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14 September 2021

SUPPLEMENTARY PACK 2

ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) - BY MICROSOFT TEAMS on WEDNESDAY, 15 SEPTEMBER 2021 at 1:00 PM

I enclose herewith **items 6 (CHIEF OFFICER RECRUITMENT) and 8(a) (Argyll and Bute HSCP Culture Update)** which were marked to follow on the Agenda for the above meeting.

ITEMS TO FOLLOW

- 6. CHIEF OFFICER RECRUITMENT** (Pages 3 - 6)
Report by Head of Customer Support Services

- 8. CULTURE UPDATE**
 - (a) Argyll and Bute HSCP Culture Update (Pages 7 - 18)
Report by Head of Customer Support Services

Argyll and Bute HSCP Integration Joint Board (IJB)

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Integration Joint Board

Agenda item: 6

Date of Meeting: 15 September 2021

Title of Report: Chief Officer Recruitment

Presented by: Jane Fowler, Head of Customer Support Services (ABC)

The Integrated Joint Board is asked to:

- Agree the proposed changes to the Chief Officer Recruitment Process:
 - Chief Officer – Interview Panel of 6 – IJB Chair, Vice Chair, Council Leader and Chair of NHS Highland (or their nominated substitutes), Chief Executive of NHSH, Chief Executive of Argyll and Bute Council.
 - Stakeholder panel to comprise other IJB members and Trade Union/Staffside
 - Assessment Centre to be reduced in size in accordance with the above changes
- Note that Councillor participation in recruitment panels is governed by a Council decision.

1. EXECUTIVE SUMMARY

- 1.1 This report recommends amendments to the Chief Officer and Senior Officer recruitment process for posts in the Integrated Joint Board. This process applies to the recruitment of Chief Officer post and Heads of Service. The recommendations are made following feedback received from stakeholders involved in recent recruitment exercises.

The proposal reduces the number of representatives on the interview panels, reduces the components in the Assessment Centre and incorporates elements of the Assessment Centre into the remit of the Stakeholder Panel.

2. INTRODUCTION

- 2.1 The Chief Officer recruitment process was last reviewed by the IJB in March 2020. Since then, the process has been used in the recruitment for the Head of Finance and Transformation, Head of Children, Families and Justice and the Chief Officer.

2.2 As with any process, regular reflection and review is essential to ensure its ongoing effectiveness. Feedback received was:

- The process is too long, over multiple days with too many component parts
- There is repetition between the interview questions in the Assessment Centre and from the panel
- The Assessment Centre includes a 'mock' presentational briefing to a board member/councillor. This would be better assessed by a real IJB panel of stakeholders
- The final Interview Panel is much larger than other comparable organisations.

3. PROPOSAL

3.1 Overall Process

Shortlisted candidates are required to complete an online psychometric evaluation in advance of the assessment centre. This takes several hours. They then participate in an online Assessment Centre delivered by SOLACE, which covers a range of benchmarked leadership and management assessment activities. A numerical score from this informs the appointment decision. This process takes a full day.

Candidates are then asked to attend a series of stakeholder panels, tailored to the role - IJB community representatives, Trade Union/Staffside representatives, partners etc. Due to the challenges of co-ordinating availability, this can take the best part of a day.

The final interview panel comprises 8 representatives for a Chief Officer – 6 from the IJB and both employer Chief Executives, and 5 for a Head of Service.

3.2 Feedback

Candidates have fed back that the process is extremely long – much longer than for similar posts in other similar organisations, with multiple elements and interviews over several days. This presents a challenge to candidates already engaged in senior posts who have challenging diaries.

Candidates also commented, as well as panel members observing, that there is duplication in the questions asked in the Assessment Centre Competency Interview and those asked in the Panel Interview.

The panel size is also large compared with other similar organisations, where senior officers play a much more significant part in the recruitment process, with much less involvement by IJB members, Board members or Councillors.

3.3 Proposal

The proposal, based on feedback and is to make the following amendments to the recruitment process for Chief and Senior Officers:

- Chief Officer – Interview Panel of 6 – IJB Chair, Vice Chair, Council Leader and Chair of NHS Highland (or their nominated substitutes), Chief Executive of NHSH, Chief Executive of Argyll and Bute Council.
- Stakeholder panel to comprise other IJB members and Trade Union/Staffside
- Assessment Centre to be reduced in size in accordance with the above changes

3.4 Next Steps

The process for appointing a permanent Chief Officer will begin shortly to meet the target date of having a permanent post holder in place by 1 April 2021. It is proposed that the new process is used for this appointment.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Recruitment to senior posts in the HSCP is a prerequisite to having the leadership and management that is required to ensure the delivery of quality services in Argyll and Bute.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None from this report

5.2 Staff Governance

Recruitment one of our key staff government elements.

5.3 Clinical Governance

None.

6. EQUALITY & DIVERSITY IMPLICATIONS

All recruitment procedures comply with Equality and Diversity Policies.

7. RISK ASSESSMENT

Risks are considered low.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The stakeholder panel for recruitment will involve appropriate representatives from stakeholder groups.

9. CONCLUSIONS

This paper sets our proposed improvements to the recruitment process for the Chief Officer of the IJB.

10. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	✓
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Integration Joint Board

Agenda item: 8a

Date of Meeting: 15 September 2021

Title of Report: HSCP Culture Update

Presented by: Jane Fowler, Head of Customer Support Services (ABC)

The Integrated Joint Board is asked to:

- Note the content of this update report on culture improvements and actions in the HSCP
- Take the opportunity to ask any questions on culture issues that may be of interest or concern;
- Endorse the overall direction of travel, refocussing the actions of the Culture Group to focus on issues raised in the Listening and Learning Survey 2021 and iMatter

1. EXECUTIVE SUMMARY

- 1.1 This report updates the IJB about the ongoing culture improvement journey that the IJB is on. It provides information on the work of the local Culture Group, the work of the NHS Culture Oversight Group, the key messages from the recent Listening and Learning Survey, feedback from the NHS Highland Whistleblowing Champion, Bert Donald, from his visit to Argyll and Bute workplaces in July 2021. The paper also sets out the key actions for the next steps the organisation will take.

Overall the HSCP is an improving picture in terms of organisational culture, but we still have work to do.

2. INTRODUCTION

- 2.1 There are a number of key workstreams underway in the HSCP which form an overall improvement approach to organisational culture. These actions recognise the specific and unique nature of Argyll and Bute HSCP, with its fully integrated workforce, complex geography, complex organisational arrangements and the ongoing challenges of service demand and managing Covid.

- 2.2 In the context of health and social care integration, we scope our improvement actions by always considering the following:

- Adopting best practice from both employers

- Development of joint initiatives that support integration
- Compliance with terms and conditions and employing policies

3. PROGRESS AND CHALLENGES

3.1 Culture

3.1.1 Argyll and Bute HSCP Culture Group meets monthly to agree and monitor progress on priorities for improving the culture. The group is open to all and any staff, from any team or employer and is intended to support employees to contribute to, generate and take forward local actions for culture improvement. The group is jointly chaired between management and staff side lead. The Chief Officer will now take over the Chair to take the group into the next phase. Thanks are due to the Depute Chief Officer for his role in progressing the Group to this stage. In the last quarter, actions taken to improve culture have been:

- Continued Managing Courageous Conversations training online with 396 trained in A&B, and over 700 now trained across NHSH up to the end of June. The programme is ongoing and has also been delivered to integrated teams in the HSCP. This continues to be the cornerstone of building the foundations of good culture across the HSCP, conversation by conversation.
- Weekly Staff communication updates continues to keep staff up to date with important information
- Tested the 'Connections' colleague engagement events (see below) and offered mindfulness sessions
- Continued to promote the Guardian Service to staff
- Developed an Action plan for 2021/22
- Agree and shared 3 key messages via the Staff Communications after each meeting, for example in May following an issue brought to the Culture group a recommendation was made that there is a protected lunch break time of 12.30 – 1 pm with no meetings, and to encourage people to only work the hours they're contracted for and switch off computers/phones at the end of the working day

3.1.2 Culture Group

Culture Group members are participating in 6 priority workstreams as part of an overall Culture programme with colleagues in NHS Highland to drive forward culture change across Highland and Argyll and Bute. The priority workstreams have made the following progress:

- Values and Behaviours – embedding these by incorporating in a culture package that is being developed for teams. This will be piloted in Autumn 2021.
- Civility Saves Lives – Part of the Culture package is expected to relate to Civility Saves Lives and facilitated workshops are anticipated as a follow-up to the core workshop.
- NHSH Leadership and Management Development Programme – the above two priorities link to this; development of skills and tools for all managers in a programme that will start later in 2021.

Induction Standards for new supervisors, managers and leaders have also been designed and are expected to be introduced in August 2021.

- NHSH People Process Review – providing clarity of roles and responsibilities, improving overall performance and reporting and improving incidence of early resolution
- Root Cause Diagnostic – identifying NHSH system failures and their impact, taking forward lessons learned; two focus groups for health and social care staff were held in Argyll and Bute to gather information
- NHSH Culture Metrics and Tools – develop, implement and review a suite of metrics; a culture dashboard is being developed for managers to assess where support is needed. A Listening and Learning staff survey was undertaken in June and extended upto 5th July with 41% engagement. The results will be considered in FQ2.
- An NHSH Culture Roadmap is expected to raise awareness of initiatives and progress for teams across NHS Highland and Argyll and Bute. Key milestones will feature on the roadmap, and this is expected to be introduced as part of the overall communications campaign.

Many of the improvement actions identified for NHS Highland are already in place in Argyll and Bute Council. The Argyll and Bute Manager and Leadership Programme is well established and provides support for NHSH managers as well as Council. Metrics and people information dashboard is presented to management via the Health of the Organisation Reports. Metrics will be reviewed as the Culture Dashboard develops to ensure correlation with data from Argyll and Bute Council systems.

3.1.3 Whistleblowing Champion

Whistleblowing Champion, Bert Donald, met with the Culture Group and Joint Partnership Forum to raise awareness of his role and undertook a visit to Argyll and Bute in July 2021.

Bert's report of his visit is attached at Appendix 1. This report adds to the overall assessment that culture in Argyll and Bute HSCP is an improving picture.

A separate report on whistleblowing from NHS Highland is attached at Agenda Item 7.

3.1.4 Tea and Chat becomes Connections

Colleagues have told us that spaces for informal meetings are a positive part of working life and contribute to better relations and wellbeing. As many of us are remote from one another, despite Covid, online Tea and Chat sessions were piloted. A small group of staff from the Culture group redeveloped the former Tea and Chat sessions utilising staff feedback and

designed a Connections programme. This was delivered and tested between 28th April and 30th June and aims to support the engagement and involvement of staff and be a mechanism for promoting improvements in communication, connection and culture across the HSCP. The programme was evaluated, and a report prepared for the July SLT. The recommendation to continue a Connections programme shaped by staff and learning/feedback so far was agreed. This will continue to be monitored by the Culture Group and adapted according to colleague feedback.

The programme included four Argyll & Bute HSCP Ask me Anything sessions that were led by a member of the SLT and one by the Chair of the IJB. The intention is to support increased visibility of senior staff.

There were also four focused sessions on culture and innovation. Following the first of these on embedding courageous conversations into practice, one of the attendees highlighted to NHS Highland's Head of Communications and Engagement "*I just wanted to let you know of a really positive piece of work I heard about yesterday via Argyll & Bute Connections session. This relates to how Maternity Services in A&B have adopted Courageous Conversations in practice and embedded this along with their vision and values.*" This was then picked up as an idea to develop as a case study to be used internally and externally with video, text and photos. This is a great example of how good practice in culture and communication can benefit many of our colleagues.

Numbers attending were comparable to NHS Board's Ask me Anything sessions and could be higher. This gives us an improvement opportunity. Time for some staff to attend was a barrier given other priorities and so timing of some of the sessions were changed based on feedback. Those attending made connections, sparks were generated and people felt energised leaving. Some of the leads took away questions and/or actions. Questions & Answers were captured and are collated and for sharing with staff as part of improving communications and closing the feedback loop - 'You Said, We did, What can we do?' This is an important aspect of demonstrating and feeding back about changes, promoting improvements and learning.

A special Connections Event was arranged on 26th August for the Chief Officer to share the results of the Listening and Learning Survey.

3.1.5 Courageous Conversations

Courageous Conversations sessions continue to be delivered via MS Teams and can be booked by teams as well as individuals, from both Council and NHS. The programme is ongoing and has been delivered to integrated teams in the HSCP, giving the opportunity to explore conversational practice within teams as well as building individual skills. This continues to be the cornerstone of building the foundations of good culture across the HSCP, conversation by conversation.

3.1.6 Listening and Learning Survey

A Listening and Learning survey was carried out throughout June by Culture Amp ending 5th July to measure our progress on delivering culture change. This survey included employees from both NHS and Council. The results will inform our culture action plans.

A summary of the findings from the Listening and Learning Survey was sent to all IJB members and all staff on 26th August. This set out the key messages from the findings, which showed:

- Participation rate 39%
- Engagement score 51%
- Top 3 survey categories – Alignment and Involvement, Management and Work Life Blend
- 3 key survey categories for improvement – Taking Action, Feedback and Recognition, Leadership

Our successes - Highest scoring Areas

- I know what I need to do to be successful in my role
- My manager genuinely cares about my wellbeing
- We genuinely care about each team member's wellbeing

Our areas for improvement – lowest scoring areas

- I have confidence in senior leadership at A&B HSCP
- A&B HSCP/NHSH are great organisations for me to develop my career
- Senior Leadership at A&B HSCP have communicated a vision that motivates me

All senior leaders and managers have now received copies of the reports relating to their area of service and there will be a series of facilitated sessions, starting with SLT, to look at the results in detail and identify associated improvement actions. These will feed into the overall Culture Action Plan for AB HSCP.

3.1.7 iMatter

iMatter survey for 2021 has concluded and results have been sent to all managers. Again, this survey includes both NHS and Council employees. This year, managers have been given a deadline of 2 November to complete an action plan with improvements to address issues raised in the reports. These results will complement those from the Listening and Learning survey and will contribute where appropriate to our Culture Action Plan.

4. WORK PLANNED FOR THE NEXT 3 MONTHS

5.1 Update on work for FQ1 and plan priorities for FQ3:

AB HSCP Culture Group – develop and implement Culture Plan 2021 incorporating new actions from Listening and Learning Survey	Ongoing
Continue delivery of Courageous Conversations, management development; improvement to people processes	Ongoing
Support managers to interpret and work on improvements following their iMatter reports by 2 November 2021	FQ3
Support managers and teams to further analyse the outputs from the Listening and Learning survey and identify appropriate actions from strategic to team	FQ3

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 6.1 This report outlines the improvement approach to our HSCP Culture and recognises that a positive culture is an essential prerequisite to staff wellbeing and the delivery of excellent services.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

When staff are not positively engaged at work, this can have a direct impact on increased absence rates. This results in a reduction of employee resource availability and increased costs

6.2 Staff Governance

This culture report contributes the culture dimension to the overall staff governance reporting.

6.3 Clinical Governance

None.

7. EQUALITY & DIVERSITY IMPLICATIONS

Equality and Diversity implications are considered within the NHS People and Change and Council HROD teams as appropriate when policies and strategies are developed.

8. RISK ASSESSMENT

Risks are considered medium. The culture of the organisation is an important aspect of delivering quality services, ensuring wellbeing, reducing absence, improving performance and building a positive reputation as a great place to work to support recruitment and retention of staff.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Listening and Learning survey enabled employees of both NHS Highland and Argyll and Bute Council to share their views on working in the HSCP.

10. CONCLUSIONS

It is recommended that the Integration Joint Board:

- Note the content of this update report on culture improvements and actions in the HSCP
- Take the opportunity to ask any questions on culture issues that may be of interest or concern;
- Endorse the overall direction of travel, refocussing the actions of the Culture Group to focus on issues raised in the Listening and Learning Survey 2021 and iMatter results

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	✓
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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Appendix 1 – Report of visit by Bert Donald, Whistleblowing Champion.

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Appendix 1

REPORT ON VISIT TO ARGYLL AND BUTE

This report summarises a visit I carried out to the Argyll and Bute area of NHS Highland on Monday 19, Tuesday 20 and Wednesday 21 July 2021 and describes the key themes which emerged from the visit. I was accompanied throughout by Fiona Davies, Interim Chief Officer of Argyll and Bute HSCP, with whom I was able to have conversations regarding a range of health service issues in Argyll and Bute. For some parts of the visit, I met with staff, either individually or in groups, out with the presence of Fiona.

The purpose of the visit was:

- ❖ To promote the Whistleblowing Standards;
- ❖ To gain a sense of the culture in the area;
- ❖ To learn about service provision and healthcare issues across the area; and
- ❖ To provide visibility as a non-Executive Board member and as the Whistleblowing Champion.

I visited the following hospitals/healthcare settings:

- ❖ Mid Argyll Community Hospital and Integrated Care Centre, Lochgilphead;
- ❖ Campbeltown Hospital;
- ❖ Victoria Hospital, Rothesay; and
- ❖ Victoria Integrated Care Centre, Helensburgh.

In Tarbert, I also met Sarah Compton-Bishop in her capacity as a non-Executive Board member, Chair of the Argyll and Bute IJB and Chair of NHS Highland Staff Governance Committee.

The following are the main points to highlight:

CULTURE

My visit had been made known to staff, at my request. This included an invitation for groups of staff and/or individuals to meet with me if they wished. 2 individuals sought 1:1 meetings with me whilst a group of 3 staff members also requested to meet with me. Other staff members met with Fiona and me jointly, either on an individual basis or as part of a group.

I was particularly mindful of the disappointing staff survey results from 2020, and the 'Listen and Learn' survey conducted in June 2021, the results of which had not been revealed at the time of my visit. I was mindful too of conversations had with staff members in numerous meetings (either 1:1 or in groups) between February and June 2021.

Throughout my visit, in conversations and based on observations, I detected no evidence of the adverse cultural issues which stemmed from the 2020 culture survey. That is not to say there are no issues and in no way do my comments dismiss the feeling of hurt experienced by people. From what I gathered, these issues may be long standing, borne by longer serving members of staff, and are, of course, very real for those who have suffered and still are suffering.

What I observed was a very positive work force – committed and dedicated to providing health care to the population and communities they serve, and with no criticism of the culture.

I was warmly welcomed in all the locations I visited, staff were co-operative, and I believe they were genuinely pleased to see a non-Executive Board member and senior member of staff visiting their area.

The Midwifery Team in Campbeltown, though largely positive in their comments, spoke about a feeling of a ‘them and us’ situation with the Acute Team, an impression that the Acute Team get preferential treatment when money and resources are being allocated and a feeling that they are ‘owned’ by neither Acute nor the Children and Families Service and are forgotten about.

In Campbeltown, a feeling of isolation and lack of support, leading to staff becoming defensive and having an adverse effect on their mental health and wellbeing, was conveyed to me – though it seems these observations, as reported to me, mainly apply to long serving staff who are local to the area, with staff who have been recruited in more recent times, and staff who have worked elsewhere, having a more positive perspective.

GEORGRAPHY AND COMMUNICATION

A point often made to me was the vast territory covered by NHS Highland and its diversity – from remote and rural to urban – and the distance from Argyll and Bute to the north and north west extremities of the area, as well as the distance to the Board Headquarters in Inverness. This, combined with the clinical pathways being to Greater Glasgow and Clyde was commented upon by many – but with an acceptance of it being how it is. Feeling remote and isolated from the Board Headquarters in Inverness, it was suggested by some that greater visibility by senior managers and leaders, and stronger lines of communication, could help to overcome these feelings to a certain extent.

RECRUITMENT AND RETENTION

A topic which was raised by a number of people I met was recruitment and retention of staff. There were mixed views on this, very much dictated by the location. For example, managers and staff in Helensburgh, and to an extent in Rothesay, felt that because of their relative proximity to larger centres of population (even taking into consideration ferry travel in Rothesay) recruitment was not a major issue. On the other hand, staff in Campbeltown felt this was a major issue – but also highlighted that there had been success there in attracting staff from other parts of the UK, including Northern Ireland.

A comment made in Campbeltown related to a perceived anomaly for different sectors of staff in relation to provision of temporary accommodation while they seek permanent housing. It was said to me that incoming physiotherapy staff are provided with paid accommodation; radiologists are provided with a flat; but neither is available to nursing staff. I am reporting only what was commented to me and there may be more to this than I am aware of – perhaps something worthy of further enquiry.

HR ISSUES

In a few meetings, comments were made regarding HR processes. The ‘Job train’ system, of which I have no knowledge, was described as difficult to operate.

HR processes were described as slow, and mention was made of a review that had taken place at some stage when the balance of responsibility for recruitment administrative and logistical processes had

apparently moved from HR to operational line managers. Comments made suggested that this has become time consuming and diverts line managers away from their clinical responsibilities. It was also suggested to me that responsibility for formulating interview questions was left with line managers leading to an inconsistent approach by different line managers – some setting robust questions; others setting less robust questions. I appreciate there will more to this than I have been made aware and I raise it for awareness and consideration. I also learned that not all staff conducting interviews are trained in structured interviewing techniques.

Examples were provided of the allegedly slow HR process apparently resulting in desirable candidates being lost to the organisation due to the time taken to timeously deal with recruitment arrangements.

ARGYLL AND BUTE CLINICAL PATHWAY WITH GREATER GLASGOW AND CLYDE

In Helensburgh, I spoke with members of the Mental Health team who discussed the clinical pathways for delivering a service in that area. They suggested that the Service Level Agreement in place with Greater Glasgow and Clyde may not always be adhered to and that their patients are not given the level of service expected. They asked me to speak with the Consultant who would have had more knowledge of this and while I was willing to do so, staff discovered he was unavailable due to appointments with patients. This may be something worthy of being looked at more closely.

BUILDINGS

In all the buildings I visited, I was impressed by the state of cleanliness I observed. While I appreciate that my visit was not a detailed hygiene inspection, nevertheless the appearance of cleanliness was something which I noted, and I took the opportunity to pass on thanks and appreciation to various members of the cleaning staff.

In Rothesay and Helensburgh, however the buildings are dated, appear to have suffered from a lack of investment and the grounds, in certain parts, do not create a good impression. I realise that to deal with this requires major capital investment, but I simply record my observations and the comments made to me by some staff members.

SUMMARY

I found my 3-day visit to Argyll and Bute to be very worthwhile and informative for me as a Board member and as the Whistleblowing Champion. I believe the visit was appreciated by staff who commented that they were pleased to see an interest being shown in them and their work. I realise that some of the comments made to me, and which I have included in this report, may reflect only one part of a story but, nevertheless, they are submitted for information and consideration.

Albert J Donald
Non-Executive Director and Whistleblowing Champion
3 August 2021

