



Sheffield Drug and Alcohol Action Team

Substance Misuse Workforce Development Strategy 2011 - 2014

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Background

The rapid expansion of resources entering the drug treatment system in the past decade, the alignment of criminal justice interventions with drug treatment over the past five years and the current increase in alcohol treatment resources has created major workforce implications. The increase in workers in the field, new provider organisations in the city and the recent procurement process have all highlighted the need for a co-ordinated approach to workforce development. A new recovery focused drug strategy¹ and following years of expansion, the current austerity measures have emphasised the need for an adaptable and capable workforce in an environment of reducing or non-existent training and development budgets. It is important to note that between 60% and 70% of the total Sheffield budget spent on substance misuse is paid on salaries and it is therefore imperative that established and new staff are adequately trained and competent to do their job and that they undertake continued professional development.

Given the nature of these diverse services that operate in the public, private and voluntary sectors, the issues of workforce development have tended to be met within each agency's own definitions. This diverse approach is supported by the Training Needs Analysis (TNA) commissioned annually by the DAAT between 2006 and 2010. The TNA identifies skills and competencies at an agency level and identifies training needs across the city. It must also be noted that the workforce development and planning aspect of an agency is integrated within the plans of larger organisations, for example NHS Trusts or the Local Authority.

Sheffield DAAT currently collates workforce information regarding job role, qualifications, gender, ethnicity, age group and disability. Due to the natural turnover of staff and the continually changing workforce this data collection is repeated quarterly as part of on-going performance management in order to ensure that any workforce trends or gaps are noted and where possible acted upon.

Up until 2008, three targets were used by the NTA² and Home Office as a way of focussing on the workforce agenda. Although the NTA did not set new workforce targets after 2008, the workforce has still been measured locally and Sheffield DAAT will continue to work towards a workforce who are fully competent and able to demonstrate its competence in line with the joint NTA/Home Office workforce expectations, current clinical guidance and the relevant DANOS standards. The workforce is at the forefront of Sheffield DAAT thinking when making decisions on allocating resources.

The DAAT would like all our partner organisations to have robust workforce policies and be committed to our vision.

Our Vision

Sheffield DAAT recognises that a competent and motivated workforce remains central to the delivery of an effective and efficient recovery and treatment system. The overall vision of the strategy contains three strategic objectives which will enable Sheffield to achieve their vision.

Strategic Objectives

1. Recruitment & Retention

To identify and recruit suitable candidates available to work in the substance misuse sector locally and through effective/supportive recruitment and retention processes deliver the workforce capacity required to meet their needs.

2. Professional Competence

To ensure, as far as possible, all workforce systems model and reflect relevant National Occupational Standards and appropriate qualifications, and utilise appropriate quality assurance management systems.

3. Collaboration & Partnership

To encourage partnership working across the Sheffield drug and alcohol treatment and recovery sector with regard to workforce planning and development initiatives where this is an effective method of working. This will include initiatives that share resources and mutual inter-agency training opportunities.

Objective 1: Recruitment & Retention

To identify and recruit suitable candidates available to work in the substance misuse sector locally and through effective/supportive recruitment and retention processes deliver the workforce capacity required to meet their needs. We will do this by undertaking the following action:

1.1 Quality Standards

The NTA & Skills for Health have developed tools to use for the recruitment and appraisal of staff, but at present, each commissioned provider uses their own organisational systems for recruitment, selection and appraisal. The vast majority of DAAT commissioned treatment providers report a well developed system to meet QuADS³, or other standards and have achieved Quality Standards Awards from external organisations including Investors in People, Positive about Disabled People and PQASSO. Sheffield DAAT will continue to support commissioned treatment agencies to meet the national standards laid out in QuADS, DANOS and other relevant standards including Agenda for Change Key Skills Framework and will continue to monitor to ensure the development of a workforce sufficiently skilled to deliver services to National Standards.

1.2 Occupational Standards

Currently there is a lack of structure to the development of the workforce that would enable employers to map prospective employee qualifications against respective job descriptions. Should this approach be agreed then it could establish a consistent base on which we can recruit further staff and align post titles with common reflective levels of skills and expertise and enable career progression within the field. The DAAT specifies minimum workforce standards/qualifications in all its contracts. It is fully appreciated that salary scales will remain a matter of negotiation with employers with particular reference to the nature of the employer, the sector and the promotion prospects. However there are national unit costs for salaries in various roles within the substance misuse field and the DAAT use these to estimate salary costs when preparing tendering financial information.

The introduction and application of DANOS⁴ to all service providers has gone some way in structuring the progression route within the substance misuse field as all job descriptions are expected to be mapped to the standards. 100% of the current providers have their Job Descriptions (apart from administrators and other data/clerical roles) mapped to DANOS and this includes Service Managers. Sheffield DAAT has published a Worker and a Service Manager DANOS Core Outline which demonstrates the minimum core competencies required for this role. Providers will then add their own competencies to the core outline.

All employees within the sector working with adults and young people must now be able to show their competency at delivering the skills and abilities pertinent to their role. The competencies will be regularly re-assessed to maintain consistency of service delivery. Sheffield DAAT will continue to gather and monitor workforce data via the quarterly return process.

1.2 Recruitment of under-represented groups

The 2001 Census⁵ definition of 'Black and Minority Ethnic' includes anyone who is not 'White British' and for the purpose of this strategy, this definition that will be adopted.

With its current population, the City of Sheffield is England's third largest metropolitan authority. Since the 2001 Census, the population in Sheffield has increased to an estimated 547,000 with around 15.5% of its population as being from black or minority ethnic groups. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities. Service providers must ensure that the ethnicity of their workforce is reflective of the population they serve. Providers must also be aware of the changing ethnicity of migrant populations including people from Eastern Europe.

The take-up of people from BME communities in Sheffield's structured drug treatment and recovery system is currently 15.5% (quarter 3 2010/11), which therefore matches the proportion of people from BME communities across the city. Sheffield DAAT will continue to ensure that the drug and alcohol workforce reflects the diverse populations it serves and structures are in place to attract and

support those from diverse BME groups. Sheffield DAAT will also ensure that recruitment and retention policies demonstrate equality of opportunity and workforce data will be monitored quarterly to identify and address under-representation issues within the workforce and training.

1.4 Attracting applicants

The Sheffield drug treatment sector continues to be able to attract staff to apply for drug worker positions and provides training “on the job” for these positions. However, due to recent rounds of tendering and a general reduction in substance misuse budgets there are far fewer vacancies across providers compared to a few years ago and there has been a general decline in the total substance misuse workforce in Sheffield.

A key strategic aim for Sheffield DAAT over the past few years has been to put out to competitive tender its drug and alcohol services, a process that has led to some re-modelling of the treatment system. There are considerable challenges for the partnership in managing the transition to the new contracts, the TUPE of staff over to new employers and the retention and recruitment of new staff. Sheffield DAAT will monitor the workforce across all its new contracts to ensure that performance against targets and outcomes remains high and that the workforce is competent, appropriately qualified and have undergone the appropriate vetting and checks.

The process of advertising vacancies needs to be undertaken carefully so as to ensure the best response at the least cost, but also to provide a central point of access for potential applicants. Each service provider has its own recruitment policy and methods for advertising vacant posts. Sheffield DAAT will advertise all jobs being recruited by commissioned providers on the Sheffield DAAT website in addition to the service provider’s preferred methods. Service providers should ensure that their preferred advertising method enables workforce mobility from other related sectors (criminal justice, youth work, education, probation etc) and embraces shared competence. All treatment providers will incorporate transferable skills into their selection and recruitment processes.

1.5 Induction

A local survey undertaken by the DAAT in 2008 showed that 66% of DAAT commissioned treatment providers reported having a written Induction Policy and 89% of all DAAT commissioned providers reported having a structured Induction Programme for newly appointed employees. Without a thorough induction process new employees can be slow to progress, can make mistakes and ultimately leave after a short period⁶. Sheffield DAAT will ensure that all employers have adequate core induction training for new staff that relate to their own roles within their organisation but includes an awareness of the entire treatment and recovery system in Sheffield.

1.6 Service User Ambassador Scheme

Sheffield DAAT has developed an Ambassador Scheme that enables ex-service users in recovery to undergo extensive training prior to being placed with a drug or alcohol provider for twelve months. The main aim of the learning and experience gained from working in services is to equip Ambassadors to be able to interact with current service users in a voluntary capacity in order to improve the treatment and recovery of service users. However one of the additional advantages of the scheme is that it acts as an informal apprenticeship scheme for those Ambassadors who graduate and take up a placement, providing them with invaluable learning and hands on experience of providing services. Many Ambassadors go on to seek and find employment in the substance misuse and other health and social care fields.

1.7 Secondment opportunities

There is currently no formal or on-going method by which employees within the substance misuse sector in Sheffield can have temporary secondment opportunities within the treatment system. This method can have the advantage of building on existing staff's skills and training and provides opportunities for development and promotion. It is a good way to retain valuable employees within the city, whose skills can be further enhanced. Other advantages include the opportunity for staff to extend their competencies and skills to the benefit of both the individual, both organisations and the Sheffield treatment and recovery system. Sheffield has previously offered these types of opportunities, for example the six month GP training placement at Guernsey House and the job swap for workers between DIP Addaction and the CARATS Team at HMP New Hall. Sheffield DAAT will explore the feasibility secondment opportunities within the Sheffield recovery system and other related fields as a means by which to retain highly experienced staff and provide a continued professional development opportunity.

1.8 Staff Satisfaction Surveys and Exit Questionnaires

Only around two thirds of Sheffield Service Providers report that they ask all staff leaving employment to complete an Exit Questionnaire. The Sheffield DAAT do not currently request the completed questionnaires or request any reports on the reasons why people might be leaving the sector. Sheffield DAAT considers that the key to retention is for employers to address the primary reasons given for employee dissatisfaction.

Summary of Objectives

1. To monitor all commissioned providers against QuADS and other quality standards.
2. To monitor workforce returns as part of performance management returns.
3. To monitor and advise when necessary, on the workforce's demographics reflecting the population it serves
4. To review recruitment and retention policies to ensure equality of opportunity
5. To review core induction policies to ensure they are fit for purpose
6. To advertise local relevant jobs on the DAAT website
7. To explore the feasibility of inter agency/disciplinary secondments
8. To explore the feasibility of commissioned providers sharing with the DAAT information from staff satisfaction surveys and exit questionnaires.

Objective 2: Professional Competence

The introduction and application of National Occupational Standards (particularly the drugs and alcohol suite) to all service providers will go some way to supporting the ladder scale (see Appendix 1) as all job descriptions are expected to be mapped to the standards. Competency in achieving the standards can cover qualifications gained through various routes, e.g. diplomas, degrees, internal training courses as well as work based practice and experience. The NTA place their emphasis on competencies as opposed to pure academic qualifications and this an approach that Sheffield DAAT welcomes. All employees within the Sheffield drug treatment sector working with adults and young people must now be able to show their competency at delivering the skills and abilities pertinent to their role. These competencies will be regularly re-assessed to maintain consistency of service delivery.

To determine the level of qualifications and identify the gaps in skills and expertise within our own workforce Sheffield DAAT commissions annual Training Needs Analysis across all commissioned service providers to identify the level of qualifications (vocational and academic) the workforce in Sheffield has attained. Previous analysis found that a large percentage of the workforce have been actively engaged in training and development and meet minimum qualification and competency requirements.

2.1 The Careers Framework for Health (See ladder scale Appendix 1)

The Skills for Health Career Framework for Health provides a guide for NHS and partner organisations on the implementation of a flexible careers and skills escalation enabling an individual member of staff with transferable, competence-based skills to progress in a direction that meets workforce, service and individual needs. Sheffield DAAT recognises this model and considers it a useful framework for some agencies, especially those working to a medical model for NHS trusts.

The Career Framework can help individuals to plan their own career development and profile and it can also be used by treatment providers to plan the workforce needs within their organisation. Staff can progress through the levels of the framework by developing skills and competences through learning and development.

2.2 Drugs & Alcohol National Occupational Standards (DANOS)⁴

The Drug and Alcohol National Occupational Standards (DANOS), launched in May 2002, are relevant to everyone who is working as a practitioner, manager or commissioner in the field of substance misuse. The development of DANOS was led by Skills for Health in close partnership with the Sector Skills for Justice, Social Care, Housing, Employment, Education and Young People.

Skills for Health reviewed the DANOS framework in 2007 as part of a review of all of its National Occupational Standards (NOS). Many DANOS standards have now been aligned to other areas of Occupational Standards, particularly Health and Social Care Standards.

2.3 Competence and DANOS

In line with the recommendations from the NTA, Sheffield DAAT will continue to support the service provider to implement relevant DANOS for each of its commissioned services. Sheffield DAAT will also place workforce requirements in Service Level Agreements to require managers to provide documentation and data regarding workforce issues to commissioners upon request.

Sheffield DAAT will continue to ensure that service providers across the drug treatment system employ sufficient and suitably qualified and experienced persons for the provision of the services, that all job descriptions (except administrators') are aligned to DANOS and recommend that service providers use DANOS as a recruitment aid.

2.3.1 Generic competencies for all roles

The NTA have agreed four NOS units that are considered essential competencies required for anyone working as a substance misuse specialist with adult clients, these are taken from the Health and Social Care NVQ level 3, are generic and can be found in many NVQ's. The current NOS reference is shown in brackets after the standard followed by its original DANOS reference.

- Promote effective communication for and about individuals (HSC31/BI5)
- Promote, monitor & maintain health, safety & security in the working environment (HSC32/BD4)
- Reflect on and develop your practice (HSC33/AC1)
- Promote choice, well-being and the protection of all individuals (HSC35/AA6)

2.3.2 Locally agreed DANOS standards for drug/alcohol workers and other specialist roles

Sheffield DAAT and its recovery and treatment providers agreed an additional ten standards that are seen as the minimum competencies for a generic drug or alcohol worker in Sheffield. These competencies should all be met after one year in post but preferably should be met at appointment or after induction. These are just core competencies and more specialist roles will obviously require additional competencies in order to fulfil the role.

- Support individuals to access and use services and facilities (HSC330/AA3)
- Promote the equality, diversity, rights and responsibilities of individuals (HSC3111/AA4)
- Support individuals who are substance misusers (AB2)
- Contribute to assessing and act upon risk of danger, harm and abuse (HSC395/AB8)
- Relate to families, parents and carers (HSC388/AB10)
- Make use of supervision (GEN36/AC2)
- Raise awareness about substances, their use and effects (AD1)

- Carry out assessment to identify and prioritise needs (triage) (AF2)
- Develop, implement and review care plans for individuals (AG1)
- Help individuals address their offending behaviour (AJ1)

Sheffield DAAT has additionally agreed with providers core DANOS competencies for Clinical Nurse Specialists (Appendix 2), and managers (Appendix 3).

2.3.3 Staff working with those who misuse substances

In addition to the competencies in 2.3.1 and 2.3.2, all staff working with those who misuse substances should have a practice-assessed qualification at Level 3 or equivalent that is mapped to DANOS. For much of the local workforce this has been achieved through the National Open College Network (NOCN) Level 3 Tackling Substance Misuse course which is mapped to Drug & Alcohol National Occupational Standard (DANOS) units. This qualification has provided the basic nationally recognised qualification for all staff working in the alcohol and drug field. It is the minimum qualification required for practitioners working with service users. It also has provided the opportunity to develop nationally recognised accredited training for Tier 1 staff offering Tier 1 interventions and Continuing Professional Development (CPD) awards.

Additionally all staff (including volunteers) that work as practitioners with service users at all levels need to additionally be competent in working with parents who misuse drugs and are competent in issues relating to hidden harm and safeguarding children and vulnerable adults. This is a contractual arrangement for all DAAT commissioned services and the DAAT will as part of annual audits ascertain the current level of training of the workforce and check quality to ensure agency competency.

It is also important that all staff working with substance misusers are confident to work in a recovery focused way with their clients. The current shift towards recovery planning, drug free planned outcomes for clients/patients and building an individual's recovery capital requires an in-depth knowledge and understanding of Building Recovery in Communities⁸ and the recovery agenda. Until workers in the field become experienced in working this way it is crucial that they all receive an adequate level of training in this area. Recovery training is now available via a number of different training providers and can be accessed via the NTA.

2.3.4 Other staff

Staff who have other roles within drug and alcohol service, for example data input staff, trainers, administrators, reception and other clerical staff will have their own agreed competencies and qualifications. Additionally Sheffield DAAT requires receptionist and administrator staff to have the NOCN Level 2 Drugs Awareness and Level 2 Counselling Skills.

2.3.5 Professionally qualified worker

Sheffield DAAT consider that a professionally qualified worker is someone whose practice is regulated by a health or social care regulatory body (e.g. as a nurse, midwife, doctor, psychiatrist, pharmacist, social worker), chartered by BPS as a psychologist, or certified as a counsellor /psychotherapist by a recognised certifying body (e.g. BACP, UKCP, UKRC or FDAP), hold a Diploma in Counselling (or equivalent) and have a minimum of 100 hours supervised practice with substance misusing clients.

All professionally qualified practitioners should have (in addition to their professional qualification) evidence of their competence against a number of NOS units relevant to the substance misuse field. Some professions provide learning and qualification in specialist areas that relate to drug or alcohol treatment. For example Supplementary Prescribing by nurses or pharmacists, GPs with a Special Interest and the RCGP Certificate Parts 1 and 2 in the Management of Drug Misuse in Primary Care. The Certificate Part 1 is seen as the minimum qualification for General Practitioners to be treating drug users as part of shared care. Sheffield DAAT will continue to ensure that Service Level Agreements specify required workforce activities including evidence that employees have successfully completed or be undertaking the appropriate level of training.

2.3.6 Continuous Professional Development

The emphasis on bringing the Sheffield workforce to a minimum level of competence has meant less emphasis on continuing professional development (CPD) opportunities. Those staff with higher qualifications (e.g. related degree or diploma in Addiction Studies), are keen to undertake qualifications at a higher level i.e. NVQ Level 4 or undergraduate level study and above. A number of academic institutions now offer various course in addiction studies at certificate (Level 4), diploma (Level 5), graduate and post graduate levels. Sheffield DAAT supports the CPD of its workforce and providers encouraging their staff to access these opportunities within the resources available to provider organisations in order to promote the retention of our most skilled and competent workers, managers, etc.

2.3.7 Managers and Supervisors

Line management is a specialism in its own right yet few line managers in our field get any training for their role. Previous years' Training Needs Analysis has shown that although the majority of managers in Sheffield services have undertaken an appropriate management training programme and have achieved the minimum DANOS competencies for managers (Appendix 3) only a minority possess a formal management qualification.

2.3.8 The Ambassador Scheme and Volunteers

The Sheffield DAAT have developed a volunteering programme over a number of years and since publishing its Service User Involvement Strategy⁷ in 2009, this has developed into Service User Ambassador Scheme. Along with the strategy, this scheme embeds service user involvement with all commissioned providers

and provides 18 weeks informal and non-accredited learning for ex- service user volunteers, which includes 5 weeks of 'Introduction to Support Work' accredited learning at Level 2, followed by a pathway into alcohol and drug work with placements across the city. The learning is fully mapped to the relevant DANOS competencies. Sheffield DAAT will ensure that the learning will be facilitated by suitably qualified trainers to guarantee quality assurance and make sure the training will continue to meet the needs of the service providers via the Service User Reference Group.

2.3.9 Commissioners

Commissioners have very specific training needs with regard to the commissioning and procurement process. The NTA endorsed IPC/Oxford Brooks University 'Certificate of credit in commissioning and purchasing for public care (substance misuse)' award is seen as the first step to offer a consistency in approach to this key role. Sheffield DAAT will continue to deliver a high quality of commissioning and will do this by ensuring that commissioners are competent and qualified and have completed suitable training opportunities that are DANOS compliant.

2.4 Criminal Records Bureau checks and other vetting

Most staff working within the Sheffield recovery and treatment system are required to work on duties involving access to vulnerable persons or other members of the public. All service providers must undertake Criminal Record Bureau (CRB) and other appropriate checks in respect of all their staff utilised in the provision of the service and shall ensure that all such persons have given their written permission for such checks to be made. Staff working with more vulnerable people would ideally require enhanced CRB checks and all people working with children or young people as part of the normal job will require safeguarding checks. The process for undertaking these checks must start ideally at the short listing stage and at selection at the latest.

All operational CJIT staff will potentially work in sensitive police environments, for example custody suites, which will additionally give workers potential access to sensitive police information. Therefore all operational CJIT staff will have to undergo and pass an enhanced police vetting process before they can work independently in these environments. Providers of other criminal justice services such as prisons may also require their own vetting procedures.

Summary of Objectives

1. To undertake an annual workforce audit and mapping exercise to ensure training and quality standards are being met by all commissioned services.
2. To undertake or commission an annual Training Needs Analysis
3. To ensure workforce requirements are included in all service specifications
4. To monitor that all provider job descriptions are aligned with DANOS competencies.

Objective 3: Collaboration & Partnership

Sheffield DAAT will encourage partnership working across the sector in Sheffield with regard to Workforce Planning and Development initiatives where this is an effective method of working.

To enable Sheffield DAAT to meet this strategic objective, we will:

- 3.2 Engage with relevant national, regional and local workforce development, education, training and learning bodies; for example NHS Sheffield Learning and Development, Skills for Health, Skills for Justice, the Federation of Drug and Alcohol Professionals (FDAP), the NTA's Substance Misuse Skills Consortium and the Alcohol Learning Centre.
- 3.2 Review the use of workforce activities such as appraisal and supervision through the monitoring of service level agreements.
- 3.3 Engage and participate in the regional Workforce Development Group (hosted by NTA) and to establish a local group with similar aims.
- 3.4 Monitor delivery of training to identify common standards, e.g. content, providers, cost, value for money, national standards and accreditation.
- 3.5 Develop and standardise workforce development planning systems (including evaluation) across all agencies in the sector. This will support information streams and aid decision making regarding the alignment of resources for workforce development purposes linked to performance and commissioning, particularly when estimating workforce levels when developing service specifications during the competitive tendering process. This task will be developed centrally by the Partnership with service provider organisations, who should identify a lead person as contact in relation to workforce issues.
- 3.6 Develop links to partner organisations involved in the drugs, health and criminal justice sector such as the probation services, police, voluntary sector, mental health services and establish joint working and training opportunities.

References

1. Home Office (2010) Drug Strategy 2010. Reducing Demand, Restricting Supply, Building Recovery: Supporting People to live a Drug Free Life. London: Home Office
2. National Treatment Agency (2005) Partnership Workforce Development Strategy template (unpublished)
3. Alcohol Concern & Standing Conference on Drug Abuse (1999) QuADS Quality in Alcohol and Drug Services: Organisational standards for alcohol and drug treatment services. London: Alcohol Concern
4. Available from: www.skillsforhealth.org.uk
5. ONS (2005) 2001 Census. London: HMSO
6. ACAS (2007) Recruitment and Induction. Advisory Booklet. London: ACAS
7. Sheffield DAAT (2009) Service user Involvement Strategy. (Unpublished)
8. National Treatment Agency (2011) Building Recovery in Communities (currently unpublished)

Summary Table of Minimum Requirements and Qualifications for the Substance Misuse Workforce

Role in Substance Misuse Field	Membership of Regulatory Body	Minimum Level of Qualification	Locally Agreed DANOS Standards
Administrator	Optional	- NOCN Level 2 Drugs Awareness - NOCN Level 2 Counselling Skills	No
Data worker	Optional	- Relevant qualification	No
Substance misuse Trainer	Preferred	- Professional training qualification, e.g. Cert Ed - NOCN Level 3 Tackling Substance Misuse	No
Welfare and Housing Advice Worker	Preferred	- NVQ Level 3 in Advice and Guidance or equivalent specialist training	No
Complementary Therapist	Preferred	- Core Therapy Qualification	No
Alcohol/Drug Worker	Optional	- NOCN Level 3 Tackling Substance Misuse	Yes, see pages 8 and 9
Clinical Nurse Specialist	Yes	- Relevant Professional Qualification	Yes, see Appendix 2
Psychotherapist or Counsellor	Yes	- Diploma in Counselling - 100 hours supervised practice with substance misusing clients	No
Psychiatrist or Doctor	Yes	- Relevant Professional Qualification	No
Shared Care GP	Yes	- Relevant Professional Qualification - RCGP Certificate in the Management of Drug Misuse in Primary Care	No
Service Manager	Preferred	- Relevant Management Qualification	Yes, see Appendix 3

Appendix 1 – Skills for Health Career Framework Ladder

9

More Senior Staff - Level 9

Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.

8

Consultant Practitioners- Level 8

Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.

7

Advanced Practitioners - Level 7

Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have responsibility of their own team caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

6

Senior Practitioners/Specialist Practitioners - Level 6

Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.

5

Practitioners - Level 5

Most frequently qualified practitioners in their first and second post-qualified/professional jobs.

4

Assistant Practitioners/Associate Practitioners - Level 4

Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a team leader/manager.

3

Senior Healthcare Assistants/Technicians - Level 3

Have a higher level of responsibility than a support worker, probably studying for, or have attained NVQ level 3 or equivalent, or Assessment of Prior Experiential Learning (APEL).

2

Support Workers - Level 2

Frequently with the job title of 'Assistant' or 'Technician' - probably studying for or has attained NVQ Level 2 or equivalent.

1

Initial Entry Level Jobs - Level 1

Roles requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of health & social care services.

Appendix 2 – Locally Agreed Minimum DANOS Competencies for a Clinical Nurse Specialist (Bands 5 and 6)

The following competencies agreed with Sheffield Health and Social Care are based on the NHS Knowledge and Skills Framework (KSF) required for an F Grade and G Grade Clinical nurse Specialist post, with the DANOS competencies aligned with these.

Band 5

Dimension No.	Dimension Name	Level	Description	DANOS Ref	Description
C1	Communication	3	Develop and maintain communication with people about difficult matters and/or in difficult situations	BI5/ HSC31	Promote effective communication for and about individuals
C2	Personal and People Development	3	Develop oneself and contribute to the development of others	AC3	Contribute to the development of the knowledge and practice of others
C3	Health, Safety and Security	3	Promote, monitor and maintain best practice in health, safety and security	BD4/ HSC32	Promote, monitor and maintain health, safety and security in the working environment
C4	Service Improvement	3	Appraise, interpret and apply suggestions, recommendations and directives to improve services	BA4/ M&L F12	Evaluate and improve organisational performance
C5	Quality	3	Contribute to improving quality	BC4	Assure your organisation delivers quality services
C6	Equality and Diversity	3	Promote equality and value diversity	AA4/ HSC3111	Promote the equality, diversity, rights and responsibilities of individuals
HWB1	Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing	2	Plan, develop and Implement approaches to promote health and wellbeing and prevent adverse effects on health and wellbeing	AD4	Develop and disseminate information and advice about substance use, health and social well-being
HWB3	Protection of Health and Wellbeing	3	Implement aspects of a protection plan and review its effectiveness	AA6/ HSC35	Promote choice, well-being and the protection of all individuals
HWB6	Assessment and Treatment Planning	3	Assess physiological and psychological functioning and develop, monitor and review related treatment plans	AF3	Carry out comprehensive substance misuse assessment
HWB7	Interventions and Treatments	3	Plan, deliver and evaluate interventions and/or treatments	AG1	Develop, implement and review care plans for individuals

Band 6

Dimension No.	Dimension Name	Level	Description	DANOS Ref	Description
C1	Communication	3	Develop and maintain communication with people about difficult matters and/or in difficult situations	BI5/ HSC31	Promote effective communication for and about individuals
C2	Personal and People Development	3	Develop oneself and contribute to the development of others	AC3	Contribute to the development of the knowledge and practice of others
C3	Health, Safety and Security	3	Promote, monitor and maintain best practice in health, safety and security	BD4/ HSC32	Promote, monitor and maintain health, safety and security in the working environment
C4	Service Improvement	3	Appraise, interpret and apply suggestions, recommendations and directives to improve services	BA4/ M&L F12	Evaluate and improve organisational performance
C5	Quality	3	Contribute to improving quality	BC4	Assure your organisation delivers quality services
C6	Equality and Diversity	3	Promote equality and value diversity	AA4/ HSC311 1	Promote the equality, diversity, rights and responsibilities of individuals
HWB1	Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing	3	Plan, develop and Implement programmes to promote health and wellbeing and prevent adverse effects on health and wellbeing	AD4 AF3	Develop and disseminate information and advice about substance use, health and social well-being and carry out a comprehensive substance misuse assessment
HWB3	Protection of Health and Wellbeing	4	Develop and lead on the implementation of an overall protection plan	AA6/ HSC35 AB8/ HSC 395	Promote choice, well-being and the protection of all individuals and contribute to assessing and act upon risk of danger, harm and abuse
HWB6	Assessment and Treatment Planning	4	Assess physiological and psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans	AF3	Carry out comprehensive substance misuse assessment
HWB7	Interventions and Treatments	4	Plan, deliver and evaluate interventions and/or treatments when there are complex issues and/or serious illness	AG1	Develop, implement and review care plans for individuals

Appendix 3 - Locally agreed minimum DANOS competencies for Service Managers

DANOS Ref	Competence Title
BA3	Contribute to the development of organisational policy and practice
(BA4) M&L F12	Evaluate and improve organisational performance
BA5	Support effective governance
(BA6) HSC435	Manage the development and direction of the provision
(BB1) GEN48	Promote your organisation and its services to stakeholders
(BC2) M&L F10 M&L F11 M&L D6 M&L E6	Manage activities to meet customer requirements
(BC3) M&L C4 M&L C5 M&L C6	Manage change in organisational activities
BC4	Assure your organisation delivers quality services
BC5	Manage a service which achieves the best possible outcomes for the individual
BD2	Manage your organisation's facilities
(BD3) HSC22	Support the health and safety of yourself and individuals
(BD4) HSC32	Promote, monitor and maintain health, safety and security in the working environment
BE4	Supplying information for management control
(BE5) M&L B6 M&L B8 M&L B9 M&L B10	Use information to take critical decisions
BE6	Preparing reports and returns
(BF3) M&L D3	Select personnel for activities
(BF4) M&L D7	Develop teams and individuals to enhance performance
BF5	Lead teams to support a quality provision
(BF6) M&L D6	Manage the performance of teams and individuals
(BF7) M&L D6	Respond to poor performance in your team
(BF8) M&L D6	Deal with poor performance in your team
(BG1) M&L E2 M&L E3	Secure financial resources for your organisation's plans
(BG3) M&L B1 M&L E2 M&L F3	Determine the effective use of resources
(BG4) M&L E1 M&L E2 M&L F3	Manage the use of financial resources
(BI1) M&L A3 M&L D1	Develop productive working relationships
(BI2) HSC433	Develop joint working agreements and practices and review their effectiveness
(BI3) CfA211 CfA311 CfA412	Facilitate meetings
(BI5) HSC31	Promote effective communication for and about individuals
(BI6) CJ AD2	Develop and sustain effective working relationships with staff in other agencies
(BI7) HSC3100	Participate in inter-disciplinary team working to support individuals

Appendix 4 – DAAT Quarterly Workforce Monitoring Template

WORKFORCE	
	Number of Staff
NUMBER OF DAAT COMMISSIONED STAFF	

Vacant Posts				
Workforce - List of all vacant posts	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Post 1 Length of vacancy				
Post 2 Length of vacancy				
Post 3 Length of vacancy				
Post 4 Length of vacancy				

Long Term Sick (longer than 4 weeks)				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of staff on long term sick in each quarter				

Gender

	Male	Female
Gender of staff		

Age Grouping

Please state the age grouping of all DAAT-commissioned staff	Age Range	Number of Staff
	18 or under	
	19-24	
	25-29	
	30-34	
	35-39	
	40-44	
	45-49	
	50-54	
	55-59	
	60 and over	

Ethnicity

Please state the ethnicity of all DAAT-commissioned staff	Ethnicity	Number of Staff
	White British	
	White Irish	
	White Other	
	Asian or Asian British (Bangladeshi)	
	Asian or Asian British (Indian)	
	Asian or Asian British (Pakistani)	
	Asian (Other)	
	Black of Black British (African)	
	Black or Black British (Caribbean)	
	Black (Other)	
	Mixed White and Black African	
	Mixed White and Black Caribbean	
	Mixed White and Asian	
	Mixed Other	
Other Ethnic Background		

Miscellaneous

	Number of Staff
Number of staff who consider themselves disabled under the Disability Discrimination Act	
Are all jobs matched to DANOS (with the exception of admin roles)?	
Number of temporary contracted staff	
Are regular supervision sessions and annual appraisals held with all staff?	
Have all CRB checks been completed on relevant staff?	

Action Plan 20011/14

1: Recruitment & Retention

Objective	Current Position	Actions Required	Performance Indicator	Lead	Timescale
Objectives with Routine Actions					
1. To monitor all commissioned providers against QuADS and other quality standards.	Part of PQQ/ITT and reviewed every 3 years	Continue with 3 yearly review of compliance of all commissioned services' quality standards as part of ITT	Full compliance with quality standards	JCM	Three yearly tendering cycle
2. To monitor workforce returns as part of performance management returns.	Basic workforce data is provided as part of quarterly performance monitoring returns	- Add information on to template for retention rates and agency exit questionnaires - Retention issues addressed in quarterly reviews	- Retention and exit information included in all monitoring templates - Agencies with a high staff turnover asked to address issue	CJM	By Q2 2011/12
				JCM	Quarterly
3. To monitor and advise when necessary, on the workforce's demographics reflecting the population it serves	Client and staff ethnicity routinely monitored on quarterly review template	Ethnicity disparities addressed in quarterly reviews	Staff ethnic breakdown should ideally match client ethnic breakdown	JCM	Quarterly
4. To review recruitment and retention policies to ensure equality of opportunity	Part of PQQ/ITT and reviewed every 3 years	Continue with 3 yearly review of policies for all commissioned services as part of ITT	Up to date and relevant polices	JCM	Three yearly tendering cycle
5. To review core induction policies to ensure they are fit for purpose	Part of PQQ/ITT and reviewed every 3 years	Continue with 3 yearly review of policies for all commissioned services as part of ITT	Up to date and relevant polices	JCM	Three yearly tendering cycle

Objective	Current Position	Actions Required	Performance Indicator	Lead	Timescale
Objectives with Actions as Required					
6. To advertise local relevant jobs on the DAAT website	Jobs relating to local workforce are posted on the DAAT website	- Providers are routinely reminded of this facility - Jobs section of website is kept up to date	- None - Relevant jobs are posted and removed in a timely fashion	Comm Officers Perform & Data Analyst	On-going As Required
New Developments					
7. To explore the feasibility of inter agency/disciplinary secondments	A few secondments and job swops have been arranged in an ad hoc manner	- To establish a local workforce development leads group to consult over, explore and encourage ideas for secondments - To co-ordinate agreed secondment opportunities	- Establishment of Workforce Development Group - Three successful secondments or job swops per year	Policy Officer Policy Officer	By Q3 2011/12 By Q4 2012/13 and 2013/14
8. To explore the feasibility of commissioned providers sharing with the DAAT information from staff satisfaction surveys and exit questionnaires.	DAAT has no access to this information	At the Workforce Development Leads Group, explore the issues of client consent, information sharing and the use of this information	Reach agreement with 80% of commissioned providers to share staff satisfaction and exit questionnaires	Policy Officer	By Q4 2011/12

2: Professional Competence

Objective	Current Position	Actions Required	Performance Indicator	Lead	Timescale
Objectives with Routine Actions					
1. To undertake an annual workforce audit and mapping exercise to ensure training and quality standards are being met by all commissioned services.	No audit is currently undertaken	Completion of the audit which maps the workforce with minimum requirements and levels of qualification and which ensures compliance with this strategy and contractual agreements. This will also link into 2. below	Audit and mapping exercise is completed and all commissioned services are fully compliant with all requirements (including identification of training needs).	Policy Officer	By Q1 2012/12 and annually thereafter
2. To undertake or commission an annual Training Needs Analysis	Annual TNA was undertaken by a commissioned training provider	Incorporate TNA into annual audit and mapping exercise.	As above	Policy Officer	By Q1 2012/12 and annually thereafter
3. To ensure workforce requirements are included in all service specifications	Workforce requirements are included in all service specs and reviewed as part of tendering every 3 years.	Continue as part of 3 yearly review of service specifications.	All DAAT contracts include up to date workforce requirements.	JCM	Three yearly tendering cycle
4. To monitor that all provider job descriptions are aligned with DANOS competencies.	Quarterly monitoring as part of performance management template	Continue to monitor and identify any problems at quarterly reviews	All relevant job descriptions are aligned to DANOS	JCM	Quarterly

3: Collaboration & Partnership

Objective	Current Position	Actions Required	Performance Indicator	Lead	Timescale
Objectives with Routine Actions					
1. To engage with relevant national, regional and local workforce development, education, training and learning bodies; for example NHS Sheffield Learning and Development, Skills for Health, Skills for Justice, the Federation of Drug and Alcohol Professionals (FDAP), the NTA's Substance Misuse Skills Consortium and the Alcohol Learning Centre.	Different organisations will access some of these learning bodies in an uncoordinated way.	To jointly with providers and partners monitor, evaluate and co-ordinate the use of various learning bodies at the Workforce Development Leads meeting.	The use of all relevant learning bodies are mapped and future use is co-ordinated.	Policy Officer	By Q3 2011/12
2. To review the use of workforce activities such as appraisal and supervision through the monitoring of service level agreements.	Information requested from providers on quarterly performance monitoring templates	Continue with 3 yearly reviews of policies for all commissioned services as part of ITT and continued monitoring of performance monitoring templates.	All staff from commissioned organisations receive timely supervision and appraisals.	JCM & Comm Officers	Three yearly tendering cycle plus quarterly reviews.
Objectives with Actions as Required					
3. For the DAAT to engage and participate in the regional Workforce Development Group (hosted by NTA) and to establish a local group with similar aims.	Very infrequent regional meetings	Establish regular meetings of workforce leads with all commissioned providers.	Regular local Workforce meetings that are well attended	Policy Officer	By Q3 2011/12

Objective	Current Position	Actions Required	Performance Indicator	Lead	Timescale
New Developments					
4. To monitor delivery of training to identify common standards, e.g. content, providers, cost, value for money, national standards and accreditation.	Currently no inter-organisational discourse around assets (or lack) of training providers	Information gathering around the experiences of commissioned providers and partner organisation's views of training providers used will take place at Workforce Development Leads meetings.	Training providers used by local organisations will be mapped to common standards, content, cost, value for money, national standards and accreditation, etc.	Policy Officer	By Q3 2011/12
5. To develop and standardise workforce development planning systems (including evaluation) across all agencies in the sector. This will support information streams and aid decision making regarding the alignment of resources for workforce development purposes linked to performance and commissioning, particularly when estimating workforce levels when developing service specifications during the competitive tendering process. This task will be developed centrally by the Partnership with service provider organisations, who should identify a lead person as contact in relation to workforce issues.	Some workforce planning as part of the tendering and contract preparation.	Using national guidance and local information develop a workforce planning system that estimates the numbers of workers from different disciplines that are required to meet the local treatment and recovery needs of population.	Use of the workforce planning system in developing future service specifications and longer term budgeting.	JCM	By Q4 2011/12

Objective	Current Position	Actions Required	Performance Indicator	Lead	Timescale
6. To develop links to partner organisations involved in the drugs, health and criminal justice sector such as the probation services, police, voluntary sector, mental health services and establish joint working and training opportunities.					

Simon Finney
Sheffield Drug and Alcohol Action Team
July 2011