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**East Lothian Health and Social Care staff are our greatest asset and key to the delivery of high quality, sustainable Health and Social care services across East Lothian. Our experience during the Covid pandemic highlighted the extraordinary level of commitment of staff across all our services. Valuing, supporting and investing in our workforce has to be one of our most important priorities over the coming years.**

The current workforce is under significant pressure and must continue to adapt to meet the increasing demands and needs of a local population that is not only ageing above the national average, but has the second highest net migration rate in Scotland.

This Workforce Plan highlights the challenges and sets out an agenda which has been designed to address these challenges and to capitalise on existing strengths and opportunities.

The Plan provides a framework which supports the development of flexible and sustainable staffing models with increased working with the third and education sector, to support and increase our own workforce. We must focus on building a suitably experienced, skilled, resourced and professional workforce to meet the significant challenges that exist in health and social care within East Lothian.

This will not be an easy task in the current financial environment and as we recover from the impact of the Covid-19 pandemic. However, we are well equipped to rise to the challenges ahead with the continued dedication and strength our workforce. I remain grateful to all my staff for their continued support and commitment to deliver high quality Health and Social Care services to the people of East Lothian.



**Fiona Wilson** – Chief Officer, East Lothian Health and Social Care Partnership

***"We must focus on building a suitably experienced, skilled, resourced and professional workforce to meet the significant challenges that exist in health and social care within East Lothian."***

The East Lothian Health and Social Care Partnership ('the Partnership') consists of two partners - NHS Lothian (NHSL) and East Lothian Council (ELC).

These partners remain the employers of staff within the Partnership and both have detailed workforce plans. As a result this plan does not duplicate the detail of these plans, but builds on these to address common issues across the partnership.

The Integration Joint Board (IJB) sets strategy, issues directions to the partnership for service delivery and monitors performance against delivery. The Partnership focuses on delivery of health and social care services and supports the IJB Strategic Plan.

The Partnership will continue to monitor workforce requirements through the use of existing workforce planning measures, meeting statutory and regulation requirements alongside ongoing audit/inspection by the Care Inspectorate. The safe staffing agenda will present significant challenges across the Health and Social Care Partnership to ensure requisite levels of staff are in place to meet expectations.

Workforce planning is, in its simplest form, the process that East Lothian Health and Social Care Partnership will use to make sure it has the right people with the right skills at the right time. This workforce plan focuses on the next 3 years (2022-2025), but also aims to look beyond that by setting foundations that will deliver requirements for many years to come. It outlines how we will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in East Lothian.

The paid workforce includes people with a range of health and social care skills who are committed to working together in a single organisation, to improve the lives of people within East Lothian who need health and social care support.

Partner organisations utilise a range of Workforce Modelling Tools, including the SSSC Workforce Planning Tool and the Nursing and Midwifery Workload and Workforce Planning Tool. These tools are designed to review workload pressures within a particular service or profession, in order to assess safe staffing establishment and inform projections within its workforce. The link between safe and sustainable staffing levels, including registered nurses and high quality care is well established and underpins the principles applied.

East Lothian Health and Social Care Partnership will place workforce and workforce development at the core of how the partnership delivers on positive outcomes for individuals and its' strategic priorities.

**The Partnership will therefore work with partners to deliver integrated workforce planning which will include:**

- Profiling the workforce.
- Redefining career pathways.
- Undertaking a skills gap analysis and identifying the developmental requirements.
- Integrate, as far as possible, workforce policies and practices.
- Support proactive recruitment campaigns.

### **The Workforce Development Plan concentrates on the following principles:**

- Ensure that the focus of Partnership Workforce Development activity is on developing knowledge, skills and competencies that support the delivery of Partnership goals and outcomes;
- Ensure that development needs are accurately identified and aligned with strategic priorities;
- Ensure that workforce development and training is undertaken via effective and efficient delivery methods and implemented in a timely manner;
- Ensure evaluation of workforce development and training activity at varied levels to ensure it is fit-for-purpose;
- Use a range of different approaches to meet development needs, ensuring an appropriate blend of delivery methods (i.e online, in-person, vocational);
- Ensure that resources available within the Partnership for workforce development and training are used as effectively as possible and capacity for . doing so within the Partnership explored before resources are procured out with. This will be further enabled by working with other agencies, locally and nationally;
- Adopt a needs-based and flexible (rather than a 'one-size fits-all') approach, as appropriate; and
- Maximise opportunities for inter-professional / inter-agency learning including with our third sector partners.

All General Managers within the Partnership were asked to respond to the workforce plan for their area. The workforce plan aims to set a baseline with regards to workforce information and data, which can then be referenced in future to identify and determine relevant trends and themes.

The COVID-19 pandemic has meant that all organisations have had to fundamentally change their delivery model. For the Partnership this has meant significant change for both staff and service users. This involved a large proportion of staff moving from office based to home working, agile and mobile working.

# Background

## Engagement and Collaboration

### Staff

Evidence shows us that having engaged, healthy staff leads to increased productivity and a more effective workforce overall. How our workforce feel when they are at work is key to the successful delivery of high quality outcomes for our citizens. Staff engagement is therefore a key element needed to help the Partnership workforce meet the range of challenges that it faces and to deliver our key priorities. By involving staff in decisions and communicating clearly with them, we will seek to maintain and improve staff morale, especially during periods of significant change. Engagement needs to happen at all levels of the Partnership – from the big picture initiatives, to day to day communication between staff, managers and executives. Whilst many programmes of work will be underway already within partner organisations there is a need to ensure that this work is harmonised across all areas.

#### **We will:**

- Ensure respective organisational staff are fully briefed, engaged and aligned to supporting the Partnership Workforce Plan;
- Ensure managers and leaders establish and embed staff engagement systems and process as the norm in their working practices to ensure that staff are able to engage timeously with managers on issues;
- Continue to develop and maintain a range of communication and feedback channels with staff, providing clear, consistent information through a range of different media;
- Take forward a review of workforce policies and procedures with a view to harmonisation across partner organisations, where practicable, and in order to support team working for integration.



A significant amount of engagement activity has already taken place with more planned, as we continue to build on this for the best outcomes of our staff and communities. This will include:

- Using feedback from staff opinion via surveys (i.e iMatter) – suggestions for improvement, training and best practice.
- Develop the Partnership's internal communication channels and teams to provide this function. This will be used as a central source of information to help staff to do their day to day jobs.
- Develop and implement a programme of additional engagement opportunities for staff including newsletters which will reach and engage with all staff, including those who have limited or no access to computers at work.
- Continue to work with key partners in the Joint Partnership Forum and link in with local groups as and when required to ensure fair representation and open discussion.

### **Third Sector:**

- Work with third sector to keep staff and volunteers up to date with policy and planning developments, as well as opportunities to engage and influence;
- Work with unpaid carers to identify training and learning needs and help promote opportunities made available through the Partnership.

# Background

## Partnership

We have taken a partnership approach in the development of our Workforce Plan. Our long-established collaborative approach ensures joined up working with our local statutory, independent, voluntary, and third sector partners and Trade Unions. All of whom make a significant contribution to ensure that East Lothian is a safe, secure and attractive place to work. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive and fair but also to make sure that staff feel valued.

By considering all of the aspects we need to approach workforce planning, we will ensure that we recognise all of the contributions and support obtained from our staff and sustain these as we move forward. The action plan will be reviewed regularly at Workforce Planning & Organisational Development Steering Group and Workforce Oversight Group. The scale of the Partnership's remit and activities is extensive, and the workforce plan will never, nor should it attempt to, address every single aspect of the Partnership's operation. The purpose of the workforce plan therefore is to establish, in broad terms, how best to ensure the workforce delivers the Partnership's vision, values and aims whilst encompassing the values of both NHS Lothian and East Lothian Council, as the respective employers.

In developing workforce plans, there is significant cross over with our partners – NHS Lothian and East Lothian Council – to ensure that work plans are interlinked and comprehensive. This ensures the output from the workforce plan presents a cohesive picture of health and care workforce need across East Lothian.

Our Workforce Planning & Development Steering Group acts on behalf of the Senior Management Team in a high-level strategic oversight role. It is responsible for advising senior management and the Workforce Development teams on the planning, implementation, evaluation and review of learning and development, recruitment and staffing issues and any other related workforce matters within the Partnership. The Group works with the guidance and support of key business partners within Human Resources and Organisational Development functions from both host organisations and the workforce development teams to assist in the management of risks relating to the delivery of workforce planning and development priorities within the services and the partnership as a whole. Organisational and Workforce Development within NHS Lothian and East Lothian Council continue to be strong and stable partners and help to support and drive the aspirations of the workforce plan. Additional forums are held outside the remit of Workforce Development, but continue to have an impact on the workforce.



## This engagement includes:

- **Local Planning:** Work with Area Partnerships and our Connected Communities leads to identify service needs and ensure community engagement.
- **Financial Planning:** Monthly financial overview meeting with Chief Finance officer, Director, ELC and NHS finance officers, as well as Partnership staff, allows for close monitoring and scrutiny of staffing budgets and training costs. It is important to recognise the challenges resulting from the IJB not being directly funded but allocated a budget yearly through the partner agencies.
- **Trade Unions:** regularly consulted with and a monthly Joint Partnership Forum allows Workforce plans, developments and challenges to be discussed with trade unions on a regular basis.
- **Third and Independent sectors:** represented by Volunteer Centre East Lothian. Their role in workforce planning and establishing an effective and robust voice for the third and independent sector within East Lothian is in early stages but holds significant potential.
- **Care Home and Care at Home oversight groups:** enabled shared learning throughout the pandemic and a recognition of the need for a more unified approach to training and development of the whole social care workforce. In addition to this, the Lothian Care Academy project is developing at pace and will continue to form part of our Workforce Plan. NHS Lothian along with City of Edinburgh, East, West and Midlothian councils are supporting the project to develop the Care Academy. The Academy will initially focus on the local authority.



**• Primary Care:**

Engagement with Primary Care Contractor Representatives is carried out via a number of channels, including:

- Representation at the Lothian Primary Care Contractual Organisation (PCCO) meetings, and Primary Care Joint Management group.
- Cluster Business Meetings
- Primary Care Change Board
- Individual meetings with all GP Practices across East Lothian
- CWIC Steering Group
- Community Link Worker Advisory Group

# Background

## Governance, Assurance and Professional Standards

Social Care staff and Social Workers cannot work unless they are registered with the SSSC. The SSSC set standards for practice, conduct, training and education and support professional development. Where people fall below the standards of practice and conduct, the SSSC can investigate and take action.

### **Allied Health Professionals:**

All Allied Health Professionals (AHPs) must be registered with the Health and Care Professions Council (HCPC) in order to practice. The HCPC regulates all qualified practitioners. The HCPC sets standards for the professions they regulate and publish and maintain a register of those who meet these standards. In addition each individual profession has their own professional association which leads on professional and educational activity for their registrants. Allied health professionals within the Health and Social Care Partnership include, for example, Dietitians; Physiotherapists; Podiatrists; Occupational Therapists.

### **Nursing and Midwifery Regulation:**

The Nursing and Midwifery Council (NMC) is the regulatory body for Nursing and Midwives. All qualified nurses and midwives must be registered with the NMC. The professional standards expected of Nurses and Midwives are defined by the NMC in "The Code" which is structured around four themes: Prioritise People; Practise Effectively; Preserve Safety; Promote Professionalism and Trust. Following entry on the NMC register nurses and midwives are required to submit an annual retention fee and complete a process of revalidation every three years. This provides assurance that nurses and midwives keep their skills and knowledge up to date and uphold the professional standards.

### **Nursing, Midwifery and Allied Health Professional Assurance Framework:**

This framework sets out how the Director of Nursing provides assurance on the quality and professionalism of nursing, midwifery and Allied Health Professional care. The framework provides evidence that structures and processes are in place to deliver the right level of scrutiny and assurance across all nursing, midwifery and AHP services. This offers explicit and effective lines of accountability from the care setting to the NHS Board and through to the Chief Nursing Officer which provide assurance on standards of care and professionalism. The Professional Assurance Framework focuses on 4 Primary Drivers:

- Practitioners are equipped, supervised and supported according to regulatory requirements
- There is dispersed leadership which focuses on outcomes and promotes a culture of multi-professional parity and respect
- There is clear accountability for standards and professionalism at each level and upwards to the board
- The Board has a clear understanding about the quality of the nursing, midwifery and AHP service.

## Medical Regulation:

The Medical Act 1983 sets out the General Medical Council's (GMC) mandate to protect patients and improve medical education and practice across the UK. The GMC's statutory functions include setting the standards for doctors, overseeing medical education and training, managing the UK medical register, investigating and acting on concerns about doctors and helping to raise standards through revalidation. Doctors are primarily accountable to the GMC. The GMC is the regulatory body for all medical practitioners. All qualified doctors and medical staff must be registered and hold a licence to practice with the General Medical Council in order to work as a medical practitioner in the UK. The professional standards expected of a doctor are outlined in 'Duties of a Doctor' guidance which has four domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust. All doctors with a licence to practice submit an annual retention fee and are required to revalidate every 5 years which requires recommendation of the Responsible Officer which is usually the Medical Director. Good medical practice guidance describes the professional values and behaviours expected from any doctor registered with the GMC. Doctors are professionally responsible to the Medical Director via the professional managerial structure including delegated responsibilities to the Associate Medical Director. Within the Health and Social Care Partnership this includes, for example, Consultant and specialty grade doctors in urology, ophthalmology, and medicine for the elderly, along with some directly employed GPs.

The expectations of services across health and social care are set out within the Health & Social Care Standards published by Scottish Government. The Standards apply to the NHS, as well as services registered with Healthcare Improvement Scotland and the Care Inspectorate.

The Health and Social Care Partnership are committed to working with authorities that regulate services and value this external scrutiny to offer assurance to the public that services are meeting the required standards of care. This provides the opportunity to highlight good practice and assure that areas for improvement are addressed. This links to staff governance and also clinical and care governance.

# Workforce Drivers

As we move through the delivery of our plan, and following the pandemic, there is a need to reconsider how some of our services are delivered, to ensure we are delivering the right services to the right people in the most effective way possible.

Our Workforce Plan will take account of:

- Staff roles
- Skills required
- Workplace from which care is delivered
- Pattern of work required to support our service users
- Training/upskilling our current workforce
- Technology and digital opportunities

During the lifetime of this Workforce Plan, it will have to take account of how these changes will re-shape the workforce.

## Key Objectives are:

- Identify the skills gaps within the current workforce and provide support, training and development opportunities to upskill accordingly.
- Maximise opportunities to attract a new workforce to the Partnership to fill any skills gaps through various methods including apprenticeships, work placements and recruitment.
- Develop a flexible workforce able to respond to future needs and demands.
- Meet the requirements of existing and developing legislation, but also be guided by national, regional and local strategy/policy.
- Reduce absence levels.
- Implement and undertake effective succession planning.
- Encompass Independent and Third Sector colleagues such as care at home provision in workforce planning.

**The long-term aim for health and social care in Scotland is for people to live longer, healthier lives at home or in a homely setting and have a health and social care system that:**

- Is integrated;
- Focuses on prevention, anticipation and supported self-management;
- Will make care and treatment at home the norm in a community setting;
- Focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- Ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

During the pandemic a number of patients delayed seeking medical care. This means that as we emerge from the pandemic and people feel more comfortable in seeking the care that they need, they are already in a more frail condition with more complex needs and require either hospital expanding, so the requirement for nursing admission or a place at a Care Home. As the need increases, the number of Care Homes being built in the area is staff will increase alongside this. Training requirements for carers within the Care Homes will diversify as the complexities of residents increase unless there are adequate numbers of nursing staff based within all of the Homes.



# Workforce Drivers

## Community of East Lothian

East Lothian currently has an estimated population of 108,972 which is a 3% increase since 2018, compared to 0.9% growth across Scotland in the same period and which constitutes as the second largest increase nationally. The population is projected to increase by a further 2.1% by the year 2025 and 4.1% by 2028 (compared to 0.5% and 0.9% across Scotland).

Our population of adults aged over 64 currently accounts for 20.9% of the population and those of working age accounts for 50.9% of current population. The ongoing trends show that by 2028, adults aged over 64 will account for 23.4% of the population and those of working age for 49.1% of the population.

Age	2018	2022	2025	2028
0-15	19350	19533	19322	19009
16-24	10092	9803	10127	10770
25-44	24103	25400	26234	26439
45-64	31075	31077	30605	30212
65-74	11733	12419	13181	14460
75+	9437	10740	11772	12513
Overall Increase of Over 65s Since 2018		1989	3783	5803
% of Population Over 65	20%	21.3%	22.4%	23.8%

(National Records of Scotland)

Although there are a number of housing developments being built throughout the region, the cost of the property does not attract people who work in Health and Social Care, so the north and east of the region become very difficult to recruit staff to, including bank or locum shifts, due to the distance and lack of public transport networks into these areas.

The increasing number of guardianships in East Lothian requires increased staffing to meet the throughput. Overall, the increased population and steady growth within the area is having an impact on the service. The increase in new houses being built has increased the number of families moving to the area and so the number of children with disabilities. As children transition to adulthood, service provision has to be in place to support this. Early notification of transition from Education and Children's Services assists with the forecasting of services required.

The various lockdowns that came with the pandemic meant that these families were not able to take children to school, nursery or other social activities. This has raised developmental concerns in some infants and young children which will increase the workload of the health visiting team. The migration of families into the area has also increased the number of students who require immunisations, with an extra 60,000 vaccinations to be delivered to children annually. The uncertainty over the parameters of flu and COVID boosters means that the impact on current staffing levels in the immunisation teams is unknown.

It is likely that demand for community services will continue to rise due to the increasingly ageing population and rise in baseline population levels in East Lothian. There is significant new housing capacity in East Lothian, in addition to the projected increase in the over 65 and specifically over 75 population which is higher than national average. Pre Covid we would, on average, receive 9 new referrals each week, this has now doubled as the demand for Rehabilitation services increases with a population expansion due to in excess of 10,000 new properties and with children, younger people and adults living for longer with complex conditions.

As the older population is predicted to increase at the same time as the working age population remains static – and this trend can be seen across Scotland – this means that at the same time as demand for services is likely to be increasing, it could be more challenging to employ the workforce to meet this demand. The increase in citizens' age across our county means that more than ever we require a workforce which is innovative, collaborative, and which can find solutions amongst the most challenging of scenarios.

# Workforce Drivers

## Staffing Requirements

Moving forward, the lessons learned from the pandemic will influence how we all live and work.

Most importantly for the Partnership will be how we deliver health and social care services. This learning will influence our current and future workforce.

This plan has been written with that in mind and will be subject to regular review and update as we move through and recover from the pandemic.

### **Our Workforce Will:**

- have the skills, knowledge, experience and motivation to deliver the highest quality services;
- be flexible and adaptable around our changing organisational needs;
- be resilient to change and instigate, as well as adapt to, changes in service delivery;
- work in an increasingly integrated way across the Partnership;
- celebrate roles including specialisms and synergies;
- be a workforce that delivers with an emphasis on quality;
- be a workforce supported to deliver quality services in the most efficient way.

### **Nursing**

A number of roles throughout many of the community health teams within the Partnership have changed significantly over the last few years and now require to be re-evaluated as they will not revert back to what they used to be. The additional vaccinations now being offered to children and the elderly has meant that vaccination teams and school nursing teams have grown and changed as required. District nursing staff are working more closely with the care homes and some staff are now specifically looking after patients who have chosen not to move into a care home, so may need some hospital care in their own home. There is a concern that some of the current structures were established a number of years ago and the numbers of staff have not increased in line with the population. This along with the limited number of educational spaces to obtain the qualifications required for registered nurses (e.g. there are only 2 intakes of 16 students per year) means that we will continue to struggle to reach established capacity, but even if we do, there are likely to still be a shortage of staff. The use of Nursing and Midwifery Workload and Workforce Planning tools will assist in the prediction of staffing levels required

based on occupancy/demand to identify specific and significant unfunded resource gaps that will be a key focus for the partnership going forward.

Prior to Covid, East Lothian Community Hospital had 63 in-patient beds within its wards, it now has 128 and they are all occupied. Patients are arriving with more complex conditions as they have chosen not to request a consultation or treatment from their GPs during the pandemic, so their conditions have grown worse as they have been untreated for a lengthy period. These patients end up spending longer within the hospital due to their complexities. The discharge planning for these patients takes longer, which also delays their discharge. Community nursing teams are having to grow to manage these complex conditions within the service users' homes.

## Social Work

The Adult Wellbeing service was split in 2019 into Statutory Services and Adult Social Work. This separation was seen as a beneficial segregation of operational adult social work functions and more specialise service provision.

Over the last two years both service areas have been enhanced with additional posts and the structures have been developed. In addition, functions within the service areas have been separated out where appropriate to create enhanced integrated pathways. For example, the ICAT assessment process has been introduced for complex older adult provision and the Learning Disabilities services have been separated out to the Mental Health and Learning Disabilities management line.

The General Manager for Statutory Services has now retired from her post. It was agreed that it would now be beneficial to re-integrate the functions under a single General Manager.

The proposed structure change brings core services under one management line and creates parity with other directorates. In addition, it allows for a broader Service Manager line giving scope for better support and learning opportunities. There has also been recognition that while the Statutory Services line has functioned well over the last 2 years, the separation of aspects of Adult Protection has been unhelpful and requires reversal.

There are additional professional benefits as two of the Service Managers within Adult Social Work are Mental Health Officers. This professional competence an experience has been recognised as hugely beneficial given the recruitment challenges within the MHO team. We continue to offer sponsorship for two of our social workers to qualify as MHOs each year. This support will continue while the recruitment challenges remain.

The intention is to use funding from the retired manager's salary to recruit an additional Business Manager post which will remove current tasks from the existing team and support longer term developments which operational managers struggle to support. By standardising processes and procedures, we will be able to begin quantifying the work that we are doing.

This will allow us to become more efficient with the staff that we already have but also to identify where there is a shortfall and what additional staff we need. The strategic planning for Carers' Services and the implementation of East Lothian HSCP Carers Strategy had been the role of the Statutory Services manager, so it is now necessary to employ a dedicated Carers Strategy Officer and Community Care Worker to ensure that best value continues to be achieved from the Carers Act funding.

Social Work Scotland have set out 'Setting the Bar' to establish an evidence-based indicative caseload limit for social work staff in Scotland. At the current time, we are within tolerable limits for caseloads, but we will continue to monitor this and consider recruitment of additional staff if this is required to bring us back into tolerable limits.

The Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019 confer on Local Authorities the duties to deliver Appropriate Adult services. The services were placed on a statutory footing in January 2020 with work now underway to support Local Authorities transitioning to statutory arrangements. We have secured funding for an Appropriate Adult Coordinator from Scottish Government to cover this statutory service. The funding to support the delivery of Social Work has allowed us to create this and other front-line and support roles.

Scottish Government funding will allow us to sponsor a support worker in obtaining their Social Work qualification through the Open University whilst remaining at work. This, alongside hosting student placements from local universities, will increase prospective future social workers' knowledge of East Lothian and encourage them to apply for our vacancies. We will continue to accept placements from universities but we have only four active Practice Educators within our Adult Social Work teams, so this limits the number we can take on without employing external PEs. Social Workers have been offered the opportunity to complete the post graduate course in Practice Education, but staff are concerned that the commitment they need to make to studying alongside their current caseloads means that it will be difficult to manage in tandem. It will be important to release staff from some of their day to day duties to undertake Practice Educator training. This will allow us to build a robust workforce and generate the next generation of workforce for East Lothian. We will continue to offer sponsorship to complete this qualification.

There has been significant work carried out to increase and improve the Justice Social Work team. This has addressed the expectations of the employees, employers and service users to ensure that the team are maintaining the required standards. A number of the staff are on temporary contracts funded by Covid recovery grants.

This allows the team to progress initiatives and it is hoped that with natural attrition and restructuring of the team, these temporary staff will be afforded the opportunity to move onto permanent contracts. There is collaboration with the third sector in securing funding for prevention and early intervention with offenders and also to support structured deferred sentencing and bail support. It is now important to identify the sustainability of these temporary arrangements and whether we will maintain them or agree an exit strategy.

## Care in the Community

Over the course of recent years, there has been growing pressure on Care at Home services. The nature and complexity of Care at Home services has also changed significantly, impacting on the Health and Social Care system in East Lothian. A number of steps are being taken to address the unmet care at home need, including re-design of care at home and careful management of care at home resources. An increased internal resource allows greater resilience in times when staff have to be deployed to mitigate shortages elsewhere in the system. They can also be utilised in identified areas where recruitment can be difficult, particularly rural and isolated areas.

The dissolution of some care providers has made the Partnership very aware of how dependent our care at home and care home provision is on external providers. Around 90% of Care at Home provision for the over 65s within the region was provided by commissioned agencies prior to the pandemic. When they were no longer able to provide that care and not all providers were able to manage the associated risks which resulted in some of these providers failing, we did not have enough internal Care at Home staff to cover all of the shortfall. At times during the pandemic there were 1000 hours of unmet care per week, but this was all evaluated according to risk and all high risk needs were met. We will increase the number of staff in internal Care at Home to allow us to increase our internal provision and mitigate risk. This increase is already beginning to have a positive impact, resulting in more capacity – within the space of 12 months, our internal provision moved from 10% to 14%.

We are developing a care at home framework model, with the new contract starting by April 2024 – the contract must support the recruitment and retention of staff into care at home services. In parallel with this, we are also further developing a Night Time Support and Responder Services. This project will consider expansion of the service to include older people and an overnight falls service.



The Hospital to Home service provides care at home support to people discharged from hospital. It is a temporary service put in place to support the rehabilitation approach of reducing service users' long term needs and passing on the ongoing service provision to commissioned care at home providers. It is part of our overall strategy to increase our in-house Care at Home service provision. This is a particular challenge in recruitment and retention where targeted actions will need to be in place.

## **Business Support**

It is clear that as all of the Health and Social Care teams evolve, their business support needs change. Most of the Business Support staff are supporting a number of teams with different administrative tasks. This provides a resilient, multifunctional team who are able to support one another and provide cover during periods of intense activity or during absences. However, this often means that the focus is on one particular area meaning that other areas are left without the necessary cover. This will require some forward planning by managers to establish what work needs to be covered as business as usual and what periodical or one-off schemes or programs require specific administrative support.

## **Communication**

The Partnership requires further communication, social media, web content and engagement activities. There is currently a lack of awareness of the suite of health and social care services offered. This has resulted in a lack of understanding and inappropriate use of these services. A failure in the ability to engage fully with the public and a lack of clear consultation and engagement across all our communities has resulted in an inability to co-produce or consult effectively with relevant stakeholders for some work programmes. There are difficulties in engaging with staff across the Partnership in keeping them informed about developments due to the differing IT platforms.

# Workforce Drivers

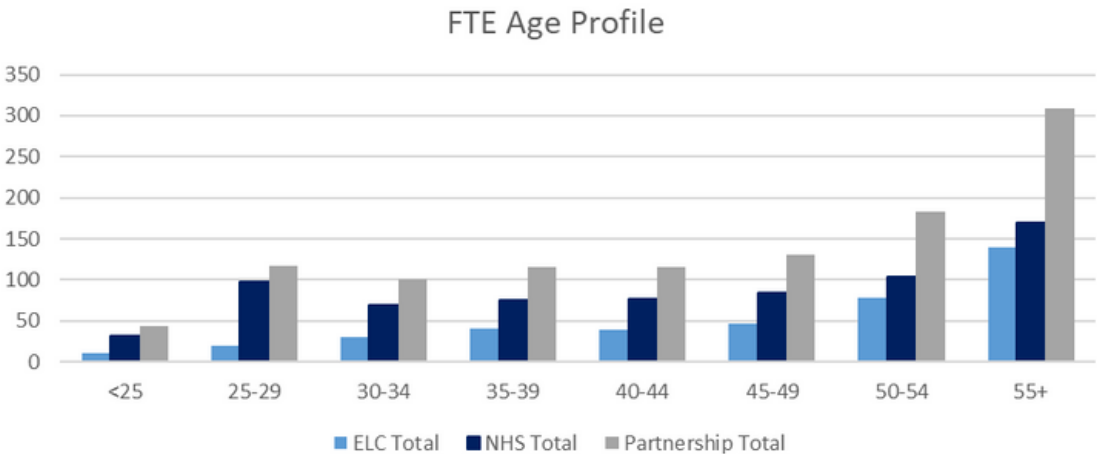
## Workforce Profile

This plan has been created in liaison with our partners in workforce development and the workforce in general. It will outline what the workforce will need in order to deliver successful outcomes, highlight what actions we need to take to deliver the future workforce.

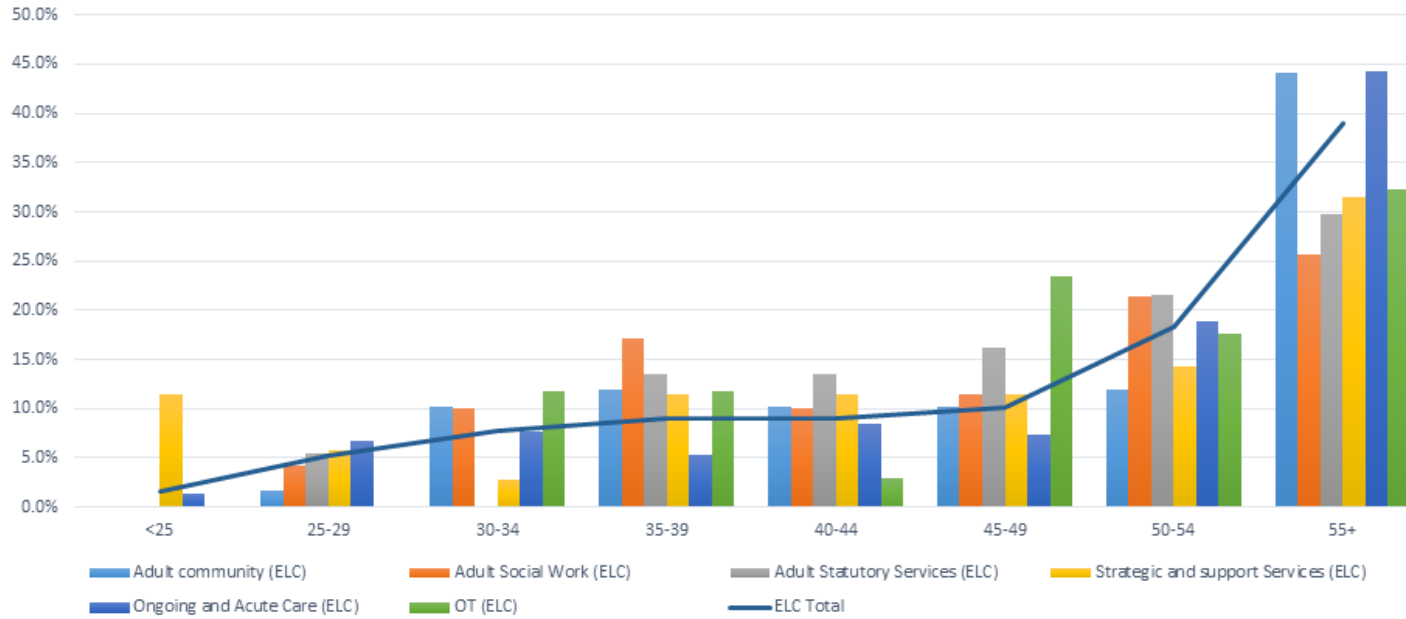
We have a very diverse workforce with a wide multitude of characteristics. Unfortunately, as this information is voluntary under GDPR, we have very limited specific information on the makeup of our workforce to allow us to report on it.

Our workforce has a variety of qualifications which meet the requirements of employers and regulatory bodies. The skills of all workers are perhaps not fully understood or utilised effectively which may restrict movement across the sector. Service reviews across care roles and the creation of clearer development pathways will go some way to address this, but staff in Care Homes and in Homecare will be given the opportunity to complete further qualifications to prepare either for a possible change in SSSC requirements, or in preparedness for future development and promotion.

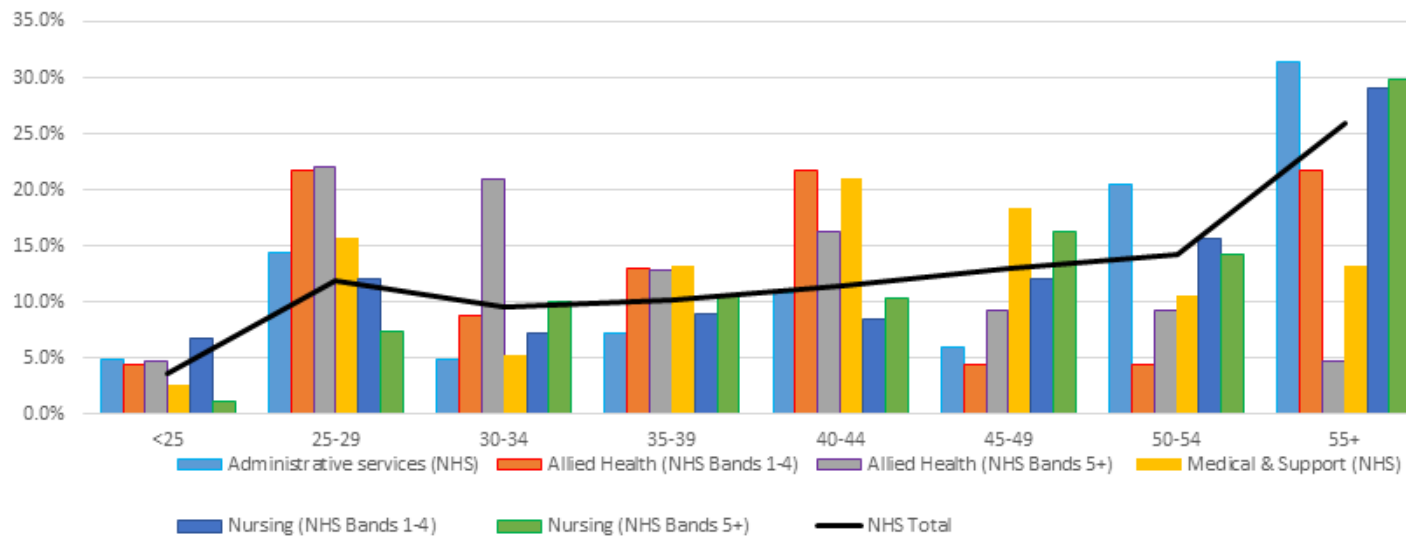
In the Partnership, we are fortunate to have a skilled, dedicated workforce. However, the age profile of that workforce indicates a potential skills shortage due to staff retrials over the next few years. The charts show that the Partnership workforce is predominately aged over 50 - this is an area that requires our attention, in that, a significant part of our older workforce are likely retire over the next 5-10 years. This part of our workforce is very skilled and knowledgeable and this could give us a significant skill gap if we do not take steps to address it.



ELC Staff Age Data



NHS Staff Age Data

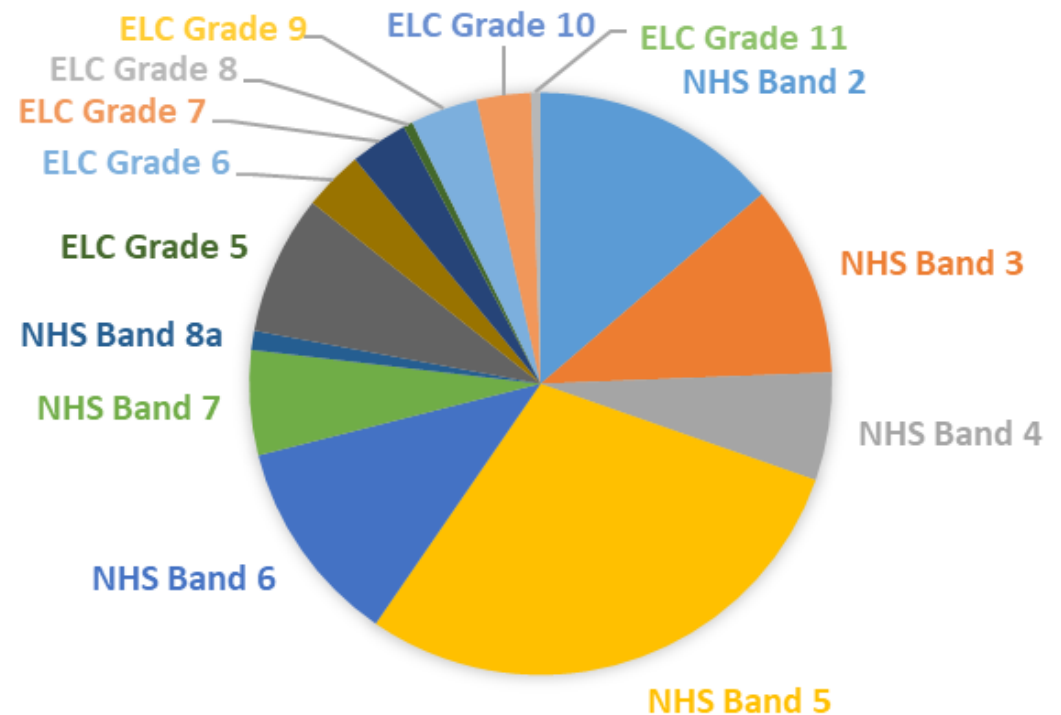


In the past there were staff who willingly continued working past their pension age, however this is not happening as often now because of the exhaustion they have suffered during the pandemic or simply reflecting on how life has changed during this time and choosing to retire. Occasionally, some nurses will retire and come back to work up to two days a week,

as the NHS permits, but this is usually into less active roles with consistent day shifts, such as the vaccination teams. Flexible retirement is also an option that some ELC contracted staff have utilised – this allows staff to reduce their hours by at least 40% for a minimum of six months before retirement.

As at March 2022, in the Partnership as a whole, 48% of all band 5 nursing posts were vacant and these positions accounted for a quarter of all vacancies across the Partnership.

### Vacancies by Band/Grade



## Rehabilitation Service

Request for Assistance is a referral service where the public, carers and health or social care professionals (with consent) can call our new Single Point Of Contact to speak to an experienced Occupational Therapist or Physiotherapist to seek advice and support. They will be signposted, or following detailed conversation, be allocated to a therapist or placed on a waiting list if their needs are not urgent. By having early referral discussions, we are able to understand what is most important. This enables us to ensure those telephoning for advice can be given this on the same day instead of waiting for assessment.

Over the period of a year, we found that approximately a third of telephone calls require advice on self-management or signposted to alternative and more appropriate services. A third of these callers are seen within 10 days and the remainder are placed on a waiting list. This has allowed for a reduction in waiting lists, improved efficiencies, managed client expectations and reduced complaints. In having reduced waiting times and ability to see people at their point of need we should see a reduction in the functional decline of the population which will have an impact on reduction in care, equipment and adaptation provision thereby minimising intervention, maximising independence.

## National Care Service

Of all people employed in Scotland, 8% work in social services. The Feeley Review of Adult Social Care was published in February 2021. The findings of the report will have a profound impact on our services with the introduction of the National Care Service (NCS). Some of the Social Care staff in Scotland, of which there are just under 200,000 in paid employment, spoke about a lack of support and training opportunities with sometimes serious consequences for people who use services. Employers stated that the lack of training and career development opportunities makes it difficult to attract and retain staff. At the same time, it was identified that social care support is highly skilled and that many people in the workforce are very experienced. Broken down by sector, 27% are employed by the third sector, 32% by the public sector and 41% by the private sector. The differing terms and conditions depending on whether the staff member is contracted to NHS or local authority can often cause confusion. There is a real anticipation on whether the NCS will allow for harmonisation of this issue. It is hoped that the creation of one overarching body will help to break down the perceived boundaries between those currently employed by NHS and those by local authority.

## Unpaid and Voluntary Care

East Lothian Council has achieved their first accreditation with Carer Positive. The Carer Positive award is presented to employers in Scotland who have a working environment where carers are valued and supported. There is still a need for employee engagement and consideration of the needs of unpaid carers who are employees of the local authority, the organisational culture will reflect the commitment through policy and management approach.

Unpaid carers were very clear that they want to care, and care well. However, they feel that they are simultaneously undervalued by society and given “all the responsibility without the support, resources or recognition” (Feeley, 2021). Indeed, we must recognise further the significant input from local communities and unpaid carers in particular. Their importance in sustaining and delivering Social Care has been exemplified during the Covid-19 pandemic.

The informal workforce are acknowledged and valued for the significant amount of unpaid care they provide to family, loved ones and friends, with many not even recognising themselves as Carers. Additionally, the contribution of our voluntary workforce plays a vital role in achieving the vision and priorities of the Partnership. Continued engagement with voluntary organisations, with an aim to fostering and developing partnership working arrangements, will ensure that we can support voluntary groups and individuals in the critical role which they undertake.

## Flexibility and Redeployment

Experience during Covid-19 has shown us how difficult it is to deploy appropriate staff quickly when there is an urgent need to be met. Longer-term, failure to plan ahead for training, recruitment and retention, and failure to model innovative new approaches that depend on the availability of a suitably trained workforce who understand each other's contributions could prevent services from being able to flex and adapt to changing need. With all of this in mind, to successfully deliver our workforce development programme, our workforce will be required to do things differently.

They will be flexible, appropriately trained and qualified, and motivated to drive forward change. We will rely on having an experienced, skilled, innovative and adaptable workforce doing new and different things. The changes required to manage Covid-19, such as staff from Day Services and other teams were redeployed to provide home care during the pandemic, demonstrated that we have the enthusiasm, capacity and capability to do this.



# Transformational Change

There are a number of services that have outgrown the premises that they currently occupy. Work is ongoing to identify buildings that are already owned by ELC or NHS which have space for these services to move to. The Edington Cottage Hospital in North Berwick has had a complete reorganisation of the services offered there. It is not currently an in-patient facility, but instead offers a number of out-patient facilities, in particular the musculoskeletal clinics and vaccination clinics. This has allowed the facility to serve a larger section of the community.

The lease on Randall House in Macmerry will not be extended when it expires in October 2023. This houses the Adult Social Work teams who will possibly be reallocated to John Muir House in Haddington. Work is ongoing to identify the necessary space, and it is likely that the space required will be less than it was when Randall House was first leased due to staff now working from home. Staff have been offered the opportunity to move to Home Working contracts which, if there is no operational need for them to work within an office, allows them to work from home for at least 80% of their contractual hours and only utilise office space if required. This allows some staff to have a better work/life balance and increases flexibility from both employer and employee. This will continue to be offered and as more staff sign up to these contracts, less office space will be required. The hope is that, as we get closer to the October 2023 relocation date, there will be less staff who require their own desk space within an office and so 'hot-desking' will become the norm. However, those staff who continue to require a permanent office space will be given the workspace that they require within the relevant building.

The Mental Health Care When it Counts (MH CWIC) service position within the Primary Care directorate was established as part of East Lothian's response to the Primary Care Improvement Plan and the service acts as a primary care mental health service. However, as the service has developed, the required increased link to Intensive Home Treatment Team (IHTT) and Community Mental Health Team (CMHT) have become more acute. In particular during times of staff shortages, these services have been able to provide cross cover to each other while other Primary Care services have been unable to offer support due to the professional skill sets required. The Mental Health directorate has undertaken extensive review and identified the need to define and enhance the front door models for the services. In completing this work the CWIC service needs to form part of the new model, to align primary care and community mental health services. This will allow services to work in partnership, to ensure people access the right care and treatment at the right time and ensure that there is a clear mental health services pathway for those who need them. It will also provide the opportunity to work alongside other service to promote early intervention and mental health and wellbeing, with the aim that it will reduce demand on community and specialist services. This has strengthened the view that the service should sit within the Mental Health and Learning Disabilities structure, however will continue to interface with the primary care oversight group and change board.

The purchase of a Vaccination Bus has allowed access to this service by people who live in small outlying villages and those who are unable to utilise public transport. Once this provision has been fully rolled out, it is likely that the bus could be facilitated by other teams to offer services such as physiotherapy to those who find it difficult to get to the hospital or a practice.

# Transformational Change

## Digital Agenda

The vision of Scotland's Digital Health and Care Strategy published in 2022 is 'To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. To achieve our aims, and ultimately our vision, we will focus on six priority areas –

- Digital access – People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.
- Digital services – Digital options are increasingly available as a choice for people accessing services and staff delivering them.
- Digital foundations – The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.
- Digital skills and leadership – Digital skills are seen as core skills for the workforce across the health and care sector.
- Digital futures – Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.
- Data-driven services and insight – Data is harnessed to the benefit of citizens, services and innovation.

As resources reduce and the opportunities offered by new technology increase, our Workforce Strategy will reflect the impact of these changes on both the delivery of care and the development of our workforce.

During the pandemic there was an increase in use of the Near Me video appointment platform. This has allowed our health professionals to see patients who have appointments rather than just speaking with them over the telephone as often the physical appearance of someone can assist the staff in better understanding their needs. Although in person appointments are available again, Near Me is being used far more regularly than it had been prior to the pandemic as it benefits those who are not in close proximity to one of the clinics, who may have mobility issues or a lack of transport to get them there.

An upgraded website has been introduced by our Rehabilitation Service. The Access to a Better Life in East Lothian site has replaced the Help from HILDA (Health, Independent Living, Daily Activities) site.

The new site aims to provide the information and tools needed to manage health and wellbeing, and to be a resource for carers. It will enable people to try things for themselves, when it is convenient, helping to keep them as active and independent as possible, for as long as possible. The site provides contact details for people who have more complex issues that are not addressed on the website and it is hoped that, going forward, an online chat function can be introduced.

Care Homes and some hospital wards have been trialling RITA (Reminiscence Interactive Therapy Activities) technology.



Touch screens and tablets are used to communicate with families when they cannot be present including playing interactive games, allows them to listen to their favourite music, look at photographs and even watching or reading about events either current or that they have memories about. Using the RITAs can help to prevent falls as the residents are more likely to be, and remain, seated when they are using them. These will be rolled out further across the Homes and hospital, so more staff will be trained in their use to enable them to use them with residents and patients.

Lone Workers can face risks during their working day – they may be exposed to abuse or violence, accidents or sudden illness. Due to this we are providing our Lone Workers with a Reliance Protect Personal Safety Device.

This is a fully maintained service with support for the device users and their managers including an all year-round 24 hour response service to handle all Red Alert incidents. The roll out to Adult Wellbeing staff teams commenced in 2019, but has significantly delayed due to Covid and staffing issues, but the roll-out will continue to the remainder of the Lone Working staff.

A mobile software solution will be introduced to the care and nursing staff working within clients' homes. This will allow staff to easily identify the care and medication which each client requires any restrictions that they may have and to raise any issues that may occur. This application will provide an element of safety for staff where they will be able to check-in and out so that they can show what has been carried out during a visit, anything that the client has refused, thus reducing paperwork. It can also alert office based staff if they have become caught in a situation which they need assistance with. Clients' families will be able to access the application to find out when their family member was visited last or due to be visited next and what the visit has entailed.

Both East Lothian Council and NHS Lothian invest in significant employee wellbeing programmes with particular focus on staff Mental Health. Some of these initiatives include:

- Wellbeing Wednesday – weekly emails sent out by ELC with useful information, hints and tips for improving physical and mental wellbeing.
- Eastspace is East Lothian's online source of mental health and wellbeing information managed by Health in Mind. The website provides information about local mental health and wellbeing services and support.
- Wellbeing Webinars run by NHS Lothian.

Wellbeing of staff remains a focus of Organisational Development within the Partnership, ELC and NHS Lothian, with continued significant investment in this area. In addition continued training to support staff in the new ways of working will continue. New equipment within some of the clinics such as adjustable height beds have helped to reduce the number of back issues that staff have from having to stand or sit in uncomfortable and awkward positions. This has reduced the number of absences due to back pain.

During the height of the pandemic, wellbeing funds were utilised to provide welfare boxes to staff who had limited time to stop for breaks. These boxes would include a snack, drink and other items for personal use.

East Lothian Council offer peer support through the Listening Ears programme. They are not counsellors but are staff from various roles within the Council who have been trained in Mental Health First Aid and are very good listeners. They understand the culture, policies and ways of working and are someone to listen to their colleagues confidentially and who understands the situation and can suggest a way forward.

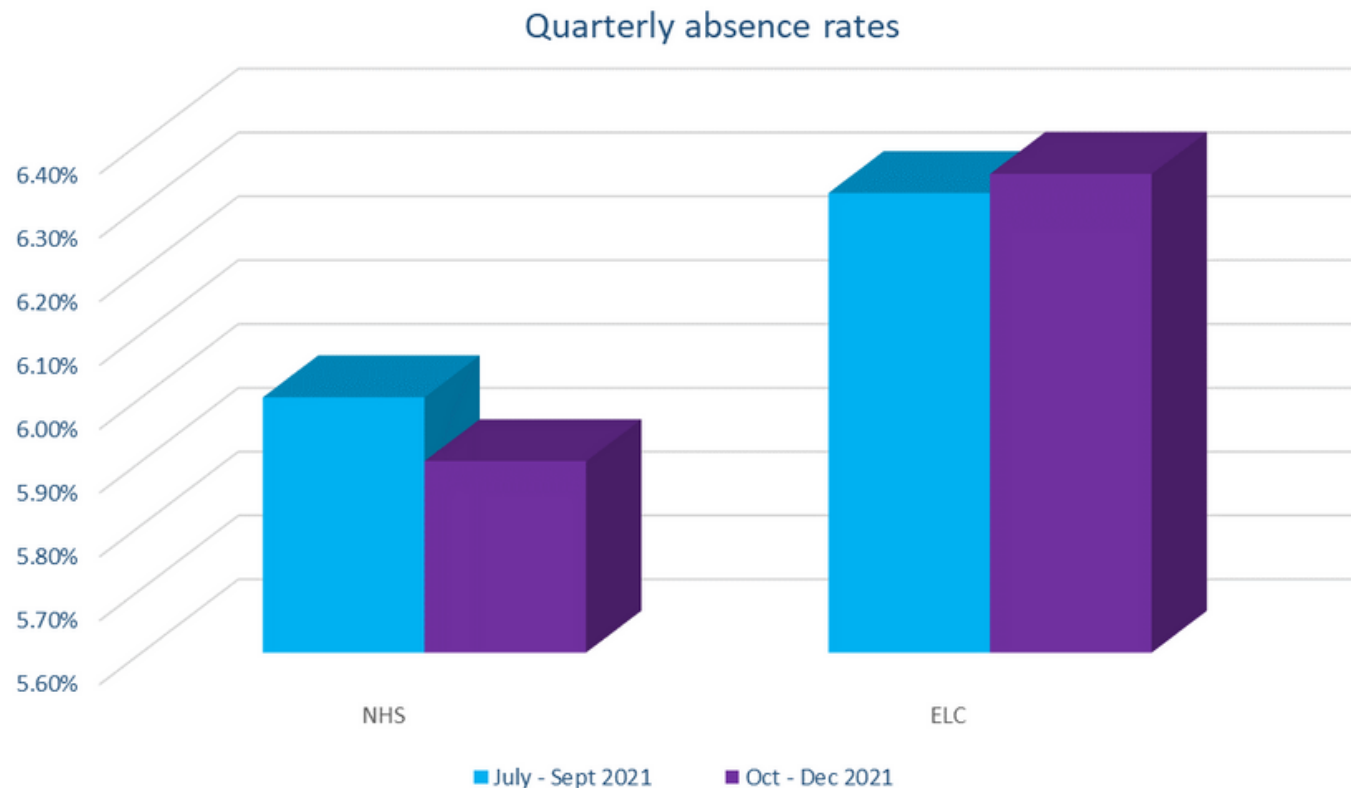
The increased number of patient deaths has had a psychological impact on staff across Health and Social Care. As patients and residents have spent a long time in wards and Care Homes, the nursing and care staff who are looking after them have become well acquainted with them. Staff have been receiving support from local universities through Online Supportive Conversations and Reflective Sessions (OSCaRS) which helps to improve coping mechanisms, team cohesion and communication after these deaths.

# Staff Wellbeing

## Health Related Absences

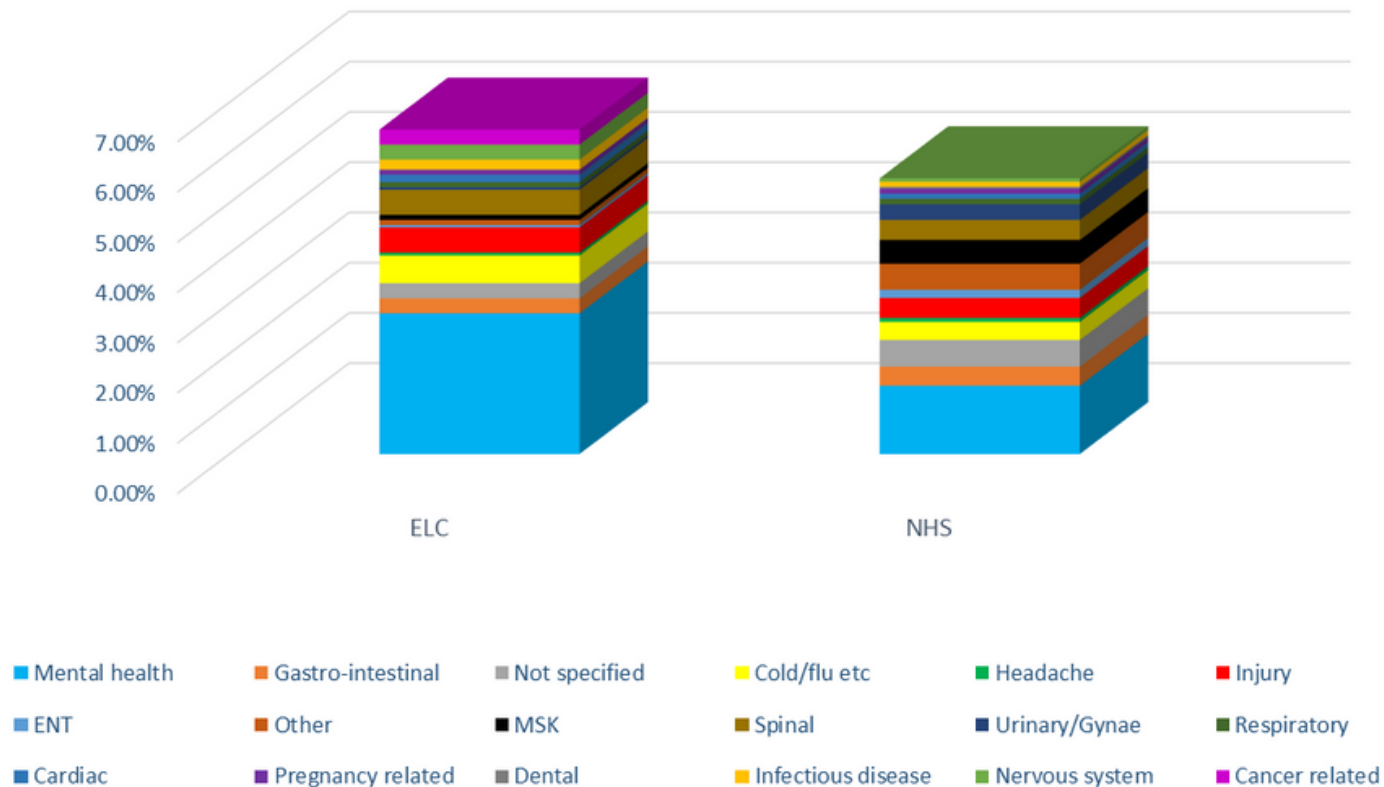
During the lockdowns of 2020, all services were maintained which was in the main due to the low level of sickness absence.

However, during the early part of 2021, sickness levels had risen and recruitment stalled, likely to be caused, in part, by Brexit. Although staff showed exceptional resilience during the winter months of 2021/22 when there was a staffing crisis, particularly within social care, there was not a significant rise in absence levels but around a quarter of all absences were related to mental health.



Long COVID will continue to be an issue for some members of staff. This is being managed by occupational health teams as normal return to work procedures are often not sufficient for some of those who are or have suffered from this condition. Extended periods of phased returns are being offered to some, and others are being temporarily placed in office based vacancies – this allows those who want to be at work the opportunity to do so in a limited capacity until they feel able to take up normal duties. There is a danger that staff who are suffering from long Covid, but have not been signed off as such by a GP, will be limited in what support they are offered. Currently, all conditions not relating to Covid have time limited sick pay and return to work policies and only those who are confirmed as having Long Covid are afforded the extended support.

Health related absences 2021





# Staff Wellbeing

## Support and Flexibility

The move to homeworking for the majority of non-frontline staff has worked well, it has allowed for flexibility in those who have been required to isolate, meaning that they can continue to work, if they are able. However, it has caused isolation for some staff, reduced the supportive peer to peer discussions and the increasing volumes of MS Teams calls and meetings can interrupt the flow of normal work. Although, it is recognised that some work, especially for newer staff members, relies significantly on peer support and supervision, work has been carried out to allow safe return to office space on an ad-hoc basis to ensure access to professional colleagues on a more regular basis.

Where possible, managers have made themselves visible during the pandemic, and will continue to do so, to show support and appreciation to staff and offer an open door policy. Some have helped out with frontline duties, particularly in times of high absence to make sure that staff at work have the time to take protected breaks. This visibility invokes trust so the staff know they can discuss issues and stresses with their supervisors and managers. It is imperative that all managers afford this level of support to their teams to increase staff morale.

Access to managers on a regular 1:1 basis is consistently offered, predominantly through MS Teams for colleagues who continue to work from home, and continues to be reinforced. This continues to be the platform for most formal and informal meetings throughout the partnership. However, some staff feel that this loses networking opportunities that would normally be had at in person meetings, so these will be phased back in as soon as is practical.

Fortnightly Adult Social Work staff briefings are open to all staff also through MS Teams. Initially the dominant focus was on business continuity, pandemic guidance and wellbeing opportunities. Some of these sessions now include guest speakers from other departments or external agencies, information updates and professional practice updates providing essential communication and engagement.

Across all workforce families a more flexible approach has been taken to ensure social distancing and reduced travel. This has included the provision of equipment such as laptops and smart phones to allow staff to begin and finish the working day from home. From September 2021, ELC staff, who do not have a requirement to work within a Partnership office or face to face with service users, have the opportunity to move onto a Home Working contract which will promote an 80/20 split between home and office working.

# Action Plan

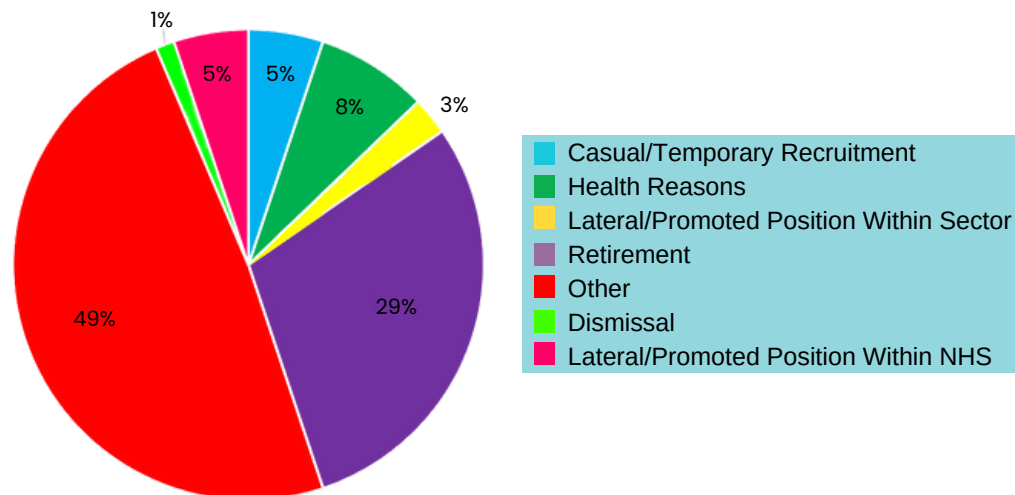
It is important for the Partnership to promote integrated ways of working, equity, quality and breadth of learning.

These will include:

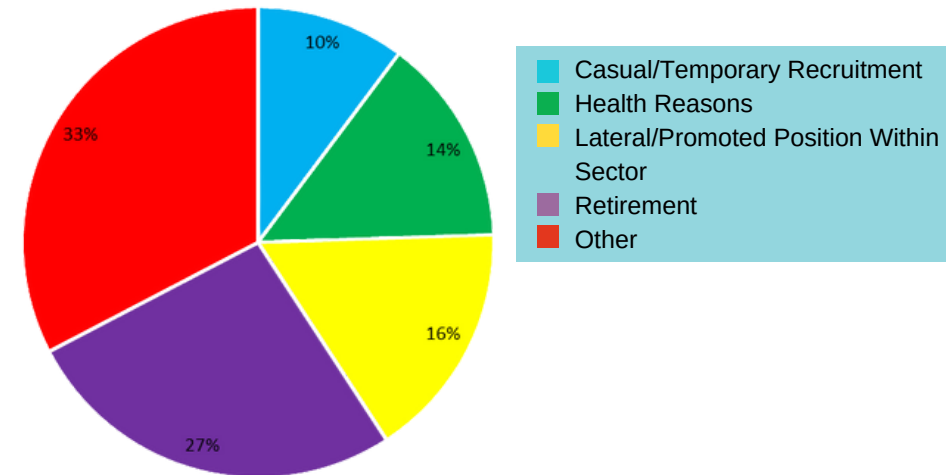
- Induction, statutory, mandatory and core training and development;
- Professional registration requirements;
- Supervision, appraisal and practice development;
- Continuing Professional Development;
- Career development (including supporting students and volunteers);

We collect information about the reasons why people leave the Partnership. We try to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and retention issues.

## NHS Leavers



## East Lothian Council Leavers



Since 2015, our average annual turnover of staff has remained at 11% whether they are contracted to the NHS or to East Lothian Council.

Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

The following charts illustrate the reasons why our staff left the Partnership between April 2019 and March 2020 (normal pre-COVID activity), with more than a quarter of leavers across the partnership opting for retirement.

## Step 1: Plan

Succession planning will be improved during the next three years which will permit better talent identification and management, allowing for better development and pathways into promoted positions. Staff within certain areas of work, i.e. Social Workers, will be given the opportunity to temporarily swap roles with others who do the same role as them but in a different team. This will allow staff to broaden their knowledge within their role to give them a better opportunity to progress into promoted posts. Nursing teams are keen to try this as well to increase resilience across their services.

## Step 2: Attract

It is evident that the recruitment and retention of staff in health and social care sectors is an increasing challenge. There are real issues in terms of a lack of available trained staff, especially in social care, or indeed people willing to be trained to take on such a challenging role. This is being experienced across the country due to a national shortage of staff and an ageing workforce. The COVID-19 pandemic has increased that pressure in some qualified roles which are in high demand nationwide. The focus during the pandemic on Health and Social Care services and the “Clap for Carers” initiative showed the country the incredible job those in Health and Social Care do. Our challenge is to identify what we should change in terms of current service models, and what actions we can take in order to attract people into employment within Health and Social Care careers in East Lothian.

A video will be shot by Health and Social Care teams to showcase the myriad jobs and pathways within the partnership – although it will encompass all posts, this will be used to encourage recruitment into the more difficult to fill posts. Recruitment will include a robust selection process and improved on-boarding and induction package for successful candidates which empowers our workforce to start work with the knowledge and skills to be able to work confidently in their role.

In recognising the importance of increasing the number of young people employed by us, the Partnership needs to engage with High Schools, Colleges and local employment agencies to ensure that we attract young people to a career in Social Care via apprenticeships and entry pathway posts. One of these methods will be to introduce Foundation Apprenticeships in Social Services and Healthcare and to encourage more use of the Modern Apprenticeship Scheme within the organisation. Candidates will be supported at workshops and assessed by a qualified team of SQA assessors. They will use distance learning to gather evidence through reflective accounts, direct observation etc. This will be essential for our future workforce needs and to ensure continuity of service as our disproportionate number of older workers retire.

We are working with East Lothian Council Employability Team to try to bring Social Care Foundation Apprenticeships to our local schools.

This will hopefully increase the number of younger people who are interested in these roles. Currently there are a high proportion of staff in these roles who are approaching retirement age and they will typically be replaced by staff aged over 50. Increasing the training and qualifications available to care staff will increase opportunities for them to develop into promoted posts, so the hope is that these pathways will make the role more enticing to younger people. Modern Apprenticeships will also be used for young people who have already left school who would like to obtain a qualification and have a pathway to follow. Some of our business administration staff have already successfully completed a MA through a NHS contract, but we will look to expand this across both NHS and ELC contracts.

Prior emphasis on the requirement to employ staff who hold Social Work qualifications for non-Social Work roles has been removed. This previously impeded recruitment into specialist roles such as Workforce Development, but the removal has allowed staff with other more relevant qualifications to be recruited into these posts. This will continue to be a consideration when posts are advertised. Unfortunately in amending previous requirements, this increases the length of the recruitment process prior to advertisement. We are working with both the NHS and ELC to improve the timescales for this. All roles that do not have a specific requirement for health or social care qualification will in future be advertised as an integrated post, giving the successful candidate the choice of whether to work under NHS or ELC terms and conditions in the hope that this attracts more candidates to apply for the posts.

## Step 3: Train

An improved, modular induction programme will be introduced to ensure that all staff, whether they are coming on-board under an NHS or East Lothian Council contract will have access to the same information. This will allow staff to have better control over their own development and, over and above their mandatory and essential training, will be able to decide what their own requirements are. We want to ensure that we are succession planning and supporting staff in developing a career path to support the retention of our skilled staff as a priority.

A supervisory induction programme will also be introduced for all staff who are moving into their first supervisory role or joining the Partnership in a supervisory capacity and will also be available for staff who are interested in development into a supervisory role. This will not only give staff the advanced knowledge that they need, but will also provide an introduction into supervisory and leadership skills. Both of the new inductions will be offered and delivered to cohorts of integrated staff.

The Partnership will continue to work with ELC and NHS and offer the leadership programmes that are provided across both organisations. Any additional leadership training that is required by certain teams or positions will be provided and bespoke packages will be developed as necessary.

The Scottish Government and COSLA have a shared ambition that the workforce are 'trauma informed'. There is a specific range of knowledge and skills required across the workforce, depending on role and remit in relation to people who have experienced trauma. NHS Education Scotland continue to develop a suite of training and learning resources to support local delivery. The basic level of training will be built in to our induction training to ensure that everyone who joins the Partnership have a basic knowledge. Further training will be delivered to all other staff, the level of training delivered will depend on their post.

A number of training packages that would previously have been delivered face-to-face have been delivered online, such as infection control. Some others that have to be delivered in person, like Moving and Handling, had fallen behind. As we previously ran refresher sessions for this in particular, it has been decided that we will move forward with the Scottish Manual Handling Passport recommendation of competency assessments instead of refresher training, which means that if there were ever a need to cancel physical training again, staff would still be able to prove their ability in this area. All supervisory care staff will be trained as assessors to ensure that this method can be maintained.

The Lothian Care Academy has been commissioned by the four Local Authorities in Lothian, the Integration Boards and NHS Lothian. It will deliver learning and development by working together with key stakeholders to create consistent, safe, and best value training within Health and Social Care which will attract, develop, and support staff through their care sector roles. This will be open to all care sectors within the Lothians. The Academy's mentoring pilot will look to test the peer mentor role in practice to see how we can support care staff in their first few months of employment. Mentors are supported through training to undertake this role and have tools and resources to facilitate discussions with new members of staff. Within East Lothian, mentoring will be rolled out and offered across all services and levels to support development at all stages of careers.

The 'learnPro Scorecard' online learning system that was already in place for our NHS colleagues has now also been launched across ELC staff members. The new system and format allows staff and managers to see live on screen access to accurate learnPro information which shows at a first glance which training is Core Mandatory and Role Mandatory, it also allows each staff member the ability to access their full learning plan which shows a complete list of their eLearning and training that they must complete. These sections are colour coded which makes it easier for staff to see at a glance which training they have completed or still need to complete and allows managers to see the overall progress compliance rate of their teams.

The launch of Scorecard has resulted in time saving for managers who, in the past, have had to use spreadsheets to keep track of and demonstrate compliance and expiry for staff training and development. It has also given managers the ability to ensure job role and location information is correct for their team and allows the allocation of appropriate modules to roles providing a better consistency of training across the board also allowing managers to assign appropriate e-learning or classroom courses linked in to their appraisals

## Step 4: Employ

Linking and co-ordinating with the workforce planning activity across the partner organisations, the Partnership will need to build on its success in order to improve recruitment and retention prospects. Developing clearer career pathways for the wide range of employment opportunities, participating in the social inclusion agenda and apprenticeship schemes and engaging with further and/or higher education are necessary to promote the recruitment and retention of workers from the local area. These are key strategies in promoting the Youth Employment Strategy.

All nursing teams are struggling to recruit band 5 nursing vacancies, with posts being vacated for the staff to either move to a promoted post or other posts within the Partnership that have more favourable conditions and better work/life balances. Unfortunately the recruitment campaigns do not necessarily target the right applicants for us, often posts within East Lothian Community Hospital are hidden within the same advert as nurses for Prison Services elsewhere in the Lothians, and one application covers all posts which may be off-putting to some potential candidates. Posts such as school nurses, with term-time contracts that would suit parents of young children are also wrapped up in these multi-post adverts, so are not being properly highlighted to prospective staff.

As at March 2022, the Partnership as a whole has 48% vacancies across all band 5 nursing posts. Going forward, it may be necessary to rotate staff within the roles to ensure that there is coverage and resilience across all teams to prevent services being undeliverable and preparing for future unknown situations similar to COVID. In previous years we could attract up to 100 applications for each post advertised, and now are lucky to have any applicants at all. There is a willingness from both the staff at band 4 and their managers to develop them into band 5 nurses, but there seem to be a limited number of qualification opportunities offered to be able to achieve the numbers needed. A rolling development programme to take larger numbers of HCSWs and develop them into nurses is required, including supply of additional HCSWs to support the departments while the trainees fulfil their study commitments, but this would need the support of the wider NHS. We are over recruiting staff into roles up to band 5 to support the vacant posts, so we know that there is interest in nursing posts and that there are people keen to develop into the band 5 role.

Staffing structures in the Care Homes will be reviewed to ensure that the staff, supervision and management ratios are sufficient for the service's changing needs and numbers of residents. This will allow the expansion of bed numbers and nursing staff will be introduced to all Care Homes in response to residents moving into the homes with more complex needs and palliative care requirements. Domestic staff are being recruited to all Homes as a result of the Care Inspectorate requesting the removal of housekeeping duties from care staff.

## Step 5: Nurture

Managers from Care Homes within East Lothian have all had regular sessions to discuss lessons learned throughout the pandemic. This has ensured that information and best practice is shared between Care Homes in the public, private and third sector to minimise further outbreaks. It has reiterated some of the policies and procedures that are already in place, or identified a need for others to be updated. Staff are more aware of the need to escalate certain situations to line managers when following procedures. Although these meetings have generally been organised to focus on negative situations, the meetings have also been used to celebrate positive outcomes from the messages to continue to promote a growth mind-set within the staff groups.

Internally we will begin to use Graduate Apprenticeships for staff who are looking to develop within the Partnership in their chosen career path. As there are limited qualifications being offered in this scheme, this will particularly benefit our Business Support staff. However, it is hoped that further qualifications will be added to this list and will include Social Work qualifications.

All staff, and particularly those who have scheduled appointments with service users, have very limited time for either wellbeing or development opportunities. It is imperative that we introduce protected time for staff to be able to achieve this, which may in turn improve staff retention in these areas.

### **We must:**

- Equip our staff with the skills they need to deliver better outcomes for them and our service users;
- Enable and upskill all of those who need support, focusing on their abilities and what they can do, rather than limitations;
- Consider ways in which we can make careers in Health & Social Care in East Lothian more attractive;
- Consider options to make the best use of our resources to deliver our services in the most effective and efficient way.

# Action Plan Outline

What	How	By Who	Review Period
Consider quality improvements within all Health and Social Care teams.	Use feedback from iMatter for improvement and identifying best practice.	GMs to consider feedback and develop plans.	Plans created annually and reviewed monthly.
Improve exit interviews.	Review current forms used across the Partnership and create one form that will amass constructive feedback.	Workforce Development Team to work with managers and HR teams.	Every two months until roll out.
Introduce first line manager induction.	Liaise with senior managers to establish requirements and write material.	Workforce Development Team with input from GMs.	Every month until established.
Improve initial staff induction course, add modular element for further development of staff.	Liaise with staff and first line managers to consider what needs to be included in both elements of the course and write material.	Workforce Development Team with input from GMs.	Every month until established.
Complete and maintain full Partnership training needs analysis.	Utilise new Workforce Development team members to ensure all information held is up to date and continues to be relevant.	Workforce Development Team in collaboration with all teams.	Discuss and update monthly at Workforce Development meetings.
Improve succession planning	Ensure robust development pathways are created to provide future candidates for difficult to fill roles.	Workforce Development Team	Quarterly
Create talent management programme, career pathways.	Identify high potential staff and development opportunities to fulfil ability.	Workforce Development Team	Six monthly
Enable mutual role swaps/rotations to broaden experience.	Identify, through appraisals, the staff who wish to experience different areas.	All teams	Ongoing



What	How	By Who	Review Period
Structure and maintain a corporate recruitment process.	Agree a process that all Partnership departments will follow with WFD being a SPOC for all posts.	Workforce Development and HR teams	Ongoing
Ensure all roles which do not require medical, clinical or social work/care qualifications are integrated and advertised as such.	Ensure that all roles have dual NHS and ELC job descriptions and are advertised as such when they become vacant.	Workforce Development Team and Managers	Ongoing
Engage with high schools and colleges to increase recruitment in younger age groups.	Maintain links with all East Lothian high school guidance teachers, colleges and job centres.	Workforce Development Team and Comms & Engagement Team.	Ongoing
Utilise Modern Apprenticeships in various roles.	Identify current and proposed qualifications available through the Apprenticeship Scheme and ensure that they are considered when staff require additional qualifications.	Workforce Development Team in conjunction with Social Care and Business Support supervisors/managers.	Ongoing
Work with the Employability Team to offer H&SC Foundation Apprenticeships within East Lothian schools.	Work with ELC team to ensure that suitable training providers are tendering to provide qualifications to schools in East Lothian.	Workforce Development Team	Quarterly
Introduce Graduate Apprenticeships to develop staff already working within the Partnership. Business Management courses already offered relevant to the work of the Partnership and Social Work to be offered in future.	Identify staff who have potential to progress within the Partnership, but require additional qualifications to meet requirements. One Business Management and one Social Work apprenticeship per year.	Workforce Development Team	Ongoing
Introduce Moving and Handling Competency Assessments to replace refresher training.	Train all supervisors in caring roles to be able to assess staff within their area.	Workforce Development Team and Social Care teams	All current supervisors to be trained by June 2022, reviewed annually to take into consideration new staff and re-certification.

What	How	By Who	Review Period
Devise a development programme for HCSWs to progress as registered nurses.	Work with NHS to identify possibly pathways that do not deplete staffing levels.	Workforce Development Teams (inc NHS)	Quarterly
Create and distribute Partnership newsletter on Development and Wellbeing.	Identify from previous feedback what staff want to know about and develop accordingly. Continuously consider further feedback and adjust accordingly.	Workforce Development Team	Publication will go out every two months and will be reviewed according to feedback from each publication.
Roll out Trauma training of all levels across the Partnership.	Lead for Trauma training will be introduced within ELC and rolled out to current staff then handed over to Partnership WFD team for further delivery.	Workforce Development Teams (inc ELC & NHS)	Quarterly