

How do we identify the necessary measures to address the challenges of recruiting a community based workforce in SSOTP and how can we learn from this to identify and plan for future demands?



Staffordshire and Stoke on Trent Partnership 
NHS Trust



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Introduction

A crisis is looming in health and social care in the United Kingdom.

The population is ageing, the prevalence of chronic ill health increasing and demand is rising at the same time as funding falls. Parts of our system are already operating at crisis point, yet the pressures are only set to increase.

Health and Social Care systems have barely changed since they were founded in 1948. Society has changed hugely, however. The result is that we have a system badly misaligned with the needs of the society it serves. This is not a sustainable state of affairs.

(Away from the past and to a sustainable future – Ian R Smith & Professor Stephen K Smith 2015)

If home care is not in crisis yet, it soon will be. More people need care and there is less money to pay for it and not enough people willing to do the work.

The International Longevity Centre estimated that we needed around one million more care workers over the next decade in an industry that already has trouble recruiting and serious trouble retaining staff.

This matters because the future of the care system affects all of us. We, or our loved ones, may one day rely on a home care worker to help us live independently. Staffordshire and Stoke on Trent Partnership NHS Trust provides community health services and adult social care in Staffordshire and health services in Stoke on Trent. We deliver services to a diverse population in a variety of settings including five community hospitals, local clinics, GP surgeries, nursing homes, six prisons and in patients' homes. Our vast range of services include district nursing, social care assessments, re-ablement, home care, health visiting, nutrition and dietetics, occupational therapy and physiotherapy, school nursing, speech and language therapy and a range of specialist teams, ie. Heart failure, tissue viability, diabetes and stroke.

The Partnership Trust is the biggest integrated health and social care provider in the UK and currently offers health and social care to adults living in Staffordshire (outside of Stoke-on-Trent) through our integrated care locality teams. The 32 teams give people access to a one-stop service for all their health and care needs.

The trust serves a population of 1.1 million people and employs in the region of 6,000 staff. It is located within the geographical boundaries of Staffordshire County Council and Stoke-on-Trent City Council and contains a number of urban centres including Stoke-on-Trent, Leek, Burton-upon-Trent, Cannock, Lichfield, Stafford, Tamworth and Wombourne, although the geographic area is largely rural.

In addition the Trust provides sexual health services to people living in Shropshire, Telford and Wrekin and Leicester, Leicestershire and Rutland.

Key facts from year 2013 to 2014

- Partnership Trust made **1.9 million community contacts** during 2013 and 2014
- In this year **82,000 new outpatient appointments** and **162,000 follow up appointments** were made within community health and social care services
- A total of **4840 day cases** were treated
- **4491 patients** became inpatients across the Partnership Trust's five community hospitals
- **Walk-in Centre's** and **Minor Injuries Units** were attended by **77,000 people**
- Across Staffordshire the **social care needs** of around **26,300 people** were supported by the Trust
- **4,300 local people** received **support from reablement services** throughout the year.
- The Partnership Trust offered **advice** and **guidance** to **over 5,500 people**.

The Trusts Population

Overall, Staffordshire and Stoke on Trent has a relatively high concentration of people in the older age groups. The population estimates show that almost 38% of Staffordshire and Stoke on Trent's population were aged 50 or over compared to only 34% for England. The number aged of 65 is also higher than the national average at 18% compared to 16%).

The overall population for Staffordshire and Stoke on Trent has been projected to increase by 5% between 2011 and 202. There will be significant increases in the older age groups (26%) compared with 19% for England.

This ageing population will have an impact on long-term conditions in the area, for example, the total number of people aged 65 and over with limiting long-term illness will have increased by 19% between 2012 and 2020. These increases will have a strong impact for both adult health and social care services.

(<https://www.staffordshireandstokeontrent.nhs.uk/>)

The Workforce of the Trust

The workforce is made up of approximately 91% female and 9% male. The highest percentage of staff employed are aged between 45-49 with the age groups 50-54 and 40-44 as the second and third largest groups respectively. The fourth largest age group is 55-59 years. The data available shows a trend for an ageing workforce although the workforce has increased in the age groups below 35 years from 8% in 2013 to 19.92% in 2014.

NHS Reform and Implications

Over the last 10 years, the number of residential care homes for elderly people has decreased and the emphasis has been on providing care at home. This is more cost effective and is also where most people want to be when they are ill, elderly or frail. Staffordshire is no exception and they reorganised their home care workforce to support this changing need. Home Care Workers were historically employed by Staffordshire County Council as part of the Adult Social Care workforce. Some two years prior to integration a review of the Home Care Service was undertaken and two distinct areas of need were identified.

Enablement Workers

When someone is discharged from hospital they are assessed for a package of care by a Social Worker or Social Care Assessor. If deemed necessary an Enablement

Worker would then visit the patient in their own home once they were discharged and assist with the reablement of the individual. There would initially be assistance with dressing, getting in and out of bed, personal care and also assisting a person to gain confidence back in their own home to regain their independence after an illness or injury.

Care packages are put in for a period of 12 weeks with the aim of avoiding readmissions by keeping individuals safe, monitoring their health and supporting until they feel confident enough to cope alone or with their own support networks.

Domiciliary Care Workers

It is recognised that some people, either due to their long term health conditions or age related frailty, would only ever reach a certain level of independence and would require on going long term care/support to enable them to stay in their own homes. There was a growing need for this type of intervention as the elderly residential care homes in Staffordshire had gone through a programme of closure in the preceding years. The provision of residential care was a very expensive service for the Council and professional opinion was increasingly recognising that individuals were often much happier and settled in their own homes than moving into residential care, where many would quickly lose their independence.

A restructuring of the workforce took place to create the “Living Independently Staffordshire” (LIS) service. As a provider, the County Council concentrated on the Enablement Service and the maintenance packages, together with the Care Workers, were transferred to the private sector.

The intention was to “grow” the private sector to provide a maintenance service, whilst the more intensive and complex enablement work remained “in house”.

At the point of Integration with the three NHS Trusts, which now form the Partnership Trust, only the Enablement Service transferred.

Difficulties Identified – what led to the Campaign

In the winter of 2014 demand and waiting time pressures on Accident and Emergency departments across the UK was daily headline news. There was unprecedented demand, long waiting times and staff shortages. Of all the 12 hour waiting time breaches, more than 200 occurred in the University of Hospital of North Midlands (UHNM) which is based in Stoke on Trent. This equated to two thirds of all 12 hour breaches in England.

UHNM had recently taken over the management of Mid-Staffs Hospital (re-named County Hospital) following the failings identified by the Francis report, and one aspect of this was that the A&E at Mid-Staffs changed from a 24 hour service to one which closed between 10pm and 8am. This resulted in increased demand at the Stoke Hospital and as a result the organisation came under intense scrutiny both locally and nationally, with questions being asked in the House of Commons. Managers were required to look at every possible solution to improve the flow and one aspect of this was to support the development of an SSOTP delivered domiciliary care service to support the LIS enablement and hospital discharge service, by providing domiciliary care at home with the option to offer long term domiciliary care to those people that the independent sector are not able to support due to a variety of reasons.

In addition there are ongoing capacity issues in the private sector which is not growing as expected. There are problems with task and price commissioning meaning that workers are not paid to travel between clients and when evened out their actual pay is increasingly not meeting the living wage. In addition there has been an increase in workforce regulation, most recently with the care certificate and the requirement for training is placing a greater burden on the private sector as the cost is not included in the commissioning package.

We have also seen increased competition in the local area for a lower skilled workforce and the opening stores, such as Aldi and Marks and Spencer have on occasion had a direct impact which has caused the closure of care providers as they have lost staff to other employers.

Actions taken

The report intends to look at the actions undertaken within SSOTP during the large recruitment campaign and to evaluate how successful these methods were in isolation and as part of the other methods used. The report identifies the best practice identified from theoretical research and comparisons are made from other organisations.

Finally, the report will identify the long term sustainability of these methods and how the learning can be transferred into each of the other organisations.

SSOTP Recruitment Methods

On 6th November, a small in-house recruitment team (3 people) were tasked with recruiting 30 wte Care Worker posts, with as many as possible to be in-post and delivering care before Christmas and the remainder as soon as possible afterwards. To provide increased flexibility, the majority of the posts were for 25 hours, which therefore meant we were aiming to recruit 45 individuals.

Programme of Activity

Activity	Purpose	Success
Local Media Advertising	Advert finalised and to appear in Sentinel, Leek and Cheadle Times, Biddulph Chronicle (these will also get coverage across Ashbourne, Tean and Uttoxeter)	Half page, colour advert created a lot of local interest to job opportunities phone line and email queries.
NHS Jobs	Standard recruitment medium for all applications	Limited success as a stand alone option.
Established Working Relations with Job Centre Plus	<p>quick wins: SSOTP jobs will now appear on all of their linked job sites (Universal Jobs) as of today (Friday 21st November) and will be actively promoted</p> <p>Link managers identified in the centres across Staffordshire for us to work with, one point of contact co-ordinating this.</p> <p>Meeting with job centre teams so they understand the home care worker role and can discuss in detail with potential candidates that they have identified</p> <p>Future meetings arranged with job centre teams for longer term working relationship discussions (2 weeks time)</p> <p>Drop in sessions being arranged at job centres during the week (see above)</p>	Great help with introducing potential candidates, hosting drop in events and assisting applicants with IT skills and interview techniques.

Publicity	<p>Press release on the role of care worker in local papers with potential local radio pick up</p> <p>Arrangements made to promote open days/recruitment events on hospital radio (Stafford/Cannock/) and in hospital magazine, immediate needs and longer term profile of SSOTP as an employer</p> <p>Flyers printed for distribution in café's, libraries, GP surgeries etc.(Sophie working with Lee Owen – lots of community links in the South community)</p> <p>Business card with link to job.opportunities@ssotp.nhs.uk available to all staff to circulate</p>	Positive and supportive editorial in the local press – a balance to the negative A&E headlines.
Existing Staff contacts	<p>All staff email to attract family and friends (circulated across SSOTP, SCC and possibly Fire Service)</p> <p>All staff email asking staff to get involved in recruitment events and offer support</p>	Not measured – some indication at drop in sessions that applicants were friends of existing staff.
Local colleges	Contacts made with Newcastle, Stoke, Stafford, Leek and Buxton college with meetings arranged (presentations to students) and ongoing links to take newly qualified care staff (meeting 2 nd year students w/c 24 th November).	Useful – long term links made – opportunity to tell students about the organisation and working in the community rather than a hospital setting. Invited back to careers events.
Community Groups	<p>Contacts being made with community groups (particularly Asian and Polish)</p> <p>Information about open days and drop in sessions were read out in</p>	Effective and created interest to attend drop in sessions. Two applicants went on to be appointed who had heard about the

	<p>local mosques after Friday prayers</p> <p>Adverts placed on community boards in local supermarkets, GP surgeries and community centres.</p>	opportunities from the Mosque.
Direct marketing	<p>Mailing list created of all University Student Union Job Centres in (Staffordshire/Derbyshire/Cheshire) so we can send details of all vacancies going forward.</p> <p>Mailing list of local employment organisations who upskill people to re-enter employ (APM etc.)</p> <p>Compiling list of community centre and children centres administration to send job details to</p>	
Self-Sifting Questionnaire	Potential employees could consider their own suitability for the role before completing the application – type of work, requirement for a vehicle	Very effective – particularly around the issue of split shifts, lone working and the requirement to have access to a car.
Pen picture of role		<p>Hard to measure effectiveness as most applicants had attended a drop in session and already discussed the day to day reality of the role.</p> <p>Useful for taking to career events</p>
Named person to talk to		
Programme of morning coffee, afternoon tea drop in sessions to talk to staff currently doing the job	Mid-morning, evening and weekends at a variety of easy to reach locations	Very effective method
Recruiting for values	First filter questionnaire designed to recruit for values and attitudes rather than qualifications	Some success and encouraged applicants who did not have formal care

	“User friendly” conversations –v- standard interview panels	experience.
Job Centre – Workforce Academy		Not able to proceed due to the need for applicant to have access to a vehicle – this would limit the amount of unemployed that the Job Centre could support into the roles.
Use of Social Media	Social media — tweeting various tweets couple of times a day driving traffic to the ad. Ads appearing on Sentinel Facebook Page Ads appearing on Indeed website	
One-stop recruitment event	Interviews held on a Saturday morning and candidates were advised at the same time if they were successful or not. All candidates bought their ID documents and completed OH questionnaires to fast track the recruitment process.	Feedback from applicants to say that they liked to know the same day how they had done – Saturday was a convenient day for most, didn’t have to take time away from existing jobs and found child care easier at the weekend.
Co-ordinated “on boarding” programme	Ensure all uniform, equipment and training schedule is available from day one.	Limited success but able to learn and develop the role
Comprehensive induction programme + 6 month peer support		Successful

Practical Operational Issues

Facilitated meeting with Ops and Directors to highlight issues around blocks to success.

- Medication Standard Operating Procedure and Transcribing Policy
- Management Structure that will work
- Registration issues and concerns
- Practicalities of on-boarding 30+ staff in a short period of time – impact of time for inductions, training, signing off competencies etc.
- Office accommodation/desks, chairs, IT etc.

Update against Christmas Target

<p>Identify solutions to support service pressures for Dom Care Services including an in-house provision.</p>	<ul style="list-style-type: none"> • X 4 dom care started 18th December • X 8 dom care started Monday 12th January, a further 9 starting Monday 19th January. • 18 starting 2nd February • New staff working in intermediate care (double up) until all clearances and training received – releasing experienced staff to increase capacity • Full week comprehensive training w/c 2nd February • X 2 additional co-ordinators appointed – post being released for external advert to fill outstanding vacancies
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Review of Theories and Best Practice

‘Over three-quarters of organisations that had attempted to fill vacancies experienced recruitment difficulties in the last year, regardless of sector.’
(Resourcing and Talent Planning 2015, CIPD in Partnership with HAYS)

In looking at how SSOTP conducted their recruitment campaign, research was undertaken to look at theories that may have an effect on the recruitment and retention of workers and the challenges that there are currently. It was identified that there are a number of factors that have a direct impact.

Societal Values

The locality of domiciliary care has a significant effect on the recruitment and retention of care workers as the main aspects of this type of care work are repeated short visits to deliver care and for visits to multiple locations. As such the labour force is primarily drawn from the immediate locality.

Research suggests that the main labour force is predominantly mature women, with women being more likely to be attracted to jobs in the immediate locality. This is also true of the workforce at SSOTP (appendix 1).

This labour force has often been relied upon to provide care even when wages and conditions fall below the relevant rates, with the dependence being on the workers commitment as they hold a job that may fit in with their own lifestyle, commitments and immediate locality.

With the existing labour force diminishing, and the lack of replenishment from local communities due to other more attractive employment, domiciliary care is facing crunch points in many communities.

Quote- At the end of the day, [care workers] are going to look at what the salary is, and then they are going to look at Tesco's where they can make a hell of a lot of money without the responsibility, without being out in the community themselves, in

charge, and having to be the first person in an emergency. It's an awful lot of responsibility (Newcastle provider, cited in Yeandle et al. 2006: 25).

Fragmented career pathway.

Two surveys provide evidence of the reasons people cite for entering care work:

McCliment and Grove's (2004) survey reports the following eight most cited reasons:	The survey for Skills for Care (TNS, 2007: 59) reports the following commonly cited reasons:
<ol style="list-style-type: none"> 1. Enjoy helping others 2. Like care work 3. Flexibility to fit around other commitments 4. Easy, quick application process and rapid start to work 5. Pay 6. It was convenient 7. It provides a way into a career into nursing 8. Just needed a job 	<ol style="list-style-type: none"> 1. Always enjoyed working with people I care for (40%) 2. Always wanted to enter this area of work (25%) 3. Convenient/flexible hours (25%) 4. Knew someone that did it (21%) 5. Just needed a job/ to earn money (19%) 6. Someone recommended it (18%) 7. Was unpaid carer for family member (15%) 8. Was close/ easy to get to (15%)

And the same surveys also report evidence about the factors held to be important by care workers already in employment in shaping their satisfaction with the job:

McClimont and Grove's (2004) survey reports 13 factors cited by care workers:	The Skills for Care (TNS 2007: 64) survey identified the following ten „favourite things about work“:
<ol style="list-style-type: none"> 1. Relationship with clients [users] 2. Good managers 3. Being able to get hold of managers easily 4. Training 5. Being trained before starting work 6. Flexibility to do what client [user] wants or needs 7. Clear and easily understood contract 8. Opportunity to undertake an NVQ/SVQ qualification 9. Being involved in decisions about clients [users] or work 10. Staying with the same clients [users] 	<ol style="list-style-type: none"> 1. Job satisfaction (14%) 2. Chatting with clients [users] (12%) 3. Meeting different people (11%) 4. Caring/looking after people (1%) 5. Helping people (10%) 6. Knowing you are making a difference (10%) 7. The people I work with (8%) 8. Keeping clients [users] happy (7%) 9. Flexibility of working hours (3%) 10. Building relationships with/gaining the trust of clients [users]

<p>11. Being able to say no to work</p> <p>12. Opportunity to progress to senior care worker or higher</p>	
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In summary, the two surveys suggests that the main reason people enter care work is that they enjoy working with and helping others.

A survey from the National Care Forum suggests that turnover for domiciliary care staff working with older people has reached 28 %. The most common reason stated being ‘personal reasons’.

Quote- ‘The real reason home care has such a high turnover is due to the disgustingly shocking low pay that care workers are subject to, not to mention not being paid appropriately for travel and time. I and MANY other people left our roles after just a short time after realising we could never live on our earnings. I’m lucky that I managed to find a MUCH better paid job with a local authority, but what about those who are slaving away on minimum wage in care homes/domiciliary agencies for little remuneration, whilst managers are earning a proper respectable salary. I do feel for the elderly, but all care workers should strike until these greedy companies decide to pay them what they’re worth – which is really their weight in gold. It’s a scandal.’ (<http://www.socialcareworker.co/2012/08/09/staff-turnover-increases-this-year-for-domiciliary-care-staff/>)

Demographics

The adult care sector employs around one million workers, 900,000 of these in the private and voluntary sector.

This sector is rated as the third largest low paying sector in the UK economy.

According to the CIPD policy report 'Avoiding the Demographic Crunch: Labour Supply and the Aging Workforce', 36.2% of the workers in Health and Social Care are aged over 50. Employers need to be creative in the way that they intend to retain these employees, how they intend to replace the large numbers and retain knowledge when these workers choose to retire. With the case of this industry there is the added pressure of not only keeping numbers constant as it currently but also accounting for the likelihood of demand increasing and more workers being required.

Workers choose to leave their workplace for a number of reasons: the degree on which technology is implemented in the workplace; formal and informal personal caring arrangements, internal HR procedures, ill health. Other evidence suggests that older workers are forced out of the labour market through redundancies and or disabilities rather than through their own choices. In the case of health and social care work, the work is physically demanding and could also be a factor.

The CIPD Paper 'Avoiding the Demographic Crunch: Labour Supply and the Aging Workforce' goes on to identify a number of measures that can be utilised or introduced within a strategy to manage the aging workforce.

- Create the talent pipeline
- Build in Line management capability
- Invest in training and development and performance management
- Support for employee health and well-being
- Create more flexible working practices
- Provide financial advice and guidance

While these are areas that are all important, there are particular barriers within this sector that prevent these being successful.

- The role can be deemed as unglamorous
- Unsociable hours not always attractive
- Currently not a clear career pathway
- Customers want more stability and consistency of worker

- Need to cover the work over the range of hours
- Smaller working contracts make training staff more difficult
- Risk that will be unable to cover the less favourable working hours / days
- Hours required are generally dictated by the customer's needs.

Brand

For the recruitment and retention of a care workforce the key question asked is whether the skills and discretion involved in care work can be considered a positive or negative aspect of this type of work.

Three kinds of skills identified for care work are Technical, Interpersonal and Administrative skills. Research suggests that care workers are keen to take on a wider range of tasks, however at the time of the research there was no national programme of skill development and job design which is thought to have led to a polarisation of job quality between LA and independent providers.

Like other types of service work, any depiction of care work that focuses on the more tangible aspects of skill, such as certified knowledge, training, accredited qualifications and career progression, misses the relational, or interpersonal, features of the job which are essential to what constitutes a good care worker and a good care service.

Funding

During the ten years from 1997-98 and 2007-08, real expenditures on social care increased by 57% and central government funding rose by just 48%.

Given the strong pressures on demand for services, the tendency for commissioning strategies to increasingly rely on the independent care sector is underpinned by the strong cost differences between in house and external provision. Data from the NHS Information Centre for Health and Social Care show that the average hourly cost of home care services in 2008 was £23.40 when provided in house by LAs and only

£13.00 when provided by other organisations. Part of the cost differential is accounted for by the more specialised services provided by in house LA care workers but this is unlikely to account for the majority of the large cost difference.

Research suggests that LA fees for both domiciliary and residential care have not always risen in line with costs that providers are unable to avoid. These include: statutory improvements to employment conditions – the National Minimum Wage and the working time directive, including the recent extension of guaranteed holiday entitlements.

Accumulating evidence suggests LAs are requiring providers to do more for the same or even lower prices. The likely outcome is reductions in quality of service or closure of suppliers. Indeed, it is reported that three quarters of homes that had closed claimed LA fees were insufficient to cover their costs following the introduction of higher care standards. This has particularly affected small homes and small domiciliary care providers – a further factor promoting concentration in the sector.

Comparators

Having looked at the theory which highlights the possible difficulties in recruiting and retaining employees into the Domiciliary Care sector the enormity of the task is quite apparent. In this section of the report we look at the approaches that SSOTP use for recruitment and retention to this sector and compare them with our own and other organisations methods. The purpose of this is to ascertain whether SSOTP could have prevented the staffing shortfall by improving their strategies for recruitment and retention or whether other factors which they were less able to influence were the likely cause. Some of the key objectives of SSOTP's recruitment and retention strategy are to:

- Raise the profile of the Trust as the place staff want to work and feel valued in doing so.
- Ensure a regular and consistent flow of both registered and non-registered healthcare workers to meet vacancy needs as a result of on-going recruitment in areas of high turnover and hard to recruit areas.
- Maximise cost effectiveness of Recruitment Advertising across the Trust.
- Elevate the Trust Corporate Brand amongst key audiences by professional corporate branding and high quality promotional material.
- In response to Staff/Candidate Feedback improve the efficiency and dispel perception of the recruitment process being lengthy and with unnecessary delays.
- Reduce the time taken to recruit and fill vacancies.

RECRUITMENT

It is a fact that good recruitment leads to higher retention levels, the reality of getting the right people into the right roles at the right time however is a complex task usually worked on a low budget. Attracting the right people to a relatively low paid and at times challenging role requires organisations to think outside of the box. The table below shows the current methods used by the organisations covered in this report and their current methods of engaging people in their recruitment process

Recruitment Methods Used	Local/ national Press & Specialist Publications	Job Centre Plus	Work Academy with Guaranteed Interview	Information Days	Visits to Schools, Colleges and Universities	Agency Workers	Social Media. i.e. Twitter	Work Experience	Job Boards i.e. Indeed etc.	Job fairs	Word of Mouth	Speculative Enquiries	Outsourcing of Recruitment	Partnerships	Pre -employment Training Courses	Open Day, Guaranteed interview	Drop in Sessions
Organisations																	
Staffordshire and Stoke on Trent Partnership Trust	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓					✓
High Peak BC		✓					✓		✓		✓						
Warwickshire CC	✓	✓		✓		✓	✓			✓	✓		✓	✓			✓
Sandwell MBC	✓	✓		✓	✓	✓	✓	✓		✓			✓				
Cumbria Care Services		✓					✓			✓				✓			
Anchor		✓													✓	✓	
Southend on Sea BC		✓	✓					✓									
The Holly bank Trust		✓			✓												
Home Instead	✓						✓										✓
Crossroads Care Birmingham & Solihull												✓		✓		✓	

Looking at the data it would appear that only 40% of the organisations looked at now use traditional methods such as the local press/ national press and specialist publications for advertising roles with 60% using social media sites and 80% reporting to still use Job Centre Plus. This could be largely due to the fact that advertising in the press and specialist publications has a significant cost attached to it whereas the use of Social Media and Job Centre Plus is free. SSOTP however appear to have used a variety of methods for attracting potential applicants to their roles, none of which averted the staffing crisis they faced.

The CIPD survey found that there were practices that were undertaken to reduce recruitment difficulties. Those relevant to SSOTP include:

- Sponsoring relevant professional qualifications

A grow your own approach could work within SSOTP to make a career pathway to undertake the relevant care qualifications and further careers in the care industry.

- Up-skilling existing employees

This talent management suggestion targets those who have the ability to learn different skills and undertake those roles where it is ultimately difficult to recruit to. This may also improve morale when employees can see that there are opportunities to diversify once in post.

- Recruiting candidates with potential but without experience

The younger workforce may have the potential to undertake the work required but without the experience that may be required. The Service will need to ensure they have the induction and training available to ensure that once an employee commences they have the necessary support to enable them to effectively fulfil their duties.

- Developing apprenticeship schemes

Again this would generally target the younger workforce and would enable the organisation to influence the careers that are undertaken as well as upskilling with qualifications. There are some barriers to this that may need to be addressed in terms of lone working and ability to drive however it could be a longer term measure to plan for the future and support the individual to know the business while being able to offer a permanent post at the end of the apprenticeship.

Looking at reports from other organisations, some have developed new ways of attracting potential employees and have reported success in using these methods:

Anchor

Anchor aims to promote vacancies to the long term unemployed and has developed a pre - employment training course to promote working in the care sector. They ran a pilot in Coventry where they built up relationships with the City Council, government funded providers, colleges and community groups to promote joint working. Anchor delivered the course and presentations to groups of job seekers. These were followed up by a day at an Anchor site which guaranteed an interview to anyone who expressed an interest in a career with them. The open day also gave job seekers an opportunity to experience a care environment, some for the first time. Anchor now have a national initiative linking with Jobcentre plus and local providers to promote the benefits of working in the care sector and to give visibility of vacancies to local unemployed people.

Anchor has reported that the pilot was a success and staff retention has improved.

Ashley Care (South end on Sea Borough Council)

When they were looking to recruit new employees they looked to see what the local Job Centre were doing, they had commissioned a local training provider. Together they delivered a Level 2 Certificate in Preparing to Work in Health and Social Care. Ashley Care contacted Jobcentre Plus and arranged to set up an Academy for jobseekers. This involved Ashley care attending the training provider's office to talk about care in general and providing jobseekers with work experience over a two week period at the end of their certificate training. At the end of the work experience all job seekers were guaranteed an interview and from this they report that they recruited 50% of the candidates.

Crossroads Care Birmingham and Solihull

Crossroads care reported that in the past they had advertised openly for applicants and had received large numbers of applications however many were not suitable and they spent lots of time reviewing and rejecting applications. They then looked to new ways of attracting suitable applicants. They now keep the details of anyone who has made a speculative enquiry and when a post becomes available those people are invited to an open morning. The posts are also published through charities who support people returning to work or those who have been out of the labour market for some time.

The open mornings give potential care workers an opportunity to learn about the organisation, the job role and the personal attributes that the organisation seeks in its recruits. They are provided with application packs at the open morning and a formal application and interview process follows.

They report that applications tend to only be received from applicants who then have a real desire to work in the care sector and their organisation in particular and that recruitment and retention has improved

In short it would appear that the traditional methods of recruiting are failing to attract people to the care sector, maybe because of how the role is perceived, the lack of career progression, the low pay or even the demographics. What is clear however is that in order to recruit new employees into the care sector SSOTP will have to look at new ways of advertising and promoting their roles and also their organisation.

RETENTION

As we stated at the beginning of this section good recruitment leads to higher retention levels, however even with the most robust methods in place you cannot predict accurately staff turnover. People's wants and needs can alter rapidly and without the flexibility to adapt to these we will lose employees. That being said it does not mean that we should be enhancing pay every time an employee states that they need more money. We need to look what initially attracted that individual to

work for our organisation and what has changed to encourage them to leave. In order to gain some insight into this we asked existing employees a series of questions about their role these were:

- What first attracted you to working for this organisation
- What attracted you to working in the care sector
- What do you like about the role
- What do you not like about the role
- What would make you leave the role
- What would make you leave the organisation
- What makes you stay

There were many answers to these questions however the most common are listed below

- *What first attracted you to working for this organisation*
 - Reputation for being a good employer
 - Location
 - Training and Development opportunities
 - Career Progression
- *What attracted you to working in the care sector*
 - Having a positive impact on people's lives
 - Rewarding work
 - Community based nature of the role
 - Varied nature of the role
 - Working hours suited family situation
- *What do you like about the role*
 - Job satisfaction
 - Helping people have a better quality of life whilst staying in their own home
 - Opportunities for career progression
- *What do you not like about the role*

- Can be isolating
- Huge responsibility when dealing with service users with complex needs
- Not being able to do enough to help some service users
- Loss of service users

- *What would make you leave the role*
 - Career progression
 - Better offer with more money
 - Better shift patterns

- What would make you leave the organisation
 - More money in the private sector
 - Changes in the shift patterns that did not fit with family life

- What makes you stay
 - Like working for this organisation, it looks after it's employees
 - Local to the area and can work within own community
 - Good employee benefits (not specifically remuneration)
 - Sense of loyalty to the organisation

These show that it was not really that remuneration that attracted the employees to the organisations in the first instance, however it can be one of the factors for then leaving the organisation. We therefore have to find ways of retaining employees within the budget constraints that exist and find out what other factors affect staff retention

As well as this we have looked at exit questionnaires for the reasons that people have left in the past. We have summarised these into 5 main reasons:

Five main reasons why employees leave:

- **"It doesn't feel good around here."** This can include any number of issues to do with the corporate culture and the physical working environment.

- **“They wouldn't miss me if I were gone.”** Many people don't feel personally valued. When people don't feel engaged or appreciated, all the money in the world can't hold them.
- **“I don't get the support I need to get my job done.”** People want to do a good job; they want to excel. At the same time, most feel as though their boss won't let them do a good job. When frustrations exceed the employee's.
- **Lack of opportunity for advancement.** Advancement doesn't necessarily mean promotion. More often, it means personal and professional growth. People want to be better tomorrow than they are today.

Personal growth constitutes a very strong driver in today's workforce, particularly with the younger generation. People coming out of college often identify training as the primary criterion for choosing their first company

- **Inadequate employee compensation.** People want fair compensation, but – contrary to most managers' beliefs – money rarely comes first when deciding whether to stay or go. A certain percentage of people will always chase more income, but the majority of staff look at non-monetary reasons first

The primary employee retention strategies have to do with creating and maintaining a workplace that attracts, retains and nourishes good people. This covers a host of issues, ranging from developing a corporate mission, culture and value system to insisting on a safe working environment and creating clear, logical and consistent operating policies and procedures.

Good employee retention strategies address three fundamental aspects of the workplace: the ethics and values foundation upon which the organisation rests; the policies that interpret those values and translate them into day-to-day actions, and the physical environment in which people work. A sampling of employee retention strategies includes the following:

- Clarify your Vision.
- Create a values statement.
- Communicate positive feelings.
- Stay focused on the service user.

- Be fair and honest.
- Cultivate a feeling of family.
- Promote integrity.
- Do not tolerate sub-par performance.
- Insist on workplace safety.
- Reduce the number of meetings.
- Make work fun.

These employee retention strategies all relate in one way or another to corporate culture. However, one environmental issue tends to stand out above the rest. More than ever, employees want a culture of openness and shared information. They want to know where the organisation is going and what it will look like in the future.

Of the employers who report good staff recruitment and retention figures all use a values based recruitment process as do the majority looked at in this report, however it is what we do after this process to embed those values that would appear to matter. As you can see from the summary of exit reasons Culture, Support and advancement appear to be the main reasons people leave the organisation and fewer leave for remuneration. So what can be done to improve retention based on this knowledge?

Culture, Support and Advancement:

All of the organisations who report good employee retention have gone to great lengths to attract the right employees and embed their culture from day. They have found unique ways of attracting employees by working in conjunction with existing organisations committed to assisting people back to work and that way they have been able to spread the resources. By using methods such as an academy and pre-employment learning they have been able to prove that they are committed to supporting and developing their employees. These types of activities ensure that their brand is highlighted within the community and with other agencies, making them more likely to be a preferred employer.

By engaging with potential employees before application people are already aware of the culture of the organisation and the requirements and demands of the role

enabling them to make a more informed decision as to whether it would suit their needs and allow them to commit to the role.

Some of the organisations report that when recruiting larger numbers of employees there is the opportunity for staff to choose some of their hours and whether they would rather work weekends or night shifts. Once they have been formalised staff get regular caseloads which enable them to build up relationships with clients rather than being sent to any place at any time. They report that employees feel a sense of ownership and responsibility to the clients and their caseloads and gain considerable satisfaction when assisting clients they have built a relationship with. Flexibility is an important element of the culture of the organisation as many of the domiciliary care workers are women who cannot commit to a full time 9 -5 role. The reasons are usually because they have either a family or caring responsibilities of their own, however flexibility must not hinder the service requirements.

Training and development are regarded as key domiciliary roles and a good development plan may be a useful retention plan. Employees need to feel confident and competent in their role and so it is important to have a clear and structured training plan from induction. Employee's also need to feel that if there is an opportunity to progress within the organisation, they have been, or will be given the opportunity to develop to the required level.

SSOTP has a retention strategy which alludes to staff engagement, development of careers and clear pathways and also flexibility in the roles. We can only conclude therefore that either the strategy is not being implemented in that way that it has been written or that there are other factors such as demographics and reputation that are affecting the employee recruitment and retention in this organisation.

Conclusion

Success of SSOTP

The campaign itself was a success and SSOTP achieved the objective of attracting a sufficient number of candidates to recruit to all vacancies in the first round of recruitment. A number of new staff were able to commence work before Christmas, with all starting by mid-February – the main reason for delay being the working of notice periods.

The variety of activity has led to some longer term relationships particularly with the Job Centres, local schools and universities.

The effectiveness of having a dedicated “on boarding” role to co-ordinate the transition from job offer to first day is recognised and is being trialled as a key role in the recruiting team.

Whilst many new staff came in, this caused pressure on the existing teams for a period of time, having to work with large numbers of new recruits, additional co-ordinators and managers were needed to ensure sufficient support.

The impact of the new starters meant that an additional 150 hours of care per week were provided.

Unfortunately there is no easy solution to the difficulty in recruiting to the Domiciliary role. It is not deemed a particularly attractive role, and working unsociable hours with lots of travel and lone working just are just a few of the factors that impact on this. Research shows that there is a huge demand and an increasing demand for this type of health and social care due to the demographics of the population and the cultural shift where people want to stay in their own homes in conjunction with the economic shift where the cost to keep people in hospital beds is not matching the finances available.

It is not financially viable for the public sector to continue to employ the required number of staff on NHS or LG Terms and Conditions and therefore there is a need to work alongside the Private Sector.

The private sector are key in providing care once people are out of hospital, however the private sector is facing further challenges in addition to recruiting their own staff.

For example:

- Commissioners are paying for specific minutes of care
- NICE guidelines are now suggesting that the minimum care intervention should be 30 minutes rather than the previous 15 minutes

It is clear that there is a need to work together to ensure that learning is shared and that all organisations can benefit from the experience that SSOTP have had and the successes in terms of recruitment that have come from it.

SSOTP are already suggesting that they train private sector staff to obtain the care certificate which will ensure that organisations will have appropriately trained employees with the skills to commence the role. This should have an impact on the cost to the private sector as they will have employees ready to work without having to bear the burden of training any new recruits. SSOTP have also committed to providing a free flu jab to employees within the private sector that have been commissioned to do this role which will assist during winter months to increase staff attendance at work.

In comparing the theory and other organisations actions in recruiting, SSOTP have undertaken the majority of the options identified.

There are other measures that could have been considered however were discounted as it was deemed that they would add no more value than what was already being done.

After looking in detail at this crisis and the actions taken by SSOTP it is clear that they are ahead of the game in recruiting to this staff group in this sector. They are doing more than most and we consider are at the forefront and should share their learning and best practice with other organisations.

Recommendations

- Due to the high turnover in this service, SSOTP will continue with the more successful elements of the intensive campaign, including drop in/coffee mornings, self sifting Questionnaire, on-boarding post, coordinated training plan/peer support going forward
- Share the learning that has been obtained from this exercise with other public and private sector organisations or by publication of this paper
- Evaluate the success of the recruitment within Warwickshire County Council who are utilising some of the techniques recommend by SSOTP
- Work with private sector to ensure that the costs of providing this service

Shared Learning

High Peak

High Peak Borough Council constantly faces difficulties when recruiting and retaining staff to its Carelink Service and having looked at the tools employed by SSOTP and other, larger organisations it is clear that High Peak falls short in not only the methods that it employs to recruit staff but in the tactics used to retain the staff later on. There are ongoing challenges for the service at High Peak and at present it is part of an Authority wide restructure. This report and the practical solutions that SSOTP have employed will prove to be a valuable resource when looking at building on the existing staffing structure and expanding it as part of the Restructure.

Warwickshire

Warwickshire County Council's Reablement Service is facing numerous challenges in the very near future in that it needs to find direct savings and indirect savings. "Indirect savings" are achieved when it can be shown that had a customer NOT entered Reablement that their ongoing care costs would have been higher. To achieve this indirect saving it is estimated that just under 400 new clients in addition to the current 2,798 would need to be referred to the Service, of which 215 would need to successfully exit Reablement.

There have also been a number of changes implemented to improve the shift patterns expected of staff and it is likely that further changes are expected. While the changes were well received by many, it has caused a slight increase in employees leaving the service.

It is becoming increasingly clear that there is a difficulty to recruit to this staff group and a more intense focus needs to take place.

The work that SSOTP has undertaken will be invaluable as a tool to demonstrate how successful the methods they have undertaken were and what could be implemented as a result.

While the traditional recruitment methods have been used it is clear that alternative methods need to be explored to ensure that a full team of Reablement assistants are

available to work across the county. There are a number of methods that Warwickshire County Council will be trialling over the coming months – especially with the winter pressures on the horizon.

Local media advertising is the method currently being used along with advertising in local shops, petrol pumps, the back of parking tickets and on the back of buses. While there has been some success this has been limited and has not provided the results hoped for. There is currently a rolling recruitment process for the Reablement Assistant posts.

While there are already some working relationships in place with the Job Centre, these could be improved and worked on to provide a longer term relationship. They could also be in a position to assist with a one stop recruitment event and contacts with community groups and local colleges.

This is something that WCC will be looking into to promote the whole service. It is hoped that this could work in partnership with utilising the strengths of social media and drop in sessions to discuss the job, it may have more benefit.

An identified issue for Warwickshire is ongoing communication once appointments have been made and improving the applicant experience and recruitment journey. The peer support and on-board programme will assist in keeping those applicants interested and excited about the role rather than losing them to a competitor during the process.

Similar to SSOTP, the recruitment process is the first part of a bigger picture and better and more efficient ways of working must be identified to ensure that the service is making the required savings while still providing the service that is so valued by the service users. Closer working with health colleagues may also avoid any duplication by health services and social care.

Sandwell.

By exploring and taking into account the problems faced in community based care in SSOTP, Sandwell has received a valuable insight into the forthcoming difficulties

that itself may face in the future. The research into the difficulties has highlighted the future difficulties we may face, and the practical on the ground solutions to remedy these issues will prove invaluable to test our own approaches against. Working together on matters such as this is the only way forward.

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www.staffordshireandstokeontrent.nhs.uk/

APPENDIX 1

LIS Service Staffing Profile - 17-Sept-15

Age Band	Staff in post - FTE	Staff in post - Headcount
16-20	1.07	2
21-25	2.13	4
26-30	6.89	13
31-35	12.70	20
36-40	12.96	20
41-45	25.52	42
46-50	36.49	58
51-55	43.42	68
56-60	36.23	56
61-65	12.77	21
66-70	4.05	7
71-75	0.54	1
Total	194.77	312

Gender	Staff in post - FTE	Staff in post - Headcount
Female	188.48	302
Male	6.29	10
Total	194.77	312

Ethnic Origin	Staff in post - FTE	Staff in post - Headcount
A White – British	181.20	289
C White - Any other White background	1.08	2
H Asian or Asian British – Indian	1.53	2
LK Asian Unspecified	0.53	1
M Black or Black British – Caribbean	0.54	1
N Black or Black British – African	0.54	1
SE Other Specified	1.07	2
Z Not Stated	8.27	14
Total	194.77	312

Appendix 2

Press Clipping – Positive Press



• 50 new NHS jobs in North Staffordshire to offer 'help on the home front'

By [The Sentinel](#) | Posted: November 27, 2014

By DAVE BLACKHURST

SCORES of new NHS jobs are being created to bring basic personal care to elderly and vulnerable people living at home.

The move is the latest in a multi-million pound drive to keep them out of the Royal Stoke University Hospital, which is being hit by an increase in emergency patients.

It will see 50 home care workers recruited by Christmas to operate in Newcastle and the Moorlands.

The staff – to be paid between £16,271 and £19,268 a year – will be among the first of their kind in the country to be on fully-protected health contracts instead of working for local councils or private companies. That means they will have NHS terms and conditions, with access to the service's pension scheme, paid mileage and full training.

The scheme has been welcomed by health unions as it would employ workers often exploited by private firms using zero-hour contracts and minimal pay rates. Two drop-in days have will be staged next week for people to come forward for the fresh posts, with a third session for final interviews.

Community health bosses behind the programme say formal qualifications are not essential and people who have been looking after relatives or friends will be considered.

The new workforce will help more people maintain or regain their independence at home so they can be discharged sooner from the Royal Stoke or not need to be admitted to the hospital in the first place.

Working alongside district nurses and social care staff, the home care workers will provide help with daily care such as washing and dressing.

Costing close to £1 million a year, they will be employed by the Staffordshire and Stoke-on-Trent Partnership NHS Trust.

Trust workforce director Julie Tanner said: "Providing some extra support can make all the difference to someone to help them live more independently in their own home.

"We need people who, first and foremost, believe in the importance of care and compassion. I would encourage anyone who has cared for someone to consider putting their skills to good use in the NHS."

Jenny Harvey, Unison's North Staffordshire community health branch secretary, said: "We are really excited by the NHS moving into provision of such an important part of health and social care.

"This vital work is far too often provided by employers who exploit their staff with zero-hour contracts and poverty pay.

"NHS-employed home care workers, given real time to care and being valued with decent pay and conditions, can only result in a much higher quality of care."

The drop-in events are at Newcastle Job Centre next Tuesday between 10am and noon and Cheadle Hospital from 5pm to 7pm.

Appendix 3 Press release

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New Recruits Join NHS Community Services

09 December 2014

Scores of district nurses, home care workers, administrators and hospital care staff have been offered jobs in a single day to help North Staffordshire's community NHS services be more flexible and responsive to care for more people in their own homes.

The UK's largest integrated health and social care provider, the Staffordshire and Stoke on Trent Partnership NHS Trust, held a special multi-disciplinary recruitment event at the Haywood Hospital on Saturday (6 December) to appoint as many people as possible to its teams which support people at home and in community hospitals.

By the end of the event 26 people, including community nurses and phlebomists were appointed to positions in the Trust's integrated care teams in Newcastle and the Staffordshire Moorlands which provide joined up health and social care services.


In addition, 24 home care workers were offered positions as a development of the Partnership Trust's Living Independently Staffordshire service to help people with daily living tasks to maintain their independence at home. Another round of interviews for these posts will take place on Friday (12 Dec) and Tuesday (16 Dec) where it is hoped up to another 26 people could be offered jobs, with more being held in a talent pool for future vacancies.

"Community services are key to keeping people well, supporting independent living and helping people to get back on their feet after illness, so ensuring we have the right skills in the right teams is essential," explains Director of Workforce and Development Julie Tanner. "We are delighted with the response to the roles we have available and the success of our latest recruitment appointment day. Our two drop in sessions, held to explain more about our new home care service, were very well received with more than 70 people coming to see us in Newcastle and Cheshire."

By concentrating interviews and the administrative procedures around recruitment into a single day, it has really sped up the entire process and some of our new recruits could be in post before the end of the year.

As well as health and care staff, forty people were also put through a series of shortlisting processes for vital administrative posts to support various services across the Partnership Trust.

The Partnership Trust is continuing to recruit for a variety of clinical and support roles including hospital nurses, social care positions and administration. For full details of all posts currently available please visit www.jobs.nhs.uk.



<http://www.staffordshireandstokeontrent.nhs.uk/BoardMeetings/New-Recruits-Join-NHS-Community-Services.htm>