30/10/20 **APPENDIX 1**

<u>Recruitment Issues – Difficult to fill posts</u>

Current position	Key challenges	Next steps	By When	Risks	Comments
Mental Health 1 W	TE				
1.0 Consultant Psychiatrist in adult mental health	Despite three rounds of advertising we have been unable to fill this post. Agency locum had been covering until March when they had to return home overseas due to Covid.	Decision made not to advertise further at this time and a specialty doctor will be appointed on an 11 month temporary basis.	December 2020	Impact on colleagues, risks to organisation both financial and reputational, potential adverse events, inability to see patients within stipulated timescales	Consultant posts are difficult to recruit to across all of NHSG with a large number due to retire within the next few years.
Learning Disabilitie		T			
Advanced Speech and Language Therapist for Adults with Learning Disabilities, band 7, 1.0 wte (0.2 wte of this post paid by Aberdeenshire HSCP and hosted there)	 From June 2017 to April 2019 this post was vacant and we were unable to recruit. We recruited an SLT from America who started May 2019 and left April 2020 unexpectedly. Post has been vacant since then and despite three rounds of recruitment we have not even been able to shortlist anyone, never mind recruit. The lead for this post has been on maternity leave since June 2020. She does 0.2 wte in Moray. There has been no ALD SLT's in Moray since June 2020. 	 Next round of recruitment to be in paid national publications. Attempts to recruit a locum has been unsuccessful due to only one suitable person currently in UK and they are unable to come due to personal covid-19 issues. Assistant SLT providing additional support with social stories to the extended team. 	See key challenges section.	 The service has been closed to new referrals (unless triaged to be very high risk) for a period of time. A number of those previously triaged as high to medium are now being re-referred as very high risk. The patients with a current open duty of care are only being seen if they go into crisis. All of this leads to unacceptable delays to assessment and treatment and could lead to admission to hospital, particularly for dysphagia. 	The Adult SLT services within the generalist SLT services in Moray have been clear that they do not have the capacity or the skills to manage specialist LD SLT services.

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	Cover being provided by Aberdeenshire HSCP senior SLTs. Telephone support being provided to the MDT by the professional lead for SLT for MHLD.			 Health needs associated with eating, drinking and swallowing difficulties are not being identified and in some cases people are on more restricted diets than may be necessary. Increasing levels of challenging behaviour when communication needs are not being met. Increase in vulnerability for those with a mild LD and undiagnosed communication difficulties. The MDT do not have an in house SLT to support and guide the care given to those with an LD. The very high risk cases are being managed to the detriment of services to those in the Shire. We can only sustain this as long as there is no change to the number of SLTs in the Shire. 	

Current position	Key challenges	Next steps	By When	Risks	Comments
First Contact Practi	tioners Posts		<u> </u>		
2.5 wte	Recruiting appropriately experienced individuals to do this role	We have tried offering a Band 6 to 7 run through. Advert out again	asap	Not reaching full capacity for the FCP service	This is funded by the PCIP, unsure what will happen with this.
Physio - Band 7 and	d 6 Senior roles				
There have been historic vacancies. IP 0.5 Band 6 Community. 0.5 WTE Band 6 Paeds 0.4 WTE Band 7	Recruiting appropriately experienced individuals to do this role	Analysing the budget, service re-design	underway	Patients unseen, lack of staffing, staff burn out.	Keeping track of vacancies especially when part time hours requires additional record keeping and reconciliation with budget.
Hospital Discharge	Team				
Discharge co- ordinator post 1WTE (0.2 WTE remaining)	New temporary post to assist with capacity over winter period. Funding until March 2021. Was out to advert twice but only one suitable applicant. They have been appointed for 3 days a week in addition to their existing hours.	Working with HR to enable this person to start work in December. The post has been agreed to run for 6 mths from Dec 2020 and funding streams to support this have been identified.			The fact that confirmation of funding is so late in the year, and the recruitment process is so long it is unlikely we shall ever receive the full benefit possible. HR and managers have had to do a lot of extra work to expedite this post to be partially filled.

Current position	Key challenges	Next steps	By When	Risks	Comments
GP		<u> </u>			
Into Moray and across Grampian	Rolling advert in place for recruitment of GP	Continue the rolling advert	ongoing	If we are not able to recruit GPs and maintain sustainable practices there will be impacts to service delivery especially in rural areas.	There is a national shortage of GPs. If we were unable to recruit and provide a sustainable service it would be taken over into the management of the health board. Currently this has not happened in Moray.
GMED	1				
GP – unable to recruit salaried GPs into the Out Of Hours Service	Rolling advert in the bulletin for 12 months in 2019. No interest at all	With the Winter Surge Plan, there will be no recruitment for salaried GPs until position is clear/reviewed	3 - 6months	Reliance on bank staff to cover shifts	
ANPs	Current complement short by 1WTE due to leaver Difficult to recruit as lengthy training programme	Moving to recruitment process to fill the gap Filling the gaps created using bank staff	2-6months	Position difficult to sustain as some staff leave following a completion of Masters and extensive training — independent practice rates more attractive than OOH rates for B7	
Dispatchers B2 B3	Difficult to recruit as shift patterns fall on weekends days/ nights B3 - 0.5 WTE B2 - 0.92 WTE	Moving to recruitment process to fill gaps	1-2 months	Reliance on bank staff to cover shifts	

Current position	Key challenges	Next steps	By When	Risks	Comments
GMED Drivers	Difficult to recruit as shifts patterns fall on weekends days/ nights 10.56WTE vacant	Recruitment on hold due to winter surge plan, position to be reviewed	3 - 6months	Reliance on bank staff to cover shifts	
Care at Home staf	f				
Care assistants	The low rate of pay in comparison to other professions. Carers often work on their own and require to travel. The pool of people interested in providing caring support in Moray is limited, with external providers, NHS and HSCM recruiting from the same "pot".	A rolling programme for recruitment is in place and active. Targeted approach for specific areas (Keith & Speyside, Buckie, Forres) Recruit on Moray wide basis		If we do not recruit sufficient staff to meet the rotas there is a risk that people will not receive all the care that they are assessed as requiring. Business Continuity arrangements would be invoked at an early stage.	Recruitment has been satisfactory during Covid. The process of providing PVG has caused problems during Covid because of delays out with our control which has caused some issues which are being managed. Demand will always exceed supply
Complex needs - \	Woodview / Barlink				
Care assistants	People can work with less complex needs people and get paid the same rate of pay. Always looking for a lot of staff when we go out with a package (ie 9 staff for 1 package)	Recruitment is tailored round specific needs of the clients.	ongoing	If people working with this particular client group are not trained and experienced there is an increased danger of harm to themselves and the people they are working with.	Recruitment for these posts is usually drawn from experienced carers in other fields that require additional training. This potentially impacts on the staffing levels in other services in HsCM.

Current position	Key challenges	Next steps	By When	Risks	Comments
Senior Manageme	nt Team				
Strategic Planning	Post has been advertised	Options are being	Asap	Due to the workloads of	
and Performance	twice.	considered		existing members of SMT	
Officer (1WTE)	First time did not progress to			and complexity of the	
	interview			landscape in this area, a lack	
	Second time progressed			of capacity to provide the	
	though recruitment but not			strategic leadership and	
	able to appoint.			manage the competing	
				priorities in respect to	
				infrastructure may result in	
				delays or missing	
				opportunities within partner	
				agencies plans of work.	
Children and Famil	ies services				
Social Workers –	Been through recruitment	Advertise again	Asap	Increased workload for	
4 WTE	process – was not able to			those currently in post,	
	appoint to any of the posts.			challenges for prioritisation	
				of needs.	
				staff are already feeling	
				fatigued due to the	
				additional pressures of Covid	
				so there is an increased risk	
				of staff becoming unable to	
				cope.	

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