



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 13TH DECEMBER 2023

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB75-2023

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Integration Joint Board of updates to the Dundee Health and Social Care Partnership Workforce Plan 2022-2025 to reflect recent changes in strategy, policy and workforce demographics.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB);

2.1 Note the updates to the Dundee Health and Social Care Partnership Workforce Plan 2022-2025.

3.0 FINANCIAL IMPLICATIONS

3.1 The actions set out within the Workforce Plan will be contained within the Integration Joint Boards delegated budget.

4.0 BACKGROUND

4.1 In June 2022 the Dundee IJB approved and published the first Dundee Health and Social Care Partnership Workforce Plan. The plan set the framework within which a range of activity has progressed over the last year to address the Scottish Government’s Five Pillars for workforce planning and development: Plan, Attract, Train, Employ and Nurture.

4.2 This annual update sets out:

- What has changed over the last year in relation to the governance and strategic context for workforce planning.
- Refreshed workforce data and intelligence.
- Progress made against the action points identified in June 2022, and refreshed priority actions for the coming year.

It also takes account of feedback received about the workforce plan from a range of stakeholders, including direct feedback from the Scottish Government.

5.0 NATIONAL CONTEXT

- 5.1 Shortly after the publication of the DHSCP Workforce Plan the Scottish Government recommenced implementation of the Health and Care (Staffing)(Scotland) Act 2019 (the Act). It is planned that all provisions will be in force by April 2024 and reporting arrangements for IJBs will commence after the end of the 2024/25 financial year. Whilst not setting minimum staffing levels or being prescriptive about skills mix, the Act aims to provide the basis for provision of appropriate staffing in NHS and care services in order that safe and high-quality care and support leads to improved outcomes for people. It is intended to support decisions made about staffing requirements, service delivery models and service redesign. As well as a focus on staffing levels, the Act includes provision in relation to supporting staff training and development. It is anticipated that as implementation progresses new staffing method tools will become available for use, particularly for social care and social work services (adding to those already available within health services).
- 5.2 In July 2023 the Scottish Government reached an initial agreement with local government and the NHS about accountability arrangements for the proposed National Care Service (NCS). This clarified that the NHS and Councils across Scotland will continue to employ the health and social care workforce; staff will not transfer to employment within the NCS. Whilst the establishment of the NCS may have a variety of other implications for workforce planning, this provides clarity regarding future employment arrangements.

6.0 DUNDEE CONTEXT

- 6.1 In June 2023 the IJB published their new Plan for Excellence in Health and Social Care in Dundee. This is a 10-year strategic commissioning framework focused on ensuring that people in Dundee have the best possible health and wellbeing. The plan identified 6 strategic priorities:
- Inequalities – support where and when it is needed most.
 - Self-care – supporting people to look after their wellbeing.
 - Open door – improving ways to access services and supports.
 - Planning together – planning services to meet local need.
 - Workforce – valuing the workforce.
 - Working together – working together to support families.
- 6.2 Following on from the agreement of the Plan for Excellence, work is now underway to develop a HSCP Annual Delivery Plan, and an IJB Resource Framework and Performance Framework to support implementation and monitoring of impact. Workforce will be a significant element of the Resource Framework; in the future the ambition is that there will be a clear alignment between the Plan for Excellence, the Resource Framework and this Workforce Plan.
- 6.3 The Workforce priority within the Plan for Excellence has a focus on wellbeing, learning and development. It sets out strategic shifts to be achieved over the short (2023-2026), medium (2026-2029) and long-term (2029-2033) (see Appendix 1). These shifts have now been fully integrated into the work of the Workforce Planning Group via their action plan.
- 6.4 In December 2022 the IJB approved Dundee Health and Social Care Partnership's first Property Strategy. The strategy includes an objective "to ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce". This objective has now also been incorporated into the Workforce Planning Group action plan.
- 6.5 In April 2023 the IJB agreed new Equality Outcomes for the next 4-year period. One of the new outcomes focuses on the IJB contributing to an "improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace." This follows a series of reports at a national (UK and Scotland level) since the pandemic focused on experiences of racism within the health and social care workforce.

7.0 FINANCE CONTEXT

- 7.1 The Integration Joint Board's 2023/24 budget is approximately £300m of which around £115m (approximately 38%) relates to directly employed staffing costs. Of the remaining budget, £95m (31%) is utilised to commission independent and voluntary sector organisations who also directly employ social care staff to deliver services on behalf of Dundee Health and Social Care Partnership. A further £53m (18%) is also utilised by NHS Independent Contractors who employ staff in GP practices, Dental practices, Opticians and Community Pharmacies.
- 7.2 During 2022/23 and 2023/24, the Cost of Living crisis has placed significant financial pressure on employees, with subsequent national pressure to uplift wages to ease this burden. NHS Agenda for Change staff have received an average of 14.4% increase across the 2 years, Local Authority staff have received an average increase of approximately 11-12% across the same period, and private and voluntary sector staff providing direct adult social care have seen their minimum hourly rate increasing from £10.50 (April 2022) to £10.90 (April 2023) with an expected increase to £12.00 from April 2024 (as part of the Scottish Government's National Policy).
- 7.3 Good practice principles for Fairer Working Conditions within commissioned Care at Home workforce are now being consistently implemented, following a test of change during 2022/23.
- 7.4 Recovery and remobilisation from Covid-19 pandemic has had a very significant impact on the health and wellbeing of many individuals and teams – the Scottish Government provided additional funding (£115k) to support Wellbeing of staff in HSCP teams, which in turn is hoped will play a part in helping to improve morale, recruitment, retention and return to work after sickness absence. This funding has been utilised in various ways depending on the needs and preferences of individual teams, including facilitated away days, team building activities and equipment for staff rest areas.
- 7.5 The financial implications to meet these increasing workforce costs, as well as support further growth in the workforce to meet the increasing demographic demands of Dundee's local population, are significant and challenging. The IJB's 5-year Financial Outlook indicates a gap of £36m during the next 5 financial years.

8.0 DATA AND INTELLIGENCE

- 8.1 During the last year a new risk has been identified in relation to the lack of availability of workforce data and intelligence. Whilst a Workforce Data Working Group have been working collaboratively to identify, collate and analyse relevant workforce data from NHS Tayside, Dundee City Council and the range of service providers in the third and independent sector, there are significant challenges in being able to obtain the right information to fully inform future workforce planning and support. This risk arises due to differences in the data systems used by different employers, different levels of data quality and concerns regarding information governance arrangements. The Workforce Planning Group is continuing to support the Data Working Group to understand and address these challenges.
- 8.2 Data included in the published Workforce Plan has been refreshed and expanded and this data can be viewed in Appendix 2.

9.0 PROGRESS AND FUTURE PLANS

- 9.1 Over the last year, alongside adapting to changing national, local and financial context for workforce planning, progress has been made across all of the five pillars for workforce planning. Some highlights of progress made are set out below, this is not an exhaustive list of all ongoing activity across HSCP services:
- PLAN (supporting evidenced based workforce planning)
 - Workforce Data Working Group has been established and has progressed work to develop an integrated data dashboard for the health and social care workforce.

- Individual services have continued work to test and implement workforce planning tools, where these are available to them, with most significant progress being made across AHP and nursing.
 - NHS Tayside has developed a toolkit to support teams to implement the 6-step approach to workforce planning.
 - A Primary Care sustainability survey has provided new data round workforce challenges within that are of service.
 - Approaches to supporting international recruitment have been progressed.
 - Workforce networks for equality and diversity and for workforce members with lived experience of trauma and adversity have been established, alongside a short-life working group focused on race discrimination in the workplace.
 - A range of actions have been progressed focused on widening routes for development and progression, including targeted work with Mental Health Officers, Occupational Therapists, Council Officers, Band 4 Assistant Practitioners, the young workforce, and alternative models for retirement.
- ATTRACT (domestic and international recruitment to attract the best staff)
 - Expanded attendance at Job Fairs to promote opportunities within the health and social care workforce.
 - Range of actions led by Dundee City Council targeted at recruiting, supporting and developing the young workforce including into entry level posts within health and social care.
 - Trialling of alternative work patterns within specific services in response to feedback from existing employees and potential future candidates.
- TRAIN (supporting staff through education and training)
 - Continued promotion of and engagement with comprehensive learning and development programmes offered through Dundee City Council and NHS Tayside.
 - Transformational Practice Development programme is available to the health and social care workforce.
 - Continued use of iMatters to understand impact and value of learning and development for workforce members.
 - Range of service specific learning and development activity in response to identified training and development needs, including leadership and management training.
- EMPLOY (making organisations 'employers of choice')
 - Continued operation of range of mechanisms that support partnership between workforce stakeholders, including Staff Partnership Forum and organisational change policies and procedures.
 - Tests of change focused on Fair Work within the independent sector and HR action learning sets.
 - Implementation of Dundee City Council Quality Conversations approach focused on recognition of contribution and future learning and development planning for individual employees.
- NURTURE (creating a workforce and leadership culture focusing on the health and wellbeing of all staff)
 - Investment of workforce wellbeing funds (allocated by Scottish Government) to support individual team activities targeted to improve health and wellbeing.
 - Work with Dundee City Council to support development of policy, procedures and supporting training regarding Mentally Well Workforce and trauma-informed practice.
 - Focused analysis of absence data to inform future health and wellbeing actions.
 - Continued investment in approaches to support workforce members who are unpaid carers, including achievement of Carers Positive Awards by NHS Tayside and Dundee City Council.

9.2 Following the annual review of progress, the Workforce Planning Group has also updated their action plan for the forthcoming year. This will continue to focus on the five pillars for workforce planning, against which Dundee IJB's strategic shifts have now been full aligned (see section 6 above). Many of the areas of progress highlighted in section 9.1 will continue into next year, however some additional areas of activity will include:

- Further workforce analysis and planning activity focused on General Practice and commissioned services in the third and independent sector.
- Enhanced support to individual teams to implement the 6-step approach to workforce planning at team / service level.
- Focused efforts to overcome challenges related to workforce data integration (see section 8) to enable implementation of an integrated data dashboard and reporting.
- Implementation of workforce planning tools as these become available for use.
- Expanding the scope and availability of leadership and management training.
- Developing approaches to support implementation of values-based recruitment.
- Development of a HSCP Digital Strategy, including consideration of digital supports to and training needs of the workforce.
- Improved workforce communications, including update to digital information (website).
- Expanding opportunities for workforce voice to influence strategic planning activity across the Partnership.
- Implementation of appropriate approaches to ensuring that workforce leavers are supported to participate in meaningful Exit Interviews.
- Actions to encourage and support higher response rates to iMatters across Partnership teams and services.
- Actions focused on raising awareness of workforce wellbeing supports and increasing the number of workforce members utilising those supports.
- Staff wellbeing conference to be held in January 2024.

10.0 POLICY IMPLICATIONS

10.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

11.0 RISK ASSESSMENT

Risk 1 Description	Workforce is an identified risk on the DHSCP Strategic Risk Register and details the consequences of not being able carry out strategic objectives and support the people of Dundee. It is also a key factor in the risks for Dundee Drug and Alcohol Service, Mental Health Services and Primary Care and other strategic risks.
Risk Category	Workforce
Inherent Risk Level	Likelihood 5 x Impact 5 = 25 (Extreme risk)
Mitigating Actions (including timescales and resources)	The Workforce Plan and actions will mitigate the risks identified.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High risk)
Planned Risk Level	Likelihood 3 x Impact 3 = 9 (High risk)
Approval recommendation	Given the mitigating actions noted above this risk level is deemed to be acceptable.

12.0 CONSULTATIONS

12.1 The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. Additionally, DHSCP Senior Management Team, DHSCP Workforce Planning Group and the DHSCP Staffside Forum were invited to comment.

13.0 BACKGROUND PAPERS

13.1 None.

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Chief Officer

~~DATE~~ 17 November 2023

Jenny Hill
Head of Health and Community Care

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Appendix 1

Short-term (2023-2026)

The workforce is benefiting from having a wider range of more easily accessible mental health and wellbeing supports available to them. This includes supports for bereaved staff members.

There are clear local routes for the young workforce to enter a career in health and social care. More young people are accessing these, particularly young people from disadvantaged communities and **protected equality groups**.

Recruitment and retention has improved in key areas, including **Primary Care**, Social Care, Mental Health and Drug and Alcohol services.

Enhanced workforce wellbeing supports have helped to reduce overall levels of staff absence and turnover.

People working within the health and social care workforce receive clear and understandable information about the work of the **IJB** and **Health and Social Care Partnership**.

The **IJB** has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges. This plan is being implemented in practice.

People working within the health and social care workforce have benefited from opportunities to develop their leadership skills and confidence.

People working within the health and social care workforce have better opportunities to influence the work of the **IJB**.

Medium-term (2026-2029)

All providers who are contracted to deliver health and social care services are fully complying with Fair Work practices.

Staff who are **unpaid carers** say they want to and are well supported by their employers to continue in their caring role.

Staff are active participants in self-evaluation and quality assurance approaches that enable them to reflect, learn and plan for improvement.

There is strong and visible integrated leadership of health and social care from senior staff.

All health and social care services are delivered by a workforce working in fully **integrated teams**.

Staff within the health and social care workforce have improved levels of confidence and competence with a range of relevant digital technologies.

Staff working in health and social care services say they feel valued, well supported and would recommend their place of work.

Long-term (2029-2033)

The health and social care workforce has the right number of staff, in the right place, doing the right things to meet the needs of people in Dundee.

The diversity of the health and social care workforce reflects the overall population of Dundee, particularly in terms of **protected characteristics**.

Overall health and social care services have a positive culture that supports the delivery of excellent care and support.

Health and social care services are provided from environments that ensure the wellbeing of the workforce.

The health and social care workforce has a more diverse range of ages, supporting more effective succession planning.

Appendix 2 -

Our Current workforce

Dundee Health and Social Care Partnership is responsible for a range of services provided by staff employed in Dundee City Council, NHS Tayside and the private and voluntary sector. The Partnership has 995 969 staff (900 834 WTE) who are employed by Dundee City Council and 1,630 1,555 (1,325 1269 WTE FTE) staff who are employed by NHS Tayside. Collectively, 87% are female.

The largest staff groups are nurses (825) 791 in Nursing and Midwifery family group, social and home care workers (615) 532 people with job title 'casual social care officer', 'home care organiser', 'home care worker', 'social care officer', 'social care organiser', 'social care worker' and allied health professionals (320) (308). These posts collectively account for 67% 63% of the total Council and NHS workforce aligned to the Partnership.

Across each service, at least 40% 48% of the total NHS and Council employed workforce is aged 50+

Figure 1 % of age groups 50+ employed by DCC and NHS Tayside who work in the DHSCP

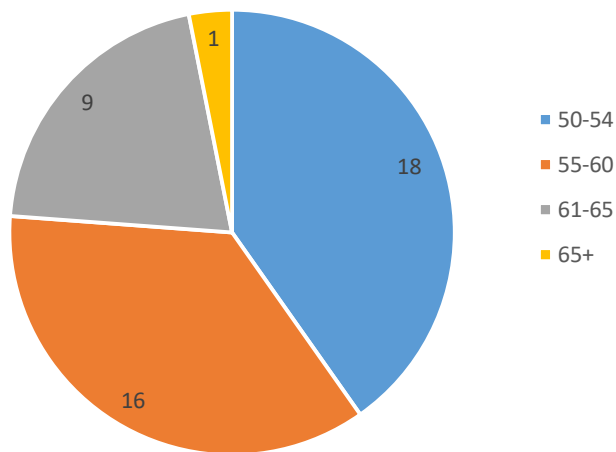


Figure 2 number of employees in each age group 50+ employed by DCC and NHS Tayside who work in the DHSCP

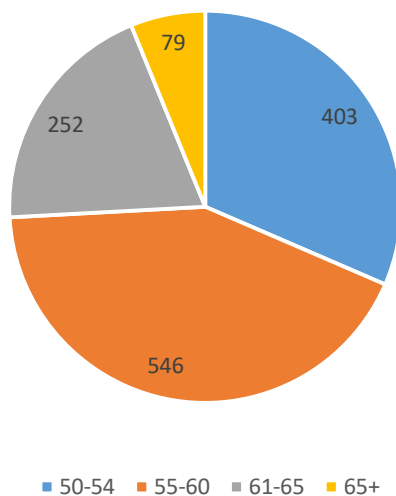


Figure 2 shows the number of employees who are in each age group. 403 people (15.5% of the total workforce) are age 50-54, 546 people (21% of the total workforce) are age 55-60, 252 people (10% of the total workforce) are age 61-65 and 79 people (3% of the total workforce) are age 65+.

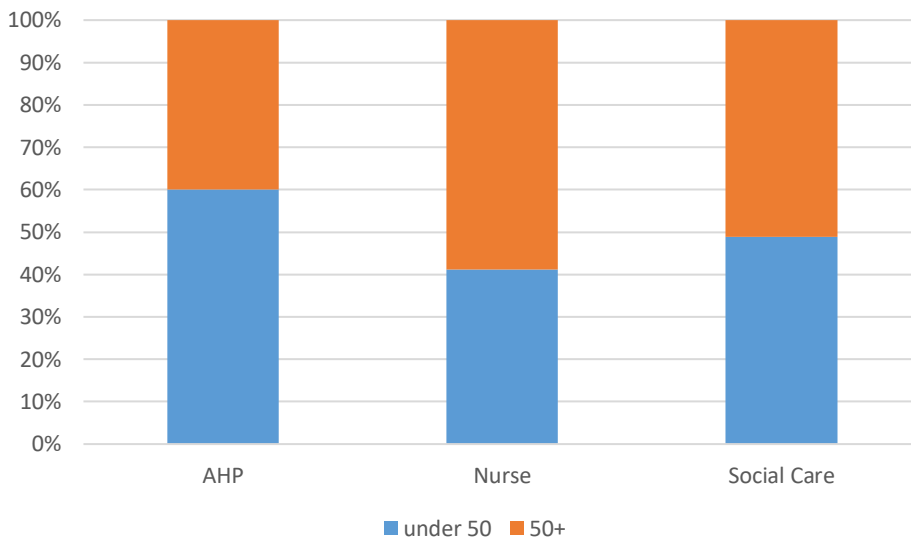
Looking at the DCC employees, across each of these 50+ age groups the majority of employees are in the lower, pay grades. 75% are in grades 7 of less. 53% (278 people) are social care workers, officers or organisers. Looking at the employees who are aged over 60, 71 people (53% of those aged 60+) are social care workers.

Looking at the NHS employees, 465 employees aged 50+ (61%) are in the nursing and midwifery family group. 111 employees aged 60+ (56%) are in the nursing and midwifery family group.

More in-depth analysis continues to be completed, which looks at a range of parameters including area of work and division, however due to small numbers in some areas these cannot be published so that individuals cannot be identified.

The chart below looks at the proportion of staff aged 50+ in each of the 3 largest staff groups.

Figure 3 Proportion of staff over and under age 50



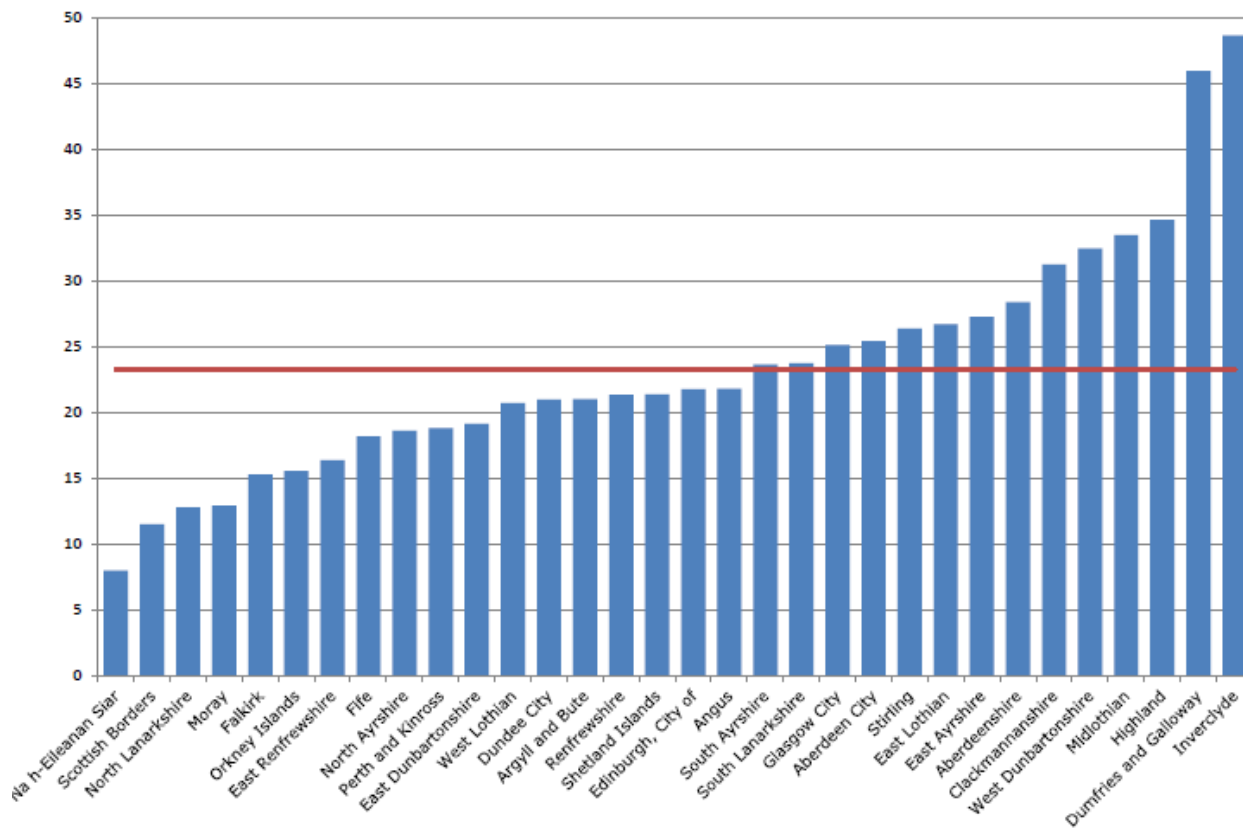
Within the 3 largest staff groups, there is a high proportion of the workforce who are aged 50+; 50% (51%) of social care workers, 55% of nurses (59%) and 78% (40%) of allied health professionals. The proportion of nurses and social care workers who are aged 50+ has increased since 2022. More in-depth analysis continues to be completed, which looks at the many roles within these categories, such as physiotherapists and occupational therapists which are categorised as Allied Health Professionals (AHPs). Due to small numbers in some areas this level of detail cannot be published so that individuals cannot be identified, however generally the Occupational Therapy professionals have a higher proportion of the older age groups than other allied health professions.

Mental Health Officers (MHOs) are social workers with a minimum 2 years post qualifying experience who have gained the Mental Health Officer Award. There are currently 14 MHOs, 7 have exclusive MHO duties and 4 work as a social worker and have a satellite MHO role. There are an additional 3 MHOs who are not practicing social workers.

There was an estimated 37 hours per week shortfall in MHO hours reported for 2022.

Of the 7 MHOs with exclusive MHO duties, 3 of the 7 are aged 50+ and all 7 are aged 40+. 6 of the 7 are female.

Figure 4 Hours per week spent on MHO duties per 10,000 population by Local Authority 2022



Source: SSSC Mental Health Officers (Scotland) Report 2022

We are also looking at the characteristics of staff employed by NHS Tayside and Dundee City Council, including whether they have informed their employer about a disability, sexual orientation, religion and ethnicity. This will continue to be analysed in order to ascertain if trends are consistent with the general population and if there are any significant variations in where people work and how much they are paid.

- 30 (1.8%) of the 1,630 NHS employees recorded that they have a disability. And 342 (26%) of the 1,630 employees recorded either 'don't know' or 'prefer not to say'. 1,176 (72%) of the 1,630 NHS employees recorded that they did not have a disability. 108 employees stated they have a disability which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.
- 53 of the 1,630 NHS employees stated they were from a minority ethnic background, which is 3.3% of all NHS employees. This is lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.
- 66 (4%) of the 1,630 NHS employees defined themselves as LGBTQ, 174 (11%) reported that they 'did not know', 158 (10%) reported that they would 'prefer not to say' and 1,232 (76%) reported that they were heterosexual.

The results of the 2022 Census will be explored as they become available.

We will continue to develop our understanding of our workforce profile to promote equalities and fairness and the findings will be used to inform our Action Plan

Commissioned Services

Our biggest workforce is in our commissioned services and we require to do more detailed profiling of this workforce. We are not currently able to see this as WTE rather than a headcount.

The Workforce Data Group has been looking at how data from commission services can be collected in a way that minimises further burden on these services and utilises data already collected for other purposes. A mapping exercise has been conducted which has identified relevant information from existing contract monitoring and the group is currently investigating how this can be processed in an efficient way to allow the information to be aggregated and analysed.

Table 5 Care Home Staff in Dundee

	No. Staff	% Female	% age 55+
Public	200	85%	35%
Private	1140	82%	25%
Voluntary	80	87%	25%

Source: SSSC Workforce Data 2021 (Dec 2022)

Table 6 Housing Support / Care at Home Staff in Dundee

	No. Staff	% Female	% age 55+
Public	530	87%	38%
Private	730	89%	19%
Voluntary	1500	74%	23%

Source: SSSC Workforce Data 2021 (Dec 2022)

Table 7 Adult Day Care Staff in Dundee

	No. Staff	% Female	% age 55+
Public	80	88%	25%
Private	0	0%	0%
Voluntary	180	72%	17%

Source: SSSC Workforce Data 2021 (Dec 2022)

Staffing levels are monitored via contractual arrangements to ensure services can operate effectively. Dundee Health and Social Care Partnership is committed to the Fair Work First Commitments, for example payment of the real Living Wage and would aspire to working towards these recommendations through the period of this plan.

We have continued to promote fairer working conditions across our contracted services. A number of good practices have been developed alongside stakeholders (living wage, enhanced weekend and public holiday pay, zero-hour contracts, travel costs, equipment costs, safe recruitment check costs) and these continue to be monitored across providers with the intention to incorporate these principles more fully within procurement frameworks and contractual arrangements.

The Future Workforce

Staff are our key resource and changing models and changing pressures will require significant remodelling of the workforce. This comes at a time when staff resilience is low and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue throughout this to be on increasing the wellbeing of staff.

Employment Rates

Figure 8 Employment and Unemployment (April 22 – March 23)

All People	Dundee City (No.)	Dundee City %	Scotland %	Great Britain %
Economically Active	71,900	73.6%	77.4%	78.4%
In Employment	65,500	66.9%	74.7%	75.5%
Employees	60,900	62.8%	67.3%	66.0%
Self Employed	4,500	4.1%	7.1%	9.2%
Unemployed	3,900	5.6%	3.5%	3.6%

Source ONS Annual Population Survey

<https://www.nomisweb.co.uk/reports/lmp/la/1946157411/report.aspx>

Dundee has an employment rate of 73.6%, with the same rate of men in employment as women. This is less than the rate of 77.4% reported for Scotland. The largest proportion of the working population in Dundee are employed in Professional or Associate Professional Occupations (43.9%) which is higher than the 40.9% of the Scottish population in these occupations. This reflects the City nature of Dundee, where many professional companies are based and also the 2 Universities and Ninewells teaching hospital.

11.6% of the Dundee population work in the 'Caring, Leisure and Other Service Occupations Group, which is higher than the 8.5% of this employment group working across Scotland. As many people chose to leave social care employment to work in retail, 9.7% of the working population work in the 'Sales and Customer Service' employment group and this is higher than the 7.5% across Scotland. This again reflects the City nature on Dundee where retail premises are clustered within the city centre and in retail parks. This indicates a higher competition for workers and a potential pull from the social care sector to work in retail.

Dundee has an unemployment rate of 5.6%, which is higher than the 3.5% reported for Scotland. Dundee has an economic inactivity rate of 24.7%. This is higher than the 23.8% reported for Scotland.

Out of Work Benefits

Figure 9 Out of Work Benefits Claimant Count August 2023

All People	Dundee City (No.)	Dundee City %	Scotland %	Great Britain %
Aged 16+	4,360	4.5%	3.2%	3.7%
Aged 16-17	30	1.1%	0.6%	0.2%
Aged 18-24	885	5.3%	4.5%	4.9%
Aged 25-49	2,525	5.0%	3.6%	4.2%
Aged 50+	920	3.3%	2.1%	2.7%

Source ONS Annual Population Survey

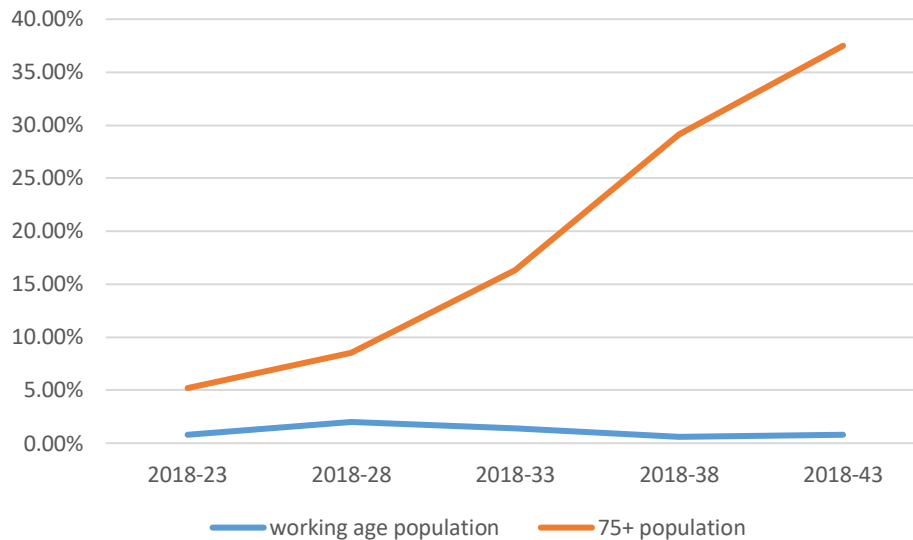
<https://www.nomisweb.co.uk/reports/lmp/la/1946157411/report.aspx>

A larger proportion of the Dundee population receives out of work benefits across all age groups, than Scotland as a whole.

Working Age Population

Unlike many other Local Authorities, the working age population is projected to increase by 2% by 2028, although this increase is disproportionate to the increase in the aged 75+ population by 8.5%, many of whom will have health and social care needs

Chart 10 Projected % change in Population (2018-based)



Source: NRS, 2018-based Sub-National Population Projections Scotland.

Developing a Young Workforce

The Health and Social Care Partnership has invested heavily in the young workforce and has created opportunities, work placements and training opportunities for apprentices within the Partnership.

We will continue to work in partnership with Dundee City Council's Youth Employability Service to develop our apprenticeship offer across Foundation/Modern and Graduate Apprenticeships. We will also continue to support with Work Experience placements and internships for School/College/University/Employability Training Students.

There are currently 3 Modern Apprentice's working within the Adult Learning Disabilities service. There are no Graduate Apprentice's in this area.

We have also supported HNC Social Services students from Dundee and Angus College with work placements. There were 6 students accommodated from the 22/23 cohort and 4 placements have been offered for the 23/24 cohort.

Workforce Wellbeing

The impact of the pandemic and current pressure on staff has been profound. We do not have good information regarding absence levels in the private and voluntary sector, but we know they have been badly impacted by the pandemic. While COVID-19 related absences have stabilised, staff are tired and there is a high level of sickness absence across all areas of staffing.

Figure 11 Non COVID-19 related absence rates

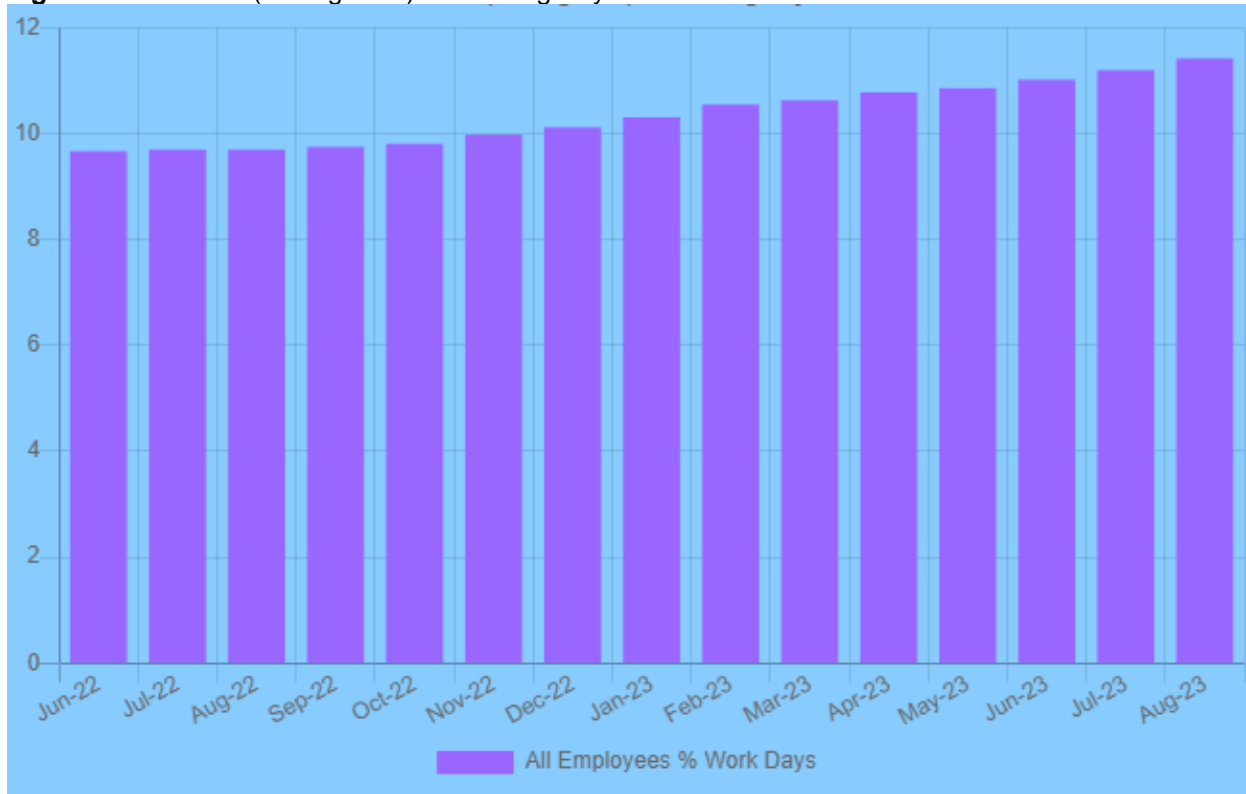
Employer	19/20	20/21	21/22	22/23
NHS Tayside	5.9%	5.1%	5.5%	6.2%
Dundee City Council	7.8%	9.5%	14.2%	10.6%

DCC calculates as % days lost and NHS Tayside calculates as % hours lost

We also know that the impact on wellbeing has been significant, particularly on the social care workforce.

Dundee City Council employees

Figure 12 15 Month (Rolling Year) % Working Days Lost



The % working days lost has increased each month over the previous 15 months from 9.67% in June 2022 to 11.42 in August 2023.

The % of days lost to short term absence for the 12-month period preceding August 23 for all employees was 17.29%. There has been an increase in the % of days lost to short term absence for all employees compared with August 22 when it was 13.84%.

The % of days lost to long term absence for the 12 months preceding March 23 for all employees was 82.71%. There has been a decrease in % of days lost to long term absence for all employees compared with August 22 when it was 86.16%.

The 4 absence categories with the highest % of days lost are

1. Anxiety / stress / depression / other psychiatric illness (42.92 % of total days lost)
2. Other Musculo-Skeletal (18.62 % of total days lost)
3. Infectious Diseases (8.1 % of total days lost)
4. Other Known Causes (7.87% of total days lost)
5. Gastrointestinal (4.69% of total days lost)

Industrial Injury

The % working days lost to Industrial Industry is <1% and the top sickness categories in the 12 months to August 2023 were 'Other Musculo Skeletal', 'Injury / Fracture' and 'Infectious Diseases'.

Workforce Availability

Figure 13 *Number of new starts*

Employer	19/20	20/21	21/22	22/23
NHS Tayside	152	234	186	335
Dundee City Council	42	42	79	84

Figure 14 *Number of new leavers*

Employer	19/20	20/21	21/22	22/23
NHS Tayside	208	234	243	283
Dundee City Council	73	45	103	97

We are looking at reasons for leaving posts, however due to small numbers by reason we cannot publish this information.

Staff turnover across both employers decreased between 2021/22 and 2022/23, from 10.4% to 10.0% for Dundee City Council employees and from 12.8% to 17.8% for NHS Tayside employees

The Care Inspectorate collects a weekly snapshot of vacancy rates for care homes for adults and older people. The response rate fluctuates each week from around 30-80%. At 12 September 23 there was a vacancy rate of 9.72% in care homes for adults (71% response rate) and a vacancy rate of 6.28% in care home for older people (68% response rate).

The total Mental Health Officer (MHO) available hours are 282.21 hours per week. There has been an overall MHO shortfall identified of 37.00 hours, which relates to the current vacancy. A shortfall has been identified in terms of Adults with Incapacity (AWI) work.

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