates.
- New Right to Work checks adding to delay.

Most service areas described current recruitment activity taking place, with a (head-count) total of 70 staff currently being recruited to both part-time and full-time positions across a wide range of specialisms.

3. Projected changes to staffing models / development of new roles

Any changes to staffing models recently – or projected in the next 3 years – and the reason for this? Please include the development of new posts or the introduction of new roles within the existing structure and the WTE numbers associated with this and also new ways of working to respond to workforce challenges.

Each service described at least some service changes / developments taking place at the moment. These included:

- Keeping skills-mix, job roles, grades and workloads under constant review.
- Development of a new Social Care Worker role.

Service / staffing reviews were reported, or reported to be planned in the following areas:

- Angus Medicine for the Elderly (MFE) - Bed Model.
- Substance Misuse.
- Homeless Service.
- Mental Health Supported Accommodation.
- Care Homes.

Some areas reported utilising nationally available monies to seek to:

- introduce a new Social Worker post (Drugs Death Prevention Task Force).
- Enhance Multi-disciplinary Team (MDT) working.

Other reported developments included:

- Increasing salary increments for Mental Health Officers (MHO's) to support MHO recruitment and retention.
- Merging production kitchens at both Kinloch and Seaton Grove Care Homes.

4. Planned Workforce Efficiencies and likely Impact

Any planned workforce efficiencies and the impact of this?

Some service areas described staffing efficiencies that have already been achieved:

- Recruitment of Health Care Assistants at Band 2 rather than Band 3 to support inexperienced staff to apply.
- Working from home/greater use of technology/less travelling and travel time.
- Recent unexpected recurring funding from Scottish Government (PDS Funding).

Some service areas were not currently planning workforce efficiencies. The reasons for this are summarised:

- Staffing Establishments not increasing in line with demand.
- Increased acuity, presentation, safety and physical and mental health issues within inpatients.
- High levels of burn out and stress due to increased and constant need for PMVA (Prevention Management of Violence and Aggression) due to complex presentations and stress & distress.
- Increased referrals and appointments/higher numbers on caseloads.

5. Wider issues affecting service demand and anticipated impact on staffing

Please describe any wider issues affecting service demand and the anticipated impact on staffing levels (for example, the pattern of referral rates, overall service user number, impact of Covid/recovery).

The impact of Covid and Recovery were described by all respondents. Examples of the impact upon staff were:

- Staffing levels have been very low at times due to sickness absence (Covid-19 pandemic having a greater impact on this).
- Staff having to isolate to await PCR testing.
- Staff absent on special leave due to 'long Covid'.
- Burnout of carers, burnout of staff, low staff morale, less contact with peers.

Further examples of the impact of Covid and Recovery upon service provision were:

- Unable to offer these (Day Care) spaces as quickly as we would like mainly due to staffing levels and transport guidance (social distancing on the bus).
- Significant decrease in Volunteer number, specifically around Volunteer driving.

The impact of the Covid-19 pandemic upon service users was described in the following examples:

- Increased social isolation, leading to deterioration in mental health & wellbeing for functional and dementia clients and carers.
- Complexity and acuity of presentations – more complex and unwell
- Increased statutory work in terms of AWI and ASP.
- Increased mental health officer work due to increase in number of detentions under the mental Health Act and Guardianship applications.
- Increased demand on OT service from negative impact of Covid restrictions and reduced admissions to care homes.

Other wider issues were described in the following examples:

- Unprecedented referral rates.
- Referral rates continue to increase week on week.
- Lots of transition cases.
- Transition of individuals from Adult services to Older People is increasing
- Issues with lack of information through Transition.
- Pressure of delayed discharge.
- Service users that do not fit neatly in a services criteria – disagreements between services on who can support the service user best.
- Increased complex presentation of cases with coexisting conditions.
- It is difficult to access data to identify capacity and demand v's staff time.
- Afghan Refugees resettlement will require increased service delivery/ supports

6. Skills Development and Future Models of Care

Described any skills development that is required to support the current and/or future models of care/ service.

Most service areas provided information on this. The following summarises the key themes described:

- There is a structured, co-ordinated and future focused model for education and development for NMaHPs beyond registration which will be essential to the success of Transforming roles.
- Career pathways, aligned with the NES Post-registration Career Development Framework, are being developed to address the balance between generalist and specialist knowledge and skills.
- Development of Advanced Nurse Practitioners, and District Nurses, who are expected to acquire advanced clinical assessment skills and non-medical prescribing.
- Increase in staff proficient in: venepuncture, prescribing, IV administration, ECG, general physical health skills and ability to manage deteriorating patient.
- Development of our Day Treatment model for MFE is ongoing. This model requires the need to up skill our registered nursing staff to allow for them to undertake patient assessments/deliver treatments etc.
- Counselling skills, CBT, Functional treatments.

- Maintain and if possible, increase the number of social worker undertaking MHO training.
- Support newly qualified SWs into service.
- Support OU Social Work traineeships for existing staff ie grow your own social workers.
- Robust training in statutory responsibilities under ASP and AWI.
- Good training/skills development in care/case management.
- Have created a new post for a Wellbeing Activity Co-ordinator.
- Kickstart member of staff x1 to support increased cleaning and workload due to Covid-19.
- Digital tools to support leaner ways of working.
- Training for staff on substance misuse is required.
- SVQII and SVQIII – lack of assessors.

7. Three Main Workforce Challenges?

What are your 3 main workforce challenges/priorities currently?

Comments received have been loosely grouped around the following, suggested themes:

Recruitment & Retention:

- Recruiting new staff
- Recruitment of staff particularly to senior posts
- Care Management recruitment.
- Unable at this time to recruit to Volunteer posts
- Recruitment process is lengthy and cumbersome.
- over the next 3-5 years we will lose half of our staff group across Angus due to retirement age.
- Number of people applying for posts within the service is reducing – this is concerning.
- Retention of staff.
- Encouraging young people to apply for and progress a career in social care. We have MA posts however we had to give up SCO posts to create these.

Service and Staffing:

- Improving attendance/reducing sickness absence
- Staff morale.
- Impact of Covid – on service provision and staffs resilience.
- Supporting staff to continue to come to work.
- Priority is to continue to support staff and show them they are valued.
- Volume of work involved within the process.
- Workload pressure – increased referrals, ASP etc.
- Safe staffing of inpatient units
- Covering shifts with the current staffing levels.
- Potential outbreak of Covid and staff isolating.

8. Three Highest Workforce Risks

What are your 3 highest workforce risks? (if you have a formal workforce risk assessment for your service, please return it with this form)

As above, comments received have been loosely grouped around the following, suggested themes:

Recruitment & Retention:

- Recruitment/retention of experienced registered nurses.
- Recruitment of professionally qualified staff
- (recruiting) Registered Mental Health Nurses; Psychiatric Medics – Consultant and Juniors; Occupational Therapists.
- Maintaining numbers of Mental Health Officers to fulfil statutory responsibilities
- Age of staff and succession planning ability for the workforce.

Service and Staffing:

- Sickness Absences.
- Availability of supplementary staffing to support increased activity/shortfalls – our regular bank staff are no longer available due to supporting vaccination clinics.
- Staff morale has been variable due to Covid, ever changing procedures, information that has not been consistent or lacking.
- Effects on service users/families unable to meet up face to face, hug.
- Age demographics of people we support and increased complexities of their support and care needs.
- Impact of care home review and MH residential beds.

Engagement Survey Monkey Results

On completion of a first draft of our workforce plan, a survey monkey was developed to encourage engagement on the draft plan, to inform the final version. The survey ran from 10 March 2022 – 15 April 2022. A summary of the engagement is illustrated below. The scope of the engagement can be viewed in the engagement plan contained within the information pack.

Is the plan clear and easy to understand?

Comments included:

- Reference to areas of the plan which were unfinished and awaiting staff input.
- Confusion around improvement work and working models.

Does the plan include everything that it should?

Comments included:

- Adding in information regarding the MAT standard Developments for substance services, the workforce developments around this and the challenges around recruitment/ staff engagement.
- More reference to the contribution of OTs/ Physios/ AHPs and the challenges around these services in terms of supporting people to stay at home for longer.
- The burden of educational requirements for e.g., Advanced Nurse Practitioners.
- Data about the number of unpaid carers.
- Inclusion of volunteering roles with Third Sector

Are all the current improvement programmes included and the information contained accurate?

Comments included:

- OT Service Review is not referred to.
- More updated information about the status of specific programmes.
- Expanding use of telecare in Digital Technology section.

Have we accurately identified those posts we have difficulty recruiting to?

Comments included:

- DN and practice educator post in District Nursing.
- Leadership roles.
- B5 physios.
- Non-Medical Prescribers for substance services Addictions Consultants (section 22).

Have we accurately identified the additional staffing resources already in place and those it has been agreed to establish?

Comments included:

- OT (Manual Handling) Band 4 and 6 Transitions posts.
- ANP for Substance Services.
- There is also a Band 6 practice development post being recruited to for care homes.

Have we identified, at a strategic level, the major workforce risks?

Comments included:

- Need to acknowledge the educational requirements and burdens of training ANPs and DNs.
- Issues with AHP recruitment.
- Reference to unpaid carers.

Does the draft workforce plan cover, at a strategic level, the issues being experienced by your team/service?

Comments included:

- Staff fatigue and concerns re sustainability to retain and support staff and service levels.
- Education of these senior nursing and specialist roles, and the resource to enable medical staff to support this.
- Reference to issues with AHP recruitment.

Does the workforce plan cover, at a strategic level, our main workforce challenges?

Comments included:

- Education of ANPs with associated resource, assessment and supervision.
- Secure funding.
- If the recruitment and retention crisis in Social Care is to be addressed, then the barriers to people entering the sector need fixing. The principles contained in the UNISON Ethical Care Charter would greatly help by setting the standards on pay, conditions, sick pay, travel time, training etc. As it stands, the independent sector struggle to recruit and retain staff.

Does the action plan include everything that it should?

Comments included:

- Reference to issues with AHP recruitment.
- Include the MAT standard Developments for substance services, the workforce developments around this and the challenges around recruitment/ staff engagement.
- How the sector can be made more attractive to work for.
- 2c and supporting of other practices.

Any other comments?

- Where the workforce plan talks about advanced nurse practitioners it could also include advanced AHP practitioners who could take on advanced clinical or leadership roles. More provision should be made to employ NQPs with the view to growing our own workforce through band 5-6 or 6-7 progression posts to aid retention.
- Providing an explanation of the 4 localities in Angus.
- Add Reference to KOMP (simple technology to reduce loneliness and social isolation).
- A shorter version - executive report type - with appendices would be more digestible to a wider audience.

The feedback received from the survey monkey was used to inform the final version of the AHSCP Workforce Plan.