



South Ayrshire HSCP Workforce Plan 2022-25

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Foreward

This report has major significance for the South Ayrshire Health and Social Care Partnership (SAHSCP) and the provision of services to the citizens of South Ayrshire. The report highlights the challenge posed by the demography in South Ayrshire where many more citizens are likely to need care and support in older age at the same time as the population of working people is diminishing. In addition, the data shows that our workforce is aging and that it is becoming increasingly difficult to attract younger people to work in health and social care in South Ayrshire. These trends are reflected in current challenges across the whole workforce to attract staff. The pressures are particularly acute in our social care and Allied Health Practitioner Services.

The SAHSCP aims to be an Ambitious and Effective Partnership and to achieve this we need a highly skilled workforce who can meet the needs of local people. In order to mitigate the challenges we face we have developed a detailed Action Plan which we hope will enable us to secure the right sized workforce for the future. This action plan will be a very significant focus for the SAHSCP and Integrated Joint Board over the coming years.

It is impossible for the SAHSCP to properly serve the needs of citizens without the efforts of the dedicated staff team. I remain exceptionally grateful for the work of our current staff group, and I am confident that with the right focus and energy that we can maintain a strong workforce into the future.

Tim Eltringham

Director

Section 1 – Introduction and Context

Background

The South Ayrshire Health and Social Care Partnership (SAHSCP) has a statutory duty to provide a workforce plan, and the Scottish Government requires all Partnerships and Health Boards to provide 3-year plans for the periods 2022-25 and thereafter.

The workforce plan primarily focuses on workforce requirements within South Ayrshire Council (SAC) and NHS Ayrshire & Arran (NHSAA), but also considers the workforce within the Third and Independent Sector¹.

The SAHSCP requires an overarching plan to highlight and address the workforce themes that must be considered to meet its strategic objectives and the ‘Wellbeing Pledge’ contained within the [2021-31 Strategic Plan](#).



Whilst both SAC and NHSAA publish their own workforce plans, they take cognisance of, and inform and influence, each other. Workforce Leads across South, East and North Ayrshire Councils and NHSAA collaborate to ensure plans are reflective of not only local plans, but pan-Ayrshire requirements.

¹ The Third Sector comprises charities, community groups and social enterprises, and the Independent Sector commissioned providers which undertake work on behalf of SAHSCP.

SAHSCP's workforce will be impacted by a range of activities that are led by partner organisations, and these will be detailed further in their workforce plans. For example, the development of the [National Treatment Centre](#) in Ayr will impact on Allied Health Professionals and will be predominately driven by NHSAA. Likewise, the North Ayrshire Partnership leads on Mental Health, and the East Ayrshire Partnership leads on the Primary Care Improvement Plan, and high-level summaries of these workstreams and related actions will be contained within their respective action plans.

The importance of workforce planning is recognised through the [National Workforce Strategy for Health and Social Care in Scotland](#), and also Audit Scotland.² The action plan contained in Section 7 attempts to further embed the importance and effectiveness of workforce planning.

SAHSCP's approach to workforce planning is to ensure flexibility and adaptability to changing requirements, and that is evidenced by the internal working group created to consider immediate workforce pressures, and since early 2022 the group has been focusing intently on key service areas such as Biggart and Girvan community hospitals, community teams and mainstream Care at Home.

A range of workforce pressures, risks, and opportunities have been highlighted in the SAHSCP [2021 Interim Workforce Plan](#), and also in a specific workforce pressures [report](#) submitted to the South Ayrshire Integrated Joint Board. The SAHSCP has taken cognisance of feedback received from the Scottish Government in relation to workforce planning, which included ongoing evaluation of turnover/absence/vacancies, and more concise reference to WTE/FTE with regards to increased capacity.

In developing the workforce plan, SAHSCP has undertaken the following engagement –

- A survey of all Service Managers, with a focus on pipeline/future workforce and recruitment and retention.
- Sessions with SAHSCP leadership to establish key workforce theme and actions.
- A survey of Third and Independent service providers to establish their recruitment priorities and how SAHSCP can assist sector-wide recruitment, alongside a range of partner engagement forums.
- Liaison with Scottish Care and Voluntary Action South Ayrshire.
- A survey of employees who have joined SAHSCP in the last 12 months, with a focus on their on-boarding experience.
- Benchmarking with workforce planning colleagues within a Pan-Ayrshire context.
- Input and guidance from the SAHSCP's Workforce Planning Implementation Group.
- Consultation with the SAHSCP's Strategic Planning Advisory Group, Partnership Forum, and Integrated Joint Board.

Data

The majority of SAC and NHSAA data is reported as of the 1st of April 2022. Available Third and Independent Sector is less current and is based on reports from the Scottish Social Services Council covering the periods 2019 and 2020. Unless otherwise stated, the term 'SAHSCP workforce/employees' refers to paid employees within SAC and NHSAA.

Having separate workforce data across SAC, NHSAA, and the Third and Independent Sector does provide complexity and gaps, and some data may be focused only on one organisation or sector due to availability. However, there is confidence (based on feedback and stakeholder engagement) that key themes and trends will apply across the workforce generally.

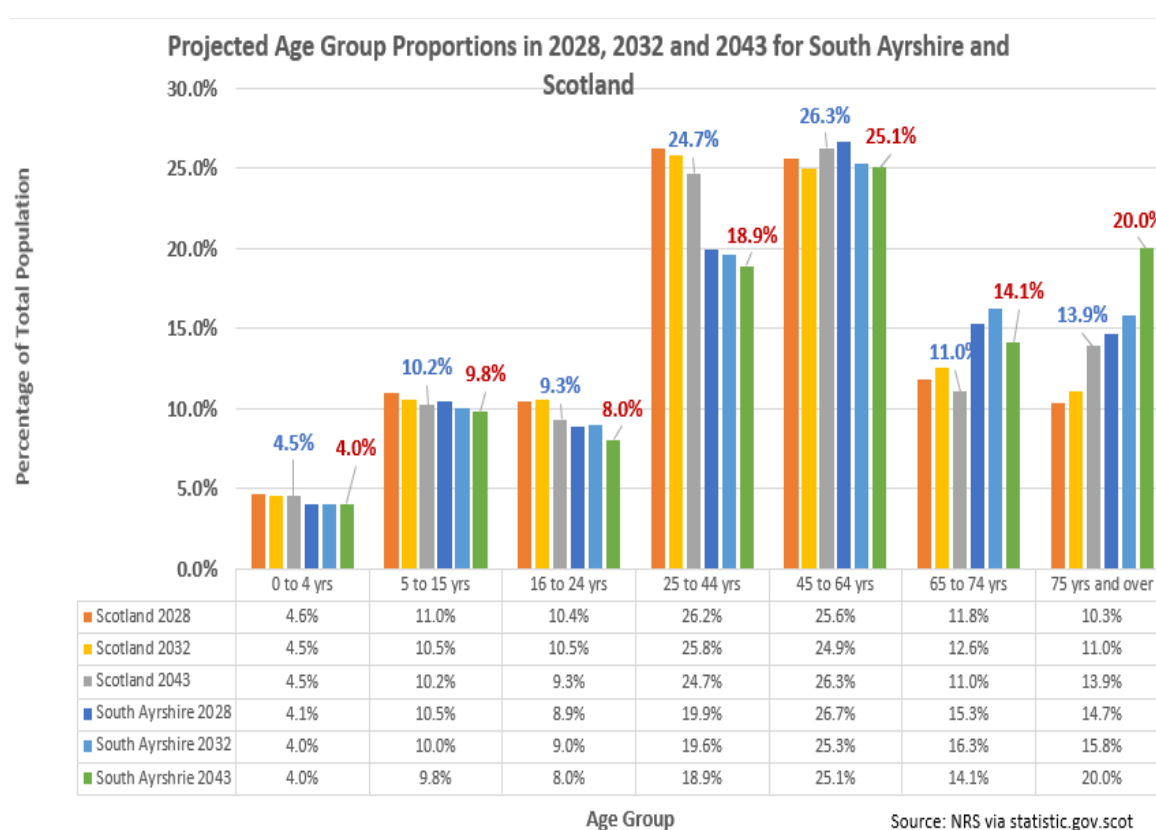
² Examples include - <https://www.audit-scotland.gov.uk/news/scotlands-nhs-needs-better-workforce-planning> and https://www.audit-scotland.gov.uk/uploads/docs/report/2021/bv_211027_south_ayrshire_pr.pdf

Population Demographics

Informing the SAHSCP strategic and workforce plans is a range of demographic data contained within the [Strategic Needs Assessment](#) and the [National Records Scotland](#). Information is also sourced from, and generated by, employees and service users.

Key aspects confirm –

- South Ayrshire’s population is projected to decrease by 1.7% by 2028 and by 6.5% by 2043 while Scotland’s population will continue to grow by 8% and 2.5% over the same time-periods.
- Although a positive net migration into South Ayrshire is predicted, it will not be enough to offset the predicted negative natural change with many more deaths than births.
- South Ayrshire and Scotland’s populations continue to age. South Ayrshire’s pensionable population will continue to grow while the number of children and working age populations are predicted to decrease. South Ayrshire’s 75+ population is expected to increase by 27% in the next decade and 65% by 2043.



- The dependency ratio is projected to rise and be one of the highest in Scotland³, confirming a significant challenge for service provision that supports the needs of older people.
- By 2028, 42% of all South Ayrshire households will be two or more adults with no children households.
- The number of long-term health conditions will be significant, affecting almost 70% of those aged between 75-84.
- Life expectancy will be consistent with national averages.

³ ‘A high dependency ratio indicates that the economically active population and the overall economy face a greater burden to support and provide the social services needed by children and by older persons who are often economically dependent’ – United Nations definition.

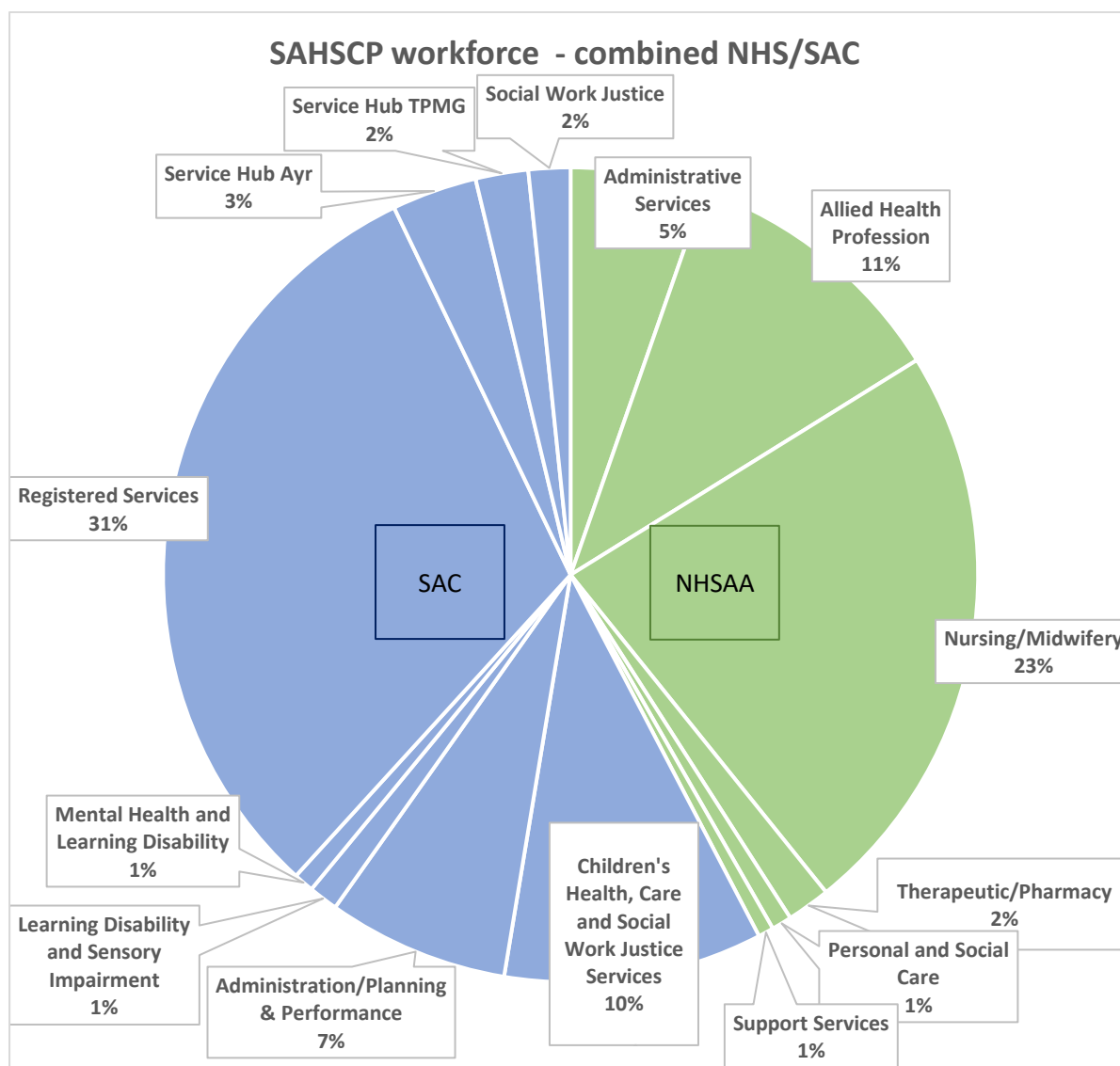
- South Ayrshire emergency hospital admissions per 100,000 in the last 5 years have continued to rise and are above the national average, but emergency department attendances have gradually reduced to be consistent with the national average.
- Delayed Transfers of Care⁴ across South Ayrshire have at points during 2022 been the highest in Scotland per capita.
- South Ayrshire will have a higher percentage (22%) of the population prescribed medication for anxiety, depression, or psychoses than the Scottish national average (19%).

⁴ A Delayed Transfer of Care is when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

Section 2 – Workforce

Overall Numbers

The SAHSCP has a paid workforce of **672** whole-time equivalent (WTE) within NHSAA, and **756** FTE within SAC⁵, with over 90% of the SAHSCP workforce living in South Ayrshire. A full breakdown of roles and grades can be found in Appendix 1. The Partnership commissions approximately 70% of its care at home service to a range of private providers.

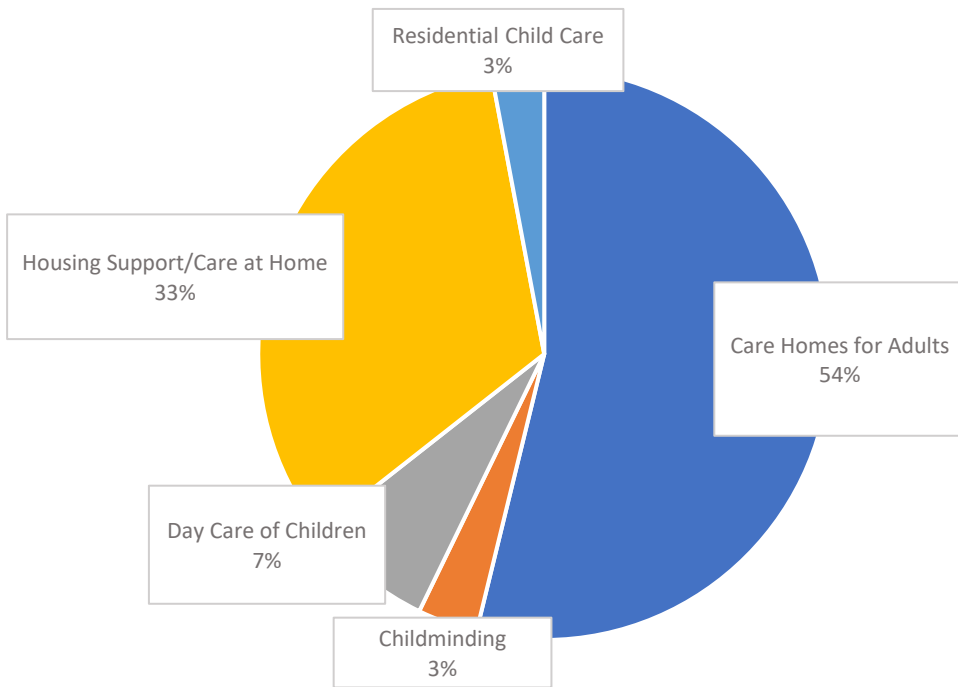


With regards to the Third and Independent Sector, no definitive FTE/WTE numbers can be sourced, although headcount numbers indicate 2000+⁶.

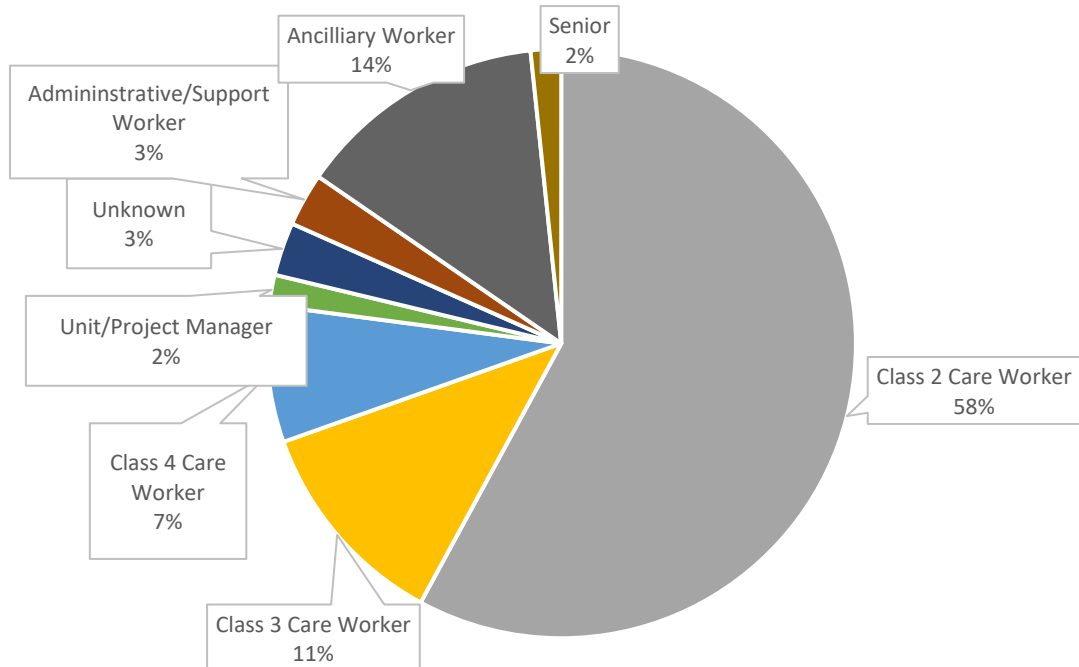
⁵ FTE and WTE is the terminology used by SAC and NHSAA to indicate workload carried by an employed person. The main distinction concerns standard corporate working hours (for example 35 hrs or 37.5hrs) and will be the total equivalent of the workforce against those hours. It is not the number of people employed (known as 'headcount'). For consistency the Scottish Government has requested workforce plans focus on FTE and WTE where feasible.

⁶ Including Adult Day Care, Adult Placement Service, Care home for Adults, Housing Support/Care at Home, Nurse Agency, Offender Accommodation, and Fieldwork Services. Some areas are not recorded, and examples include childminding assistants and some administration staff).

Independent sector - service area

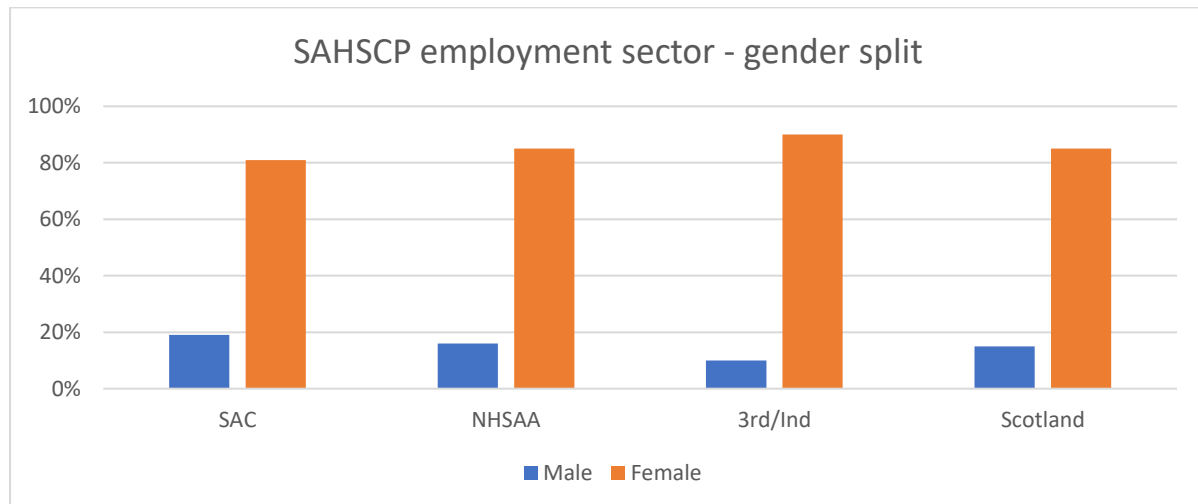


Independent sector - job profile



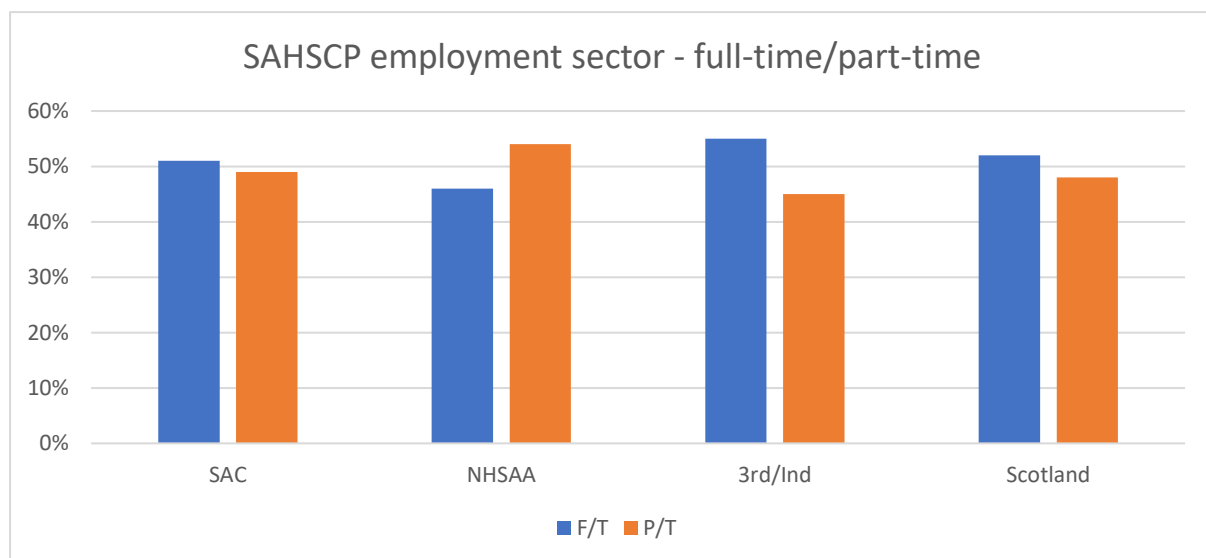
Gender

The gender split across the 3 main workforce elements is consistent with the national averages. Although there have been attempts to redress some of the imbalances (for example SAC have recently recruited a small number of male carers) the sector remains predominately female. There is still significant work to do, at a local and a national level to encourage males to apply for roles in the sector.



Contract Type

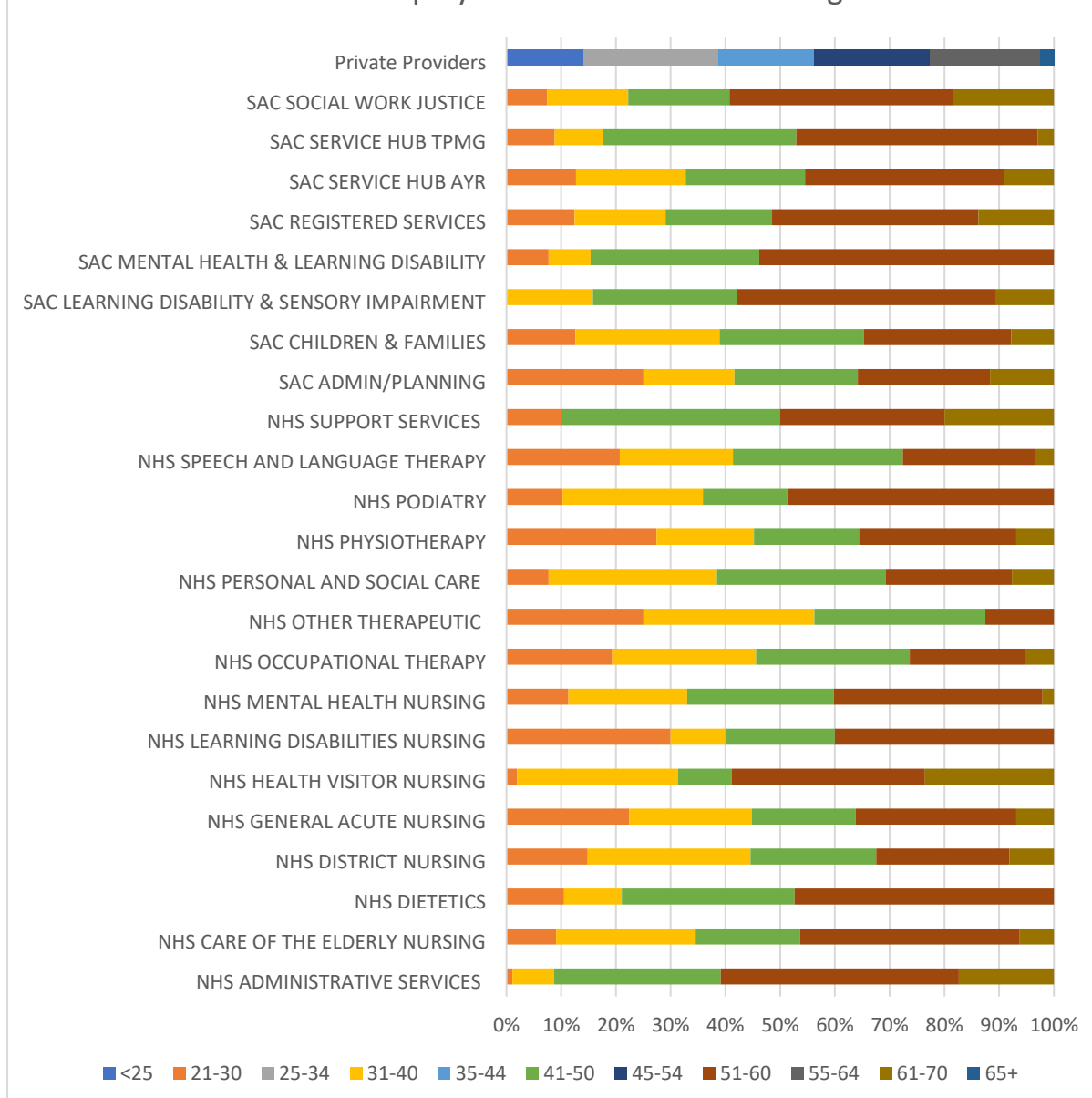
The split between full and part-time is consistent across the sector. In part this is reflective of the demand for a range of flexible hours that meet the needs of employees and potential candidates (as evidenced in SAC's new starter survey in which the most popular reason for applying for a job was the hours on offer).



Age

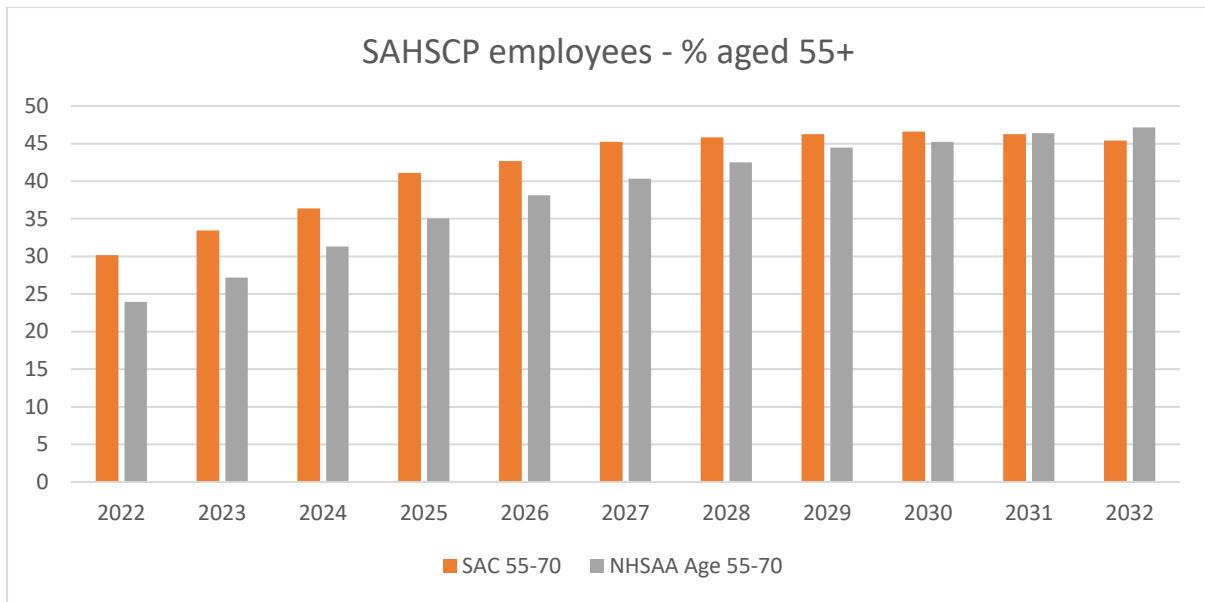
Age represents a significant risk to SAHSCP as many key services within SAC and NHSAA have a large percentage of employees who are 50+, although there is broader range of age demographic within the Third and Independent Sector.

SAHSCP employment sector - workforce age



Focusing on SAC and NHSAA, available age forecasting data confirms the increasing percentage of employees aged 55+ in the next 10 years will be just under 50% (however some frontline services, such as Reablement will be closer to 60% at points). Retirement has an element of unpredictability (for example future cost of living pressures that may delay retirement vs additional service pressures that may prompt earlier retirement), although earlier retirement (sooner after 55 than later) is more prevalent in physically intensive roles, such as care at home.⁷

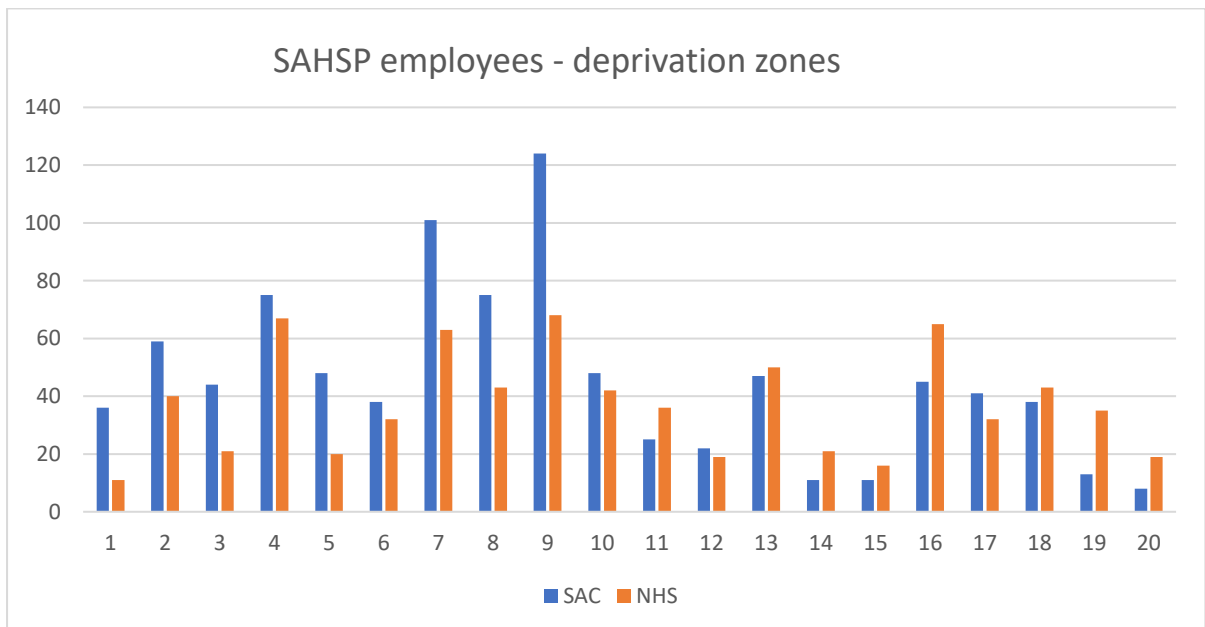
⁷ Forecasting when an employee will retire and utilise their pensions has additional complexity. For example, recent changes have meant that the application of NHS final salary pension scheme will be effective to 31/3/22 and not the career average scheme that replaced it. This could potentially be beneficial for NHS employees nearer retirement age but there is currently no evidence that this has created a substantial increase in retirements.



Deprivation

Deprivation profiles can be categorised into a ranking of 1 to 20 based on home postcodes⁸ and there is recognition that most of the workforce live within South Ayrshire. Deprivation is a consideration of seven domains: income, employment, education, health, access to services, crime, and housing.

The chart below highlights the breakdown of employee’s residence per deprivation data zones, based on data zone 1 being the most deprived, and 20 the least deprived. As the cost-of-living crisis will be a predominant factor across the workforce, understanding the socio-economic demographic of employees will help the SAHSCP understand the potential impact in areas such as fuel poverty.



⁸‘Data zones’ within the [Scottish Index of Multiple Deprivation](#) Scotland are grouped into 20 bands (vintiles) across Scotland, each containing 5% of the data zones - vintile 1 contains the 5% most deprived data zones in Scotland, vintile 20 the least deprived.

Section 3 – Key Planning Considerations

Future Ways of Working

The impact of COVID has accelerated the requirement of SAC and NHSAA to develop and implement ways of working that are ‘future-proofed’ and more reflective of current priorities.

Within SAC there is a ‘Future Operating Model’ (FOM) programme, delivering the following six workstreams –

- Workforce analysis and allocation of workstyles (the table below confirms the proposed groupings within the HSCP).

Workstyle	Description	% of SAHSCP Council employees
Homeworker	Employees work from home but access council buildings for some team meetings; meetings with manager etc.	2%
Agile Worker	Employees who are based at home but who meet with service users or customers from a range of buildings.	24%
Office Worker	People whose job can only be done from an office because they need access to systems/equipment they can't get at home.	3%
Hybrid Worker	People whose job can be done at home but who need to access an office part of the week due to the use of specific systems or equipment.	13%
Frontline Worker	Employees whose job role determines its location.	58%

- Establishing health and wellbeing policies, procedures, and guidance (including revisions to HR policies; terms and conditions; and employment contracts).
- Exploring equipment requirements for anyone who works from home either full time or for part of the week, and associated aspects such as digital skills, information security, cyber security, confidentiality and GDPR.
- Developing a range of materials to support employees and managers who are working from home, including best practice in engagement, communication, and performance management.
- Office accommodation requirements, including office layouts, configuration, booking systems, and access to buildings and rooms.
- Redesigning face-to-face service delivery after Covid.

The SAHSCP is represented on the FOM steering group and the related workstreams. Suitable office and service delivery accommodation has been identified by the SAHSCP leadership team as an area of specific focus, especially in relation to attracting people to work within South Ayrshire compared to other comparable employers in the south-west and central belt.

Likewise, the SAHSCP will input into the NHSAA equivalent to FOM, the ‘Distributed Model Working Group’, which signals the intent for the workforce to work in a more flexible and distributed way.

Future Workforce Requirements

Short, medium, and long-term workforce requirements can overlap in some areas, but be distinct in others, and all affected by a range of external factors. As COVID has shown, planning across all services can be impacted significantly at any time, and has exacerbated well reported pressures in areas such

as social care⁹. Other factors such as the proposed national care service¹⁰ may result in significant changes to the structure and make-up of the SAHSCP over the next 5-10 years.

However, it is still clear what the priorities are in South Ayrshire and the workforce that is required to deliver effective services.

In considering workforce requirements, consideration is given to a range of factors, including –

- Links with [locality planning partnerships](#) to jointly assess and plan how the workforce can best be deployed.
- Specific and established workforce demand/capacity and professional judgment tools, such as those utilised within Nursing.
- Service user demographics, including those highlighted in section 1.
- Evidence based outcomes, for example the link between an increase in breast-feeding and children’s health.
- Employee performance data and user information, for example the CM2000 scheduling tool for care workers.
- ‘Test of Change’ and scenario planning activities, recently used within the speech and language therapy and reablement teams.
- A range of service reviews, including the 2021 Ayrshire and Arran Community Nursing review, which identified opportunities for change based on new models of care, a service specific 3-year workforce plan, improved governance and IT and digital systems to support care.

Short-term

SAHSCP’s investment plan for adult and older people community health and care services during 22-23 is detailed in the [Winter 2021-22 Investment Plan](#). It details the proposed use of the additional Scottish Government ‘winter pressures’ funding but also describes ongoing, budgeted-for investment contained within existing HSCP plans. Key workforce investment includes –

- Expansion of the mobile responder service to provide swift response to alerts and enable transfer of care from hospital to home.
- Additional mental health nurses in the community to support elderly referrals, an expansion of their capacity to increase support to adult concerns.
- Additional self-help workers and mental health practitioners to support GP practices to provide early intervention support.
- Extra capacity within speech and language therapy, dietetics, physiotherapy, and occupational therapy to meet an increased demand and people with complex needs.
- Expansion of the reablement team to reduce hospital pressures.
- Investment in district nursing capacity to meet community need.

The additional capacity generated from the SAHSCP’s workforce investment strategy is significant, and Appendix 2 details the full range of posts and associated annual costs across immediate funding streams and is summarised in the table below.

Service/Team Area	Job roles and FTE	Total FTE
Children’s Nursing/Health	Breast Feeding Nurse (1) and Team Leader (1)	2
Allied Health Professionals	Physiotherapists (6), Dieticians (1.5), Healthcare Support Workers related (11), Occupational Therapists (1.5), Admin Support (1.4), Speech and Language Therapists (1)	22.4

⁹ https://www.audit-scotland.gov.uk/uploads/docs/report/2022/briefing_220127_social_care.pdf

¹⁰ <https://www.gov.scot/news/strong-support-for-proposed-national-care-service/>

Multi-Disciplinary Teams	Social Workers (2), Healthcare Practitioners (5), District Nurses (2.7) and Team Leads (3), Nurse (1) and Clinical Nurse (2)	15.7
Care at Home	Digital Planning Officer (1), Physiotherapists (2.4), Speech and Language Therapist (1), Healthcare Support Workers (2) and Assistant Practitioners (2), Occupational Therapists (4.5) and Assistants (5), Care at Home Workers (10.8) and Supervisors (8), Mobile Attendants (6), Admin Support (2) and Supervisors (2), Dieticians (1), Contracts and Commissioning Officers (1)	48.7
Other	Digital Programme Manager (1), Attendance Improvement Project Officer (1)	2

Medium and Long-term

The requirements over the next 3 years and beyond will in part be based on the success and impact of the funded roles identified in the short-term, as well as a range of regular service reviews and redesign activities. On that basis, the below provides selected examples of *proposed* requirements, which will be subject to budget constraints and service deliver models as they develop. However, the examples below confirm a range of approaches to create new posts and redesign existing roles to ensure service delivery is more closely linked to locality planning and unmet community need.

Service Area	Resource and rationale/considerations
Mental Health ¹¹	<ul style="list-style-type: none"> ▪ Further Social Worker capacity required, in addition to existing resource transferred into Mental Health, to support development of the MH plan which will require social workers to participate in a range of development/consultation activities. ▪ Additional Senior Practitioner posts will offer senior social work experience to support Team Leaders. ▪ Proposals to develop and enhance senior management structure by recruiting a Service Manager for Community Mental Health Services to support the expansion of service delivery and staffing options. ▪ Development of a Care Pathway Co-ordinator role and a multiagency Suicide Prevention Training team which will enable a cohesive approach in delivering training across the system taking into consideration the requirements of local communities. ▪ Proposal, if approved and funding allocated, to recruit further Lead nurses to increase capacity for professional leadership support and governance to reflect the demands of significant service expansion. ▪ Additional Digital Navigator post to carry on legacy work of M-Power which will bolster the Social Prescribing elements of the service.
Allied Health Professionals	<ul style="list-style-type: none"> ▪ Redesign of community AHP services to support alignment to Multi-Disciplinary Teams (MDT) around practice. ▪ Redesign of clinical services to align more closely with primary care teams. ▪ Introduction Of Dietetic Assistant Practitioner roles in community and increased use of admin roles to relieve pressure on clinicians (see section below).

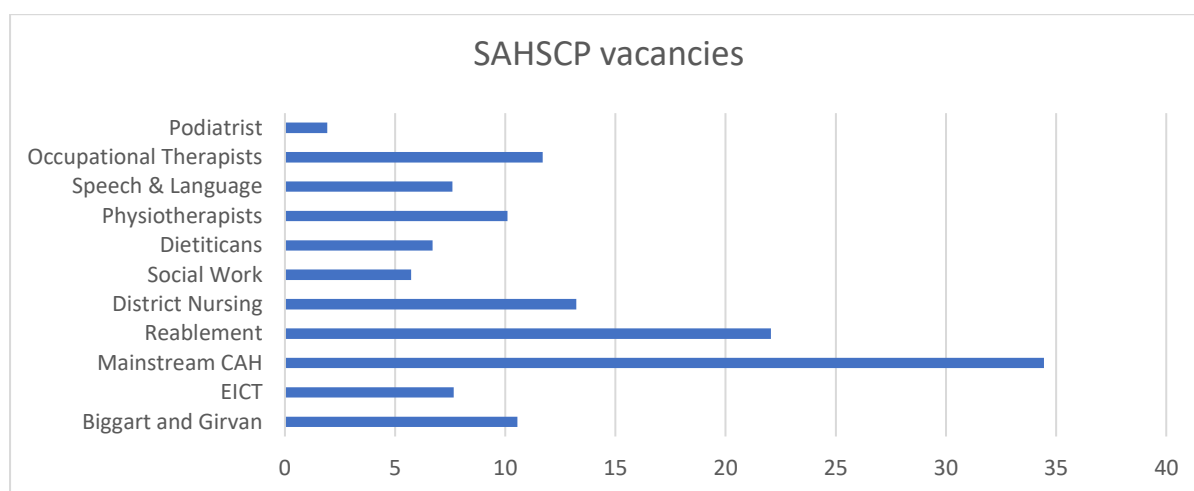
¹¹ A 'Community Mental Health Services Renewal & Recovery Infrastructure & Accommodation Challenges' report is currently being considered by SAHSCP. It confirms the Mental Health workforce is expected to increase, subject to successful retention of all investment, by approximately at least **100 WTE** during 2022.

	<ul style="list-style-type: none"> ▪ Increase in Band 4 Assistant Practitioner roles in Speech Language Therapy. ▪ Introduction of clinical leadership roles to support workforce development and clinical services transformation. ▪ Approximately 20 Band 3 to Band 7 Physiotherapy posts to meet workforce shortfall identified in rehab commission and service pressures. ▪ Staff review of skill mix to support senior decision making and clinical service redesign. ▪ Future investment for a further 5 registered Occupational Therapists and introduction of early intervention work for people with mild to moderate frailty, and investment for frailty at front door. ▪ Further MSK practitioners identified through the Primary Care Improvement Plan. ▪ Within Podiatry, additional non-medical prescribers, and increased input for nail surgery.
Allied Health Professionals (Clinical Admin)	<ul style="list-style-type: none"> ▪ Additional Band 2 Medical Record and Reception posts will assist the governance of clinical records and is essential for remobilising clinics and services. ▪ Required resource to train the staff supporting DNs on the SPOC/ EMIS systems – this represents a potential clinical risk to the DN service. ▪ The NHS admin management team needs to be reviewed to reflect the significant additional responsibility delegated to Band 6 staff.
Nursing and Midwifery	<ul style="list-style-type: none"> ▪ 3 additional Band 7 District Nurse Specialists. ▪ Additional support for the 6 localities with focus on MDTs, and increased staff ratio to practice population (national average 1 SPQ aligned team to 9000-10000 practice population). ▪ Improve agile working and remote clinical recording at point of patient contact, specialist assessment and treatment using a holistic approach to managing complex and advanced clinical assessment and independent prescribing. ▪ Expand HCSW and develop SVQ 3 level to expand duties in community setting aligned with clinical governance. Integrate CTAC with district nursing and MDT approach and include North Ayrshire hub approach.
Service Hubs	<ul style="list-style-type: none"> ▪ Social Worker and Team Leader resource to manage growing demand in line with frailty stats and current capacity issues identified in the wider SAHSCP social work review.
Learning Disability	<ul style="list-style-type: none"> ▪ Consideration of making the temporary Senior Practitioner (Transitions) resource permanent as workload is expanding due to the number of corporate appointees. ▪ As there needs to be dedicated support for social workers and senior practitioners to allow their focus on the professional role, additional Community Care Assistant resource would support the whole team and ensure reviews and assessments are up to date.
Planning and Performance	<ul style="list-style-type: none"> ▪ Additional Policy Officer support to develop and drive forward National Care Service implementation. ▪ Additional Quality Assurance/ Commissioning Officers to support increased activity within the Commissioning Team, particularly with regards to quality assurance, contract compliance and workforce sustainability challenges, and development of Commissioning plans around the National Care Service aspirations. ▪ The forthcoming Administration service review may highlight the need for a dedicated Co-ordinator function for Business Support.

Reablement	<ul style="list-style-type: none"> ▪ Rather than continue with over 20 vacancies in the service with little expectation of workforce increasing imminently, a Test of Change is being proposed to use 8 vacant Homecare posts to establish 4 OTA posts to address current unmet need in the community. ▪ Exploring the opportunity to transform the Emergency Response Team and to design an Out of Hours service which will cover and support both Reablement and Mainstream CAH.
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Vacancies

The number of vacancies remains consistently high for several key service areas. The below confirms the average numbers of vacancies (Q1 and Q2 2022) across the main SAHSCP operations.



Available data within SAC, taken as a snapshot in April 2022, highlights that –

- 75% of vacancies are for permanent posts.
- 15% of posts have been re-advertised due to no suitable candidate/candidate withdrew/no show at interviews.
- 25% of vacancies have been between 1-4 weeks, 40% between 5-10 weeks, and 25% over 11 weeks.
- Preferred candidates had been identified for 30% of vacancies with recruitment checks underway.

Feedback from established SAHSCP Care Home and Care at Home provider forums has also highlighted significant vacancies within commissioned providers, and whilst comprehensive data is lacking, it has been reported nationally as high as 30%.¹² Providers have expressed ongoing difficulties in filling vacancies and have encountered similar issues (if not more so) around re-advertising roles and interview slots not being filled.¹³

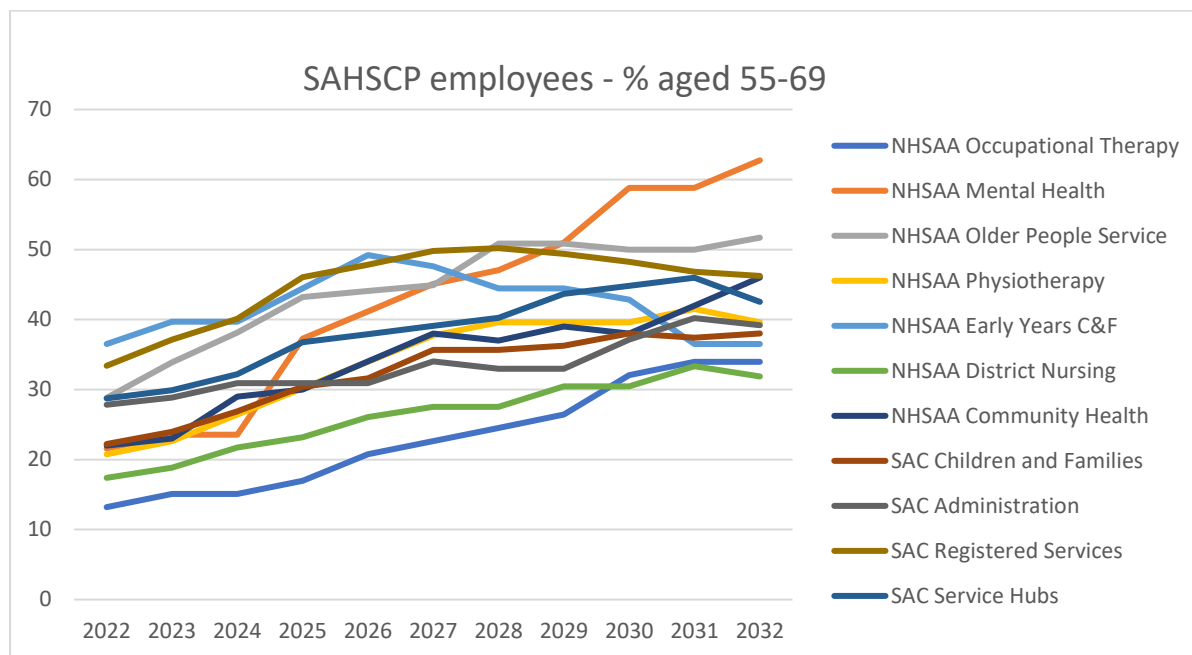
A range of measures taken by SAHCP to address issues within recruitment is detailed in Section 4.

¹² [SSSC/Care Inspectorate 'Staff Vacancies in Care' report 2020](#)

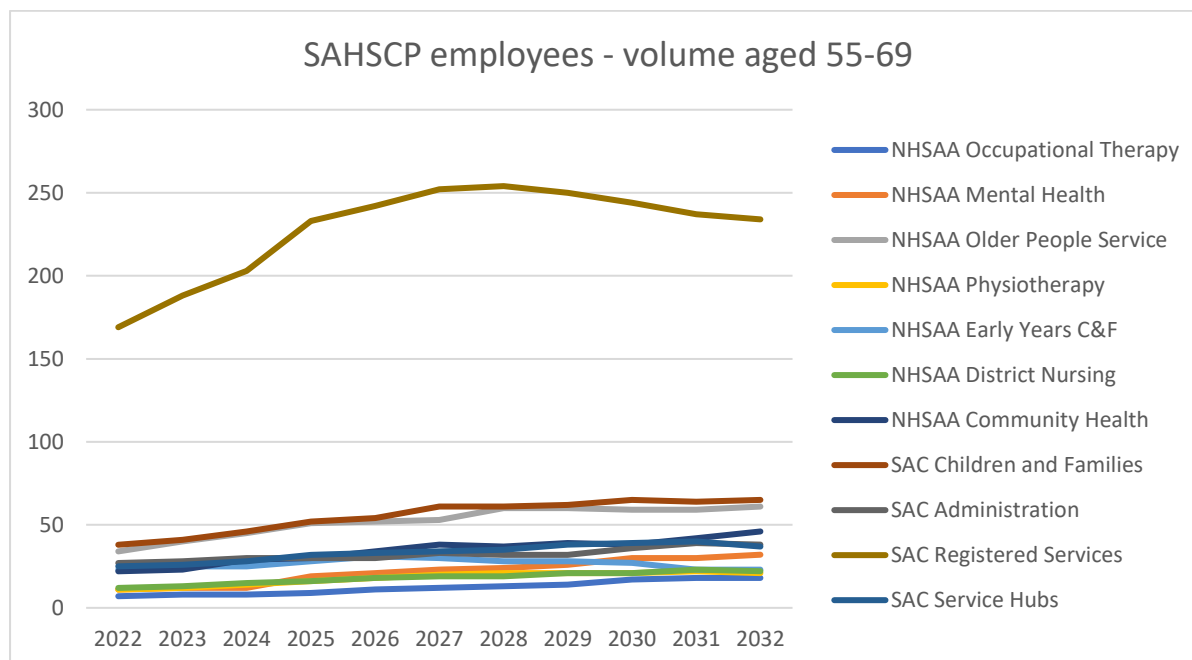
¹³ This is also confirmed in the 2021 [Scottish Care Workforce Recruitment and Retention Survey](#) which evidences increased reports of concern regarding tried and tested approaches to advertisement by the sector, and concerns that the 'sourcing and recruiting of staff is no longer meeting the needs to grow and sustain the workforce to deliver person-centred, quality care that every individual has the right to'.

Age Profiles and Retiral Projections

As shown in Section 2, and reflective of the wider South Ayrshire demographic, the SAHSCP will have a rapid increase in employees aged over 55. ¹⁴ Whilst all services will be affected, the scale of impact varies amounts services, both in terms of percentages and number of staff.



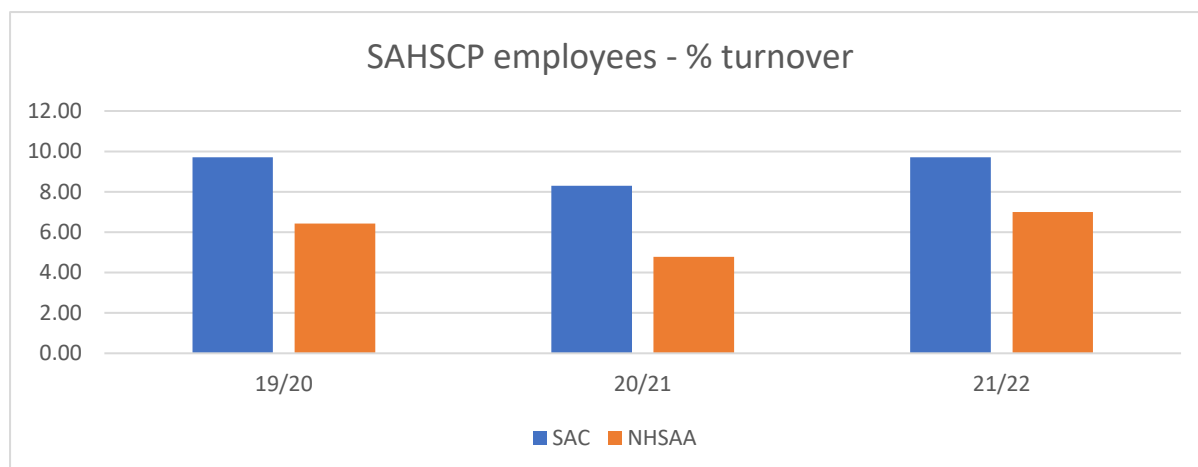
The impact on registered services will be greatest (the next 3 years especially has a sharp increase) not only as the largest single service area within SAHSCP, but because of the physicality of roles within Care at Home.



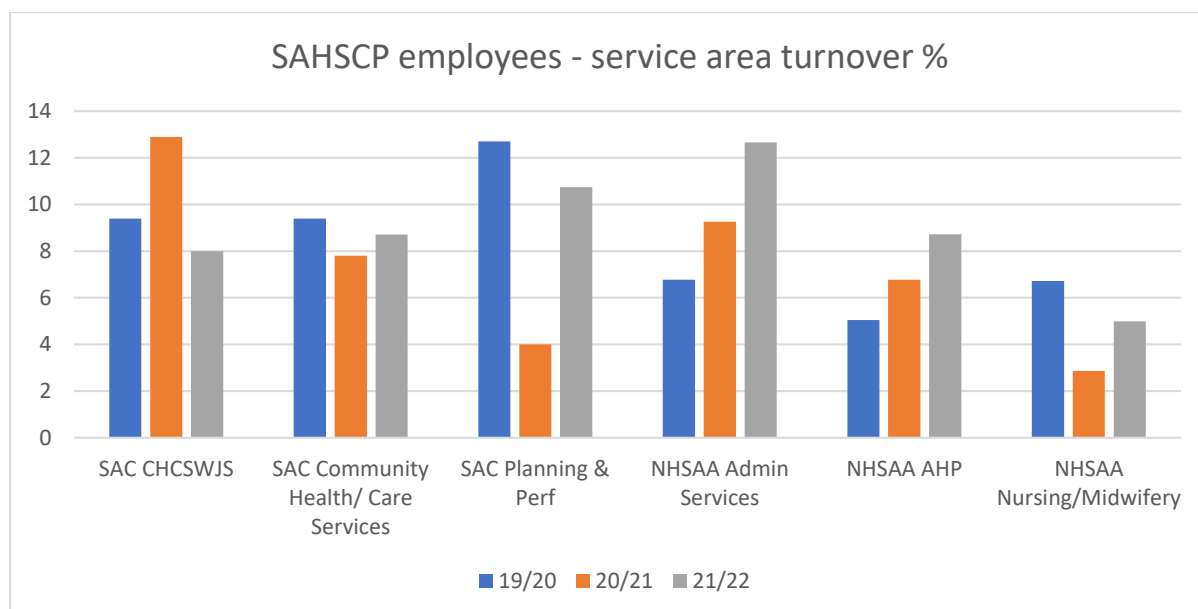
¹⁴ The proportion of staff aged 55 and over has been modelled with an assumed static growth rate, that all staff aged 70 and over will retire, only those aged 55 and over are eligible for retirement, and any leavers not of retirement age are replaced by a person of the same age and pay grade.

Leavers and Turnover

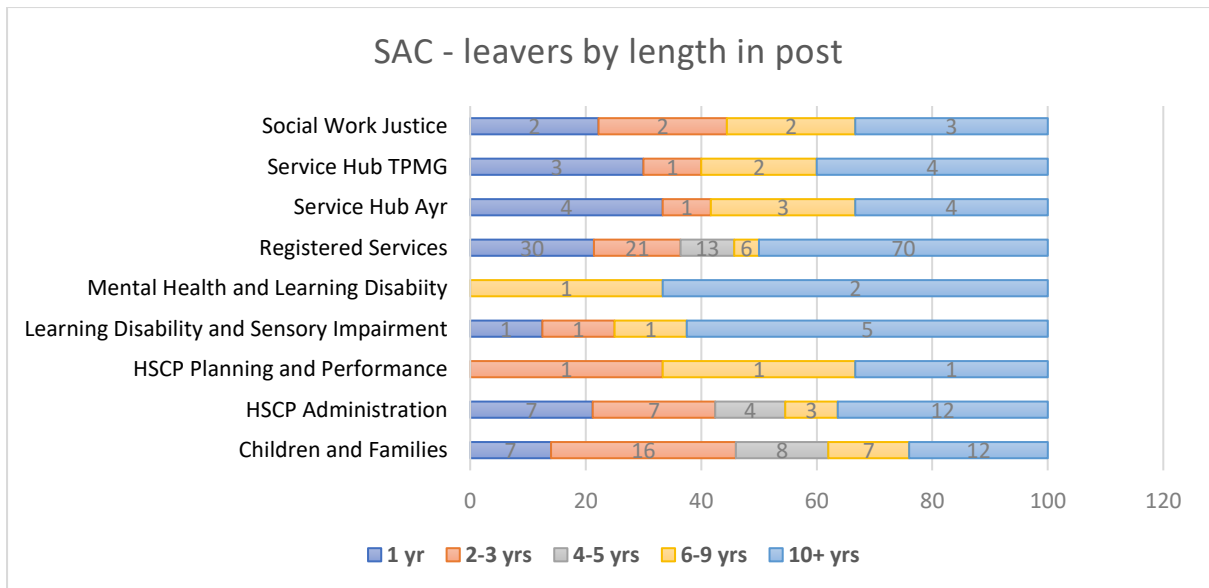
Turnover with SASC and NHSAA has fluctuated during the last 3 years, but the SAHSCP will assume and plan for a future rate of approximately 7.5% (SAC – 9%, NHSAA – 6%) within the next 12 months and review annually.



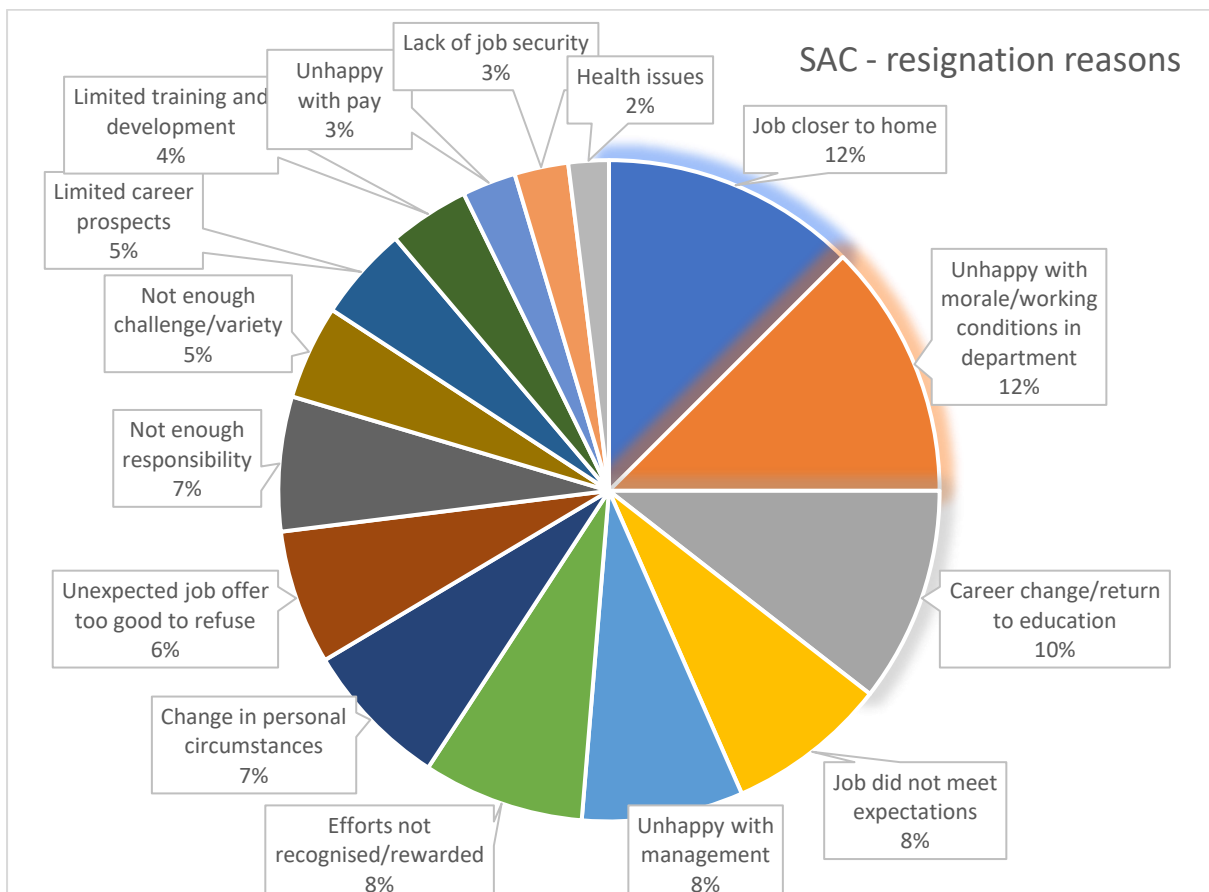
Turnover across the largest service areas in SAC and NHSAA can vary significantly, however this is reflective of specific challenges within each service. For example, Care Services has a consistent rate of approximately 8% (in part due to a competitive market within South Ayrshire and lower wage across the sector), but nursing/midwifery in the last 2 years has averaged just under 4% (however this can impact on the ability to develop future pipeline). Also, the impact of turnover will vary based on the size of the service and operational delivery, for example whilst administrative/planning functions may have high turnover at times, this will be less noticeable to service users compared to those services where turnover has a more direct impact on the 'front-line'.



Analysis shows that within some services, a significant number of employees are not staying with SAHSCP longer-term. For example, more than one-third of employees within Registered Services (Reablement and Care at Home), Children and Families, and Administration leave within 3 years. This reflects a poor turn on investment related to recruitment and training.



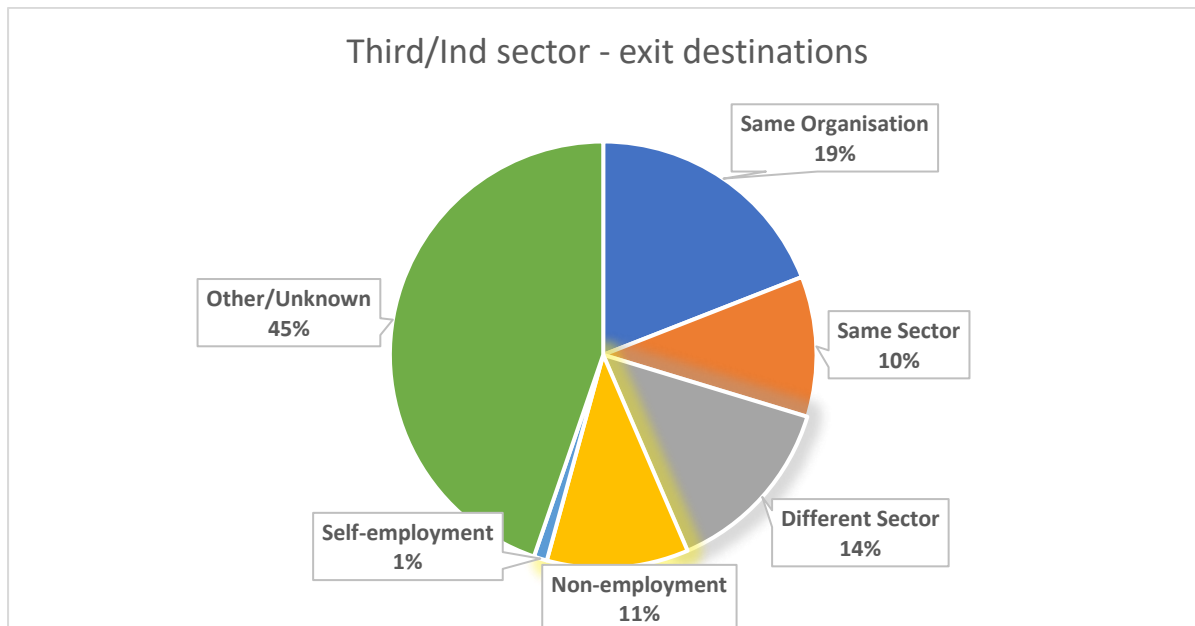
SAC has developed an online exit survey that has become embedded over the last 5 years, confirming the most common and substantive reasons given by employees who choose to resign from a role in health and social care¹⁵. Issues around working conditions, morale and management are predominant.



SAHSCP sought further clarity from SSSC to better understand turnover within the Third and Independent Sector across South Ayrshire. SSSC provide information around exit 'destinations' and

¹⁵ Employees will often give more than one reasons for leaving. Results are shared with SAC managers routinely. NHSAA have confirmed they have no equivalent data, and this will be referenced in the action plan.

this confirmed that, at a *minimum*, a quarter of the wider workforce exits the health and social care sector entirely (either via a new career path or entering non-employment), and that rises to almost one-third within adult care homes and care at home.



Section 4 – Action Planning

Recruitment

Appendix 3 details a range of future workforce/recruitment and retention issues and activities across key SAHSCP services

SAHSCP has undertaken significant recruitment activity within the last 12 months, with specific focus on pressure points such as Care at Home.

These include –

- Development with COSLA of a South Ayrshire specific '[MyJobScotland](#)' site available for all adult social care providers, launched early 2022.
- Flyers sent to 50,000 households promoting the SAHSCP recruitment site.
- An online live event, produced and presented in conjunction with private providers, promoting a career in care.
- Utilising SAC's online staffing and allocation tool to promote part-time and casual opportunities within the SAHSCP to staff within Facilities Management, Sports and Leisure, Education, and Libraries.
- Post COVID, a physical presence at large footfall public events, such as the Holy Fair in Ayr and Carrick Lowland Gathering in Girvan.
- Future recruitment events in Ayr High Street.
- Utilising the national care campaign toolkit in social media activity.
- Significant radio promotion via West FM.
- Liaison with Ayrshire College in promotion of the Introduction to Social Care online course, with a commitment of guaranteed interviews.

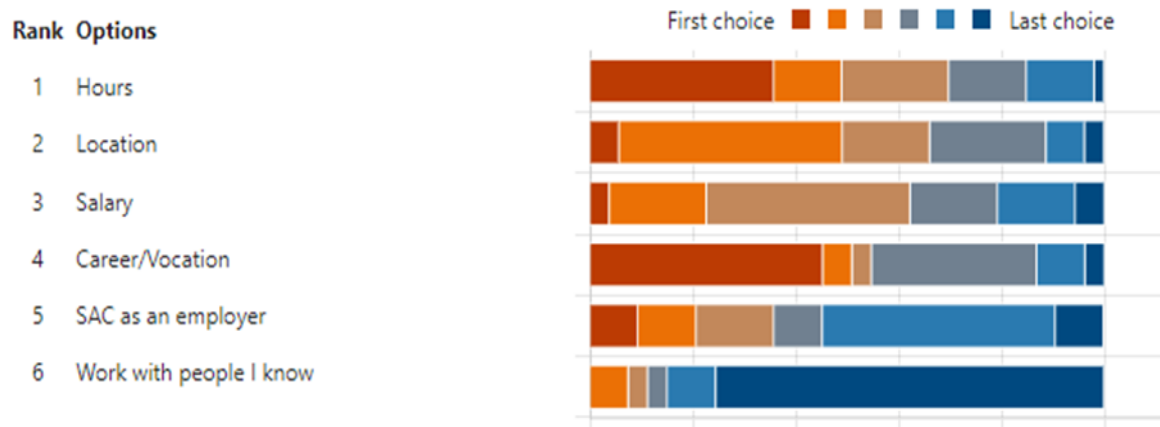
However, outcomes from the above are often marginal and difficulties remain in recruiting adult social care roles.¹⁶

There is recognition that SAHSCP needs a 'unique selling point' (USP) to attract and retain employees that may be tempted by roles within the central belt.

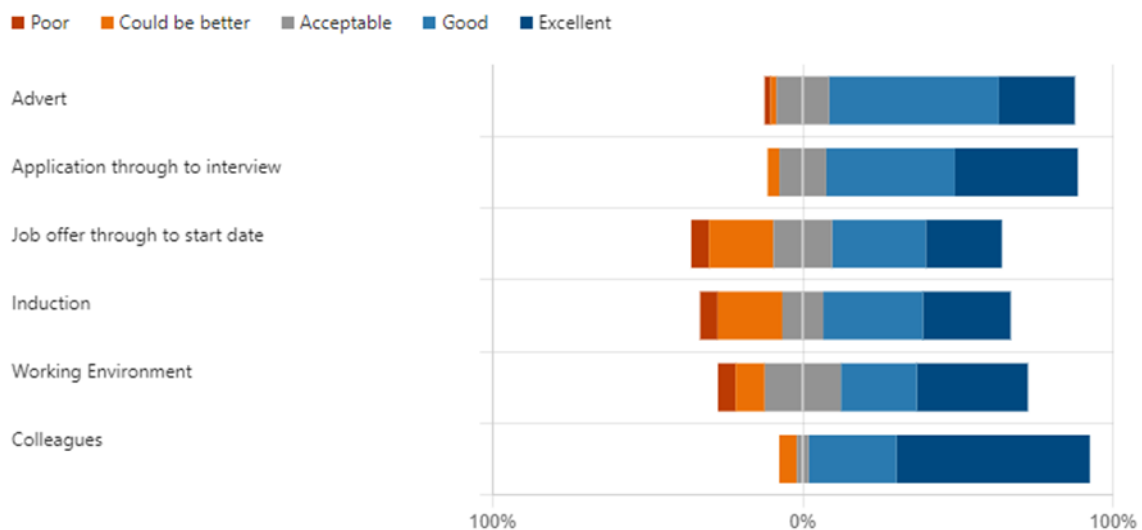
With regards to international recruitment, the introduction of the Health and Social Care visa could offer future opportunities, although the salary threshold may mean only full-time contracts could be offered for roles within Care at Home. The visa, alongside potential refugees who can consider health and social care jobs on the approved shortage occupation list, will be explored further during 2022.

A recent survey of those who joined SAHCP (SAC element) highlighted what most attracted them to join the organisation, and these are confirmed in the table below and will inform future recruitment promotion.

¹⁶ These pressures have been recognised at a national level in a range of recent publications on social care including the Feeley Review, a recent Audit Scotland briefing note on social care and Scottish Care's Workforce Recruitment and Retention Survey Findings interim report. Common themes across these reports confirm that social care staff often feel under-valued and potential applicants are deterred by rates of pay, unsociable hours and a lack of clear career progression.



The survey also confirmed a positive on-boarding experience, although it identified some potential improvement areas with regards to recruitment processes once a job offer is received.



Career Pathways

Recognised and established pathways exist in areas such as Nursing, ensuring a range of ‘entry points’ into the profession, including –

- Traditional full-time nursing degrees.
- Part-time learning via the Open University.
- HNC Healthcare Practice Route.
- Those who have left the sector and are seeking a return to nursing practice.

Consideration must now be given how to promote a career in care as pathway and ‘stepping-stone’ to other professional roles within SAHSCP, and this will likely be a key aspect SAHSCP’s proposed USP. For example, supporting care at home staff to access education which leads to a qualified social work award might begin to make opportunities in care more attractive and improve the volume and quality of candidates.

Within social work, the Graduate Apprenticeships proposed by the Scottish Government will be explored fully once further information is released. Initial discussions with University West of Scotland have generated some creative thinking for future social work training. Considerations include distance learning approaches that could develop greater knowledge of communities and localities, in key areas

such as addiction and recovery. The aim is to have social workers being far better prepared for working in South Ayrshire (or at a Pan-Ayrshire level) and the specific challenges faced.

Employability

Both SAC and NHS have employability strategies, aiming to provide opportunities and career paths for a wide range of the South Ayrshire community especially those leaving school. There is also a focus on those who may face barriers to employment such as lone parents, those involved in the justice system, and care experienced people.

Activities include a range of current and future work placements through the Workout, Positive Futures and Modern Apprenticeship (MA) programmes. For example –

- Ring-fencing recruitment vacancies as planned career pathways within identified service areas.
- Delivering the Social Services and Healthcare (SSHC) Framework (SVQ Level 2 -SCQF L6).
- Facilitating the Evolve programme which offers six-months paid employment with South Ayrshire Council or a Third Sector organisation, providing candidates and employer the opportunity to gauge suitability for a career in care.
- Targeted activity on BAME groups and those with learning and/or physical disabilities.
- Close liaison with Ayrshire College to deliver recognised qualification-based programmes, and with Skills Development Scotland on the More Choices More Chance (MCMS) sessions in schools focused on school leavers.
- An action plan between SAHSCP and Ayrshire College has been developed focusing on areas such as an AHP programme, paid student placements, mature adult learners, and closer alignment between learners and elderly/vulnerable South Ayrshire residents.

SAHSCP will assist in the development of the recently announced NHSAA Employability Steering Group which aims to build upon a range of existing Fair Work opportunities, more closely link Modern Apprentices to workforce planning, and implement actions with key stakeholder and partners that will improve employability opportunities.

Third and Independent Sectors

Engagement with providers has confirmed the following workforce pressures –

Common Issues	
Retaining staff is becoming more difficult, especially considering the cost-of-living pressures which are resulting in some moving to a different sector (for example a home carer moving to a fixed location role in a care home due to travel costs) or leaving the sector altogether.	
A negative perception to a career in social care roles.	
Providers cannot match terms and conditions compared to Councils, and rates of pay may not be competitive.	
Independent Sector	Third Sector
Salary increases for care employees, whilst welcome, reduces the differentials between salary grades and may impact on career progression.	Commissioning of Third Sector is based on a short-term 'project outcome' approach, resulting in minimal consideration of staff running costs and difficulties in staff recruitment and retention.
Trepidation about the introduction of CM200 for commissioned services and the resource and operational implications on staff.	Opportunities for existing relief staff not being fully considered.
Unable to take extra care packages due to limited resource.	CPD/training requirements extensive, but opportunities for joint/sector-wide training limited.

Providers also highlight limited success with regards to national care recruitment campaigns due to the distinct nature of some areas such as provision of respite services, and therefore a requirement for more immediate local and f-2-f recruitment events.

Micro-enterprise

Supporting rural localities, SAHSCP is developing a pilot to support local people set up small enterprises that offer care-based support services for older and disabled people that:

- provide personal, flexible, and responsive support and care
- give local people more choice and control over the support they get
- offers an alternative to more traditional services

The pilot will also develop an online directory of micro enterprises which will link to South Ayrshire Lifeline and Ayrshire Independent Living Network online services. [Ayrshire BEATS](#) will collaboratively develop and deliver this pilot initiative in 3 targeted geographical areas.

Bespoke training will include financial awareness and digital skills, with tailored pre-employability occupational support via a sector-based skills academy.

Mandatory and Statutory Training (MAST)

To ensure employees deliver services effectively, there are a range of qualifications, registration requirements, skills and knowledge that must be maintained and updated. A Practice Development Team (PDT) was created in 2021 to deliver and co-ordinate a range of training and support in the following areas –

Mandatory Training	Providing staff with the focused tools to undertake their specific roles safely and responsibly. This includes Adult Support and Child Protection Training, Moving and Handling, Medication, Health and Safety, and Food Hygiene.
Statutory Training	Specific qualifications needed to undertake specific roles and tasks. This is guided by governing bodies where registration is needed i.e., the Care Inspectorate, SSSC, Nursing Council etc. A current focus is the delivery of Level 2, 3 & 4 SVQs.
Developmental Training	Historically much of training funding has been allocated for MAST provision, however there is recognition that developmental training is vital to service delivery. The PDT is now implementing a 4-day Leadership and Management Courses for established managers, as well as a half day introductory course for new managers. Promoted as ‘Building Tomorrow’s Leaders’, this reflects an organisational shift towards more effective leadership development. The PDT recently provided training to all staff in Adult Social Work and Community Care (103 employees in total, including managers) to meet recommendations from an external inspection.
Practice Development	Working directly with services, staff and specific groups and forums such as the Newly Qualified Social Work Group, the ethos of the PDT is to enhance work practice across the HSCP on a local and Pan-Ayrshire basis.

Importantly, the PDT evaluate training delivered, and recent training in areas of Chronology, Case Planning and Recording, Risk Assessment/Management confirm an increase of 40% in confidence levels. This data allows future benchmarking to ensure ongoing effectiveness and relevancy of training delivery and subject matter.

Key elements of MAST are achieved via online e-learning modules, and recent development of 'Managers Scorecard' functionality allows managers to directly obtain specific MAST compliance data to aid completion. For example, within NHSAA there is an aim to achieve a minimum of 96% compliance for each of the 12 established MAST modules, however in some modules the target has not been met (partly due to COVID) and that will be a focus for managers.

Within an NHSAA context, the health specific Knowledge and Skills Framework and the associated Development Review Process continues to be the focus on employees applying their knowledge and skills to meet the demands of work in the NHS.

Succession Planning

There are examples of SAHSCP employees progressing into leadership roles, and development activity within individual teams (examples include the PDT Leadership and Management courses, and key SAC HSCP employees completing a PDA in Project Management). However, there is recognition across SAHSCP¹⁷ that there is further work to do in development of a strategic and programme for developing leadership skills. Whilst there are succession planning toolkits and templates in place to help managers capture and consider succession critical criteria and risks, they are not embedded or consistently applied.

In addition to the PDT, SAC and NHSAA are currently taking steps to develop corporate programmes for leadership skills, and elements for consideration include –

- strategic, operational, and financial planning and management
- service planning to achieve service and organisational goals
- compliance with statutory and external regulations
- managing change

The SAHSCP will also consider opportunities such as the National Leadership Development Programme which will expand further into social care and social work alongside the health service and has an additional focus on talent management from 2022/23.

Digital Skills

Digital impacts on staff across the SAHCP and at all levels. Online communication and collaboration tools such as M365 are now becoming the 'norm' but full benefits of the technology are still to be realised. Operationally, a range of solutions such as CM2000 (an electronic work/case scheduling tool used within care at home), online video consulting, and digital telecare will require front-line employees to understand and embrace new technology.

The Scottish Government Digital Office and Audit Scotland recommend development of a digital skills competency framework and advocates the Scottish Council of Voluntary Organisations (SCVO)¹⁸ essential [digital skills survey](#) to establish digital confidence within a work context.

Identifying and addressing digital skills gaps will be vital in developing a workforce able to meet current and future demands. Recent research¹⁹ has confirmed –

- Employers cannot assume a continuous level of digital confidence and capability. As more interfaces and interactions arise, users will need continually supported.

¹⁷ Confirmed in a 2022 workforce planning survey to SAHSCP managers and highlighted in the SAC Best Value Assurance Report 2021.

¹⁸ The SCVO are recognised as leaders in the development of organisational digital skills and provide a Digital Champions for Workforce Skills programme, which SAC attended in 2021. From an NHSAA perspective, Digital Health & Care Scotland have helped develop a range of online digital skills for NHS staff.

¹⁹ Lloyds Consumer Digital Index 2020 and 2021.

- Face-to-face learning still has its place when it comes to digital training, and digital does not mean remote.
- Two-thirds of employees would improve digital skills if they knew there was support available as and when needed.
- Over half of employees feel that 'through work' would be the easiest way to learn new digital skills that would help them in everyday life.
- Those who work part-time are significantly less likely to have work-related essential digital skills than those who work full-time.
- Lockdown and associated home/hybrid working have not accelerated digital skills as much as employers might assume.

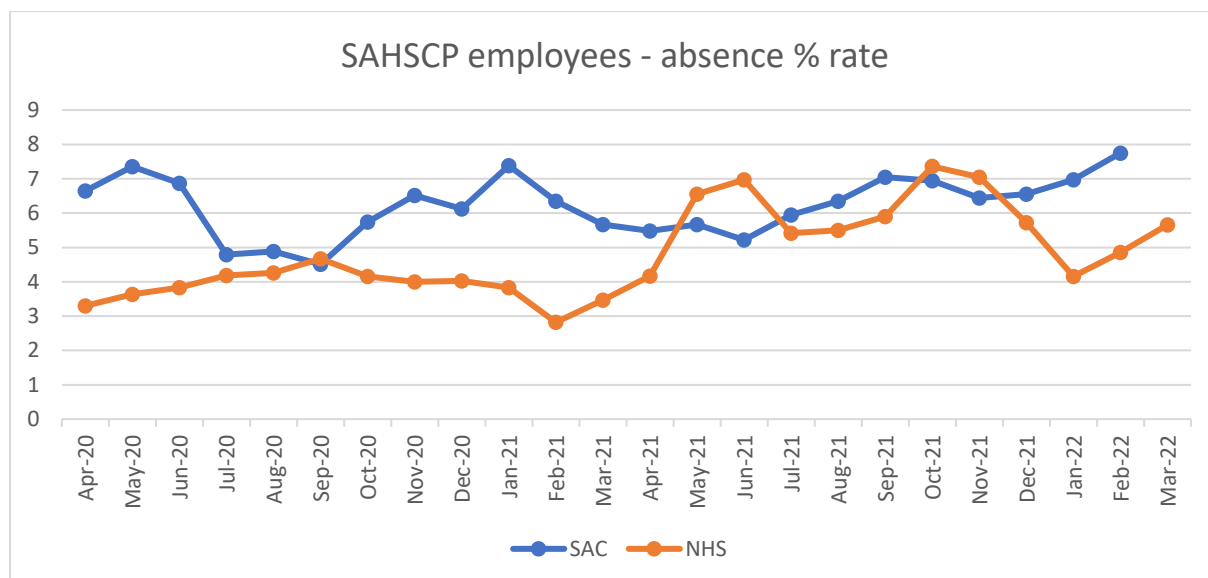
A digital skills programme adopted by the SAHSP will assist in the development of digital 'Champions' and super-users in areas such as M365 and Oracle Fusion's enhanced HR system and consider the requirements of all employees.

From a leadership perspective, 'Digital Skills and Digital Transformation' was the area SAC managers' identified as requiring most development, and this will be reflected in the development of SAC's leadership development programme during 22-23.

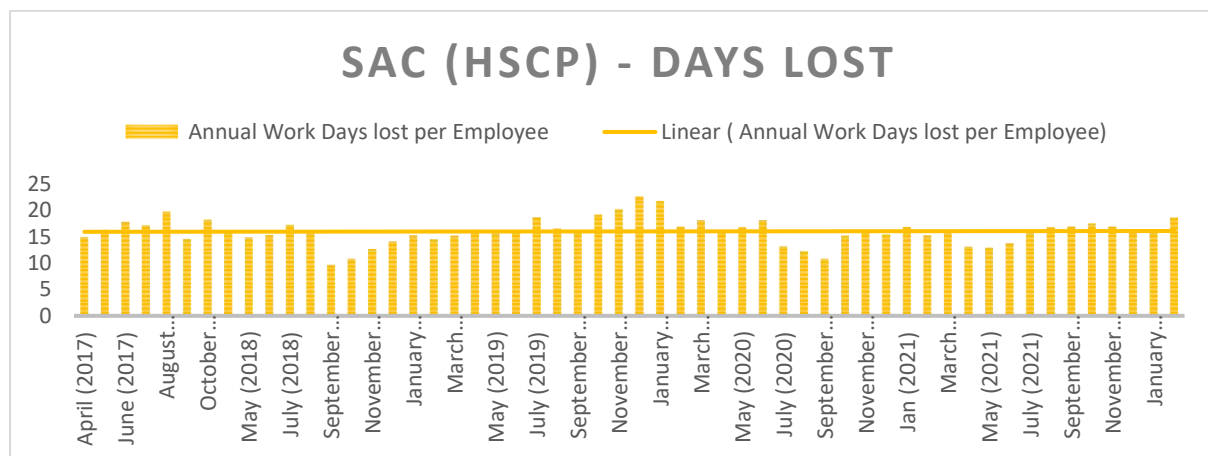
Section 5 - Staff Wellbeing

Absence

The impact of absence on service delivery is significant, with approximately 20,000 working days lost in 2021 across SAHSCP within SAC and NHSAA. SAC has retained the highest element of absence over the last few years and at points the gap between SAC and NHSAA can be significant.

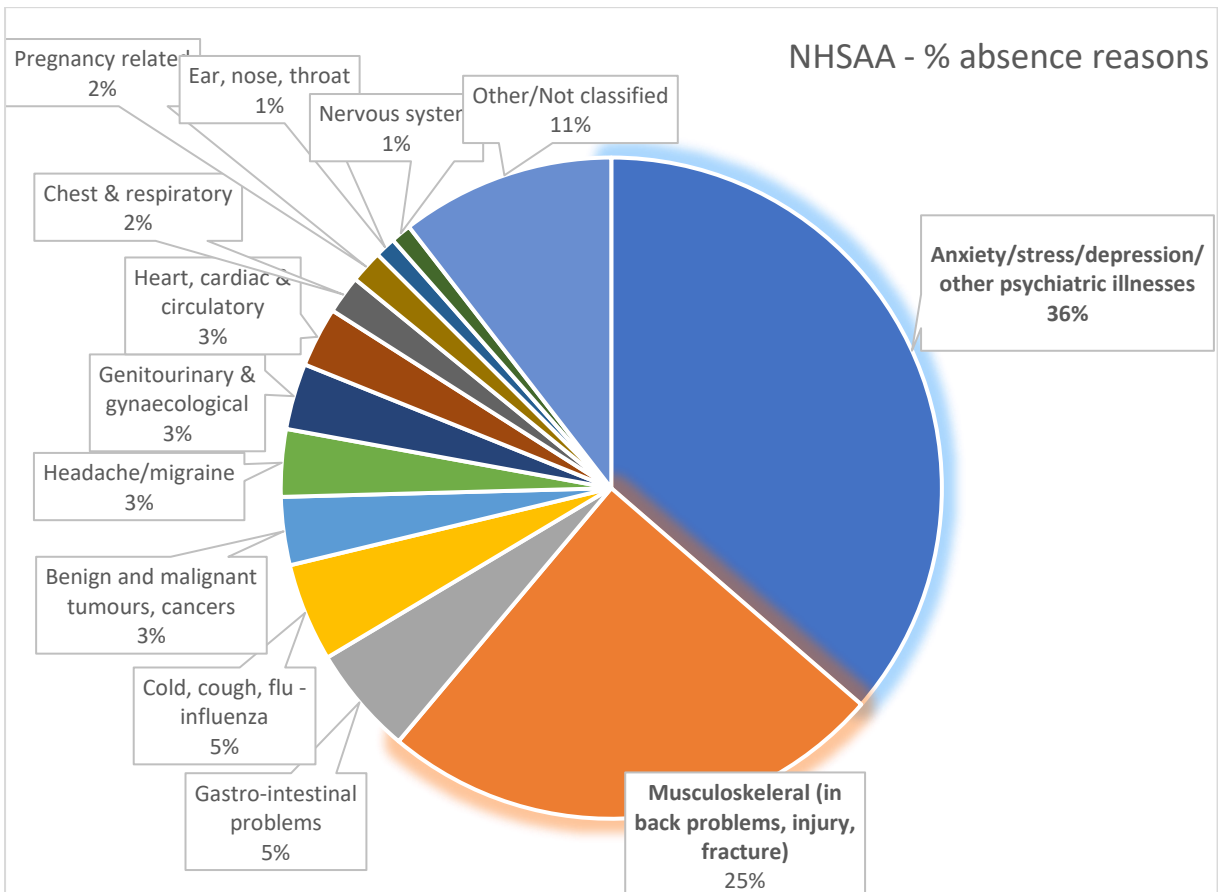
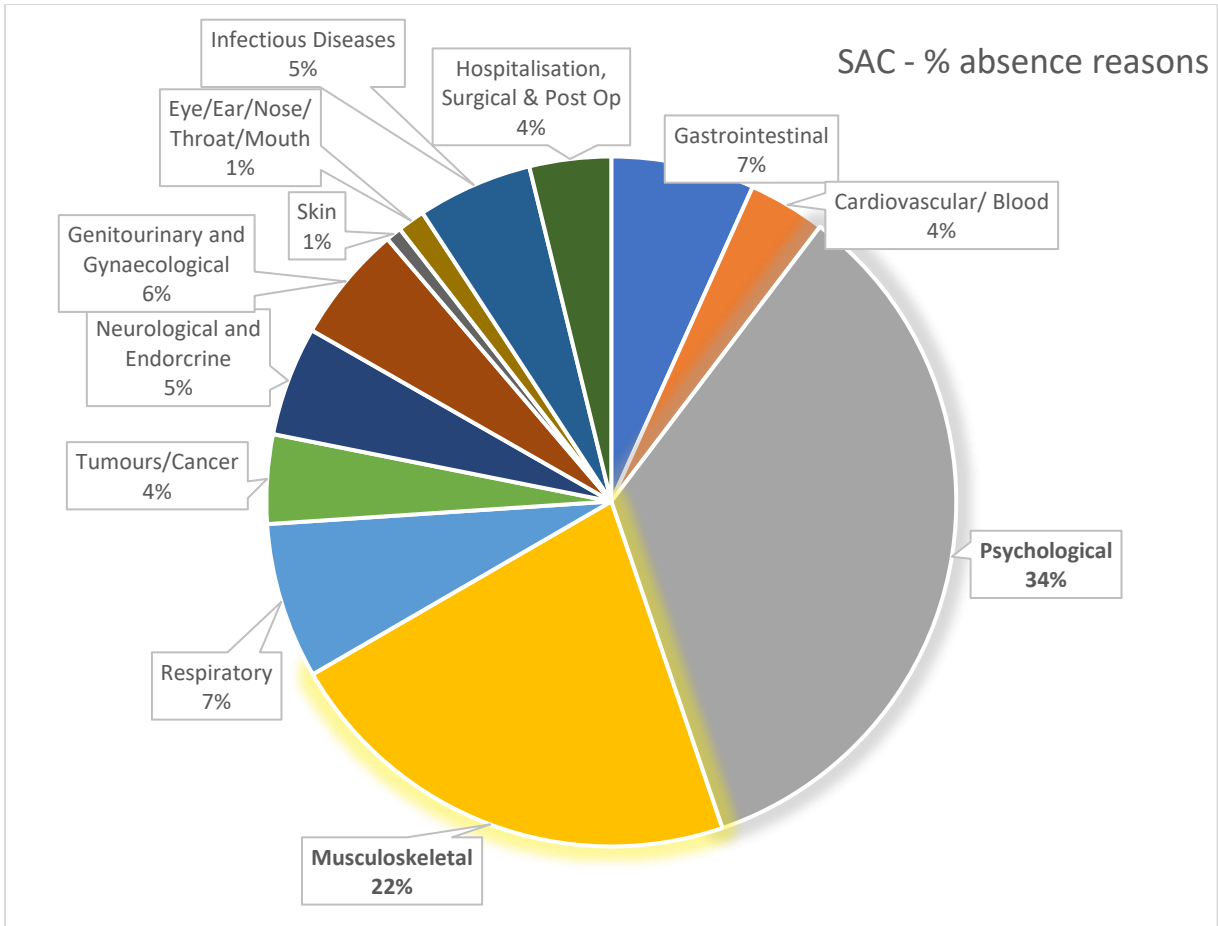


Overall absence is often defined by significant peaks and troughs, with no consistent long-term reduction. For example, SAC average working days lost has not reduced in the last 5 years.



Whilst reporting parameters differ slightly between SAC and NHSAA, psychological and musculoskeletal reasons account for over 50% of absence within each organisation²⁰. Importantly, this was the case prior to Covid and reflects a long-term trend.

²⁰ Covid-related absence is reported separately by SAC and NHSAA. No absence data is available for the Third and Independent Sector within South Ayrshire, although providers, Scottish Care and Voluntary Actions South Ayrshire confirms similar issues. Scottish Care have indicated absence levels may fall between 9 - 16%.



Whilst musculoskeletal absence has been high, it has been consistent to a degree. However psychological absence has been gradually rising over the last 5 years, and there is no indication that trend will change, therefore it must form part of SAHSCP modelling assumptions and become a key factor in provision of Occupational Health services. A similar assumption would be that within a predominately ageing and female workforce, health issues such as the menopause will become more prevalent.

Sickness impact differs across services but has had significant impact in Biggart and Girvan community hospitals, and the Care at Home service. Resource dedicated to improving attendance has been in place for several years within NHSAA, and SAC has recently appointed an Attendance Improvement Project Officer with a similar remit to ensure consistency in approach.

Wellbeing Activities

A range of surveys and engagement activities over the last 2 years have confirmed a high positivity rating regards employees' perception of their own health and wellbeing, as well as the ability to access relevant support resources²¹. Results confirm that aspects of front-line operational delivery (prevalent during Covid) and home/hybrid working can impact on well-being and need to be considered carefully as recovery continues.

A range of wellbeing activities for SAHSCP employees were progressed and enhanced during Covid (wellbeing hubs, peer-to-peer support etc), and these were documented in the 2021 Interim Workforce Plan.

A specific wellbeing group encompassing both SAC and NHSAA is progressing a range of activities, including –

- Complementary wellbeing therapy sessions at Dumfries House.
- Online yoga and Pilates classes.
- Free passes within SAC Sports and Leisure.
- Free family entry to National Trust properties.

In addition to counselling and physiotherapy provided by SAC and NHSAA via their Occupational Health services, further support includes -

- Promotion of free support services including the Access to Work Mental Health Support Service on behalf of the Department for Work and Pensions.
- A continuation of funding in supporting cardio-rehab that has a specific focus on long-COVID strategies.
- An award winning 'Healthy Working Lives' programme, offering employees lifestyle checks.
- Development of a health needs assessment (in conjunction with Public Health Scotland) as part of the NHSAA health, safety, and wellbeing strategy.
- Closer links between wellbeing networks and wellbeing strategy development.
- Greater focus on 'trauma informed practice' via additional training and toolkits, supervision focused on staff-wellbeing alongside workload, and development of mental health first aiders within the workplace²².

²¹ Examples include the SAC Employee Recovery Survey, and the NHS Pulse Recovery and I-Matter surveys, which were completed by a wider-range of SAHSCP employees.

²² 'Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.' – [Scottish Government National Trauma Training Programme 2021](#)

Section 6 – Culture and Experience

Vision and Values

The SAHSCP has the following defined set of vision and values -

Our Vision

Empowering our communities to start well, live well and age well.

Our Values

The following are the values to which our staff and those contracted by the HSCP, or who are stakeholders in it, will be expected to demonstrate:

We will be:

- Empowering Respectful
- Compassionate Open

We will demonstrate:

- Equality
- Integrity
- Ambition

The SAHSCP works closely with the Organisational Development teams within SAC and NHSAA, adopting a range of corporate activities that focus on culture, and compliment the vision and values set by SAHSCP.

Both organisations have People Strategies that confirm the commitments to employees and their responsibilities.

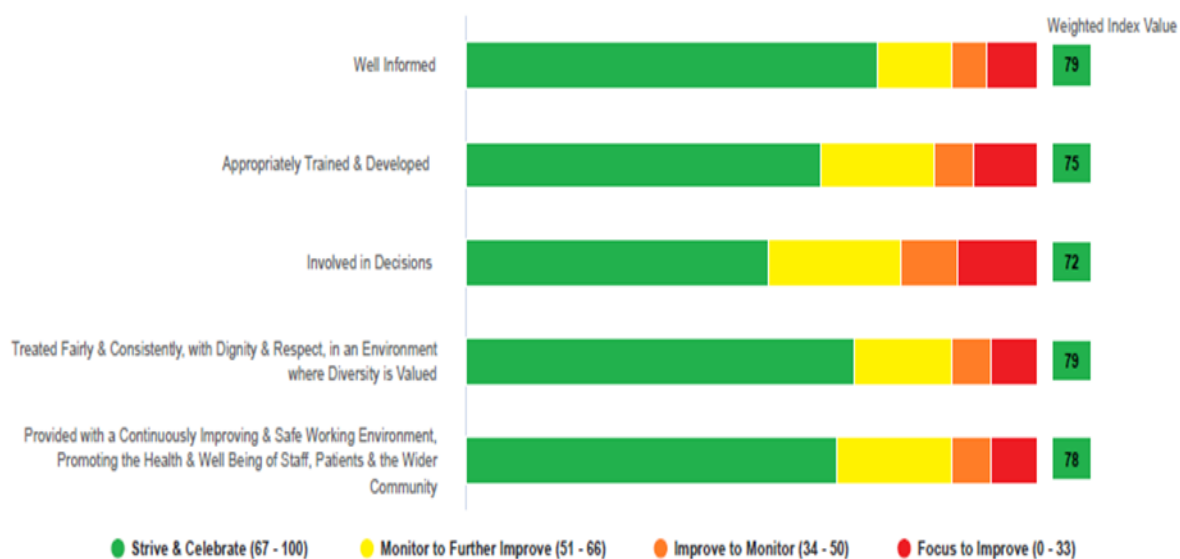
SAC		
OUR PURPOSE	To serve South Ayrshire	
OUR VISION	Making a Difference Every Day	
OUR VALUES	Respectful Positive Supportive Ambitious Proud	
WORKFORCE THEMES	Our Part	Your Part
Engaged and Informed	We'll be visible, supportive and honest in our leadership	Have a positive, can-do approach
	Engage with you and listen to your ideas	Get involved and share your ideas for improvement
	We'll share information and keep you up to date	Take responsibility - keep yourself up to date
Skilled and digitally confident	Give you opportunities to learn and grow to modernise the way we work	Value and take advantage of opportunities to learn and grow to modernise the way we work
	Embrace new technology	Embrace new technology
Valued, ambitious and proud	Work with you to improve services	Be adaptable, open to change, and committed to making services better for our customers
	Value and believe in you and celebrate your successes	Believe in yourself, be proud of your job and South Ayrshire
	Care for your health and wellbeing	Keep active and care for yourself
One team	Work as one team, one Council	Work as one team, one Council
	Respect each other, value our differences	Respect each other, value our differences

NHSAA	
<p>Our workforce</p> <p>We will work together to create an open, fair and just culture where:</p> <ul style="list-style-type: none"> • We are all valued, respected and developed to be our best • We are all informed, involved, listened to and treated fairly and consistently • We are all safe and are supported to improve our health and wellbeing 	<p>Caring</p> <p>I will show concern for others and care about the health, safety, and wellbeing of everyone I come into contact with.</p> <p>Safe</p> <p>I will do my job well, striving to learn and do things better, while taking responsibility for the quality, safety, and effectiveness of my actions.</p> <p>Respectful</p> <p>I will see everyone as an individual, be open, approachable, and treat everyone with dignity and respect.</p>

Employee Feedback

The iMatter survey is issued to all employees in Partnerships and Health Boards and is designed to understand and improve the staff experience, exploring the extent to which employees feel motivated, supported, and cared for at work.

SAHSCP's high-level scores for 2021 are below.



Across the wider survey, SAHSCP confirmed a strong sense of -

- Support from direct managers
- Having clear roles and responsibilities
- Being treated fairly and consistently
- Team working
- Understanding how their role contributes to the goals of the organisation

Key areas for improvement have been identified and form part of an existing iMatter action plan, summarised below.

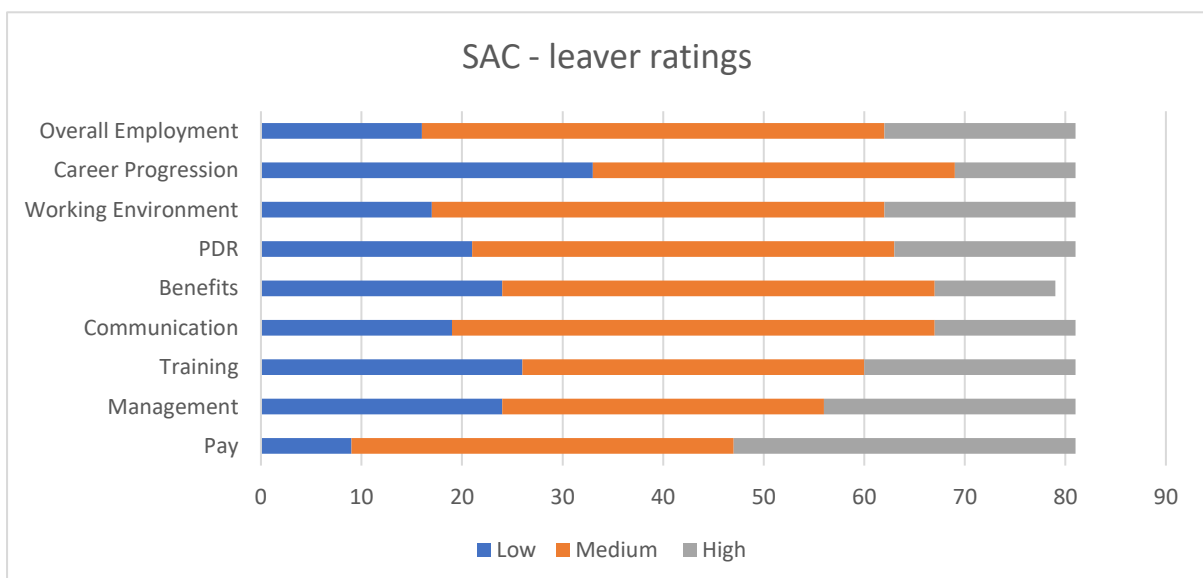
Area for Improvement	Desired Outcome	Actions
Engagement with staff	We need to develop further our approach to engaging staff in decision-making to ensure they can contribute to the strategic direction of the organisation	Further refinement and development of the engagement strategy
Performance Management	To improve performance management in all areas of SA HSCP	Build on the work begin supported by the Planning and Performance Team with a view to embedding the ethos of a “Performance Driven” organisation
Teamworking	To improve and adopt a further joined up approach in teamworking within the DMT	Continue to develop the collaborative ethos which characterised our approach to the Covid Crisis

The iMatter survey was paused in 2020 and replaced with the ‘Everyone Matters Pulse Survey’ which was more reflective of requirements during Covid, and confirmed that SAHSCP employees felt that –

- Line managers who supported their staff did so by demonstrating empathy, offering practical and emotional support to their team.
- Typically, it is the lack of open and timely communication and information, and visibility from leaders that causes worry for staff.

Steps taken to improve communication include a comprehensive [newsletter](#) for employees, and examples of improved visibility include online vlogs from senior managers. Future leadership courses and training, alongside a trauma informed approach to people management will further enhance a culture of empathetic and supportive management.

As part of SAC’s exit interview, employees are asked to rate the organisation, and this confirms that a stronger corporate culture linked to career progression may play an important in strengthening retention.



PDR and Induction

The Performance, Development and Review (PDR) process allows SAHSCP employees to have in-depth discussions about their role and align work to both corporate and personal objectives. Every employee should have a PDR meeting at least once a year, to review previous actions and set expectations for the year ahead, however recorded completion rates are low (averaging 20% across both SAC and NHSAA). Whilst iMatter results confirm there is regular communication between managers and employees and clarity of roles, the PDR process allows a formal record of achievement and development, and a key action will be to increase completion rates.

Whilst SAC and NHSAA have their own corporate induction processes (which have been amended to accommodate new ways of working and Covid recovery) development work is underway to design and deliver a SAHSCP corporate induction. The aim is to create an inspirational context for engagement which will enable new starts to embrace the assumptions, values, cultures and expected behaviours that are more specific to health and social care.

Equality

The SAHSCP's equality officers are inputting into 'The Promise' about Care Experienced Young People, aiming to deliver equality data that -

- is focused on whole life stories
- is flexible, adaptive, and interlinked
- has a use beyond reporting
- looks for impact
- aims to improve

Equality officers work closely with services across the Fair Work, Gender Pay Gap, and Race Equality action plans, whilst still giving cognisance to discreet issues that impact on disabled employees.

SAC will be developing distinct employee forums covering three initial groups - Black and Ethnic Minority (BAME), Lesbian, Gay, Bi-sexual, Transgender (LGBT+), and Disability. These forums will listen to, and understand, the experience of SAHSCP employees who identify with these groups, identifying ways to address any issues or concerns, and celebrate positive outcomes. It is hoped that aspects of these forums will develop in a pan-Ayrshire context over the next 18 months.

As members of the Ayrshire Equality Partnership, CEMVO²³ delivered a Race Equality Training session for the three pan Ayrshire local authorities' employees and NHSAA in January 2022.

²³ [CEMVO](#) Scotland is a national intermediary organisation and strategic partner of the Scottish Government Equality Unit

Section 7 – Action Plan

Targets and Measurements

The following action plan details the broad range of activities which will be undertaken and is based on the 5 Pillars of the Workforce Journey contained within the National Workforce Strategy. All activities link to the SAHSCP strategic objective – ‘We are an ambitious and effective Partnership’. An annual update on progress will be reported to the Integrated Joint Board, with a range of actions incorporated within the HSCP’s corporate performance reporting systems. As confirmed in the Plan section, work is currently underway to allocate actions and align oversight to existing strategic steering groups.

Theme	Aims	Actions
PLAN <i>‘Supporting evidence-based workforce planning’</i>	Reduction in unmet need	Continued analysis of daily and weekly workforce performance (across a range of measures that confirm unmet need within care homes, care at homes, and community hospitals) and related mitigation actions.
		Progression of ‘efficiency rates’ data across key services, including Care at Home paid usage, to minimise unused hours.
	Strategic workforce planning that addresses medium and long-term requirements	Embed workforce planning into strategic and service planning activities, with stronger links to the Strategic Plan targets and outcomes, including senior DMT sign-off of all workforce plans.
		Ensure that all service-reviews focus on available workforce data and workforce planning tools, and reference corporate workforce planning templates.
		Develop requirements to meet the Health and Care (Staffing) (Scotland) Act 2019 legislation, ensuring staff are provided with information on the application of common staffing methods, measures for monitoring and measuring quality of health care, real time staffing assessment, risk identification, mitigation, and escalation.
		Incorporate workforce planning into leadership training and development programmes.
		Progression of the Micro-Enterprise pilot in 3 rural locations, gathering evidence of both need and the Micro- provider route as a significant future way of providing HSC support.
		Align actions with existing Partnership and Pan-Ayrshire steering groups for strategic oversight, and record progress via corporate performance reporting platforms.
	Location and workstyles that meet current and future demand	Incorporate evaluation tools and methods to determine impact of short-term funding as detailed in Appendix 2, to assist modelling assumptions longer-term.
		Active input into the SAC ‘Future Operating Model’ and NHS ‘Distribution Model’ with specific focus on progressing suitable work locations and buildings.
	A more comprehensive understanding of the workforce across SAHSCP and the wider sector	Increase Third and Independent Sector representation on the workforce planning implementation group.
		Explore how more meaningful workforce information/data can be gathered from the Third and Independent Sector.
		Explore greater sharing of employee data between NHSAA and SAC (and where possible SSSC), utilising tools such as M365 Power BI to identify themes and trends from a range of workforce and service delivery data.
	Becoming ‘future-proofed’ in developing areas	Development of digital telecare implementation in line with Digital Office recommendations, including consideration of short-term project support and installers to meet deadlines.
		Progression of Digital Development Officer role embedded withing the Planning and Performance Team.
		Consideration of a defined SAHSCP data management and strategy, working with SAC/NHSAA ICT and Information Governance colleagues.
		Development of dedicated and specific Information Governance resource within SAHSCP.
		Review current workforce planning resource within SAC and NHSAA to ensure all workforce planning actions are supported on a permanent basis.
ATTRACT <i>‘Using domestic and ethical international recruitment to attract the best staff into health and care’</i>	A comprehensive pipeline of future employees	An annual schools and further education engagement programme.
		Expand and increase employability opportunities (young and older people) with the SAC Thriving Communities and NHSAA Employability teams (including employment opportunities as highlighted in the Adult Learning Disability Strategy.)
		Assist in the development of the NHSAA Employability Steering Group and supporting agreed intake of Modern Apprenticeships.
		Development of career pathways into professional services, including development of distance learning, graduate apprenticeships, and internships.
		Progression of the recruitment/retention action plan between SAHSCP and Ayrshire College.

<i>employment in Scotland'</i>	Improved/streamlined recruitment and onboarding processes	Implementation of a SAHSCP-specific induction programme.
		Collaboration with HR/recruitment colleagues to reduce the length of time between vacancy notification and contract issue.
		Ongoing development and enhancement of Partnership recruitment portals.
	Successful promotion of SAHSCP vacancies and career opportunities	A thematic and locality-based programme of online and f-2-f recruitment events and vacancy/job promotion.
	A move away from reliance on 'traditional' recruitment methods and historic talent pool	A short life working group (multi-agency) exploring the international Health and Social Care Visa and refugee talent pool.
		Work with strategic partners to more fully understand the motivations of those looking for work and see it 'through their eyes'.
	Closer working with the Third and Independent Sector and other key partners	Development of sector-wide approaches to the actions above, supporting recruitment activities at a sector-wide and pan-Ayrshire level.
	A co-ordinated and dedicated approach	Exploration of dedicated/permanent SAHSCP 'talent management' resource to support recruitment activities and processes.
Recruitment considerations brought under the remit of the SAHSCP workforce implementation group.		
TRAIN <i>'Supporting staff through education and training to equip them with the skills required to deliver the best quality of care'</i>	All mandatory and statutory training completed regularly and timeously	Develop and evolve current/future training and registration solutions working with internal and external partners.
	All managers become leaders and advocates for change	Develop a programme of training focused on supportive and effective leadership and management skills.
		Further consideration of national agendas for change, such as Service Redesign, PDA programmes via Scotland Excel, Digital Health and Care Directorate, National Leadership Development Programme.
	Employees at all levels have the necessary digital skills and confidence	Completion of a digital skills competency framework, gap analysis and associated action plan.
		Development of a digital champions network, supporting a range of corporate activities including M365, digital telecare, and Oracle Fusion.
	Reduce risk/impact of critical post holders leaving the organisation	Development of a corporate succession planning programme, focusing on future leadership and statutory posts, and skills/knowledge/experience gaps in service critical roles.
Career progression routes and employee development that becomes SAHSCP's 'USP'	Incorporating the above actions into a corporate/branded 'best-in-class' training, development and career pathway programme, with additional focus on new entrants within professional services.	
	Increase opportunities to assist the Third and Independent sector in training/practice development.	
EMPLOY <i>'Making health and social care organisations "employers of choice" by ensuring staff are, and feel, valued and rewarded'</i>	Increase iMatter response rates and scores	Progression of iMatter action plan, focusing on the themes of engagement, performance and teamworking.
	An increase in PDR completion rates	Further training for managers on PDR and greater awareness across the SAHSCP that PDR is <i>the</i> key tool to capture and review corporate and personal objectives.
		Increased PDR reporting to leadership team, and random sampling of PDRs to ensure content reflective of requirements.
	More effective communication and collaboration	Increased level of 'pulse' surveys and interactive/transparent engagement tools such as M365 and Yammer.
Employees feel rewarded and recognised	Further recognition for innovation and 'best practice' via existing award schemes including COSLA, APSE, SAC Outstanding People Awards etc.	
	Utilise the SAHSCP newsletter and develop other methods to increase corporate 'praise'.	

<p>NURTURE</p> <p><i>‘Creating a workforce and leadership culture focusing on the health and wellbeing of all staff.’</i></p>	<p>Effective occupational health services and absence mitigations that reflect the current and future needs of the SAHCP workforce</p>	<p>Ongoing review and evaluation of OH services, including input into re-tender of SAC OH contract in 2024/5 and the NHSAA wellbeing strategy.</p>
		<p>Further consideration of support specific to psychological and musculoskeletal absence, menopause, and long-covid.</p>
	<p>Supporting employees through Trauma Informed Practice</p>	<p>Ensuring the 5 principles of trauma informed practice; safety, choice, collaboration, trust, and empowerment, are embedded across SAHSCP.</p>
	<p>Improved understanding of absence themes and trends</p>	<p>Improved reporting and tracking related to absence management, and re-training and awareness of SAC/NHSAA maximising attendance frameworks.</p>
		<p>Further input into national wellbeing groups (such as the SPDS Wellbeing Group), benchmarking, and exploration/adoption of national wellbeing tools and solutions.</p>
	<p>Enhanced employee wellbeing</p>	<p>Using internal and external funding such as the ‘Scottish Government Wellbeing Fund to support HSC’ to ensure a regular programme of physical and mental wellbeing activities.</p>
		<p>Support specific to financial wellbeing and the Cost of Living/fuel poverty crisis, working with key partners such as the South Ayrshire Information and Advice Hub.</p>

Appendix 1

SAHSCP Workforce Breakdown

NHSAA - Breakdown by Job Family, Sub Job Family and Band / Grade

Job Family	Job Sub Family	WTE Band 2	WTE Band 3	WTE Band 4	WTE Band 5	WTE Band 6	WTE Band 7	WTE Band 8A	WTE Band 8B	WTE Band 8C	WTE Band 8D	WTE Consultant	WTE Not AfC	WTE	Grand Total
ADMINISTRATIVE SERVICES	ADMINISTRATIVE SERVICES												2.03		2.03
ADMINISTRATIVE SERVICES	OFFICE SERVICES				3.00	0.20					1.00				4.20
ADMINISTRATIVE SERVICES	PATIENT SERVICES	20.40	26.92	12.84	1.00	3.60			2.00						66.76
ALLIED HEALTH PROFESSION	DIETETICS			1.00	2.00	10.97	1.96		1.00						16.93
ALLIED HEALTH PROFESSION	OCCUPATIONAL THERAPY		5.19	3.68	13.36	19.10	5.31	1.00	1.00						48.64
ALLIED HEALTH PROFESSION	ORTHOTICS		1.20												1.20
ALLIED HEALTH PROFESSION	PHYSIOTHERAPY	3.76	3.80	3.80	8.00	15.67	10.00	2.00	2.00	1.00					50.02
ALLIED HEALTH PROFESSION	PODIATRY	0.83	4.00		2.00	18.39	8.21								33.43
ALLIED HEALTH PROFESSION	SPEECH AND LANGUAGE THERAPY	0.50	1.80	2.40	3.00	11.40	2.60								21.70
MEDICAL AND DENTAL	MEDICAL											0.50		0.20	0.70
NURSING/MIDWIFERY	CARE OF THE ELDERLY NURSING	47.13	3.44		34.39	5.92	2.00	1.00							93.88
NURSING/MIDWIFERY	DISTRICT NURSING	2.53	11.67		39.37	7.00	2.50	1.00							64.07
NURSING/MIDWIFERY	GENERAL ACUTE NURSING	14.96	8.59	1.00	28.40	2.00	2.00								56.95
NURSING/MIDWIFERY	HEALTH VISITOR NURSING			5.60	5.60		31.80		1.00						44.00
NURSING/MIDWIFERY	LEARNING DISABILITIES NURSING		1.80		3.60	0.50	1.00								6.90
NURSING/MIDWIFERY	MENTAL HEALTH NURSING		3.60	12.00	16.40	51.08	6.00								89.08
NURSING/MIDWIFERY	NURSING TRAINING/ADMIN/MGT									1.00					1.00
NURSING/MIDWIFERY	PAEDIATRIC NURSING						1.00								1.00
NURSING/MIDWIFERY	SCHOOL NURSING					10.93									10.93
NURSING/MIDWIFERY	SPECIALIST NURSING		1.00			4.12	3.00								8.12
OTHER THERAPEUTIC	PHARMACY		2.00	2.00		2.00	10.21	1.00							17.21
OTHER THERAPEUTIC	PHARMACY TECHNICIANS	2.00			6.95	1.00									9.95
PERSONAL AND SOCIAL CARE	HEALTH PROMOTION			6.00	3.00	2.80	1.00	1.00							13.80
SUPPORT SERVICES	TRANSPORT SERVICES		8.60		1.00										9.60
Grand Total		92.11	83.60	50.32	171.06	166.68	88.59	7.00	7.00	2.00	1.00	0.50	2.03	0.20	672.09

SAC - FTE / Grade / Position per Service

Service Area	Grade	Position Name	Total
Children and Families	Level 05	Administration Assistant	1.0
		Family Aid Worker	1.6
		Family Aid Worker (The Promise)	1.0
	Level 05 Total		3.6
	Level 06	Intensive Family Support Worker	4.0
		Outreach Worker	2.6
		Residential Worker	22.5
		Residential Worker (Nights)	12.0
	Level 06 Total		41.1
	Level 08	Children & Families Assistant	1.6
		Family Care Worker	5.5
		Family Care Worker (Nurture)	2.0
		Senior Outreach Worker	1.0
		Senior Residential Worker	5.5
		Senior Residential Worker (Nights)	4.0
		Support Worker (Children & Families)	4.7
		Support Worker (The Promise)	0.6
	Level 08 Total		24.9
	Level 10	Corporate Parenting Lead Officer	1.0
		Public Protection Policy Implementation Officer	1.0
		Resource Worker	2.4
		Social Worker	1.0
		Social Worker (Children and Families)	50.4
		Social Worker (Covid Recovery)	1.0
		Young Carers Strategy Lead Officer	1.0
		Young Persons Drugs and Alcohol Worker	1.0
	Level 10 Total		58.8
	Level 11	Registered Manager	2.0
		Senior Practitioner (Belmont Family First)	1.0
		Senior Social Work Practitioner	1.0
	Level 11 Total		4.0
	Level 12	Lead Officer (Child Protection)	1.0
		Quality Assurance Review Officer	2.0
		Team Leader (C&F Intensive Family Support Service)	1.0
		Team Leader (Children and Families)	9.0
		Team Leader (Covid Recovery)	1.0
		Team Leader (Practice Development)	1.0
	Level 12 Total		15.0
	Level 14	Service Manager (Children's Services)	4.0
	Level 14 Total		4.0
	Level 16	Senior Manager (Children's Services)	2.0
	Level 16 Total		2.0
	Level03	Domestic/Kitchen Assistant	3.1
		Janitor	0.8
	Level03 Total		3.9
	Level04	Clerical Assistant	1.0
		Cook	1.8
Level04 Total		2.8	

Children and Families Total			160.1
Children's Health, Care and Social Work Justice Services	CHIEF OFFICIAL	Head of Children's Health, Care and Justice Service	1.0
	CHIEF OFFICIAL Total		1.0
Children's Health, Care and Social Work Justice Services Total			1.0
Community Health and Care Services	Level 08	ADP Peer Worker	2.0
		ADP Support Worker	1.0
	Level 08 Total		3.0
	Level 12	ADP Lead Officer	1.0
	Level 12 Total		1.0
Community Health and Care Services Total			4.0
Health and Social Care	CHIEF OFFICIAL	Director of Health and Social Care (SA Partnership)	1.0
	CHIEF OFFICIAL Total		1.0
	Level 07	Information System Administrator	1.0
	Level 07 Total		1.0
	Level 10	Information System Finance Project Officer	1.0
	Level 10 Total		1.0
	Level 14	Service Manager (Social Work Practice)	1.0
	Level 14 Total		1.0
	Level 16	Chief Finance Officer	1.0
Level 16 Total		1.0	
Health and Social Care Total			5.0
HSCP Administration	Level 05	Admin Assistant (Covid Recovery)	1.0
		Administration Assistant	1.7
		Administrative Assistant	23.3
		Administrative Assistant (Reablement)	1.0
		Information Systems Support	1.0
		Secretary	2.0
	Level 05 Total		30.0
	Level 06	Administration Assistant	1.0
		Administrative Assistant	0.9
		Information Systems Trainer	2.0
	Level 06 Total		3.9
	Level 07	Administrative Assistant	4.6
		Transportation Officer	1.0
	Level 07 Total		5.6
	Level 08	Personal Assistant	1.0
	Level 08 Total		1.0
	Level 10	Information Systems Officer	1.0
		Team Leader (Administration)	2.0
	Level 10 Total		3.0
	Level02	Clerical Assistant	6.0
	Level02 Total		6.0
Level03	Clerical Assistant	10.1	
Level03 Total		10.1	
Level04	Clerical Assistant	14.9	
	Driver	6.9	
Level04 Total		21.8	
HSCP Administration Total			81.4
HSCP Planning and Performance	Level 05	Administration Assistant	1.0
		Administration Assistant (CPD)	1.0

	Level 05 Total		2.0
	Level 06	Administration Assistant	1.0
		Administrative Assistant	1.1
	Level 06 Total		2.1
	Level 07	Business Support Officer (Quality Assurance)	1.0
		Data Performance Assistant	1.0
	Level 07 Total		2.0
	Level 10	Carers Policy Implementation Officer	1.0
		Planning and Performance Officer	3.0
		Planning and Performance Officer (Communications)	1.0
		Practice Development Officer (Regulatory Services)	1.0
		Practice Development Officer (Social Work)	1.0
		Social Worker	1.0
	Level 10 Total		8.0
	Level 12	Contract and Commissioning Officer	3.0
		Quality Assurance Officer	1.0
	Level 12 Total		4.0
	Level 13	Co-ordinator (Contracts and Commissioning)	1.0
		Co-ordinator (Unscheduled Care)	0.5
		Planning and Performance Co-ordinator	1.0
	Level 13 Total		2.5
HSCP Planning and Performance Total			20.6
Learning Disability and Sensory Impairment	Level 08	Community Care Assistant	4.4
	Level 08 Total		4.4
	Level 09	Champions Board Officer	1.0
		Rehabilitation Officer	2.0
	Level 09 Total		3.0
	Level 10	Practice Development Officer (Public Protection)	1.0
		Social Worker (Community Care)	4.5
	Level 10 Total		5.5
	Level 11	Senior Practitioner	2.0
	Level 11 Total		2.0
Learning Disability and Sensory Impairment Total	Level 12	Adult Protection Lead Officer	1.0
		Team Leader (Community Care)	1.0
	Level 12 Total		2.0
Mental Health and Learning Disability	Level 08	Community Care Assistant	2.0
	Level 08 Total		2.0
	Level 10	Social Worker	1.0
		Social Worker (Community Care)	8.9
	Level 10 Total		9.9
	Level 12	Team Leader (Community Care)	1.0
	Level 12 Total		1.0
Mental Health and Learning Disability Total			12.9
Registered Services	Level 05	Administrative Assistant	3.0
		Customer Emergency Response Operator	8.5
		Day Care Officer	11.4
		Day Centre Officer	0.6
		Home Carer	116.2
		Home Carer (RE)	44.5
		Mobile Alarm Attendant	9.8
	Mobile Alarm Attendant (Nights)	6.5	

	Senior Social Care Worker (Nights)	0.8	
	Social Care Worker	25.1	
	Social Care Worker (Covid19)	1.8	
	Social Care Worker (Nights)	10.3	
	Support Worker	8.9	
Level 05 Total		247.2	
Level 06	Day Centre Officer	12.8	
	Team Leader (Customer Emergency Response)	4.5	
Level 06 Total		17.3	
Level 07	Assistant Supervisor (CAH - RE)	11.4	
	Assistant Supervisor (CAH)	12.5	
	Occupational Therapy Assistant (RE)	4.0	
	Senior Day Care Officer	2.0	
	Senior Day Centre Officer	1.0	
	Senior Social Care Worker	7.9	
	Senior Social Care Worker (Covid19)	1.0	
	Senior Social Care Worker (Nights)	4.9	
	Support Manager	0.5	
	System Implementation Officer	1.0	
Level 07 Total		46.3	
Level 08	Telehealthcare Officer	2.0	
Level 08 Total		2.0	
Level 09	Depute Unit Team Leader (Day Care Adults)	1.9	
	Depute Unit Team Leader (Residential Older People)	1.0	
	Supervisor (CAH - RE)	2.0	
	Supervisor (CAH)	6.0	
Level 09 Total		10.9	
Level 10	Community Occupational Therapist (RE)	1.0	
	Senior Supervisor	1.0	
	Senior Supervisor (CAH - RE)	1.0	
Level 10 Total		3.0	
Level 11	Unit Team Leader (Day Care Adults)	1.0	
	Unit Team Leader (Day Care Older People)	2.0	
	Unit Team Leader (Residential Older People)	2.0	
	Unit Team Leader (Respite Adults)	1.0	
Level 11 Total		6.0	
Level 12	Team Leader (Care at Home)	1.0	
Level 12 Total		1.0	
Level 14	Service Manager (Maintenance Care)	1.0	
Level 14 Total		1.0	
Level01	Clerical Assistant	0.5	
Level01 Total		0.5	
Level02	Social Care Assistant (On-call)	1.9	
Level02 Total		1.9	
Level03	Domestic	7.3	
	Escort	1.1	
Level03 Total		8.4	
Registered Services Total		345.5	
Service Hub Ayr	Level 06	Community Support Technician	4.0
	Level 06 Total		4.0
	Level 07	Occupational Therapy Assistant	4.6
	Level 07 Total		4.6

	Level 08	Community Care Assistant	9.0
		Senior Community Support Technician	1.0
	Level 08 Total		10.0
	Level 10	Community Occupational Therapist	9.4
		Social Worker (Community Care)	17.4
	Level 10 Total		26.8
	Level 11	Social Worker (Community Care)	1.0
	Level 11 Total		1.0
	Level 12	Team Leader (Community Care)	5.0
	Level 12 Total		5.0
	Level 15	Service Manager (Ayr)	1.0
	Level 15 Total		1.0
Service Hub Ayr Total			52.4
	Level 08	Community Care Assistant	11.5
	Level 08 Total		11.5
	Level 10	Social Worker (Community Care)	15.1
	Level 10 Total		15.1
	Level 12	Team Leader (Community Care)	4.0
	Level 12 Total		4.0
	Level 15	Service Manager (Troon/P'wick/Maybole/Girvan)	1.0
	Level 15 Total		1.0
Service Hub TPMG Total			31.6
	Level 06	Community Payback Supervisor	5.0
	Level 06 Total		5.0
	Level 08	Justice Service Assistant	7.0
	Level 08 Total		7.0
	Level 10	Social Worker (Justice Service)	10.0
	Level 10 Total		10.0
	Level 12	Team Leader (Justice Service)	2.0
	Level 12 Total		2.0
	Level 14	Service Manager (Justice Service)	1.0
	Level 14 Total		1.0
Social Work Justice			1.0
Social Work Justice Total			25.0
Total			756.4

Appendix 2

Immediate Resource Requirements – Budgeted 22-23²⁴

Approved in Budget 22-23					
Service	Area	Post	Annual Cost	Description	
NHS Posts	Children's Nursing	1 B6 Breast Feeding Nurse	45,345	Funding was received from the Programme for Government to provide resources to support an increase in breast feeding recognising the benefits this has on Children's health outcomes.	
	Children's Health	1 B7 Team Leader	55,977	Due to an increase in Scottish Government Funding, the School and Looked After Children's Nursing team will increase to 14 staff members with the uplift underway supported by Scottish Government funding. To support the increase in staffing numbers an additional Team Leader at Band 7 is required.	
Allied Health Professional Posts	Speech and Language Therapy	0.4 B3 Admin Support	12,192	Recent scrutiny and a successful test of change using slippage highlighted benefit of additional admin support in releasing clinical time and improving staff wellbeing.	
	Stroke Rehab	1 6 Occupational Therapist	53,560	This investment would provide specialist support to stroke rehab ward to work with individuals in the community to complete their specialist rehab improving flow through wards and ICT	
	Buchanan and Community		1 B 6 Physiotherapist	53,560	The workforce tools highlighted the need for 2.3 WTE experienced practitioners and 2.1 HCSW band 3 for Physio and SLT alone. Data from safety huddle, quality indicators and omissions of care and data from North would suggest a further 2AHPs and 1 HCSW for OT and Dietetics.
			0.5 B6 Speech and Language Therapist	26,780	
			0.5 B5 Dietician	21,513	
			2 B4 Healthcare Support Workers	67,374	
			1 B2 Healthcare Support Worker	27,804	
	Biggart Rehab Wards		0.5 B6 Occupational Therapist	26,780	The workforce tools highlighted the need for an additional 3 WTE experienced practitioners, band 6. 1.5 band 5 and 5 additional HCSW (B3). While recognising this significant requirement for AHP appears high, data analyses does demonstrate the need both for increased manpower and increased frequency of input across the 3 wards.
			1 B6 Physiotherapist	53,560	
			0.5 B6 Speech and Language Therapist	26,780	
			2 B3 Healthcare Support Workers	60,964	
			1 B2 Healthcare Support Worker	27,804	
	Acute		1 B7 Physiotherapist (ICU/ Surg)	63,138	While unscheduled care is currently the biggest risk to NHS Ayrshire and Arran our AHP staffing in UHA is less than half the recommended guidance for the number of beds. Professional judgement tools highlighted a variance of -5.8 registered physio staff in unscheduled care. Current data identifies high numbers of people not seen due to limited capacity.
			1 B6 Physiotherapist (UC)	53,560	
			2 B5 Physiotherapist (UC)	86,052	
			1 B6 Dietician	53,560	
			3 Generic B4 Healthcare Support Workers	101,061	
1 B2 Healthcare Support Worker			27,804		
1 B4 Healthcare Support Worker (Surg)			33,687		
1 Band 2 Admin support			27,804		
Multi-Disciplinary Teams		Mental Health Officer (Additional Payment)	11,810	Social Work resources to support complex assessments AWI.	
		1 L10 Social Workers - Additional capacity for assessments	51,697		
		1 L11 Social Workers - Additional capacity for assessments	57,820		
		1 L5 Admin Support to new MHO	30,996	Integrated Assessment Teams - additional capacity for assessments, support for new Mental Health Officers, scaling up 'Hospital at Home' and additional payments.	
		2.7 L6 District Nurses	144,612		
		3 L6 District Nurse Team Leads	189,414		
		1 L8 Clinical Nurse Resource	72,076		
		2 L6 Nurses (CTAC)	107,120		
5 L7 Health Care Practitioners	336,303				

²⁴ Elements may be split over 2 years and run into 2024

Care at Home	1 L8 Digital Planning Officer	66,672	Expanding Care at Home capacity - development of Technology Enabled Care, prevention approaches to care needs escalating, and expansion of existing services.
	1 L7 Physiotherapist (Stroke/Neuro) Community Rehab	63,138	
	1 L6 Physiotherapist Community Rehab	74,984	
	1 L6 Speech and Language Therapist (Community Rehab)	53,560	
	2 L4 Healthcare Support Workers from NHS Allocation (Community Rehab)	n/a	
	1.5 L5 Occupational Therapists (Community Rehab)	64,539	
	1 L7 Dietician (Primary Care)	63,138	
	2 L4 Healthcare Support Worker Assistant Practitioners (Primary Care Dietetics)	67,374	
	1 L6 Occupational Therapist	53,560	
	2 L5 Occupational Therapists	86,052	
	5 L4 Occupational Therapist Assistants	168,435	
	10.8 L5 Care at Home Workers	355,540	
	7 L7 Care at Home Assistant Supervisors	242,283	
	1 L10 Senior Supervisor (upgrade 9 to 10)	4,470	
	1 L9 Team Supervisor (Sourcing Team)	47,865	
	2 L7 Assistant Supervisor (CM2000 Support)	75,584	
	1 L5 Admin Assistant (CM2000 Support)	30,995	
	4 L5 Mobile Attendant (Nights)	129,024	
	2 L5 Mobile Attendant (Days)	50,328	
	1 L5 Admin Assistant (Care at Home Purchased)	30,995	
1 L12 Contracts & Commissioning Officer (Commissioning / Quality Assurance)	62,235		
Support Posts - Change Team - Planning Performance/Finance	174,927		

Appendix 3

Future Workforce /Recruitment and Retention Issues Identified by Service Managers

Future Workforce and Recruitment & Retention		
	Key issues	Current activities
Children's Health Care and Justice	<ul style="list-style-type: none"> Aspects of locality, particularly areas like Girvan where it is harder to get good quality staff to recruit to. Competing with central belt. Staff feeling valued and that there is a succession plan for them to progress through the service/organisation. Lack of formal leadership programme/succession planning. The requirement to employ staff and pay for them whilst undertaking the specialist training required to qualify as a Health Visitor and or School Nurse. For some peer posts there can be challenges with people having experience in a workplace setting and having an SVQ qualification, and with approval of preferred candidates due to previous convictions. Keeping key skills as we recruit new staff - flexible retirement. Qualified social workers estimated to reduce by 30% for next 2 years. 	<ul style="list-style-type: none"> Engagement with University West Scotland/Ayrshire College, providing opportunities for students to do placements in South Ayrshire and for them to be supported and encouraged to apply for South Ayrshire posts at the earliest opportunities. Better support to Newly Qualified Social Workers through the SSSC Senior Practitioner roles and mentoring. More attractive and innovative job adverts selling the benefits of working in South Ayrshire. Support for post-graduate students in anticipation of vacancies. A review of workload and responsibilities. Flexible, home working has been established and use of Family friendly policies has helped retention. A volunteering, training, and progression model within ADP team. Further practice teaching/link worker opportunities to social workers.
Community Health and Care Services	<ul style="list-style-type: none"> Pay rates (reflected nationally) for entry level jobs a barrier Lack of applicants across many roles, including CAH and Occupational Therapy. Social Worker salary higher in some other Local Authorities, so need to establish a USP. Home Working still being embedded and can impact on of relationship building. Government and public perception of carer being an 'unskilled' role. Lack of qualified staff within Mental Health. 	<ul style="list-style-type: none"> A series of recruitment events and communications (several in partnership with commissioned services). Restructure within leadership team to give additional capacity, clearer accountability, and leadership, developing stronger links to purpose and Strategic Plan to meet locality needs. Aligning personal objectives to team plans, service plans and strategic plans. Providing 'cross-service' secondments, training and working opportunities. Assisting in-depth District Nursing and Adult Social Work reviews with a focus on developing roles and considering skill mix in disciplines. Developing stronger links with existing educational institution to support mental health e.g., Faculty of Nursing
Allied Health Professionals	<ul style="list-style-type: none"> Administration requirements can be excessive at times, temporary funding. Geography - talent pool able to 'pick and choose' due to proximity to central belt. Difficulties in attracting band 6+ In some areas, older IT systems (hardware and software) and processes. Newly qualified staff require time to develop their skills and experience and support from other colleagues to mentor – service demand and resource gaps can impact on support available and create skills gaps. Many overseas students return to country of origin once training is complete. shortfall of newly qualified physiotherapists. 	<ul style="list-style-type: none"> Recruiting Band 4 from universities pre-registration to become band 5's at point of registration. Introduction of Assistant Practitioner Roles and job planning to help transform and resource service delivery. Utilising social media to promote vacancies through known networks and universities. Engagement with practice education to fulfil/exceed agreed placement offers. Engagement with staff to pursue CPD. Investment in line management and practice supervision. Improving wording and positioning of adverts. Being more flexible in terms of recruitment. Workforce risk assessment and planning process.
Nursing/Midwifery	<ul style="list-style-type: none"> Lack of nurses entering universities.²⁵ 	<ul style="list-style-type: none"> Annual Service Level Agreements supported by Health Board for education and training. Advertising for Advanced Nursing Practice. Local and National approaches to promote Nursing as a profession.
Practice Development Team	<ul style="list-style-type: none"> Consideration of alternative recruitment methods including psychometric test and assessment centres would be helpful to identify skills. A culture of allowing the development of autonomy is required and micro-management should be eradicated. Capacity issues preventing staff from diversifying from their roles 	<ul style="list-style-type: none"> Developing a stronger ethos of 'team' and everyone being joined up in service delivery. Learning and Development officers providing group supervision to the Champions Board.
Planning and Performance	<ul style="list-style-type: none"> Low number of applicants with required skills and qualifications. 	<ul style="list-style-type: none"> Development of Modern Apprentices and Graduate Interns.

²⁵ The full range of pressures related to Nursing are explored further in the Royal College of Nursing '[Nursing Workforce in Scotland](#)' 2022 report.

