Integration Joint Board

Date of Meeting	7th May 2024
Report Title	Chief Officer's Report
Report Number	HSCP.24.023
Lead Officer	Fiona Mitchelhill
Report Author Details	Roz Harper Executive Assistant rosharper@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. Flexible Rostering Evaluation
Terms of Reference	*5*

1. Purpose of the Report

The purpose of the report is to provide the Integration Joint Board with an update from the Chief Officer.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the detail contained within the report.

3. Strategic Plan Context

3.1. The Chief Officer's report highlights areas relevant to the overall delivery of the Strategic Plan.

4. Summary of Key Information

Integration Joint Board

Local Updates

1. Community Nursing Flexible Rostering Evaluation

A flexible rostering system has been in place across community nursing in Aberdeen City Health and Social Care Partnership (ACHSCP) since January 2023. This was developed in response to the changing needs of the patient population that saw increased demand on the service at the weekends. Compared to the previous system (which adopted a fixed rostering system with less staff working on the weekends), it was thought that a flexible rostering system would allow teams greater agility to respond to projected need.

To ensure these changes were acceptable, effective and sustainable, the Deputy Chief Nurse commissioned an evaluation at the start of 2024, undertaken on a joint basis by Public Health Scotland and the Partnership. The report is attached as Appendix **A** and outlines the approach taken. The findings suggest that the majority of staff who engaged in this evaluation were generally satisfied with the flexible rostering system, commonly due to the flexibility it allows and its ability to let individuals plan in leave at suitable times. The report also provides numerous recommendations that are actively being explored, including making the roster accessible online across all teams to provide greater equity of access and choice to staff.

The findings further our ambitions to be evidence-led in our service development and will help shape community nursing moving forward. We would like to place on record our thanks to Public Health Scotland colleagues for their expertise and support in producing this important piece of work.

2. Annual Performance Report

31st March 2024 was the end of the 2023/24 financial year. It was also the end of Year 2 of our Delivery Plan and time to start preparing the Annual Performance Report (APR). As in previous years we have been advised that the data in relation to the national performance Indicators will not be available from Public Health Scotland until after the IJB meeting in July. We will therefore follow our usual timeline and bring the final report, for approval to publish, to the first IJB meeting after the summer recess which this year is 24th September 2024. We have been advised that the Scottish Government intend to amend the publishing deadline for APRs as part of the National Care Service Bill.

We have received some comments on the format of the APR in previous years and would plan to take soundings on any proposed revision to this for this report. In addition to the development process involving the Senior Leadership Team, Strategic Planning Group and Locality Empowerment Groups we have identified three opportunities at Insights Sessions to involve the IJB. The first was at the session on 16th April 2024 where we presented the full timeline and schedule for development of the APR and discussed proposed formats. The second is the IJB Insights session on 11th June where we hope to be able to share an early draft of the report. Finally we would intend to share the near final report at the Topic Specific Seminar Scheduled for 3rd September where the report can be scrutinised, discussed and refined before coming to the IJB meeting on 24th September 2024 for final approval.

3. Strategic Plan 2025-2028

This coming financial year sees the lifespan of the current Strategic Plan coming to an end and we have started preparations for the development of the next Strategic Plan.   The ultimate aim is to have a revised Strategic Plan finalised and submitted to the IJB meeting on 18th March 2025.   Before that, however, there will be significant consultation and engagement with as wide a range of stakeholders as possible.   A draft of the plan will be brought to IJB on 19th November 2024 seeking approval for it to go out for public consultation.   Out with the formal meetings, we plan to involve the IJB in the following way: -

Forum	Date	Purpose
IJB Insights	11th June 2024	Agreement of Strategic Context, Direction and Priorities.
IJB Topic Specific Seminar	3rd September 2024	Update on output from consultation and engagement and rough first draft of Plan
IJB Insights	18th February 2025	Details of the outcome of public consultation and sharing final draft of Plan

4. Interim Beds Aberdeen City

Woodlands Care Home opened in 2022, it was the first new care home to open in Aberdeen City in 10 years. At the time of opening, Aberdeen City Health & Social Care Partnership were fortunate enough to be in a position to commission a significant number of emergency discharge beds. The success of the commission has in part been responsible for the reduction of delayed discharges of care and delayed discharges across the city. However, we now need to balance the challenging fiscal situation with the pressures on the acute sector and have therefore extended the commission of seven interim beds in Woodlands and two interim beds in another care home to support the ongoing pressures until March 2025. This is an overall reduction in the number of interim beds in the city in comparison to 23/24. This could increase the rate of delayed discharges from acute settings. The intention is to mitigate the rate of delayed discharges through other means including, further investment in technology enabled care and increasing the number of hospital at home beds in the city.

5. Aberdeen Health & Social Care Partnership Annual Conference

On 29 February 2024, ACHSCP held its first post Covid annual conference. The conference was a great success, with over 200 staff attending to hear presentations, share good practice, develop relationships across services and influence future priorities.

6. Staff Wellbeing

Many staff well-being activities recommenced in February after a winter break with the programme of 2024 activities and opportunities currently under development. The Integration Joint Board (IJB) is very keen that all staff take regular breaks. This is a priority for the IJB, as they recognize the importance of staff wellbeing and the positive impact it can have on the workforce.

7. Collaborative Commissioning

A series of two well attended workshops were held in February and March to help co-design the care at home contract for the next two years. Following these initial workshops, an additional two half day topic specific sessions are being planned for mid April to drill down into the specifics of the contract pathways. This work will be supported by the social care contracts team, social care providers and social work colleagues as well as third sector representation and Scottish Care Independent lead.

8. Complex Care - Stoneywood

The contract letter of award has been issued to Ogilvie Construction. Following receipt of signed acceptance by return, Aberdeen City Council Officers will, in late March, hold a pre-start meeting with the main contractor with a view of starting mobilisation on site within a 4-6 week period thereafter.

9. General Practice Informal List Management Update

All City practices are now open, however 7 are informally managing their lists. Informally managing a list is when a practice list size is at full capacity and the practice are not taking any new patients until their list size has reduced, however they are still open and if required the partnership can proactively assign a new patient if felt appropriate and necessary. The non-movement of patients policy continues to be in place from Scottish Government and we will continue to monitor and review this situation. For further information in relation to practice lists, open status and frequently asked questions, an information page for all has been created, and is published here.

10. RAAC

RAAC (Reinforced Autoclaved Aerated Concrete) was identified in 500 homes by Aberdeen City Council. As this is in the concentrated area of Balnagask in Torry, this will have an impact on the residents within the area and general practices will need to take cognisant of those most vulnerable. Patient registrations will require to be moved in a planned and phased approach to ensure people receive continuity of care and to not overwhelm practices in the receiving areas.

There could be a potential need for increased mental health and wellbeing support in the impacted community's. The HSPC mental health signposting page is linked on the ACC RAAC pages and if further interventions are required, Aberdeen City Council and Aberdeen City Health and Social Care Partnership will work together to explore this.

The main focus will be to minimise any disruption to patients and for practices to able to provide support and ensure people have continued access to healthcare, this will be achieved by working in a collaborative way with Aberdeen City Council colleagues to identify any new or existing vulnerabilities.

11. Asylum Seekers

Currently Aberdeen City is home to 400 asylum seekers, residing across 3 hotels. The team carry out Health Needs Assessments with all new arrivals to the city, to ensure anyone with immediate health needs are seen as soon as possible. To help with any additional work associated with this cohort of individuals, for example longer appointment times due to requirements for interpreters, the primary care team are working closely with practices and the vaccination team to deliver the services required.

12. Place2Be Update

Following recognition of a gap in counselling services for school children under age 10, and inability to recruit school nurses, NHSG in collaboration with Aberdeen City Council's education team invested in Place2Be, a children's mental health charity that provides counselling, mental health support and training in schools. Overall, 14 schools across the city have seen a total of 507 children supported in 683 sessions, the sessions are either 1:1 or Place2Talk drop in sessions. The top concerns discussed were friendships, supporting a friend and emotional issues – worries, sadness.

The top high risk concerns disclosed in 2023, (44) requiring involvement of CAMHS, social work or Police were physical abuse, suicide ideation and self-harm. Provision of Place2Be ensures positive outcomes for children under 10, providing access to services that ensure they have the support they need to thrive.

13. Aberdeen City Vaccination & Wellbeing Hub

The Aberdeen City Vaccination & Wellbeing Hub continues to grow in the number of services and voluntary organisations now attending each week to provide support to visitors focussing on prevention and early intervention. During March the Aberdeen City Central Health Visitors commenced clinics inviting 8 month old babies to the Hub for their developmental review. These clinics have been well received by families and clinics have been extended through April and May.

At the end of March the pre-school immunisation nurses opened walk in clinics on Tuesday and Thursday at the Hub to support families who are new to area, not yet registered with a GP or just looking for advice on their child's immunisation schedule. This has provided a great opportunity for the Health Visitors and Pre-school Immunisation Nurses to work collaboratively. Childsmile have also linked in with this collaboration and are attending the hub during these clinic times to engage with families whilst they are in the post vaccine/community café area.

During April and May, there will be further provision promoting Parkinson's Awareness Week, Learning Disabilities Week, Suicide Prevention Sessions and the Long COVID Practitioner Service will be attending, to promote services and support. May will also see the Hub taking part in the Grampian Wellbeing Festival.

14. NHS Scotland Annual Conference – 10th June

In March 2023, Caroline Anderson, Programme Manager for Vaccination & Wellbeing Hub met with Carol Jack, Policy Manager for Health & Social Care Scotland to put forward a bid to present

at the NHS Scotland Annual Conference on the 10th June. Following a short presentation, it was agreed that this would be put forward as a joint bid with other Partnerships focussing on 3 models of Care:

- Hospital at Home
- Health & Wellbeing Hub (Aberdeen Vaccination & Wellbeing Hub)
- Collaborative working between Health & Sport Organisations

This proposal was submitted and we have now received confirmation that it was successful. Aberdeen City Health & Social Care Partnership colleagues Caroline Anderson & Stephen Main will be presenting on the Main Stage, focussing on our Integrated Model of Care for prevention & early intervention.

15. **Digital Investment**

At the meeting of the Integration Joint Board (IJB) on 26 March 2024, the IJB earmarked £1.5m of its reserves for investment in digital capability during 24/25. Such investment is a critical component to the IJB meeting an anticipated budget gap of approximately £52m over the next seven years. This is against a backdrop of increasing demand on the health and social care system. The £1.5m fund will be used to create staff capacity and/or reduce contract and/or asset costs associated with existing technology used by ACSHCP.   Therefore it is anticipated that any proposed investment will be able to evidence one or more of the following:

- Prevention of current or projected demand on ACHSCP services (or on partner services, particularly where those partners provide a share of upfront investment costs);
- Earlier intervention to meet a need to prevent additional costs associated with later interventions;
- Reduction in time to complete tasks;
- Rationalisation of digital systems to enable more complete records to drive personalised services and demand forecasting;
- Removal of need for humans to do tasks;
- Promoting the principles of 'intelligent government' (e.g., one org experience regardless of customer entry point, data driven decision making, predictive demand etc.);
- Removal of duplication; and
- Reduction of errors.

Following a period of engagement and dialogue with the providers, and with support from Aberdeen City Council and NHS Grampian digital teams, the ACHSCP senior leadership team have endorsed a prioritised set of projects designed to build the partnership's digital capability and deliver benefits listed above. The technical and commercial details are currently subject to a process of due diligence. It is anticipated that following this process recommendations will come before the Integration Joint Board during 24/25 to seek approval for more detailed investment proposals.

16. Professor Roy Soiza becomes the new Editor-in-Chief of Age and Ageing

Professor Roy Soiza is a consultant geriatrician with NHS Grampian and an honorary professor of ageing and health at the University of Aberdeen. He has been appointed the Editor-in-Chief of the British Geriatrics Society journal, "Age and Ageing", which is the leading scientific journal in the field of geriatric medicine and will take over from Professor David Stott, who has led the journal for the past six years.

Regional Updates

17. General Practice Vision Programme

In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and objectives that capture the changes required to move towards a more sustainable general practice sector within the area. This was approved by the 3 Grampian IJBs in March 2024.

The vision and objectives will be delivered via the creation of a new programme board, which in turn, will be supported by project sub groups. Existing resources within Health & Social Care Partnership teams have been identified and released to deliver on the prioritised objectives.

18. Digital Telecare

The analogue to digital programme is a response to the decision of the UK telephony providers to switch from analogue to digital networks by December 2025, which affects the existing alarm receiving centre (ARC) platform and the connected alarm devices. The programme aims to deliver a reliable and robust digital telecare emergency response service before the deadline.

The programme covers deploying a Digital ARC Platform, replacing analogue dispersed alarm units with digital ones, maintaining connectivity for internal and external customers alarms devices, and various transformation activities.

The project team is working with the Scottish Government Digital Office as an early adopter of the Shared ARC Framework, which was awarded to Chubb Skyresponse in November 2023. The team is in the process of finalising the commercial and technical details before placing the order and starting the rollout by End of May 2024.

50% of the analogue dispersed alarm units were replaced by digitally capable units by end of December 2023 which resulted in the Digital Office awarding Aberdeen City HSCP and Bon Accord Care the Bronze Award for Digital Telecare Implementation. So far, approaching 75% of the analogue dispersed alarms have been replaced with digitally capable units.

The analogue to digital project team is regularly meeting with internal and external customers, such as Aberdeen City Corporate Landlord, Shire, Moray and Registered Social Landlords, to ensure a smooth transition of their alarm devices to the new digital ARC platform.

National Updates

19. **National Care Service**

On 29 February 2024, the Scottish Parliament agreed the Stage 1 general principles of the National Care Service (Scotland) Bill as introduced. The Bil will now move to Stage 2 of the parliamentary process where amendments will be considered. At the time of writing, the Scottish Government has yet to publish its proposed amendments to the Bill as part of Stage 2. It is anticipated that there will be several amendments to reflect the process of 'co-design' since the Bill was introduced and dialogue between key stakeholders such as the Convention of Scottish Local Authorities (CoSLA) and the National Health Service (NHS).

Aberdeen City's National Care Service Programme Board, chaired by the Chief Operating Officer, will continue to monitor the situation and engage in the process as it develops.

20. **Use of Carers Funding 2022/23 – COCIS Report and STV News Article**

The Coalition of Carers in Scotland (COCIS) published a recent report on the way the funding provided to support unpaid carers and the implementation of the Carers (Scotland) Act 2016 was utilised across Health and Social Care Partnerships in Scotland in financial year 2022/23. The information was picked up by STV news whose headline claimed that Scotland's carers had been 'short-changed' by £25m. The team implementing the Carers Strategy in Aberdeen City wanted to provide the IJB with comment on this headline to confirm the detail as it relates to Aberdeen.

The COCIS report indicated that around £19m of the funding awarded for carer support had not been allocated to health and social care partnerships.   The report does not indicate the source of the information upon which this claim is based so it is difficult to comment on it, certainly in terms of the national picture. The other £6m 'gap' relates to spend that was either not related to carer support or the implementation of the Carers (Scotland) Act 2016, or had not yet been allocated.   Details of the way the allocation had been spent were gleaned from a survey sent to health and social care partnerships, all except one of whom responded, so it is believed this aspect of the report is accurate.   Aberdeen City Health and Social Care Partnership was one of the partnerships who responded.

In relation to Aberdeen city, as far as we are aware, all of the funding awarded for carers support in 2022/23 was allocated to the partnership. The total funding that year was £2,559,067 and 95% of that funding was used for direct or indirect support for carers and implementation of the legislation.   This compares to 91% nationally. £132,604 was unallocated at the end of the year and the reason for this is that there were delays, particularly to respite services, remobilising fully after the pandemic.

100% of the carers support funding allocation was spent in 2023/24 and the Carers Strategy implementation Group continues to have a focus on ensuring that there is oversight of this expenditure on an ongoing basis including the introduction of a new initiative, the Carers Improvement Project Fund.   This operates in a similar way to the Health Improvement Fund.   Groups or individuals can bid for funding and these bids are assessed and scored against

pre agreed criteria. This ensures that this funding is allocated to the types of support that carers themselves are seeking.

21. The Health and Care (Staffing) (Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Act 2019 (the Act) came into force on 1st April 2024.   The Act provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and are able to raise concerns.

For health settings, the Act places a duty on NHS Grampian to ensure both appropriate numbers of staff and appropriate types of professions.   It is estimated 80% of health professions in Grampian will be within scope of the Act.   Where health care is delegated to an integration authority, the duties and requirements under the Act still apply.   To support these duties, the Act lists a number of other requirements that must be followed, such as:

- reporting to Scottish Ministers on the use of high-cost agency staff
- identifying risks relating to staffing in real-time, and having a procedure to address these
- seeking and having regard to advice given by clinicians on staffing
- ensuring adequate time is given to clinicians who lead a team of staff to fulfil their leadership responsibilities
- ensuring staff receive appropriate training for their role
- using the common staffing method (only in certain circumstances)

For care settings, the Act places a duty on those who provide care services to ensure both appropriate staffing and appropriate training of staff.   Local authorities and integration authorities will have to consider the requirements of the Act when they plan or secure care services.

Relevant organisations will have to report annually to the Scottish Ministers on how they have carried out their duties in relation to the Act.   Healthcare Improvement Scotland is responsible under the Act for monitoring compliance by Health Boards and the Care Inspectorate will continue to register, inspect and monitor care services.

ACHSCP and colleagues in NHS Grampian have been preparing for this legislation for some time now.   NHS Grampian have set up a dedicated Programme Board as well as an Implementation Team and an implementation plan has been developed which staff are now working on.   ACHSCP are represented on both the Programme Board and the Implementation Team.   Guidance for staff has been issued and online training is available.   It is particularly important that we are able to meet the reporting requirements, some of which are due on a quarterly basis.

In terms of governance, implementation of the Act will be monitored through our Workforce Plan and both Clinical and Care Governance and Risk, Audit and Performance Committees.   It is proposed that time at the Topic Specific Seminar on 25th June is dedicated to providing more detail on the requirements of the Act and our response to it.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality
There are no direct implications arising from the recommendations of this report.

5.2. Financial

There are no direct financial implications arising from the recommendations of this report.

5.3. Workforce

There are no direct workforce implications arising from the recommendations of this report.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

5.5. Unpaid Carers

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

5.6. Information Governance

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.

5.8. Sustainability

There are no direct sustainability implications arising from the recommendations of this report.

5.9. Other

There are no other direct implications arising from the recommendations of this report.

6. Management of Risk

The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary .

6.1. Identified risks(s)

There are no identified risks related to this report.

Appendix A.

Flexible Rostering Evaluation

March 2024

Authors:

Dr Aiden Hannah, Principal Information Analyst, Public Health Scotland

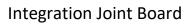Niki Couper, Senior Information Analyst, Public Health Scotland

Dr Calum Leask, Transformation Programme Manager, Aberdeen City Health and Social Care Partnership

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- A flexible rostering system has been in place across community nursing in Aberdeen City Health and Social Care Partnership (ACHSCP) since January 2023.

- An evaluation was conducted using a staff survey, aiming to understand community nursing staff's perceptions and experiences of the current flexible rostering system.

- Overall, the majority of staff responding to the survey were generally satisfied with the flexible roster, commonly due to the flexibility it allows and its ability to let individuals plan in leave at suitable times.

- The main recommendations are to:

  - Explore making the roster accessible online across all teams, to provide greater equity of access and choice to staff and reduce disparity between part time and full time staff in particular.

  - Explore widening the date range over which staff are able to allocate shifts to enable more advanced planning and support a healthy work/life balance.

  - Explore any variations in local implementation of the flexible rostering system to identify cross-team learnings that could benefit all community nursing staff.

  - Support the implementation of protected time for statutory, mandatory and profession-specific learning, including supervision and monitoring of training completion rates.

  - Review communications around the rostering process to ensure transparency for staff and that the opportunity for regular feedback and involvement in decision making processes is available.

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1. Background

The Community Nursing Service delivers nursing care to those patients who are unable to have their needs met in a clinic-based setting. Some patients require multiple interventions several times per day, while others can only receive one visit every three months. The caseload of the Community Nursing teams is large (approximately three thousand patients in total) and challenging to manage, with many ad hoc unscheduled visits per day.

Traditionally, the majority of planned care is carried out Monday to Friday, and a smaller community nursing staffing establishment is available at weekends to meet both the unscheduled and scheduled care required. This approach also minimises the cost burden of delivering a community nursing service seven days per week.

Historically, staff were on a fixed roster (working every fifth weekend), which meant that staffing levels could vary from one weekend to the next. Due to the changing needs of the patient population, the demands placed on the service at weekends increased. As a result, there became a need to understand how the service could operate differently to ensure that appropriate levels of patient care remained available every day, in a sustainable manner for staff.

In Summer 2022, three tests of change were carried out to investigate the effect that a change of rostering (rota) system would have on the nursing provision for the Community Nursing Service at weekends. An evaluation was conducted investigating patients' views, staffs' views and service provision over the test period of the different rostering systems implemented.

The flexible rostering system, where no staff member works fixed weekends and everyone who works weekends submits requests for the weekends they wish to work and/or are unavailable to work, was identified as the preferred option from the analysis undertaken. This method of roster means that the number of staff scheduled can be tailored to the projected need. Consequently, a flexible rostering system was adopted across community nursing in Aberdeen City Health and Social Care Partnership (ACHSCP) in January 2023.

This evaluation, therefore, aimed to understand community nursing staff's perceptions and experiences of the current flexible rostering system.

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2. Methodology

A working group was developed to create an evaluation framework, based on the previous 2022 evaluation results and the aims of the current flexible rostering evaluation.

The original methodological approach adopted in summer 2022 was first reviewed, with the aim of allowing for comparison over time where appropriate. The original approach involved investigating both patient and staff views. The evaluation showed, however, that patient experience did not significantly change regardless of the rostering model adopted, with each being acceptable to patients. Therefore, this new evaluation focussed solely on staff feedback.

Furthermore, a Microsoft Forms survey was developed to collect feedback from staff working in community nursing in ACHSCP. This was created based on refinements made to the original test of change survey, centred around the principle of asking only the most appropriate questions to minimise the burden on respondents. Moreover, the survey questions were reviewed and validated by an external organisational change group.

The survey was distributed via existing team communication mechanisms, with all community nursing staff given the opportunity to anonymously respond over a two-week period. The data collected was a combination of quantitative and qualitative information, collected between the 19th February 2024 and the 1st March 2024.

The survey data was subsequently analysed using a variety of standard quantitative approaches (averages, ranges and distributions for example) and qualitative approaches (grouping comments by theme and sentiment for example). Where appropriate, results were compared to the 2022 pre-test of change baseline survey results.

3. Results

3.1. Survey respondent demographics

In total, 54 individuals submitted responses to the survey. The majority of respondents were community nurses (70%), with the remaining respondents split between different roles as shown in Figure 1.
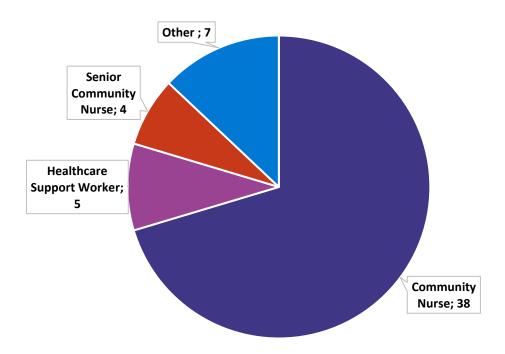
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Figure 1. Survey respondent role categories and numbers, with 'Other' including team leaders, district nurses, trainee district nurses and assistant community practitioners.

Representation from each community nursing team (area) varied from one respondent (Bucksburn) to 19 respondents (Foresterhill), as shown in Figure 2. Three respondents worked across more than one team.
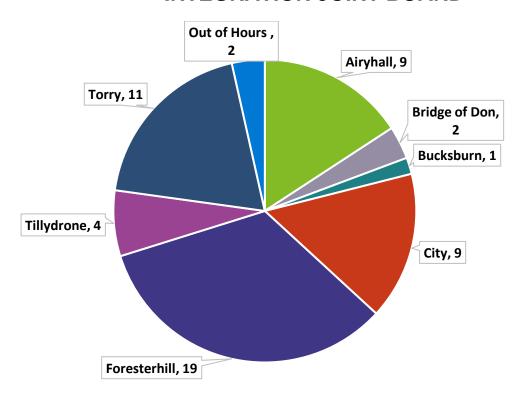
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Figure 2. Spread of survey respondents by team (area). Note: respondents were able to select more than one team, with n = 3 selecting two teams.

Furthermore, the majority of survey respondents (78%) joined the community nursing team before the flexible rostering system was implemented in January 2023.

3.2. Overall satisfaction with the flexible rostering system

Overall, survey respondents were generally more satisfied than dissatisfied with the current flexible rostering system, giving it an average rating of **6.7/10** when asked to rate their satisfaction on a 1-10 scale. The spread of responses is shown in Figure 3. Only a minor difference in satisfaction existed between those joining before the implementation of the current flexible rostering system in January 2023 (6.8) or joining in January 2023 or later (6.5)
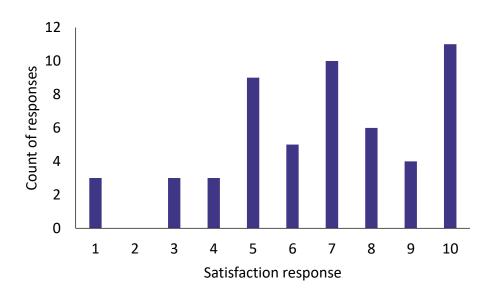
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Figure 3. Spread of responses to the question 'Overall, how satisfied are you with the current flexible rostering system?' (1-10 scale).

Most respondents (80%) chose to comment on why they had chosen their selected satisfaction score. Split between positive (47%), negative (37%) and neutral (16%) comments, the most common emerging themes were:

- **Equality/fairness**

  Feedback highlighted that some staff face difficulties in accessing the rostering system in a timely manner to be able to select their preferred shifts. Further, there was a desire to have a greater understanding of how the system operates and how shifts are distributed between staff.

" [Rostering] Sheet cannot be accessed by everyone unless in work. It can be difficult to pick regular weekends and sometimes all the slots are chosen."

"Makes it easier to plan your year and avoid swaps if you can select your own however if the dates go up when you are not at work (part-time working or holidays) it is very difficult to select weekends or you don't get any weekends."

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- **Work/life balance**

  Many respondents spoke positively of the flexibility the system allows and its ability to let individuals plan in leave. Some concerns were raised around a lack of knowing when you are working, and for some a reduced ability to plan when compared to fixed rotas. Furthermore, feedback indicated differences in the way some staff experience the system.

  "It is good being able to choose which weekends I would like to work to fit in with out of work life"

  "[You are] only allocated weekends you can actually work. Very flexible."

  "[You] don't know when you are working. People come to community to aid family life, [it is] forcing people out of community which is already so short staffed"

- **Staffing**

  Staff highlighted that the flexible rostering system appears to work well when well-staffed, but for some there can be occasions where it is difficult to cover all weekends resulting in some staff working more weekends than others. Others felt more positively about the ability of weekends to be covered but noted feelings of reduced weekday staffing.

  "Self rostering works well to cover the weekends, but I feel it could be improved. Maybe part timers could book theirs first"

  "I do think that it has decreased staffing during the week"

- **Work pattern**

Some staff (in particular those working full time) noted they can experience periods of working seven days in a row, highlighting this as *"tiring"* and *"sometimes dangerous".* Although not fully attributable to the flexible rostering system itself, it is important to recognise the impact that flexible rostering may have upon the working patterns available to staff and providing them with adequate time to rest.

"[I] often have days off before the weekend rostered on which can be tiring by Friday day 7. (where as [having] days off after the weekend on, being day 7 [on] a Sunday, is less exhausting)."

3.3. Views on specific elements of the rostering system

To compliment the qualitative feedback presented above, survey respondents were asked to rate their level of satisfaction with a variety of specific aspects of the current flexible rostering system, from one (very dissatisfied) to five (very satisfied). Specifically, their views on: their ability to achieve good work/life balance, their ability to plan in leave/days off when needed, the ease of use of and access to the rostering system, and the fairness of the rostering system.

While the qualitative feedback highlighted a number of potential areas for improvement, when asked to quantify their satisfaction respondents were once more generally more satisfied than dissatisfied (Figure 4).
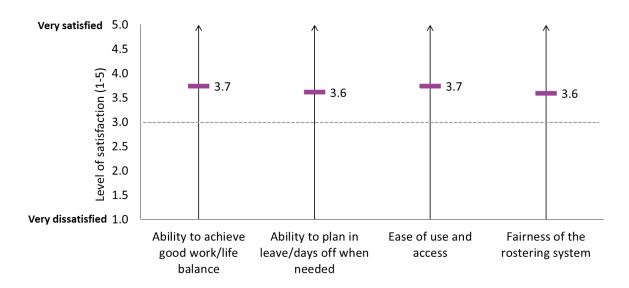
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Figure 4. Satisfaction with specific elements of the flexible rostering system (average respondent score).

The majority of respondents were satisfied (selecting four or five) with their **ability to achieve a good work/life balance** (59%), **ability to plan in leave/days off** (57%) and **ease of use and access to the system** (61%). In terms of the **fairness of the rostering system**, respondents were more evenly split between being satisfied (selecting four or five, 44%) and neutral (selecting three, 43%). Crucially, respondents were far less likely to report dissatisfaction (selecting one or two), as shown in Figure 5.
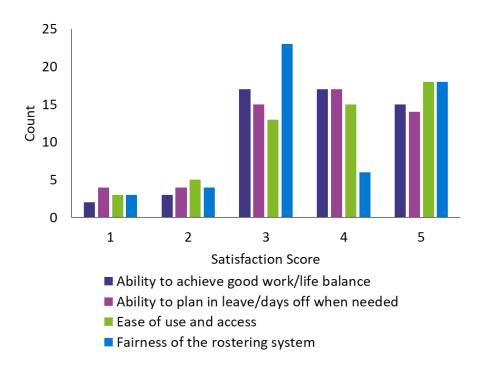
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Figure 5. Spread of reported satisfaction scores for various elements of the flexible rostering system, from 1 (very dissatisfied) to 5 (very satisfied).

3.4. Assessment of wider impacts

In a similar manner to the original Community Nursing Seven Day Working Evaluation conducted in 2022, this survey obtained views from staff on a number of key wider aspects of their work that could have the potential to be impacted by a change in rostering system.

3.4.1 Ability to carry out allocated work within working hours

The majority of survey respondents reported being able to carry out their allocated work within working hours on the last weekday (78%, excluding N/A responses) or weekend (85%, excluding N/A responses) that they worked (Figure 6). These rates are slightly lower than the average 2022 pre-test of change baseline survey results (85% average for weekdays and 89% for weekends, excluding N/A responses). However, there there are numerous potential factors unrelated to the rostering system that may have impacted staff's ability to carry out their allocated working within working hours.
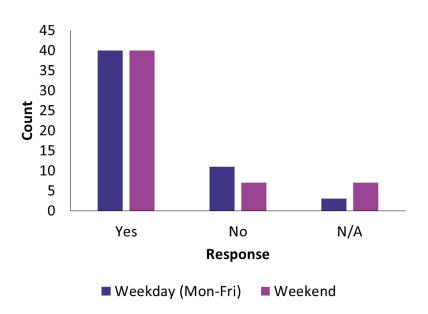
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Figure 6. Responses to the question 'Thinking about the last weekday/ weekend you worked, were you able to carry out your allocated working within your working hours?'

3.4.2 Ability to take full break entitlement

The majority of survey respondents reported being able to take their full break entitlements on their last weekday/weekend worked, but less so at weekends than during the week (75% for weekdays vs 70% for weekends, excluding N/A responses) (Figure 7). These rates are, once again, lower than those reported in the 2022 pre-test of change baseline survey results (82% average for weekdays and 84% for weekends, excluding N/A responses), however there are similarly a multitude of potential influencing factors.
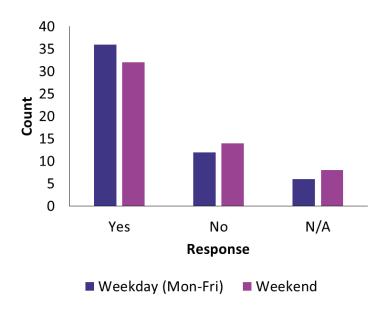
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Figure 7. Responses to the question 'Thinking about the last weekday/ weekend you worked, were you able to take your full break entitlement?'

3.4.3 Receiving support from colleagues

A strong majority of staff agree that they received appropriate support from colleagues during their last shift: 100% and 95% of respondents, when referring to weekday and weekend shifts respectively (excluding N/A responses, Figure 8). This result is very similar to the average results obtained during the 2022 pre-test of change baseline survey, indicating that the flexible rostering system has had no significant impact in this area.
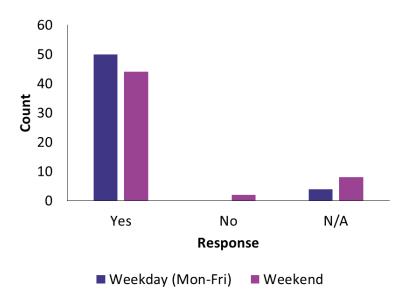
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Figure 8. Responses to the question 'Thinking about the last weekday/weekend you worked, did you feel you received the support you needed from your colleagues?'

3.4.4 Time for learning and development

The majority of staff reported not having had time for learning and development during their last weekday/weekend shift (Figure 9). Only 27% of respondents had time for learning and development during weekdays and 11% during weekends (excluding N/A responses). Comparing to the 2022 pre-test of change baseline survey results, a greater proportion of individuals reported time for learning/development during weekdays in 2024 (average 18% in 2022, excluding N/A responses), but fewer reported having time at weekends (average 13% in 2022, excluding N/A responses).
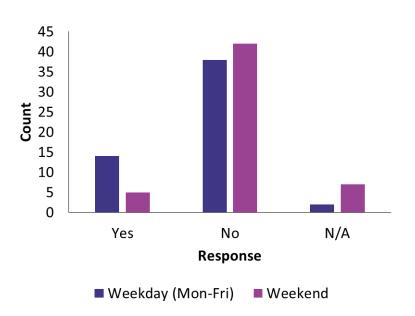
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Figure 9. Responses to the question 'Thinking about the last weekday/ weekend worked, did you have time for any learning and development?'

It should be noted that this result represents only a snapshot in time, with staff being asked to recall any time for learning and development during their last working weekday/weekend alone. Furthermore, it is expected that staff will have less time for formal learning and development activities at weekends in order to minimise weekend working. While newer staff are expected to undertake greater volumes of learning and development, all staff require appropriate opportunities for professional learning.

Insufficient opportunities for learning and development activities are more widely recognised as a systemic area for improvement across the NHS. Furthermore, in February 2024 the Scottish Government agreed to the implementation of the Agenda for Change review's recommendations on reform of the NHS pay scheme, including protected time for statutory, mandatory and profession-specific learning. Supporting the implementation of this change within community nursing should stand to improve staff experiences in this regard in future.

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4. Conclusions and Recommendations

Overall, the findings of this survey suggest that the majority of community nursing staff are generally satisfied with the flexible rostering system that has been in place since January 2023. The main reported benefits of this system are the flexibility it allows and its ability to let individuals plan in leave at suitable times.

The survey has, however, highlighted a number of potential areas of improvement which, if addressed appropriately, could improve staff experience of using the flexible rostering system and overall satisfaction with its use. Consequently, the following recommendations are proposed:

1. Explore making the roster accessible online across all teams, to provide greater equity of access and choice to staff and reduce disparity between part time and full time staff in particular.

   "The roster needs to be accessible online so everyone can access it if they are not at work and informed it is now available for everyone to choose their shifts."

2. Explore widening the date range over which staff are able to allocate shifts to enable more advanced planning and support a healthy work/life balance.

   "I believe as much notice as possible of what shifts you are allocated is always beneficial for work/ life balance."

3. Explore any variations in local implementation of the flexible rostering system to identify cross-team learnings that could benefit all community nursing staff.

   "Both teams are trialling different ways of working the weekends to determine the favoured way of working."

4. Support the implementation of protected time for statutory, mandatory and profession-specific learning, including supervision and monitoring training completion rates.

The majority of community nursing staff reported not having had time for learning and development during their last weekday/weekend shift.

5. Review communications around the rostering process to ensure transparency for staff and that the opportunity for regular feedback and involvement in decision making processes is available.

"I don't think it's very fair, some staff members are picking up a lot more weekends than others, [I'm] not sure how it works to be honest."

It should be noted that some limitations to this evaluation exist. Firstly, there were fewer responses to this survey (n = 54) then the 2022 pre-test of change baseline survey (n = 87) and limited representation from some teams. This could have had the potential to skew the results, however it is an expected consequence of the 'survey fatigue' experienced by many individuals in recent months in addition to very busy workloads leaving limited time for survey completion. Furthermore, many of the challenges explored in this evaluation are complex areas that can be impacted by multiple external factors, therefore some of the feedback obtained cannot be directly or solely attributed to the implementation of the flexible rostering system (as highlighted throughout this report).

Acknowledgements

With thanks to the community nursing staff who took part in the survey and shared their views, and all those who were part of the wider organisational change group who supported the development and dissemination of the survey.