



**ANGUS**  
Health & Social Care  
Partnership

# Annual Workforce Plan Update 2024







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### Introduction

The Angus Health and Social Care Partnership (AHSCP) implemented a three-year workforce plan commencing July 2022. The three-year plan and accompanying action plan can be viewed here [www.angushscp.scot/workforce](http://www.angushscp.scot/workforce)

The plan is updated on an annual basis to reflect on progress and illustrate any changes to workforce priorities and challenges. This is the second annual update. Cognisance has been given to a variety of national and local plans as referenced in our three-year plan.

### Purpose

The purpose of this annual workforce plan update is to support the AHSCP to have the right people, with the right skills, in the right places, at the right time, to fulfil its strategic priorities and to continue to provide high-quality, person-centred care now, and in the future.

The plan provides data comparison and analysis from last year to the present and uses this information to reflect on whether our workforce priorities and challenges remain the same. It highlights any changes and reflects on progress made with workforce priority actions over the last 12 months and what impact, if any, these have had. It is accompanied by an action plan containing specific actions relating to how we will attract, retain and develop our workforce in order to meet current and future workforce requirements.

### Engagement

The significant level of organisational change identified within the AHSCP Workforce Plan makes engagement with staff a priority to ensure they are heard, there is an opportunity for shared ideas, innovation and collaboration and their views are used to inform workforce activity. Engagement also supports stakeholders to understand the drivers for change, be involved in planning required workforce activity, identify solutions and implement actions. The AHSCP has a robust engagement strategy and a number of established methods to ensure stakeholders are engaged in the change process.

In May 2024, a questionnaire was sent to all services across the AHSCP. A positive response was received across services, and this provided information to inform the draft annual workforce plan update. This was also informed by up-to-date workforce data and the work of the workforce subgroups. The draft update was sent out for engagement widely across all services and relevant stakeholders and feedback informed the final version.

### Equalities

An Equalities Impact Assessment (EQIA) has been developed alongside this annual workforce plan update. The EQIA process commenced at the earliest stage of the plan development to ensure that equality implications were considered throughout the development of the plan. As part of the EQIA process, the impact of this plan will be monitored throughout its implementation to ensure that mitigating actions continue to be identified and appropriate action taken to minimise any negative impact this plan may have on people who have protected characteristics as specified in the Equality Act 2010 (discrimination against someone due to age,

disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

## Workforce

This plan adopts a whole system approach in which the statutory services, third and independent sectors (including unpaid carers) operate in partnership; this means that references to the workforce should be taken to include all sectors, unless otherwise stated.

Table 1 provides a comparison snapshot of the total number of staff employed across a range of services in the AHSCP from July 2023 to March 2024. The table illustrates a decrease in Angus Council staff of 9 WTE posts and a decrease in headcount of 9 staff members. This may be attributed to a reduction in permanent posts in some service areas to meet budget efficiency savings as well as the cessation of some temporary positions.

The table illustrates an increase in NHS Tayside staff of 19 WTE posts but a decrease in head count of 41 staff members. This could be attributed to a range of factors such as increased hours being given to part time staff, more vacant posts being filled, additional posts being created either in response to growing demand, staff health and wellbeing issues and service redesign or existing resources being utilised more efficiently. It may also be attributed to services being creative around 'hard to fill' posts by identifying alternative posts to meet specific gaps in the workforce.

Head count figures remain larger than WTE figures for both organisations reflecting part time positions for various posts.

The Scottish Social Services Council publish a report on the Distribution of the Social Service Workforce annually. The latest report illustrates the headcount for Third Sector staff in July 2023. The next report containing 2024 figure is due to be published in August 2024. It should be noted that these figures include childcare workers and Care Homes.

Care at Home figures have been provided using an internal data source. These illustrate an increase in head count in Care at Home staff of 120 staff in the last year. This is a significant increase and may be reflective of the excellent focussed work that has been progressed in relation to recruiting and retaining staff in this sector. More detail can be viewed in the section 'Overview of Progress in the Last 12 Months' in this report.

**Table 1: Staff Numbers**

|                         | WTE July 2023 | WTE July 2024 | Head Count July 2023 | Head Count July 2024 |
|-------------------------|---------------|---------------|----------------------|----------------------|
| Angus Council           | 590           | 581           | 778                  | 689                  |
| Third Sector            | XXX           | XXX           | 820                  | XXX                  |
| NHS Tayside             | 744           | 763           | 1,017                | 976                  |
| Care Homes              | XXX           | XXX           | 1,478                | XXX                  |
| Care at Home            | XXX           | 509           | 543                  | 663                  |
| <b>Total Head Count</b> |               |               | <b>4,895</b>         |                      |

WTE - Whole Time Equivalent / Head Count - Actual number of employees

(Source AHSCP internal data systems)

### Overview of Progress in the Last 12 Months

Following the publication of our three-year workforce plan in 2022 the AHSCP established multi-agency workforce subgroups to drive forward work in relation to our workforce priority areas:

- Recruitment and Retention
- Staff Health and Wellbeing
- Workforce Data
- Learning and Development
- Safer Staffing

These subgroups were reviewed in 2024 and the following groups are now in place to drive forward workforce priorities in the following areas:

|  |  |
|--|--|
| <b>Recruitment &amp; Retention</b>       | To address current recruitment and retention challenges and attract people into the workforce/retain existing workforce.   |
| <b>Safe Staffing</b>                     | To support the implementation of the Health and Care (Staffing)(Scotland) Act 2019 in AHSCP.   |
| <b>Workforce Data</b>                    | To develop processes to analyse and monitor workforce data across AHSCP.   |
| <b>Staff Wellbeing &amp; Development</b> | To work collaboratively to promote opportunities to support staff wellbeing and identify learning and development opportunities that exist for the range of professions across AHSCP with a view to maximise uptake. |

A summary of progress from each of these groups is provided below. Progress on priority actions progressed by the groups is included in the action plan which also includes a range of new actions identified throughout the last 12 months in response to emerging priorities.

## Recruitment and Retention

- A range of targeted actions aimed at attracting people into a career in social care and retaining existing staff. Achievements in 2024 have resulted in an increase of 120 Care at Home staff.
- A range of targeted recruitment events delivered across various towns in Angus.
- The development of a new recruitment website.
- More creative advertising methods including promotional videos linked to job advertisements and wider use of social media for job advertising. For one recent post the number of applicants increased from 20 to 60 following use of the promotional videos.
- Promotion of AHSCP roles at a wide range of career fayres.
- The development of a range of videos to promote a career in health and social care. These videos focus on the various roles as well as creating awareness that Angus is a great place to live and work. Promotional videos include Allied Health Professionals, Nursing, Care at Home, Care Homes and Learning Disability Services.
- In recognition that the increase to the Adult Wage for Social Care to £10.90 per hour from 1 April 2023 remained lower than other sectors, the AHSCP increased the staff hourly rate element within the care at home rates from £10.90 per hour to £11.20 per hour from 1 April 2023. This increase was temporary and ended on 31 March 2024.
- A focus on attracting, recruiting and retaining young people through supporting youth employability programmes, work experience, pathways with further education, employer support and volunteering opportunity development.
- Participation in Science, Technology, Engineering and Mathematics (STEM) events across primary schools in Brechin, Kirriemuir and Arbroath with plans to participate in future events organised for secondary schools (S1/S2).
- Participation in the NHS Youth Academy Tayside for secondary school pupils.
- The provision of a Social Care course by Dundee and Angus College following collaborative working with them.
- Supporting the Foundation and Modern Apprentice schemes to attract new people into the workforce. We have 2 Foundation Apprentice Placements this year.
- Collaborative discussions are currently taking place with Brechin high School in relation to the introduction of a course on the health sector.
- A focus on new employment opportunities providing volunteering & learning and development opportunities which will increase the number of local people entering and sustaining a career in care. This includes utilising the Long Term unemployment scheme to encourage return to work.
- There was a reduction in posts under the Newly Qualified Social Work (NQSW) scheme across the partnership this year. However, this remains a positive initiative whereby we successfully see NQSW's remain in social work posts within the AHSCP beyond their post qualifying year.

- The Social Work traineeship has been relaunched with funding for 2 places annually. This offers development and succession planning opportunities for staff in LG8 posts and below who can meet the entry requirements.
- We have recently started recruitment for 'Qualifying Social Work posts'. These are sessional posts for students on their final year of study of a social work degree at university. This enables students to begin employment while undertaking their final year of study or whilst waiting for their degree results. Qualifying social workers can undertake pieces of work in an operational team overseen by a qualified social worker. This is a great opportunity for students to gain experience in a statutory setting and develop the skills and values needed prior to becoming a registered Social Worker. AHSCP and Angus Council have recruited 6 Qualifying Social Work posts on the 9 July 2024.
- A focus on the District Nursing (DN) service by transforming roles and recruiting and retaining experienced staff. This includes working towards one clinical band 7 in each locality to create a career pathway and assist with retention of experienced DN staff and the development of the band 4 Assistant Practitioner.
- Psychiatry of Old Age (PoA) and Medicine for the Elderly (MfE) have been given permission to over recruit New Graduate Programme Registered Nurses (RN) and Registered Mental Health Nurses (RMN). This has resulted in PoA recruiting 7 RMNs in inpatients & community-based teams – the equivalent of an additional 3.0 Whole Time Equivalent (WTE) posts.
- The development of a succession planning framework to support succession planning and staff retention.
- A focus on General Practitioner (GP) recruitment and retention resulting in the recruitment of 12 GP's. Work is also taking place in one practice working on sustainability projects to ensure resilience and sustainability to the single-handed practice.
- It is hoped that Angus will be successful in recruiting a Career Start GP this year.
- There are four Newly Graduated Practitioners (nurses) in primary care service areas.
- Angus HSCP continue to recruit both domestic and international candidates. Services recruiting staff members from abroad have dedicated HR support, and guidance is available to support managers navigate the complexities around sponsorship and visa requirements.
- The development of values-based recruitment good practice principles for recruiting managers.
- The development of a workforce toolkit on the AHSCP staff intranet.
- Information, employment support and training has been provided to the people from Ukraine resettled in Angus to encourage the Ukraine Workforce in Angus to choose Health and Social Care as a career. A Long-Term Unemployed initiative for the people of Ukraine is also in place.





“AHSCP and Angus Council staff have helped me more than I could ever believe, I am now happy and safe, and looking forward to the future.”

### Luidmyla’s Story

Following the Russian invasion of Ukraine in February 2022, Luidmyla and her teenage daughter Sofiia were forced to leave Kyiv. After seeking safety in Poland, they travelled to the UK to live with a host family and start a new life in Angus. With more than 20 years’ experience working as a family GP in Ukraine Luidmyla was keen to continue working in a role, she was deeply passionate about. However, despite her previous experience, she struggled to get her Ukrainian qualifications recognised by employers here in the UK.

Luidmyla explained “When I arrived in the UK I could not work straight away because my English was poor, and I was struggling to understand everyday situations. It was an awful hard adaption period because it’s a different country, with different people. But slowly each day life got better, so I decided it was time for me to find a job to help me feel more comfortable and confident too”.

Through partnership working a support plan was put in place to enable Luidmyla to achieve her dreams of working as a GP here in the UK. With the collaborative teams support Luidmyla commenced some volunteering work, her confidence grew, and she was able to develop techniques and strategies to develop new skills. Luidmyla said; “The volunteering was really beneficial to me. It helped with my confidence, and I was speaking English everyday with the dementia patients”.

Working with partners in Angus Council and Dundee and Angus College, Luidmyla was supported to obtain references from the Ukraine and get her qualifications recognised through the University of Dundee. She was also supported to finish her ESOL SVQ Intermediate Level and secure a PVG certificate, funded by tariff funding for the Homes for Ukraine scheme.

As a final step, Luidmyla was supported to update her CV, and through mock interviews and English language sessions, she also gained a new confidence, preparing her for the job market. Highlighting the impact of these sessions, Luidmyla explained; “These sessions were very helpful for me, as I felt very comfortable and confident asking and answering questions”.

After nine months of intensive support, Luidmyla successfully secured a new role as a Trainee GP with a medical practice in Angus. Reflecting on her experience, she said: “AHSCP and Angus Council staff have helped me more than I could ever believe, I am now happy and safe, and looking forward to the future. My life is now here in the UK, and one day I want to gain full registration as a GP in Angus”.

### Safe Staffing

- A Safe Staffing Steering Group has been established.
- There are mechanisms and systems in place such as SafeCare, Real time Staffing Resource and staffing tools. For Health services that do not have e-rostering there is an onboarding plan which will include access to SafeCare, with a timescale of 6 months.

- Social care representatives meet regularly to provide assurances about their regulated services and this information is provided to the Steering Group.
- The Care Inspectorate have commenced inspections, and these outputs will provide assurance in relation to regulated social care services.
- Training continues to be a standing item on the Steering Group agenda. There is information & training resources available on TURAS, Learn Pro, HIS SWAY and webinars, presentation slides & resources in respect of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) are also circulated to staff in scope of the Act.
- AHSCP are supporting the independent sector with this agenda through the investment of the Independent Sector Lead role.
- A focus on raising awareness of the Act across the AHSCP and the health and care services duties determined by the Act by sharing resources, webinars and updates within the AHSCP.
- Participation in testing via the Care Inspectorate pilot of staffing method. An AHSCP Care Home is participating in the Care Inspectorate Staffing Method Pilot.
- Triangulation exercises and workload tools are being tested in health services.
- A timetable of quarterly reporting within the National Health Service Tayside (NHST) and regular meetings have been set up to achieve completion of the required HCSSA reporting templates for the Scottish Government, Health and Commissioned services.
- Regular monitoring of escalation/business continuity plans are in place via the safer staffing group.

### **Workforce Data**

- A minimum dataset has been developed for Angus Council and NHS Tayside workforce data. This includes data on staff numbers, contract types, absence rates, leavers and new starts. Key Performance Indicators (KPI's) have been developed to support monthly analysis on the data being provided.
- Information has been gathered on Ukrainian refugees within Angus who are currently seeking employment, establishing their backgrounds, education, qualifications and identifying support requirements. This has resulted 2 people gaining employment with Angus Council services this year, and 2 people being employed with external providers.
- A system for collecting workforce data from Option 3 providers has been established and is now operational.
- A system is now in place to record and monitor workforce data in nursing teams on a monthly basis.
- A dashboard has been developed to monitor staffing levels in commissioned care homes and care at home services. Work in underway to encourage providers to submit this data.
- Improvements have been made to the care at home contract monitoring template to include sections on workforce data.

### **Staff Wellbeing and Development**

- A focus has been placed on ensuring appropriate signposting of wellbeing resources to all staff, including the National Wellbeing Hub. Staff regularly receive information from respective employers and wellbeing messages are included with staff briefings for the Service Review.
- A podcast on staff health and wellbeing is currently being created.
- A focus on building links with NHS Tayside and Angus Council wellbeing initiatives to increase awareness of the range of initiatives and encourage the sharing of good practice.
- Work is currently being progressed to improve induction processes for new staff to ensure staff are informed about the AHSCP.
- AHSCP are commencing a piece of work with Tommy Whitelaw, the National Lead, for Person Centred Voices at the Alliance. The aim of Tommy's work is to promote multi-agency partnerships, and create a blueprint for embedding compassion, active listening, Intelligent Kindness and a 'What Matter to You' approach. The work of the programme is based on the principles of Values Based Reflective Practice (VBRP) Tommy's work links with the 'Civility Saves Lives' agenda that raises awareness around the impact that incivility can have on both individuals and teams. Tommy will be working with staff for 2 days per month over the next year. This work is also aligned to Improving Wellbeing and Working Cultures, published by the Scottish Government in July 2024.
- Menopause policies and guidance has been promoted to support the mental health and wellbeing of woman experiencing the peri/menopause.
- 59 staff benefited from taking part in the Resilience Dynamic questionnaire and coaching sessions.
- AHSCP continue to support the mentally healthy workplace initiative and increase the number of staff wellbeing champions across the AHSCP.

## Improvement Activity

In addition to the actions progressed by the workforce subgroups, a range of improvement activity has taken place across the AHSCP, reflecting a shift in how we traditionally deliver services towards new, innovative ways of working for our workforce.

Much of the improvement activity has a focus on redesigning to mitigate hard to fill posts, upskilling staff to respond to changing demographics, developing career pathways that will aid retention of our workforce and introducing innovative new roles to enhance the capacity and capabilities of our workforce. The introduction of new models allows opportunities to ensure that we have the right staff, in the right numbers, working in the right places at the right time. Our improvement activity is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts. This has resulted in the following:

- A variety of service reviews completed include Primary Care Improvement Plan, Learning and Physical Disabilities Improvement Plan, Psychiatry of Old Age, Homelessness Support Accommodation, Prevention and Proactive Care Programme, Falls Pathway, Community Nursing Redesign, Mental Health and Wellbeing Enhanced Community Support Model expanding to the South, and now covering the whole of Angus.
- The continued progression of further reviews includes Community Alarm Control Room and Enablement and Response Team (ERT). The ERT service review aims to ensure that the service can deliver services efficiently and effectively for the people of Angus and that this is reflected within our staffing structure and pathways of care for service users.
- The Out of Hours (OOH) trained nursing workforce is to be reviewed in line with safer staffing requirements and the wider OOH future Model of Care delivery.
- A review of Day Opportunities is underway to further develop the model across Angus and to ensure there is a wide range of accessible provision available for those who require it.
- An agreement to over-recruit to posts linked to anticipated future retirements across services has been put in place in order to maximise recruitment opportunities.
- A rolling programme of training in relation to District Nursing Specialist Practitioner Qualifications is being progressed to ensure we have skilled staff in place to meet complexities of need and respond to demographic changes. Work continues to be progressed in relation to the expansion of Advanced Nurse Practitioners (ANPs) with the aim of creating new and innovative ways to offer, attract and retain nursing staff.
- Ongoing development with GP Practices who are willing to support trainees (Advanced Nurse Practitioners, Pharmacy and District Nursing).
- The appointment of a Head of Service with an executive Lead for Social Work to enhance the role of the Social Work profession within the AHSCP and ensure that all teams delivering social work services have an appropriate number of qualified social work practitioners/managers in each team to deliver social work duties and aid recruitment of Social Workers into the AHSCP.

- An AHSCP service wide review is being undertaken to ensure that our service models are designed to meet current and future need and demographic changes as efficiently as possible and that our resources are used as effectively as possible. This process includes a variety of mediums for staff to engage, provide their views and inform the decision making process.

Improved induction processes are being developed for new staff and Newly Qualified Social Workers.

- Forensic and Custody services have undertaken a review of covered shifts and anticipate that when there is a full complement of staff in place there will be the capacity to have a second person on nightshift most nights. A Senior Charge Nurse (SCN) is working Monday-Friday providing leadership and clinical support for day shift staff.
- All services continue to promote continuous improvement with workforce re-design and skill mix opportunities considered and, in some service areas, temporary posts are being mainstreamed to retain staff. Services are constantly reviewing skill mix to ensure that we have the correct numbers and grades of staff to meet patient needs.
- The OOH service has completed staff engagement and Ecosystem mapping to inform several Quality Improvement Projects for service and patient care improvement planning. The service is applying a Demand, Capacity, Activity and Queue (DCAQ) methodology to our quality improvement work and now closely review service data and staffing levels on a bi-weekly basis. They continue to undertake, where appropriate, tests of change to seek improvements and regular meetings take place with finance colleagues to review budget for workforce to identify efficiencies and ensure timely recruitment into vacant posts.
- The Angus Physiotherapy and Occupational Therapy (OT) Services have had a DCAQ facilitated session with the intention of understanding how to create capacity within the system.
- The Adult Acquired Speech and Language (SLT) service is exploring moving to a tiered level of service delivery, with universal, targeted and specialist interventions. This approach has been supported by Scottish Government in children's SLT and it is starting to move across into adult services. The approach is underpinned by effective person-centred decision making which supports triage of referrals and the offer of the right level of intervention.
- The Care Home Nursing Team are progressing Care Home Collaborative (local and regional) review work. Funding for these posts has been confirmed for 2024/25 and is outcome based.
- The OOH service is exploring expanding our partnerships and ways of working with other outlying services to add resilience to the wider workforce in the OOH period to manage patient assessment and care safely and appropriately.
- An increase in the numbers of people contacting the AHSCP to find out more about a job in care. People who are contacting us are being signposted to either vacancies within the AHSCP or to external care providers.
- Google analytics in place have shown an increase in contact from people who are interested in a career in care. Our presence on Facebook has increased by paying for an enhanced service.

- A range of new staff appointments have been made in the AHSCP. These have either been posts created due to additional funding being prioritised or as a result of staffing models changing to meet demographic, staff skills or recruitment and retention issues and mitigate some of the workforce challenges being experienced.
- There has been an increase in Adults with Incapacity (AWI) activity, in particular, the increase of AWI case conferences. This could reflect the positive impact of the role of Social Work Senior Practitioners in early identification of capacity issues and interventions.
- Work is being undertaken by NHS Tayside and the 3 local authorities to explore possible Occupational Therapy Assistants/Allied Health Professional support worker opportunities to undertake Occupational Therapy training to gain a professional qualification. This is in recognition of the recruitment challenges for the profession.
- As part of the Primary Care Improvement Plan an Urgent Care Advanced Nurse Practitioner (ANP) team has been developed. Over the past year this team has grown (currently 12wte). These ANPs are closely aligned to Practices and support the urgent care needs of people locally.

## Workforce Growth

Growth in our workforce has historically been about identifying resources to address the general growth in workforce demand. There is an imbalance between demand and our supply of staff, partly due to the age profile of our workforce, shortages of key professionals and changing demographics. The introduction of new models allows opportunities to ensure that we have the right staff, in the right numbers, working in the right places at the right time. Our improvement activity is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts.

A variety of new or additional posts have been introduced across the AHSCP to support workforce demands. This illustrates the priority being given to workforce development, recruitment and retention issues. Some of these posts were established via redesign so not all required additional new resource to establish them. These are targeted at meeting our workforce demands and adding to the skills requirements of our workforce and it should be noted that not all of these posts are additional to existing staffing resources. An overview of these is provided below:

Posts established between July 2023 and July 2024

- Senior Planning Officer (Self Directed Support).
- Part time Senior Planning Officer in Older People's Services until April 2025.
- Senior Practitioner (temporary for 23 months) in Older People's Care & Assessment Northwest team.
- Disability Services have established an additional 2 x 21.75 hour Social Care Workers, and 1 x 36.25 hour Social Care Worker in day services, 1 x 36.25 hour Social Worker to lead on the Coming Home Implementation (temporary till March 2025), 1 x 36.25 hour Social Worker to assist with increase in transition cases (temporary till June 2025) and are currently establishing 3 X 30 hour Social Care Worker posts for the care home.
- Primary Care Services have established a Primary Care Team Manager and an Administration Team Leader.
- Forensic and Custody services are in the process of establishing a Forensic Nurse Co-ordinator.
- Integrated Mental Health services have established an 0.5 WTE pharmacist and a Newly Graduated Practitioner nursing post.
- Out of Hours Services are currently developing proposals to further increase the health and social care workforce. This involves a Health and Social Care hybrid job description which can also support the wider service when needed across the operational teams during periods of increased demand and provide resilience.
- The Care Home team have established 2 Social Worker posts.
- The Angus Physiotherapy and OT Services have established 2 additional posts to support Orthopaedic activity (SG Funded), 1 additional Band 5 post permanently recruited from workforce reserves (exit strategy is linked to anticipated resignation of Band 5 staff member in next 6-8 months) and 2 OT posts.
- Medicine for the Elderly and Psychiatry of Old Age (PoA) services are currently looking at the staffing structure within the wards for PoA. They are looking at the role of Band 4 nurses across both services and the recruitment of an RMN Advanced Nurse Practitioner.

## Contract Status

Table 2 illustrates that in 2024 a high percentage of Council staff (79%) working within the AHSCP were on permanent contracts, with 4% on temporary contracts and 17% of the workforce being utilised via supply options. Similarly, within NHS Tayside, a high rate of staff were on permanent contracts with 96% employed permanently with 3% on a fixed term secondment and 1% on fixed term contracts. There has been an overall reduction in temporary staff employed in Angus Council since 2022 which is a reassuring development in terms of workforce stability. However, the use of supply staff which had shown a decrease in 2023 has risen significantly, perhaps as a reflection of workforce recruitment challenges.

Table 3 illustrates that in NHS Tayside, the rate of staff on permanent contracts has remained high with a slight increase to 97% in 2024, with both fixed term and fixed term secondment figures remaining consistently low.

**Table 2: Angus Council Contract Status**

| Type      | % 2022 | % 2023 | % 2024 |
|-----------|--------|--------|--------|
| Permanent | 73     | 89     | 79     |
| Supply    | 19     | 8      | 17     |
| Temporary | 8      | 3      | 4      |

(AC internal data systems July 2024)

**Table 3: NHS Tayside Contract Status**

| Type                  | % 2022 | % 2023 | % 2024 |
|-----------------------|--------|--------|--------|
| Permanent             | 96     | 96     | 97     |
| Fixed Term            | 3      | 3      | 3      |
| Fixed Term Secondment | 1      | 1      | 0      |

(Workforce Directorate, NHS Tayside\* March 2024)

## Vacancy Information

Table 4 shows the percentage of Angus Council and NHS Tayside posts that were vacant in the last 3 years. It illustrates that within Angus Council, although vacancy rates have increased significantly since 2022 in line with the national trend and national workforce challenges, 2024 has seen a 3.4% reduction in vacancies since 2023. This is an encouraging development possibly attributed to the activity and focus that the AHSCP has undertaken in relation to improving the recruitment and retention of staff. NHS Tayside vacancies remain at a lower rate of 8.9% which is a small increase since 2022.



Table 4

| Vacancies                       | % 2022 | % 2023  | % 2024 |
|---------------------------------|--------|---------|--------|
| Angus Council HSCP Vacant Posts | c8.5%  | 17.3%   | c13.9% |
| NHST AHSCP Vacant Posts         | c7.2%  | No data | 8.9%   |

(AC internal data systems July 2024) (Workforce Directorate, NHS Tayside\* March 2024)

Table 5 describes a selection of current NHST staff posts, by “job family” in Angus, described using whole time equivalents (WTE). It is provided to illustrate current NHST staffing levels in Angus in comparison with staffing levels in 2022 and 2023. It highlights a rise in staffing within all groups in 2024 compared with previous years, with the exception of the admin/clerical group which has experienced a slight decrease.

Table 5

|                             | Job Family                       | In post (WTE) 2022 | In post (WTE) 2023 | In post (WTE) 2024 |
|-----------------------------|----------------------------------|--------------------|--------------------|--------------------|
| Medical & Dental            | Senior Medical & Dental          | 51.9               | 49.9               | 52.9               |
| Nursing & Midwifery         | Nursing + Midwifery-registered   | 315.6              | 297.3              | 310.1              |
| Nursing & Midwifery         | Nursing + Midwifery-unregistered | 110.1              | 110.2              | 106                |
| Allied Health Professionals | Occupational Therapists          | 20.6               | 25.4               | 26.9               |
| Allied Health Professionals | Physiotherapists                 | 36.4               | 37.4               | 41                 |
| Other Therapeutic           | *Pharmacists                     | 22.4               | 44.6               | 47.2               |
| Admin & Clerical            | Admin Clerical                   | 110.4              | 116                | 115.8              |

[Workforce Directorate, Ninewells] \* Includes pharmacy technicians

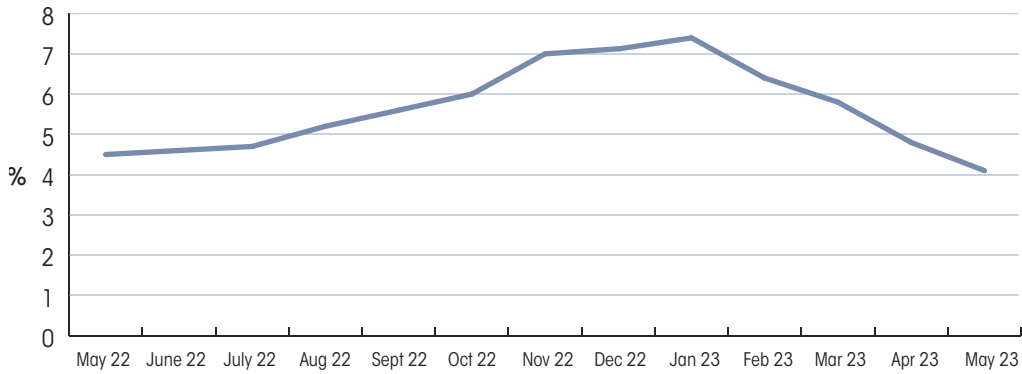
## Staff Turnover Rates

The staff turnover rate for AHSCP staff employed by Angus Council was 14% for the year 2021/22. For the year 2023/24 the turnover rate is 12.7% illustrating a reduction in staff turnover. This is a positive development which may be attributed to the focussed work on staff retention that has taken place. The staff turnover rate in 2023/24 for AHSCP staff employed by NHS Tayside is 9.2%. Although there is a high level of staff retention across services, recruitment challenges remain.

## Staff Absence

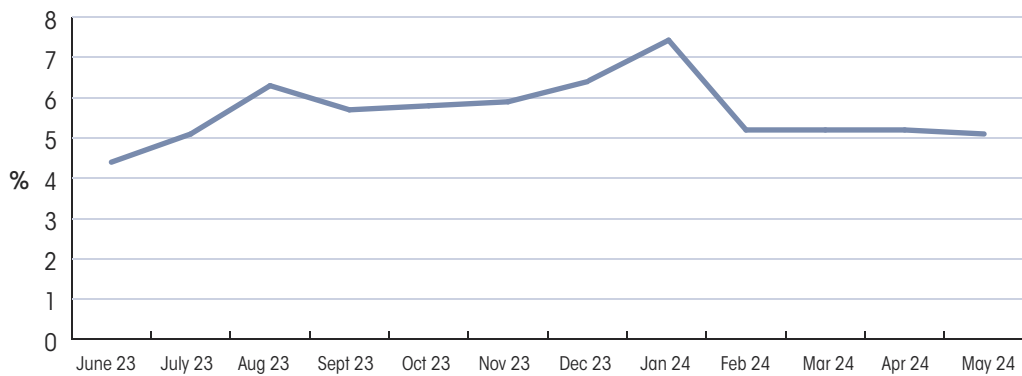
Tables 6 and 7 represent overall absence (%) amongst NHS staff working in the AHSCP from 2022 - 2024. Timescales are indicated in the tables. Table 7 indicates an upward trend in overall absence peaking in January 2024 to a higher level than the previous year. Although this is now looks to be declining, absence remains higher than a year ago.

**Table 6**



(Workforce Directorate, NHS Tayside 2024)

**Table 7**



(Workforce Directorate, NHS Tayside 2024)

Table 8 represents overall absence (%) amongst NHS job “families” in the Angus Partnership. It illustrates an increase in absence rates from 2023 to 2024 in every job family with the exception of the other therapeutic job family which has seen a 2% decrease. The highest absence rates in 2024 are in support services with a rate of 10.8% with medical and dental services seeing the most % increase from 1.7% to 7.8%.

**Table 8: Total Absence % by NHS Job Family**

| Job Family                 | 2022 | 2023 | 2024 |
|----------------------------|------|------|------|
| Administrative Services    | 4.8  | 3.8  | 4.2  |
| Allied Health Professional | 3.0  | 3.2  | 3.6  |
| Medical and Dental         | 1.3  | 1.7  | 7.8  |
| Nursing/Midwifery          | 6.7  | 5.4  | 7.2  |
| Other Therapeutic          | 3.9  | 5.5  | 3.5  |
| Support Services           | 6.7  | 7.6  | 10.8 |
| Medical Support *          | 0.9  | -    | -    |

(Workforce Directorate, NHS Tayside 2024) \*Data no longer collected separately

Table 9 provides an overview of Angus Council absence for staff working in the AHSCP from 2022 - 2024. This indicates an increase in absence rates for Mental Health Services from 5.6% to 6.5% in the last year. Absence rates for Community Health and Care Services have reduced from 4.7% in 2023 to 4.1% in 2024. Absence rates for Community Health and Care Services have decreased by over 50% since 2021 when the rate was 8.59%.

**Table 9: Angus Council AHSCP Sickness Absence %**

| Service Area                     | 2022 | 2023 | 2024 |
|----------------------------------|------|------|------|
| Community Health & Care Services | 4.5  | 4.7  | 4.1  |
| Mental Health Services           | 5.4  | 5.6  | 6.5  |

(Angus Council HR Data source)

Table 10 illustrates the main reasons for Angus Council AHSCP staff sickness absence in April 2023 and in April 2024. The highest absence reason being psychological in both years. This table illustrates a decrease in all areas with the exception of exploratory and endocrine/glandular problems.

**Table 10**

| Absence Reasons                          | % of Absence 2023 | % of Absence 2024 |
|--|-------------------|-------------------|
| Psychological                            | 30.99             | 34.15             |
| Musculoskeletal                          | 24.65             | 20.36             |
| Infectious Diseases                      | 12.98             | 7.38              |
| Respiratory                              | 6.81              | 8.83              |
| Exploratory                              | 5.32              | 7.23              |
| Genitourinary & Gynaecological Disorders | 3.56              | 3.16              |
| Cancer                                   | 3.41              | 4.46              |
| Gastroenterological                      | 3.30              | 4.04              |
| Cardiovascular                           | 3.29              | 1.35              |
| Ear / Nose / Dental / Throat             | 2.94              | 3.32              |
| Neurological                             | 1.48              | 3.19              |
| Endocrine / Glandular Problems           | 0.34              | 0.34              |

(Angus Council HR Data Source)

There is a national challenge in relation to sourcing workforce data from the third and independent sector. This is an important issue as increasingly services are now being commissioned by third and independent sector organisations. The lack of this information limits our ability to understand our workforce, analyse and forecast workforce demands and take required action to address challenges experienced by various sectors of our workforce.

The Scottish Social Services Council (SSSC) have commenced a national dataset for registered workers. However, this does not include absence information. This is an important national issue in understanding our overall workforce challenges,

particularly in relation to the increasing demand for care at home provision, much of which is delivered in Angus by the Independent sector.

The known absence level for the independent care at home sector nationally was approximately 16% in 2022. No further update of this information is available.

(Scottish Care; Workforce Recruitment & Retention Survey Findings September 2021).

## Workforce Age Information

Table 11 highlights that age ranges within Nursing/Midwifery remain fairly static with the largest age range remaining 31-49. A significant percentage of the AHSP’s Nurses (45.5%) are aged 50 years or over. During the next few years, as nurses retire, it is likely there will be insufficient nurses available to replace them. The District Nursing Transformation of Service Programme: A Role Framework for District Nursing is being developed across Tayside and has a focus on addressing this issue.

**Table 11: AHSCP Nursing/Midwifery – by Age**

| Age Range       | % 2021 | % 2023 | % 2024 |
|-----------------|--------|--------|--------|
| <b>Under 30</b> | 10     | 11.9   | 10.4   |
| <b>31-49</b>    | 43     | 42.7   | 44.1   |
| <b>50-59</b>    | 37     | 35.7   | 35.1   |
| <b>60+</b>      | 10     | 9.7    | 10.4   |

[Workforce Directorate, NHS Tayside 2024]

Table 12 highlights that the largest age group for Allied Health Professionals (AHP’s) continues to be the 31-49 year-old category although this percentage has continued to drop year on year. There has been a significant increase in the 50-59 age group from 29.1% in 2023 to 40% in 2024 indicating an increasingly ageing workforce.

**Table 12: AHSCP Allied Health Professionals – by Age**

| Age Range       | % 2021 | % 2023 | % 2024 |
|-----------------|--------|--------|--------|
| <b>Under 30</b> | 8.6    | 12.8   | 11.9   |
| <b>31-49</b>    | 58     | 53.8   | 49.2   |
| <b>50-59</b>    | 32     | 29.1   | 33     |
| <b>60+</b>      | 0.4    | 4.3    | 6      |

[Workforce Directorate, NHS Tayside 2024]

Angus Council collects staff age data across slightly different age bands. Table 13 shows that the largest age group is aged between 55-64 indicating a rise in the ageing workforce. This is a change from 2022 when the largest age group was in the 45-54 category.

The data provided by these tables presents a challenge for workforce planning and is further exacerbated by the overall reduction in the health and social care workforce and the reducing younger population demographics. It further highlights the importance of the workforce activity highlighted in this plan, focussing on the

maximisation of resources, using resources to maximum efficiency and taking positive action to attract more people into the workforce of all ages.

**Table 13: Angus Council Age Bandings**

| Age Range | %2022 | %2024 |
|-----------|-------|-------|
| 16-24     | 5     | 5     |
| 25-34     | 17    | 12    |
| 35-44     | 26    | 21    |
| 45-54     | 27    | 26    |
| 55-64     | 22    | 32    |
| 65+       | 3     | 3     |

[Source: HR, Digital Enablement & Business Support, Angus Council]

Table 14 illustrates the anticipated retirements of Council staff working within the AHSCP by age band. This highlights a large percentage of staff in the 60-64 and 55-59 age groups within Community Health and Care services. The projected retirement of staff within the next few years will result in loss of experience across the Partnership. This highlights the importance of robust succession planning across the AHSCP to mitigate the risk presented by this loss in experience and numbers of staff.

**Table 14: Angus Council Anticipated Retirements by Age Band**

| Age Range | 2022 - % Community Health & Care Services | 2022 - % Mental Health Services | 2024 - % Community Health & Care Services | 2024 - % Mental Health Services |
|-----------|---|---------------------------------|---|---------------------------------|
| 65+       | 8.45                                      | 1.06                            | 9.30                                      | 0.66                            |
| 60-64     | 40.14                                     | 2.46                            | 37.87                                     | 2.33                            |
| 55-59     | 42.61                                     | 5.28                            | 44.85                                     | 4.98                            |

[Source: HR, Digital Enablement & Business Support, Angus Council]

Table 15 illustrates the actual retirements that took place in 2022 and 2023 and shows an increase in retirement for the 60+ group and a decrease in retirements in the under 59 age group since 2022 indicating that people are working for longer.

**Table 15: Angus Council Actual Retirements 2022 and 2023**

| Age Range | % 2022 | % 2023 |
|-----------|--------|--------|
| 60+       | 88     | 94     |
| Under 59  | 12     | 6      |

[Source: HR, Digital Enablement & Business Support, Angus Council]

### Workforce Gender

Tables 16 and 17 illustrate the high proportion of female staff employed by both organisations. This high percentage of female staff raises implications for the workforce in terms of the impact of parental leave. Although it is recognised that carers leave, childcare and flexible working arrangements are available to staff of both genders, the high proportion of female staff across the AHSCP means that paternal leave may also have an impact on the workforce.

**Table 16: Angus Council % Staff by Gender**

| Gender | % 2022 | % 2023 | % 2024 |
|--------|--------|--------|--------|
| Male   | 22     | 13     | 14     |
| Female | 78     | 87     | 86     |

[Source: HR, Digital Enablement & Business Support, Angus Council]

**Table 17: NHS Tayside % Staff by Gender**

| Gender | % 2021 | % 2023 | % 2024 |
|--------|--------|--------|--------|
| Male   | 16     | 17     | 16     |
| Female | 84     | 83     | 84     |

[Workforce Directorate, NHS Tayside 2024]

### Workforce Challenges

The main workforce challenges we are experiencing are largely due to an imbalance between demand and our supply of staff, partly due to the age profile of our workforce and shortages of key professionals. Challenges remain in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP’s and pharmacists and increasing demand and complexity of need. Therefore, our main workforce challenges include:

- An ageing workforce.
- An increase in individuals with complex needs, co-morbidities and long-term conditions requiring support.
- The AHSCP have commenced a service review. Although it is too early to know what the impact of this on staff may be, the uncertainty of this is impacting on some current staff who are concerned that staffing levels may be further reduced.
- Population changes with a reduction in working age population living in Angus.
- Social care staff paid low wages. Improved pay in non-care sectors is attracting social care workers into those sectors.
- A significant reduction in the availability of professionally trained clinical staff, including Allied Health Professionals, doctors, nurses and pharmacists.
- Changes in employment and immigration regulations linked to EU withdrawal.

- Inability to train key professionals at a sufficient rate to meet demand.
- National competition attracting newly qualified professionals to settle where they trained - often in city areas.
- Care at home continues to be an area of significant growth as we support people to remain independent in the community for longer. Ensuring an adequate workforce to provide the required care is an ongoing challenge. Although care providers have reported an improvement in staff recruitment activity, retention of staff remains a challenge. This is due to a number of factors such as workload, high demand for part time posts, low wages for social care staff and a high percentage of new staff embarking on college or university courses such as access to nursing.
- A lower than planned demand for care home placements has been evident along with a continued high demand for care at home services. The care at home demand continues to exceed the available capacity within the partnership, resulting in unmet need.
- The shortage of GPs continues to worsen. The recruitment and retention challenges are due to various factors such as an increase in portfolio working, feminisation of the workforce and the nature of the role.
- There has been a decrease in vacant posts, but services are finding it increasingly demanding to meet service demand within existing staff resources.
- The National Care Service (NCS) Bill was approved at Scottish Parliament on 29 February 2024 with the intention of reforming how social care, social work and community health services are delivered in Scotland. The Scottish Government has committed to delivering the NCS legislation by the end of the parliamentary term in 2026. It remains unclear how this will impact on the workforce at this stage.

Workforce challenges specific to service areas are detailed below:

- Older People and Older People's Community Mental Health services have had a high staff turnover. Although recruitment processes have been successful, agency workers have been used on several occasions. There is a challenge regarding the knowledge and skills mix within some of the teams where a lot of new workers are in post. 80% of one team consist of new staff. Several retirements have taken place across the teams and a new qualified social work plus a new graduate student have joined the teams.
- Older People's Services and Disability Services are experiencing growing caseload numbers and some work requires to be done taking into account setting the bar recommendations around indicative caseloads. This may be addressed via the AHSCP Service review.
- There is a shortage of care staff in some areas of disability services and, although additional staff are required for the day centres, the building capacity is now full. There is also a shortage of kitchen staff with one care home short of 50 kitchen staff hours per week.
- Allied Health Professional (AHP) - there is a shortage of physiotherapists to support Disability Services.
- Organisational Change within Primary Care Services to support the Service Manager role is progressing, however this is currently delayed which is impacting on staff workload, capacity and morale.

- Integrated Mental Health Services are experiencing challenges with recruitment due to short term funding for some posts. Volume of work experienced in the service is impacted by increased level of referrals, pathways out of services being difficult and a lack of suitable accommodation to permanently house individuals, which impacts on length of time within the service.
- The Out of Hours Service, Tayside are finding that the operational team's resource no longer meets with the demands of the service, due to historical rotas and working patterns. Operational staff rotas struggle to comply with non-clinical rostering policy. There is limited contracted Health Care Support Worker and trained nursing staff, and they are routinely relying on staff from the Nurse Bank to ensure safe service cover.
- The Enablement and Response Team (ERT) have a number of vacant posts which cannot be filled due to the ongoing service review. Temporary additional funding identified and continues to be used to increase the capacity of the Enablement and Response Team through an increase in staff hours. This change was in response to the increasing extreme pressures across health and social care, unmet need and hospital discharges and delays.
- Within Adult Mental Health Services there is a lack of Consultant Psychiatrists and a reliance on locums. There is increasing demand on staff due to increased referrals to the service and high complexity of caseloads.
- Mental Health Officers (MHO) workload continues to increase every year. To mitigate this, the addition of Angus MHOs on the Tayside Out of Hours Rota has increased the availability of MHOs out of hours. MHOs now also only attend Adult Support and Protection case conferences in which their additional legislative knowledge and expertise is required.
- Angus Physiotherapy and Occupational Therapy (OT) Services are experiencing issues around increasing demand and complexity of clinical care and not enough capacity in the current staffing establishment to meet the demand in all services.
- OT services have challenges in filling posts and frequently have to re-advertise posts. Consideration is being given to alteration of skill mix with reviews taking place as each vacancy exists.
- AHSCP is the lead partner for the hosted Adult Acquired Speech and Language Therapy (SLT) service. The funding arrangements and relationships within and across the three partnerships and NHS Tayside is complex a review of SLT services has been agreed. Several vacancies currently exist across this service area. The growth in specialist service provision, for example, Ear, Nose & Throat /Head & Neck has seen referrals increase year on year in alignment with evidence supporting SLT interventions, but there has been no increase in staffing in this area for 12 years.
- Many services are experiencing challenges within the workforce because of reconfiguration of budgets which balance against ability to utilise workforce reserves and Scottish Government funding initiatives.
- The Care Home nursing team have undertaken a workload assessment which suggests that an additional 0.8 WTE Band 6 post is required to undertake proactive support for Care Homes. This year has seen a significant turnover of Care Home Managers.



- The number of Advanced Nurse Practitioners (ANPs) working in Angus has quadrupled. As most are trainees, they require a high level of support, which is very challenging for the one current Lead ANP to provide. Recruitment of another Lead ANP is planned.
- Recruiting Managers are reporting that the length of time it takes to recruit to posts and undertake all the relevant checks is too long. Recruiting Managers are also noticing a reduction in applicants applying for posts.
- Levels of staff sickness in some service areas continues to impact on staff workloads and staff health and wellbeing.

The range of improvement work currently being undertaken illustrates the breadth of activity required across the AHSCP to address the current challenges being presented. The current improvement activity involves mapping service requirements, models and identifying new ways of working, identifying the skills needed to upskill the workforce, quantifying the types and numbers of staff required and the development of new pathways. The activity areas focus on required staff skills mix, identification of new roles, new ways of working, financial considerations, efficiency, sustainability and service quality and improvements.

## Strategic Workforce Risk

As a result of changing demographics, national workforce issues and new duties affecting our staff and people who use our services, there is a risk that the AHSCP will be unable to develop and sustain its workforce to meet its legal obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 and any other relevant legislation.

The causes of our workforce risk include:

- Age profile of existing staff.
- Population changes with a reduction in the working age population living in Angus.
- Social care staff are paid low wages and therefore there is a risk of poor retention.
- Significant reduction in the supply of professionally trained clinical staff including Allied Health Professionals, pharmacists, doctors and nurses.
- National recruitment issues.
- Changes in employment and immigration regulations linked to EU withdrawal.
- Complex and protracted employment processes that do not respond to short term needs.
- Inability to train key professionals at a sufficient rate to meet demand.
- National competition attracting newly qualified professionals to settle where they trained - often in city areas.
- The capacity of the Integration Joint Board (IJB) to continue to support further increases in demographic pressures is now extremely limited due to the financial pressures being experienced.

The AHSCP Workforce Plan, Action Plan and Annual Update ensures a focused approach to improvement on our workforce risk. Each of the workforce work streams have a focused action plan to drive forward work in relation to our workforce

challenges. A Programme Board has been established for the Health and Care (Staffing) (Scotland) Act 2019 and a Tayside Workforce Group is in place to address regional workforce issues collaboratively across the region. Workforce Service Risks have been developed. There is evidence that all these measures are having an impact as detailed in the overview of progress section of this report.

The three-year workforce plan and annual workforce plan update reflects a shift in the traditional delivery of services towards new, innovative ways of working. This is critical in addressing the reducing workforce, significantly increased policy and legislative requirements, and an increasing demand and changing demographic within the population. Many of these improvement programmes have now been completed and implemented. Those still to be completed demonstrate good progress. The Service Review will further aid in addressing some of these risks. The introduction of new models allows opportunities to ensure that we have the right staff, in the right numbers, working in the right places at the right time. Our improvement activity is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts.

A number of additional controls have been added into Strategic Risk 08 - Workforce Optimisation. These focus on:

- Recruitment and Training of Advanced Practice
- Working with employing organisations to improve recruitment
- Succession Planning
- Business critical posts within the AHSCP are now regularly monitored, reported on and actions in place for succession planning for these posts.

We received an Internal Audit report of reasonable assurance for the workforce in August 2023. The report concluded positively on the link between the Workforce plan and managing the risk of having the right staff with the right skills in the right place to achieve objectives. The audit recognised that the setting of priority actions for the Workforce Action plan was also based on a review of the strategic risk at that time and that additional future mitigating actions to achieve the target risk score of 16 are clearly linked to the implementation of the Workforce Plan and the monitoring arrangements for the Workforce Action Plan.

### Whistleblowing

A recommendation from the Internal Audit is to ensure that Whistleblowing issues are considered through the Staff Partnership Forum and assurances are outlined within the Workforce Plan.

The Angus Staff Partnership Forum remit is to ensure the fair and consistent application of the employing authorities' staff governance standards for all NHS Tayside and Angus Council staff working within the Partnership. It addresses operational issues affecting staff and services and contributes to the development and implementation of strategy and policy. All AHSCP plans are developed with input from the AHSCP Staff Partnership Forum, and these plans support the principles and practices of staff governance including all workforce issues, the creation of new roles, changes to skill mix, changes to workforce numbers, workforce risks, learning and development of the workforce and organisational development issues.

Whistleblowing remains a standing item on the agenda at each meeting of the Staff Partnership Forum, however, there have been two Whistleblowing concerns in the last 12 months. There has also been the opportunity for staff to undertake training.

## Service Workforce Risks

All services hold service level workforce risks. An overview of these is provided below:

- Staffing levels contribute to workforce risks due to sickness, vacancies, and upcoming resignations affecting case work cover and Adult Support & Protection work. They also contribute to service standards and staff wellbeing issues.
- There is a risk we are unable to meet support demands and meet Safe Staffing levels if we cannot fill vacant posts. There is also a risk to staff health and wellbeing as staff have to cover extra shifts and pick up additional work.
- As a result of delays/slow progress of the organisational change within Primary Care Services, this is impacting on staff morale, capacity, allocation of appropriate tasks and development opportunities, which may result in loss of experienced staff if they seek opportunities elsewhere.
- There is a risk that staff will be unable to be released for training and development due to staff shortages at a time when staff are required to upskill quickly due to changing needs and demographics resulting in a lack of suitably trained staff.
- Due to service pressures, some service areas cannot offer as many student placements which may have a future impact on recruitment.
- There is a specific service risk in the Out of Hours service in relation to the ageing workforce with the majority of operational staff being retired professionals in part time posts with a significant percentage of the workforce between 55-75 with many looking to retire and reduce hours.
- The Service Review, and the postponement of some smaller reviews are causing uncertainty for staff with some staff having already left specific service areas.
- The inability to recruit to Consultant vacancies is causing a risk to service delivery.
- As of July 2024, there is an 80% vacancy rate within one part of the health Occupational Therapy service which is causing a risk to service delivery and staff wellbeing.

## Financial Implications

The Angus IJB published its updated Strategic Financial Plan for the period 2024/25 to 2026/27 in April 2024. The plan has been developed against a backdrop of significant uncertainty specifically the unprecedented financial pressure in the public sector in Scotland.

It has remained a general assumption that most of the IJB's demographic pressure will be in services responding to increases in older age group populations and long term conditions (e.g., home care, care management, community nursing and prescribing) and that, for example, the inpatient and residential care home components of care within the Angus IJB will not be expected to see capacity growth, albeit may see changes in acuity. There will also be changes in pressure on Disability Services and Mental Health and Urgent Care services.

While this principle may still be valid, the capacity of the IJB to continue to support further increases in demographic pressures is now extremely limited. On that basis, and for this iteration of the financial plan, it is now assumed that only a nominal allowance is made for further demographic pressures. This nominal allowance would have to cover any required increases in budgets across all services and in all settings (i.e., community services, residential services, and hospital settings). This approach is consistent with 2023/24 methodology and continues to put a much-increased focus on services either containing the impact of demographic and service pressures through local re-prioritisation or mitigation of the pressures.

The strategic financial plan notes the following risks in relation to workforce:

- Reviews of Safe Staffing issues re Health and Care (Staffing) (Scotland) Act and review of healthcare tasks in community setting.
- Community Nursing – Job re-evaluations may require reworking of workforce models.
- Workforce and recruitment issues may have a knock-on effect on IJB costs beyond service delivery issues.
- Staff Pay Inflation – Although it is assumed Scottish Government will fully fund health staff pay awards there is a potential risk in the current climate that funding could be reduced.
- Demographic Pressures – e.g., in Older People Services reflecting population changes.
- National Care Service – there may be implications for funding arrangements or managing issues such as changes to “Charging arrangements”.

The Strategic Financial plan demonstrates the IJB’s overall position is one that shows increasing underlying overspends as the IJB struggles to contain forecast increases in costs (without factoring the impact of all likely risks or demographics) within the available funding.

The short-term reliance on non-recurring under spends and contingency funds is not a strategic solution to the underlying shortfall. It is therefore the case that the IJB’s current Strategic Commissioning Plan (2024/25 to 2026/27) cannot be confirmed as being deliverable within the forecast available resources. Therefore, it has been necessary for the IJB to revisit the content of the Delivery Plan and in turn the Strategic Financial Plan.

In 2023 the IJB initiated a Service Review which, from January 2024, was re-set to support the IJB to deliver significant savings. The intentions will be to include the financial impact from the Service Review in any next iteration of the Strategic Financial Plan.

There will be financial implications arising from many of the changes which are identified within this workforce plan, but these must be informed by a realistic understanding of the available resource envelope, as described in the Strategic Financial Plan.

## Priority Planning

Our workforce priorities in the last 12 months have focussed on the following priority areas:

- Staff Wellbeing and Development
- Recruitment and Retention
- Workforce Data
- Safer Staffing

Workforce subgroups continue to drive forward this work in addition to the comprehensive range of improvement activity being progressed across services within the AHSCP.

These priority areas encapsulate the workforce challenges highlighted within this report in relation to, for example, succession planning, the ageing workforce, attracting a younger workforce, having robust workforce data to inform our workforce forecasting and assumptions, changing demographics and labour supply, financial constraints, staff skills requirements, staff retention and the wellbeing of our workforce. These workforce priorities therefore remain current and relevant for our next 12-month cycle of workforce planning activity to continue to address our workforce challenges and risks.

These reflect the priorities being experienced across the services which are outlined below:

- Staff health and wellbeing.
- Staff training, development and skills mix.
- Ensuring safe staffing levels.
- Staff recruitment and retention.
- GP sustainability.
- Succession Planning.
- Maintaining Service Standards.
- Data to support capacity & demand work, better understanding of demand on services and real-time staffing information.
- Capacity and demand.

## Action Planning

Our annual Action Plan Update 2024 details the priority actions that will be taken over the next year to mitigate the risks and challenges identified in this workforce plan. It highlights new actions being progressed in response to emerging priorities over the last 12 months.

The actions are focussed on addressing the workforce challenges highlighted in the plan, are intricately linked to the strategic financial plan and include a variety of governance arrangements for the identified improvement activity.

