



Evidence submission to Health & Sport Committee on recruitment and retention

August 2016

Speech & Language Therapists (SLTs) within the NHS Scotland workforce

SLTs feature within the Allied Health Professions (AHP) workforce. This group represents 8.2% of the overall NHS workforce (ISD 2016). The Scottish Government's Active & Independent Living Improvement Programme (AILIP) is effectively the national AHP strategy and addresses workforce issues. AILIP recognises that together AHPs provide cost effective alternatives to more expensive traditional service models. Advanced AHP practitioners in community based settings are making an effective contribution to health and care needs traditionally requiring hospital or medical intervention.

The workforce data from Information Services Division (ISD) shows an increase in medical and nursing staff employed across NHS Scotland but the figure for AHPs has remained largely static.

We have highlighted to previous committees how Speech & Language Therapy services across Scotland are experiencing cuts in provision. The Scottish Parliament Health Committee report (Feb. 2014) showed there had been an overall 8.8% decrease in funding for SLT in Scotland since 2011 – with cuts coming from both health boards (up to 21.1%) and local authorities (up to 20.6%). 3 local authorities have withdrawn 100% of funding (secured through service level agreements) for SLT services by April 2016. The requirement to deliver savings and stay in budget are inevitably impacted on SLT service capacity across Scotland. The emerging picture is one of services maintaining numbers but downgrading more senior posts providing fewer opportunities for career development particularly affecting rural and remote areas.

Workforce planning for SLTs and other AHP professions has been facilitated by a series of reports from NHS Education for Scotland. The SLT Education and

Workforce Report was produced in 2013 and highlighted a number of difficulties in the available data for workforce planning for SLTs. The Report however does predict increasing demand linked to the needs of both an ageing population and increasing survival rates in conditions likely to affect speech, swallowing and communication. It also highlights the static nature of the overall number of SLTs registered in Scotland compared to an increase for the UK as a whole.

This response to the Committee's investigation will highlight evidence that in some areas, particularly rural and remote, SLT posts are being downgraded and that the career development opportunities required to keep SLTs working in rural and remote areas are becoming more limited.

Responses to Committee's Investigation

Over July and August 2016 the Royal College for Speech & Language Therapists (RCSLT) surveyed children and adult service leads across Scotland using the five questions asked by the Committee. Our responses are based on a qualitative analysis of the information we received from 12 services within 8 health board areas covering children's and adult services, urban and rural areas.

Questions:

1. In what areas are you experiencing the greatest difficulties in recruitment and retention?

Our responses confirmed that larger urban areas are experiencing fewer problems with recruitment and retention and that more rural and remote areas are facing more significant issues. A common theme across rural areas was they were struggling to recruit above Band 5 level (i.e. Newly Qualified Practitioner Agenda for Change Banding), and some rural areas are responding to financial pressures by downgrading more senior posts to Band 5.

A significant issue across many services is the impact of temporary posts. These can result from providing maternity leave and cover or backfilling posts so that short-term funded project (for example early years and attainment funds) can be delivered by qualified staff. Temporary staff are more likely to be seeking full time posts, are often less qualified and can require more supervision, placing further pressures on the service.

We note that –

- There is a growing and uneven spread of more senior and experienced SLTs across Scotland particularly affecting rural areas.

- Rural and remote areas are reporting more problems with recruitment and retention.
- There is evidence of some senior posts being downgraded and a lack of viable professional progression as well as challenges to clinical supervision.
- Managing temporary posts created by maternity cover (in a predominantly female profession) or backfilling roles due to short-term project funding is putting pressure on services.

2. What are the key barriers to recruitment in your area?

The problems experienced by SLT services, particularly in rural areas, reflect many of the issues experienced by other services and professions for example, the cost of living, poor transport connections and locating or relocating with a family.

SLT posts in rural areas tend to be more generalist and potentially less attractive to graduates who wish to work and develop in a particular field. Some rural services highlighted the difficulty in getting student placements as the undergraduate training is provided in Glasgow and Edinburgh but funding is difficult for placing students out with the Central Belt. Placements are seen as important for introducing students to opportunities to work in more rural areas.

We note that –

- SLT services face many of the issues other medical professions experience but along with the AHP family do not get the same assistance as medics or nurses to assist with recruitment.
- Lower band and more generalist posts in rural areas restrict the career progression opportunities that more experienced staff are seeking.
- More can be done to connect student training to areas experiencing difficulties with recruitment and to support staff development in those areas.

3. Please provide examples of incentives/initiatives that have shown positive results in recruiting?

SLT managers tell us they often have to rely on professional networks and word of mouth to attract applicants to posts. Good links with other services and managers are valued. When budget is available posts are often supplemented with offers of career development (CPD) to attract applicants but this funding is not always available.

Services try to positively promote living and working in their area and have used both social media and international adverts for recruitment purposes.

We note that –

- Professional development is the most relied on method of incentivising posts.
- Promoting the positive attributes of working in a more rural area along with good links with university courses and the wider profession can make it easier to attract applicants.

4. What are the key barriers to retaining staff in your area?

Staff retention varies as a workforce issue across Scotland. Some urban areas report very few problems retaining staff and in fact have to find ways to 'refresh' and develop staff from within. In rural areas however the picture is very different. Newly qualified therapists tend to train up as expected and then move on with most of the opportunities being available in more urban areas.

The use of temporary contracts, as mentioned before, makes it difficult at times to provide consistent service. Services at times may use 'bank' support but this was rarely mentioned as an issue.

We note that –

- The most important feature in retaining staff is the provision of career development.
- Opportunities for career development are not equally spread across Scotland and rural and remote areas in particular suffer from a lack of resources to provide development opportunities.

5. Please provide examples of incentives/initiatives that have shown positive results in retaining staff?

Reflecting the responses to Question 4 on the barriers to retaining staff, the examples provided largely focus on providing CPD and training and addressing the gaps in career progression. Some services have created 'development posts' that encourage lower grade roles to gain experience and show initiative redesigning and developing programmes or services.

Project funding, such as attainment monies, can create difficulties backfilling posts but can also be used to provide interesting career development for existing staff, particularly if they are involved in designing project bids with their development interests in mind.

IT has been used in some areas to try to reduce some of the negative aspects of working in remote areas and the stress experienced with working in isolation.

We note that –

- Training and development opportunities are the main incentives for retaining staff.
- Rural services are attempting to use IT to reduce isolation and centralised 'hubs' to provide support.
- Some service managers have called for more support networks to be put in place for graduates and recently qualified therapists.

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