



**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 24 OCTOBER 2018.**

**WORKFORCE PLAN**

**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

Accompanying this report is the first fully integrated Angus Health and Social Care Partnership (HSCP) Workforce Plan. This plan was developed and approved by the Angus HSCP Staff Partnership Forum.

An effective workforce plan ensures that the Angus HSCP has a workforce of the right size and with the right skills, within a budget that it can afford, which is able to deliver on the commitments contained within its strategic plan.

The actions contained within the Workforce Plan partially mitigate Corporate Strategic Risk 8, Workforce Optimisation. This is currently graded as amber.

**1. RECOMMENDATION**

It is recommended that the Integration Joint Board:-

- (i) to note and comment on the content of this report.

**2. BACKGROUND**

Like many public sector providers Angus HSCP has an ageing workforce, 65% of our staff are aged over 50 and only 2.6% aged under 25. Certain professional groups are affected more than others. These include medical staff in secondary and primary care, Allied Health Professionals and nursing staff. All local and national strategic plans must consider transformational change including a reduction in workforce numbers. The Primary Care Transformation Programme, Tayside Mental Health Transformation Programme, Help To Live at Home and Angus Care Model are examples of national, regional and local plans to modernise how we deliver services with a reduced current and future workforce.

**3. CURRENT POSITION**

The workforce plan contains the following high level actions:

<b>Ambition</b>	<b>Action</b>	<b>Update September 2018</b>
We will increase the number of staff aged under 20 years in the HSCP to at least 2% by 2020.	A Modern Apprenticeships in Care programme will be launched by the HSCP.	Three out of a possible six modern apprentices in care posts filled. Need to market posts within the sector.
We will plan, analyse and manage our workforce resource, and skills to meet our and demand issues.	We need to utilise local and national workforce tools across health and social care to manage and plan.	Safe and affordable workforce exercises are currently being carried out within the HSCP.

All employees will report via iMatter that they feel motivated, supported and cared for at work.  iMatter is a staff experience continuous improvement tool designed to help individuals, teams and employers understand and improve staff experience.	We need a workforce development plan covering statutory, third and independent sectors to ensure career development pathways and plans are inherent to enable staff to develop appropriate skills, knowledge and experience to meet the future needs of the service.	Second cycle of imatter currently being carried out within the HSCP.  There are a number of joint training initiatives between third, private and statutory sectors.
Increase Volunteering Opportunities.	In collaboration with VAA implement Volunteering plans.	Work in progress.
Increase work placements.	Expand Angus Works into care environments.	Work placements identified within HSCP but no young people identified as matches.
Implement 'Grow our own nurses Scheme'.	Discuss with University of Dundee and NHST Nursing Directorate.	Limited opportunities for existing staff to progress into pre registration nursing courses.
Streamline staffs ability to move from substantive posts to bank.	Raise with NHS Tayside.	Staff are able to move within NHS employment.
Increase attractiveness of working in Angus.	Contribute to NHS Tayside and Angus Council's recruitment processes.	NHS Tayside are currently consulting on an Attraction and Recruitment Strategy which as a priority will increase sources of recruitment including redeployment, retraining, modern apprenticeships, international recruitment, arm forces recruitment, recruitment from volunteering, and use of internal staff banks.

#### 4. FINANCIAL IMPLICATIONS

Regular finance reports note financial risks associated with workforce issues. These can range from increasing the costs of service delivery beyond planned or budgeted levels (e.g. in instances of reliance on agency type staffing) to undermining the ability of the HSCP to deliver planned strategic change and therefore deliver services within an overall strategic financial plan.

#### 5. RISK

Workforce Optimisation is currently graded as amber. At the current time our existing controls are not fully operating effectively as the HSCP:

- continues to have vacant posts, some for up to 2 years that are filled by locum or temporary staff.
- fails to attract sufficient staff to entry level health and social care posts.
- relying upon supplementary staffing (bank, overtime, agency, extra hours) to maintain safe staffing levels.

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