

## Integration Joint Board

Agenda item:

**Date of Meeting:** 27 November 2019

**Title of Report:** Staff Governance Report

**Presented by:** Charlie Gibson HR Lead (HSCP)  
Jane Fowler, Head of Customer Support Services (ABC)

**The Integration Joint Board/Committee is asked to:**

- Note the content of this quarterly report on the staff governance performance in the HSCP.

## 1. EXECUTIVE SUMMARY

Staff Governance is defined as *“A system of corporate accountability for the fair and effective management of all staff.”*<sup>1</sup> The Standard requires all NHS Boards to demonstrate that staff are:

- Well Informed;
- Appropriately Trained and Developed;
- Involved in Decisions;
- Treated Fairly and Consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

In the context of health and social integration, we also consider the following:

- adopting best practice from both employers.
- development of joint initiatives that support integration.
- compliance with terms and conditions and employing policies.
- service change implications for the workforce and compliance with the above.

This paper sets out the on key issues and quarterly performance data from the two employing parent bodies for staff governance in the Health and Social Care Partnership. Narrative is contained in the body of the text and detail is presented in Appendices. The data provided is the most recent available.

---

<sup>1</sup> NHS Scotland Staff Governance Standard, 4<sup>th</sup> Edition, Published 2012.

## **2. INTRODUCTION**

This report provides an overview of the staff governance issues identified above as raised and discussed at the Strategic Leadership Team and Joint Partnership Forum. This report is presented to the IJB on a quarterly basis. This report includes updates on:

- Progress under the 5 Staff Governance themes
- Additional Integration activities relating to staff
- Spotlight on Staff Wellbeing – Analysis of Reasons for Absence and actions
- Supporting Performance Data
- Work planned over the next 3 months

The data represents Financial Quarter 2, 2019/20 (July-Sept 2019) unless otherwise stated.

## **3. PROGRESS UNDER THE 5 STAFF GOVERNANCE THEMES**

### **3.1 Well Informed**

Regular communication channels continue to provide regular updates to employees working in the HSCP. These include a NHS Highland CEO weekly email, Chief Officer's updates, a monthly NESH Team Brief and various service specific updates from managers. Key information is cascaded through huddles and Service/Locality team meetings.

The Council's Intranet, the Hub and the NHS intranet continue to be key sources of information for staff. Local arrangements are made where possible to provide printed copies of key materials on noticeboards for staff who do not have access to ICT.

### **3.2 Appropriately Trained and Developed**

Following the integration of the People and Change Team with the Council's HROD team under the leadership of the Head of Customer Support Services, there is a current vacancy in the OD Lead post, which is currently out to advert. This is an essential post for taking forward OD activity in the team relating to Turas, Learnpro, Workforce Planning, Leadership and management development and the important culture work associated with the Fit For the Future Programme.

The Chief Officer has reinforced the importance of carrying out a PDP (Personal Development Plan or PRD (Performance Review and Development) for staff. The OD team are supporting managers and staff on how to access and complete these. These conversations together with regular 1:1 meetings enable performance and attainments to be reviewed and training needs to be identified.

The Council and NHS Highland offer a range of training opportunities for staff. Some is directly required for the individual's role/job (e.g. professional qualifications), others are related to the individual's PRD/PDP, and others are statutory or mandatory training requirements.

During FQ2 19/20, a total of **88** courses were completed by Council staff within the Partnership. Further details are shown at Appendix 1. This figure does not include e-learning courses, of which there are over 200 courses available on LEON, the Council's e-learning platform.

The OD team continue to support compliance in Statutory/Mandatory training for NHS staff. Whilst there are workload challenges with attending training, ultimately it is essential to the safety and quality of services that the HSCP delivers. Compliance for NHS staff in Statutory/Mandatory training on LearnPro, NHS Highland's e-learning platform is also shown in Appendix 1.

Outcomes from PRD/PDPs, along with workforce planning information (see below), informs training plans. As well as delivering SVQs and supporting degree students, there is an increasing demand for technology and digital training to ensure that the workforce develops appropriate skills to maximise opportunities for new approaches to service delivery. This is being informed by national guidance on TES.

### **Leadership and management development activity**

The NHS Highland group Developing Teams Leadership and Management Development is progressing with Argyll and Bute involvement. The Performance Management Focus Group has been progressing work on a corporate induction portal for all new staff, with representation from Argyll and Bute. A local induction for staff in Argyll and Bute comparing the NHS and Council induction is being explored and forms part of the emerging staff governance improvement plan.

The Council has carried out induction to a further 2 cohorts of Argyll and Bute Manager – Managing Teams and 1 cohort of Preparing to Manage. There are HSCP delegates, including NHS employees, enrolled in these courses and further work is underway to investigate expanding this to include more HSCP managers.

The partnership is keen to explore the opportunities presented by the NHS Leadership Programme Project Lift and will report on this in due course.

### **3.3 Involved in Decisions**

The Transformation Board has a number of Short-Life Working Groups (SLWG) to take forward change projects and service redesigns. Staff-side and HR require to be involved in these groups to ensure compliance with employee policies and procedures and to ensure that there is involvement at the early stages of redesign.

The scale of change and the complexity of redesign projects has resulted in, at times, a lack of clarity about which stage of the process staff side are involved. A recent meeting, called by the staff side NHS chair to address this has resulted in the development of a joint staff governance improvement plan, which, once finalised, will be reported regularly to SLT and the Joint Partnership Forum. The actions in the plan seek to simplify processes, improve information and provide training and support for managers.

We remain committed to working in partnership through the HSCP Partnership Forum, Staff Liaison Group and Organisational Change Group.

### **3.4 Treated Fairly and Consistently**

The main focus of attention in this area of staff governance is the post Sturrock Fit for the Future Action plan, which is being implemented through a range of training, awareness raising and train the trainer activities. The first major activity will be the roll out of 2 training sessions and 1 train the trainer session on Courageous Conversations. The SLT will participate in a full day's training on 11<sup>th</sup> December and a group of managers will attend on 10<sup>th</sup>.

The other significant issue for the IJB is the further work to be carried out in Argyll and Bute as a follow on from Sturrock. Detail on this is provided in a separate paper for the IJB, presented by the HR Director, NHSH.

### **3.5 Provided with a continuously improving and safe working environment**

We continue to progress the co-location programme. NHS staff previously based in Aros have moved to Kilmory and Whitegates and have settled in well, with good synergies being reported. The more complex co-location of NHS and Social Work staff across 3-4 buildings in Oban is ongoing.

## **4. ADDITIONAL INTEGRATION WORK**

### **4.1 Workforce Planning**

Workforce Planning is an important feature of planning our services for the future. Previous reports to the IJB on workforce planning have highlighted the need to align integrated workforce planning for the Health and Social Care Partnership with developments, guidance and timescales set out nationally. Our target date for producing an integrated workforce plan has been affected by the delayed publication of the National Integrated Workforce Plan and associated guidance. Agreement on and publication of this has been anticipated on several dates throughout this year, but has as yet not been issued. This has resulted the Scottish Government implementing a one year extension from 31<sup>st</sup> March 2020 to 31<sup>st</sup> March 2021 for the completion of Integrated Workforce Plans by IJBs.

Work is well underway in the partnership between the HSCP People and Change Team, the Council's HROD Team and NHS Highland workforce planning to develop a detailed, integrated workforce plan.

This work will continue to progress and will be brought forward to the IJB for approval once the national plan and associated guidance has been published.

### **4.2 Management Restructure – Heads of Adult Services**

The 2 newly appointed Heads of Adult Services will be in post on 18<sup>th</sup> November and 16<sup>th</sup> December. In the interim, other members of the SLT have been covering Adult Services on an area basis.

The next tier of management restructure is being developed through a series of workshops with managers and Trade Unions/Staff Side and is due to be implemented by April 2020.

### **4.3 Integration of our HR services**

The NHS HROD/People and Change team successfully moved in September 2019 to being managed by the Head of Customer Support Services in Argyll and Bute Council, alongside Council HR and OD. The professional lead arrangements remain with NHS Highland HR. Early indications are that the arrangement is working well and this will continue to be monitored for performance and effectiveness.

### **4.4 Staff Experience**

iMatter is the NHS, team based staff engagement survey. It is a process where teams are identified and then they complete a survey on a range of issues. Data is recorded in the NHS Turas system and a national snapshot is taken on 23<sup>rd</sup> September and reported.

This is an area that HSCP management will be focussing on for improvement action on in the coming year. In total 188 teams were identified for iMatter in the HSCP. 107 or 56.9% of these teams had a response rate high enough (60% or above) to generate a team report, which was then issued to managers. Of the teams whose manager received a report, 45 or 23.9% developed an action plan to address the issues highlighted in the report and uploaded it to the Turas system.

Employee engagement is an important issue in measuring overall health of an organisation. Evidence shows that engaged employees are more productive, deliver higher quality services and exhibit lower levels of sickness absence. Engagement through iMatter and other channels is important in our overall approach to culture change and building trust in our organisation.

iMatter will be reported on again in FQ4 2019/20 to set out the approach for next year and the associate improvement targets.

## **5. SPOTLIGHT ON STAFF WELLBEING**

There are two elements to the approach of Promoting Attendance/Maximising Attendance: Improving the application of the relevant policies and a preventative approach to improving staff health and wellbeing. There are benefits of improving the health and wellbeing of staff to the organisations, employee and service users. Both are needed to improve attendance at work and reduce sickness absence.

### **5.1 Absence Management issues**

There continues to be significant scrutiny of absence staff during the last 2 quarters, primarily prompted by Grip and Control, but also to ensure that all managers are following the appropriate procedures when looking after their staff. Heads of Service receive detailed reports on individual council staff absences within their service,

including duration, cause of absence, OHP status etc. This enables more detailed monitoring and management of absence. Detailed information on sickness absence for the Council and NHS Argyll and Bute are set out in Appendix 2, showing trend data for a 12 month period and a breakdown between services.

NHS data for reasons for absence highlights the issue of reasons of absence not being specified to payroll by departments. This is being addressed by HR to ensure trends are identified accurately to allow for appropriate interventions to support and help reduce the levels of absence. As previously reported, HSCP HR Business Partners and Manager provide direct support to managers and heads of service on a case by case basis.

The most prevalent reason for absence in Social Care is stress. This is also one of the most prevalent reasons on NHS side. Fit notes do not consistently determine either work or non-work related stress, so whilst we cannot report specifically on this, individual managers will determine this on a case by case basis when they are managing an employee's absence. Where there are workplace issues leading to stress, the manager is best placed to address these and facilitate a return to work. Managers maintaining contact with employees throughout periods of stress related absence is important to this recovery and return process. Professional support is available through HROD, OHP and the Council's Employee Assistance Programme (EAP). Access to the EAP for NHS staff is currently being explored. Management and employee training on recognising and managing stress is available from both employers, e.g. Managing Resilience Training.

The second most prevalent reason for absence within Social Care is medical which has a correlation with our ageing workforce. Medical absences tend to be longer term, but are increasingly resulting in successful return to work following treatment. Again the role of the manager in maintaining contact with the employee throughout the absence period is important to ensuring that the employee is supported to return to work as soon as they are well enough to do so. The 2 highest reason within NHS staff is gastro and cold/flu related. This demonstrates that its vitally important that staff are encouraged to obtain their flu vaccinations to help maintain their health & wellbeing and minimise sickness absence.

There have been some improvements in our approach to absence management, but there is still a considerable way to go as absence remains high and is impacting on teams and services. This is an ongoing focus of work for management supported by HROD.

The roll out of NHS "Once for Scotland" HR Policies including Promoting Attendance, was delayed nationally, however when this is rolled out after the New Year, it should have a positive impact on sickness absence within the HSCP.

## **5.2 Return to Work Interviews**

The tables detailed at Appendix 3, show the completion rates for Return to Work Interviews (RTWI) across the partnership for Council staff. The target is 100% completion within 3 days of the employee returning to work. This interview may be conducted by phone or face to face, and is then logged on the Council's MyView

system. From the tables, it is clear that significant improvement is still required, so the RTWIs will continue to be monitored and reported as an important tool in managing absence.

For NHS staff, the roll out of eESS (Electronic Employee Support System) was delayed due to technical software issues. However these now appear to be resolved and expect the rollout to begin before the New Year to facilitate the recording of all absence meetings, including RTWIs, on the Manager Self Service module.

## **6. SUPPORTING PERFORMANCE DATA**

### **6.1 Recruitment and Redeployment activity**

Data for both NHS and Council Social Work activity is shown in Appendix 4.

Attracting and retaining suitable applicants predominantly within nursing and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality. The Communications Team continues with uploading and sharing posts and information relating jobs throughout the UK to relevant groups and contacts on social media. Further work is being planned to highlight health posts via ABPlace2B online site.



We are happy to advise that the new NHS Scotland recruitment system Jobtrain now has live access for NHS Highland. It has been decided that a gradual move to this system will be adopted throughout NHH and Argyll & Bute are in the process of engaging with relevant recruiting managers in relation to which posts we will start with.

Our aim is to take a selection of posts that we have for some time struggled to recruit to and enter them onto Jobtrain, we are hoping that this will be Band 5 nursing vacancies within Lorn & Islands Hospitals, Oban within the next few weeks.

It is anticipated once we are happy that we have successfully processed these posts via the new system we will start to progress new vacancies authorised via WFM via Job Train and again this will be undertaken on a gradual basis. Recruiting managers will be supported through this transition by the Recruitment Team. This is an exciting and welcome change, the system will improve the user experience and will be easier to use, for both hiring managers and candidates. It will be compatible with portable devices (such as tablets and mobile phones) and can be accessed 24/7.

You can view a short overview video of Jobtrain as well as hiring manager guide here – <https://www.eess.nhs.scot/hmss/>



There is now a nugget on the Home page of the NHH intranet to take managers directly to links to JobTrain along with information, guidance and helpful videos.

## **Redeployment**

There are now 30 staff on the NHS primary redeployment register (an increase of 1) and 28 on the secondary register (a decrease of 1). No Social Work staff are currently on the redeployment register.

With reference to social care staffing, we continue to promote vacancies and development opportunities online through #abplace2b.

## **6.2 Current Employee Contractual Arrangements**

Combined data for NHS and Council Social Work is shown in Appendix 5. (This also includes details of Council staff on Permanent contracts, Seconded contracts and Casual contracts for information only.)

The number of Fixed Term Contracts within the NHS staff group continues to be higher than normal. This is predominately due to a bar we placed on permanent recruitment to administration and clinical support roles while the Admin Review transformation project theme was progressing; we did not wish to build in obsolescence into our admin structures when services were changing. As reported last quarter, this bar has now been lifted so we still anticipate that FTCs will drop significantly over the coming months.

There continues to be approximately 10% of all Council Social Work/Care employees in temporary or fixed term posts. This can be as a result of temporary cover for absence or other leave such as maternity/paternity or can be as part of a management approach to minimising the impact of service redesign. The number of fixed term contracts have significantly increased as a result of current redesign work. This is not ideal and brings its own challenges but this is deemed best practice given the financial challenges the IJB face in the short to medium term.

As redesign of services are completed then the number of staff on Fixed Term and Temporary Contracts will reduce. It is important to recognise the importance of ongoing communication with staff in temporary posts regarding future planning, as uncertainty can lead to unnecessary stress and the potential for absence.

There are automated alert systems in place for managers and employees regarding Council temporary contracts, giving notice of the forthcoming ending of a contract and requiring action to extend it. This serves as a reminder to managers to keep employees informed of changes.

### **6.3 Employee Relations Cases**

Data for both NHS and Council Social Work activity is shown in Appendix 6.

Argyll and Bute HSCP is committed to managing employees with fairness and consistency. If a concern arises in relation to an employee's conduct, the approach is a preference to deal with this through informal action initially. However, where such informal action is inappropriate or does not lead to the required improvement, managers will normally undertake an investigation under the terms of the appropriate Disciplinary Procedures

The number of ER cases within the NHS staff group has risen by nearly half since last quarter. This has mainly been due to bullying and harassment investigation and new informal capability cases. These continue to be supported by our HR Business Partners and HR Advisors.

In the Council, the Employee Relations Team carries out all disciplinary investigations, but managers are responsible for investigating grievances. This has resulted in a significant improvement in the time to reach a conclusion to disciplinary investigations.

## **7. WORK PLANNED FOR THE NEXT 3 MONTHS**

- Complete recruitment to the OD Lead post
- Develop a team plan with SMART targets
- Complete and deliver the staff governance improvement plan with staffside
- Continue to support the development and implementation of local team action plans in response to 2019 iMatter survey results
- Review and refresh Staff Health and Wellbeing recommendations to better align with NHS and Council wellbeing activities to reduce levels of HSCP sickness absence
- Continue local support and delivery of Fit for the Future and support the further Culture work in Argyll and Bute
- Support the development and agreement of the new HSCP Management Structure.
- Progress with Workforce Planning

## **8. CONTRIBUTION TO STRATEGIC PRIORITIES**

The staff governance paper sets out the issues relating to our people that support or have an effect on the delivery of the HSCP strategic priorities.

## **9. GOVERNANCE IMPLICATIONS**

### **9.1 Financial Impact**

A reduction in sickness absence will save costs.

## **9.2 Staff Governance**

This is the Staff Governance Report which provides an overview of work that contributes to this theme.

## **9.3 Clinical Governance**

None.

## **10. EQUALITY and DIVERSITY IMPLICATIONS**

Our CIRCLE framework includes '**Respect**' and '**Integrity**'. Our Shared Values and Practices apply to all HSCP staff employed by NHS Highland and Argyll and Bute Council.

Other Equality and Diversity issues are picked up within the NHS People and Change and Council HROD teams as appropriate when policies and strategies are developed.

## **11. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

Nothing to note, this paper complies with general GDPR guidance as all data presented is summarised and anonymised.

## **12. RISK ASSESSMENT**

Risks are considered medium. High levels of absence and lower than average levels of engagement, alongside significant service and staff change present an elevated level of risk to the organisation. The further culture work to be carried out post Sturrock has the potential to create uncertainty for staff, further elevating risk. Individual HROD risks identified on the Risk Register.

## **13. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT**

Not applicable.

## **14. CONCLUSIONS**

It is recommended that the Integration Joint Board/committee:

- Note this quarterly Staff Governance update;
- Take the opportunity to ask any questions on people issues that may be of interest or concern;
- Endorse the overall direction of travel, including future topics that they would like further information on;
- Note that the staff governance risk level has been raised from low to medium.

## **15. DIRECTIONS**

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	
	Argyll and Bute Council	
	NHS Highland Health Board	
	Argyll and Bute Council and NHS Highland Health Board	

## REPORT AUTHOR AND CONTACT

Author Name: Jane Fowler, Head of Customer Support Services (ABC); Charlie Gibson HR Lead (HSCP)

*With input supplied by Jo McDill (Council HR), Fiona Sharples, Fiona Helbert, Jacqui McCann (NHS People and Change).*

## Appendix 1

### Council Training Completed (FQ 2)

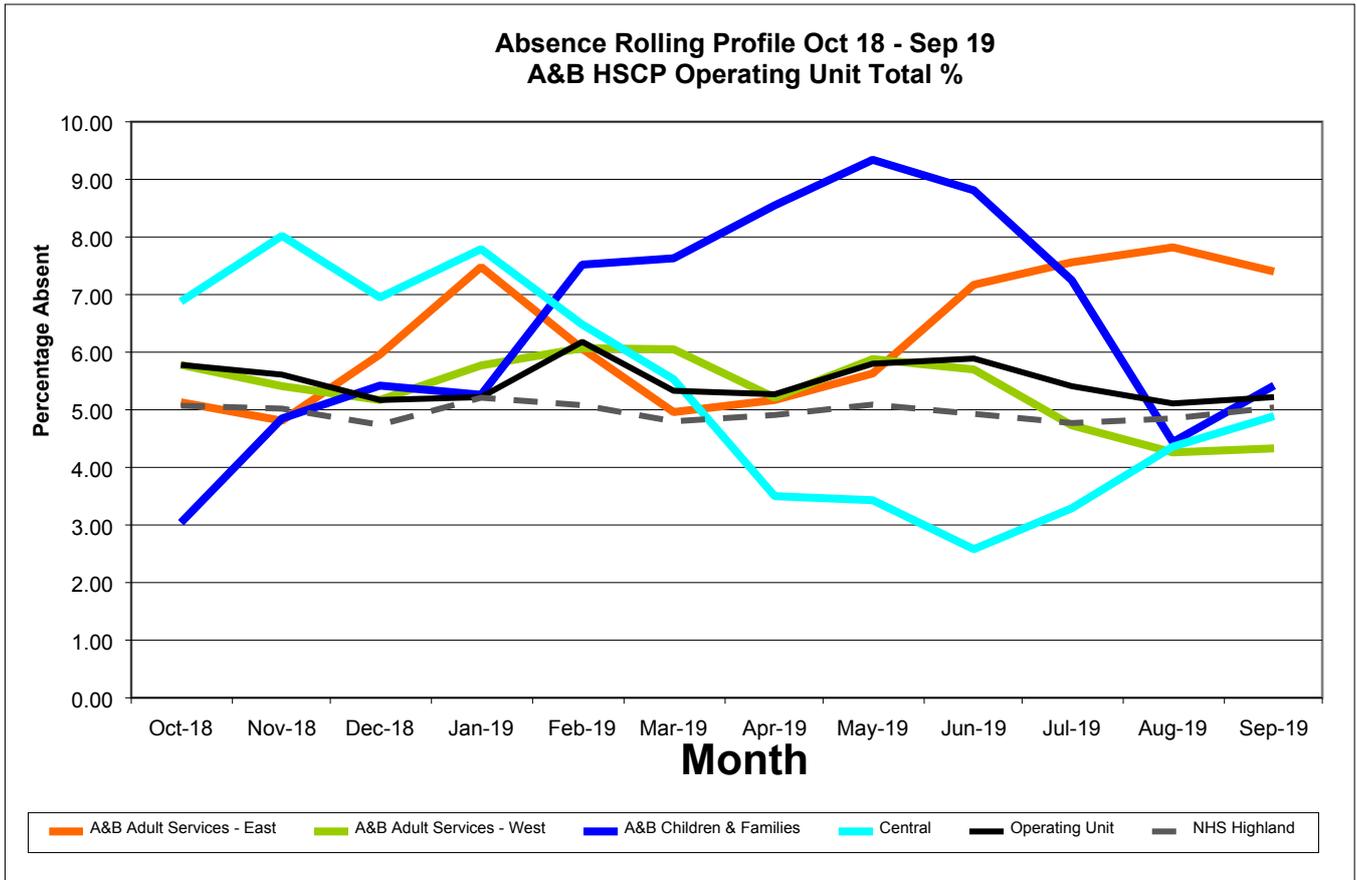
Numbers of Council Employees Completed Training Required by Role or Requested by employee						
	Jul-19		Aug-19		Sep-19	
	Required for Role (Mandatory)	Agreed at PRD	Required for Role (Mandatory)	Agreed at PRD	Required for Role (Mandatory)	Agreed at PRD
Adult Care West	11		37		3	2
Adult Care East	8		9		8	
Children and Families and CJ			5	2		2
Strategic Planning and Performance						1
<b>TOTAL</b>	<b>19</b>		<b>51</b>	<b>2</b>	<b>11</b>	<b>5</b>
<b>Q2 TOTAL</b>	Required for Role (Mandatory)			Agreed at PRD		
	<b>81</b>			<b>7</b>		

### NHSA&B Statutory & Mandatory Training Completed on LearnPro (FQ2)

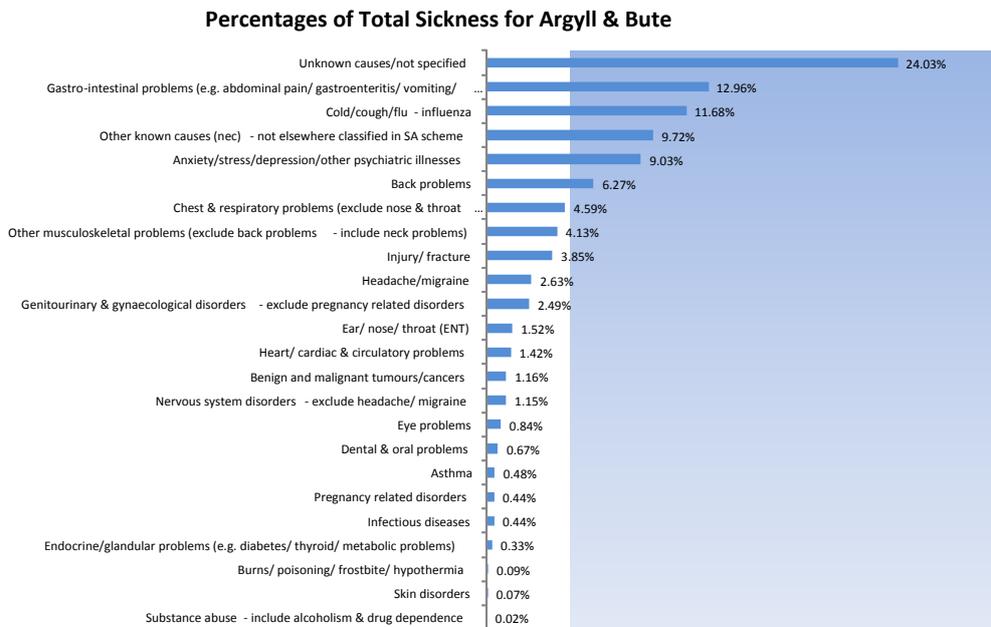
Localities	Moving & Handling – Module A	Fire Safety	Equality & Human Rights	Safe Information Handling	Why Infection & Control Matters	Violence & Aggression (Non Clinical)	Hand Hygiene
A&B Adult Service Cowal and Bute	239	299	248	252	221	210	198
A&B Adult Service Helnsburgh and Lomond	63	88	76	77	63	54	60
A&B Adult Service Central	2	3	4	3	2	3	3
A&B Adult Service MAKI	376	434	387	394	384	310	349
A&B Adult Service OLI	332	398	355	349	324	285	301
A&B Children and Families Central	1	1	1	1	1	0	0
A&B Children and Families Cowal and Bute	17	28	24	23	20	15	21
A&B Children and Helnsburgh and Lomond	16	21	15	17	12	9	14
A&B Children and Families Mid Argyll, Kintyre and Islay	19	32	27	28	21	15	22
A&B Children and Families OLI	25	33	29	28	27	18	24
A&B Central Planning and Performance	15	29	27	30	14	23	16
A&B Central Corporate	57	81	65	85	60	57	55
A&B Central Dental	64	71	70	67	61	50	59
<b>Total</b>	<b>1226</b>	<b>1518</b>	<b>1328</b>	<b>1354</b>	<b>1210</b>	<b>1049</b>	<b>1122</b>

## Appendix 2

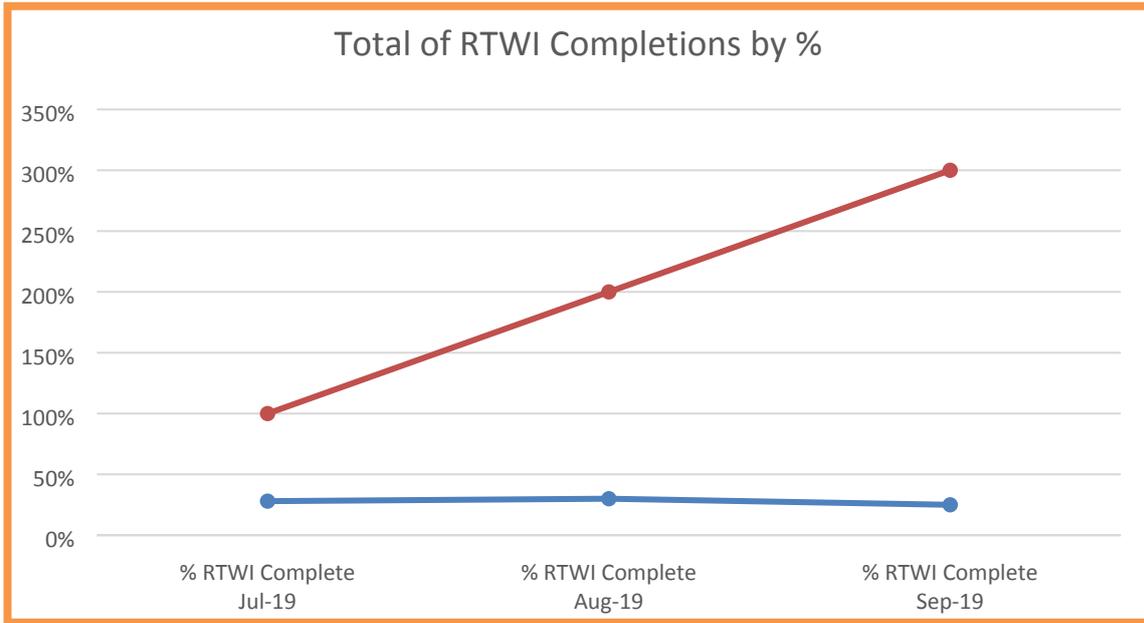
# Absence rates NHS



# Council: A & B Social Care Staff – Aug 18 to Jul 19



# Appendix 3 – Return to Work Interview Data (Council Staff) FQ2



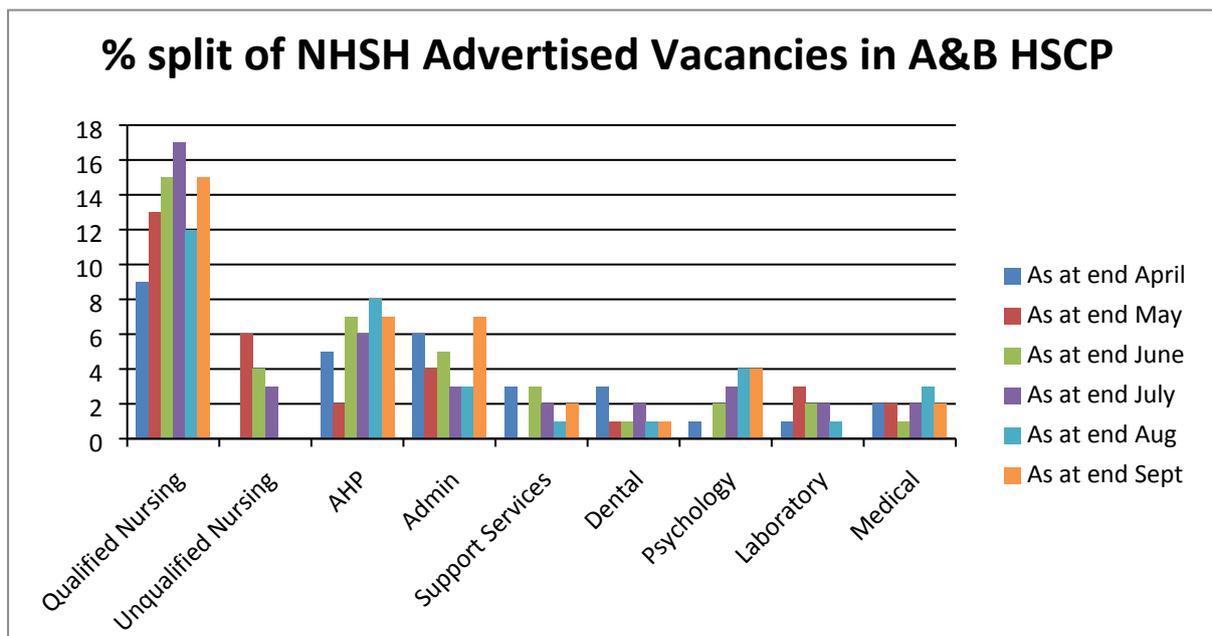
	Jul-19		Aug-19		Sep-19	
	% RTWI Complete	Average time taken to complete (days)	% RTWI Complete	Average time taken to complete (days)	% RTWI Complete	Average time taken to complete (days)
Adult Care West	21%	8	37%	11	28%	3
Adult Care East	26%	4	40%	2	25%	2
Children and Families and CJ	38%	5	43%	3	47%	2
Strategic Planning and Performance	n/a	n/a	0%	-	0%	-
<b>TOTAL</b>	<b>28%</b>	<b>6</b>	<b>30%</b>	<b>5</b>	<b>25%</b>	<b>2</b>

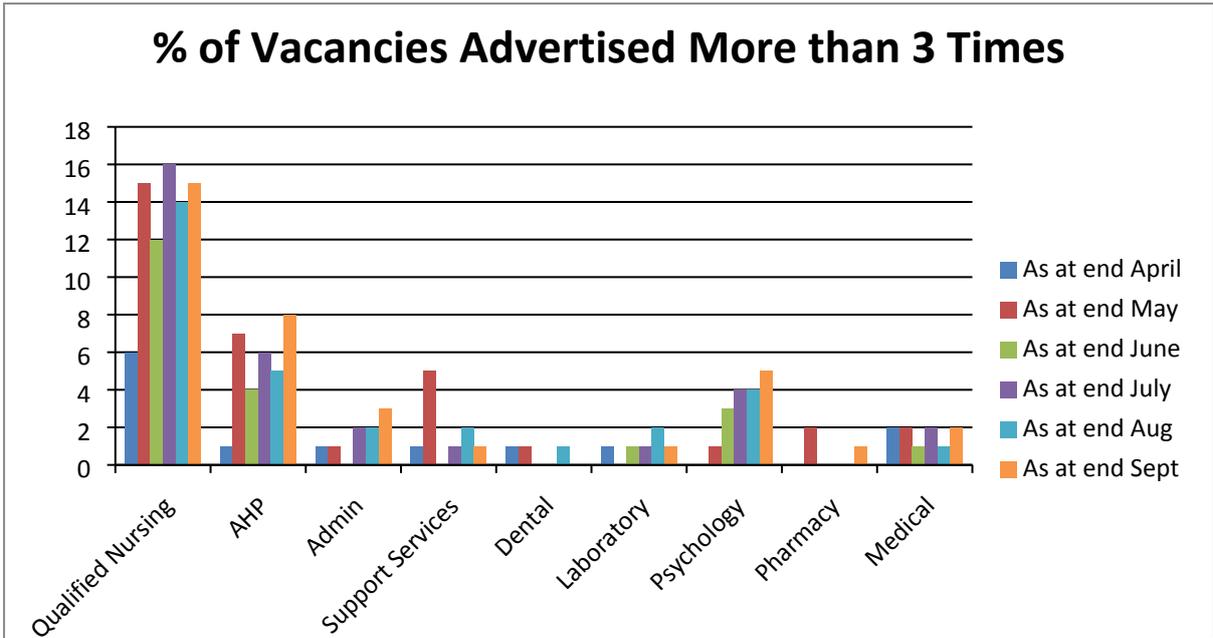
## Appendix 4 – Recruitment and Redeployment Activity (Q2)

Attracting and retaining suitable applicants predominantly within nursing and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality. The Communications Team continues with uploading and sharing posts and information relating jobs throughout the UK to relevant groups and contacts on social media. Further work to be done to highlight health posts via ABPlace2B online site.

### Advertised vacancies:

	July		August		September	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
<b>Adult Services EAST</b>	8	4	2	3	5	3
<b>Adult Services WEST</b>	17	7	7	8	8	12
<b>Children &amp; Families</b>	6	0	4	1	2	1
<b>Corporate Services</b>	3	0	1	1	1	1
<b>Totals</b>	<b>34</b>	<b>11</b>	<b>14</b>	<b>13</b>	<b>16</b>	<b>17</b>
	<b>45</b>		<b>27</b>		<b>33</b>	





Average Time to Recruit Successful Appointees in last 6 months (figures based between date recruitment file opened to start date of employees):

- Internal appointments – 10 weeks (there continues to be internal posts that have delayed start dates due to service delivery reasons)
- External appointments – 17 weeks (there continues to be some posts that have been advertised multiple times that have been recruited to, this impacts on length of times to recruit figures)

**Council Social Work/Care vacancies**

For the month of **July 2019**, there were **6 (4 x Temp, 2 x Perm)** internal job adverts for HSCP Council Posts, and **9 (4 x Temp/Cas, 5 x Perm)** external job adverts.

For the month of **August 2019**, there were **21 (13 x Temp/Cas, 8 x Perm)** internal job adverts for HSCP Council Posts, and **23 (11 x Temp/Cas, 12 x Perm)** external job adverts.

For the month of **September 2019**, there were **10 (7 x Temp, 3 x Perm)** internal job adverts for HSCP Council Posts, and **18 (8 x Temp, 10 x Perm)** external job adverts.

## **NHS Redeployment**

Primary Register

<b>NHS Employees</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>
A and B Adult Services – East Total	10	10	7
A and B Adult Services – West Total	16	16	15
A and B Children and Families Total	0	0	0
Corporate Services Total	4	4	5
<b>Totals</b>	<b>30</b>	<b>30</b>	<b>27</b>

Current month:

- **Adult East** : 1 x Band 7-0.07wte, 1 x Band 2-0.43wte, 5 x Band 1-1.08wte
- **Adult West** : 1 x Band 7-1.00wte, 1 x Band 6-1.00wte, 1 x Band 5-1.00, 4 x Band 4-3.40wte, 1x Band 3-1.00wte, 6 x Band 2-5.60wte 1x Band 1-0.54wte
- **Corporate Services** : 1 x Band 8a-1.00wte, 4 x Band 4-2.20wte

## Appendix 5 – Permanent, Fixed Term and Casual Contracts (Q2)

### NHS and Council Social Work/Care Temporary/Fixed Term Contracts

Employees on T/FT contracts	Jul 2019	Aug 2019	Sep 2019
Adult Care West (ABC)	26	26	26
Adult Care West (NHS)	28	30	33
Adult Care East (ABC)	22	22	20
Adult Care East (NHS)	25	26	27
Children and Families and CJ (ABC)	19	19	17
Children and Families and CJ (NHS)	2	2	2
Strategic Planning and Performance (ABC)	0	0	0
Corporate Services (NHS)	3	3	3
<b>OVERALL TOTAL</b>	<b>125</b>	<b>128</b>	<b>128</b>

### Council Social Work/Care Permanent / Permanent Seconded Contracts

Permanent (P/PS) contracts	July 2019	August 2019	September 2019
Adult Care West	361	351	350
Adult Care East	159	157	157
Children and Families and CJ	216	221	227
Strategic Planning and Performance	18	18	18
<b>OVERALL TOTAL</b>	<b>3</b>	<b>3</b>	<b>3</b>

### Council Social Work/Care Casual Contracts

Total Number of Casual Contracts (some also on Perm/Temp contracts)	July 2019	August 2019	September 2019
Adult Care West	474	478	479
Adult Care East	186	187	191
Children and Families and CJ	172	173	176
Strategic Planning and Performance	0	0	0
<b>OVERALL TOTAL</b>	<b>832</b>	<b>838</b>	<b>846</b>

## Appendix 6 – Employee Relations Cases (Q2)

### NHS ER cases

	Jul-19	Aug-19	Sep-19	Q2 New	Q2 Completed
<b>Grievance</b>					
A and B Adult Services - West	1	0	0		1
A and B Adult Services - East	1	2	2	1	
A and B Children and Families	0	0	0		
A and B Corporate	0	0	0		
<b>Conduct</b>					
A and B Adult Services - West	2	2	2	1	1
A and B Adult Services - East	1	2	3	2	
A and B Children and Families	0	0	0		
A and B Corporate	0	0	0		
<b>Capability</b>					
A and B Adult Services - West	1	1	1		
A and B Adult Services - East	5	5	5		
A and B Children and Families	0	0	0		
A and B Corporate	0	0	0		
<b>Bullying and Harassment</b>					
A and B Adult Services - West	2	1	1	1	1
A and B Adult Services - East	1	1	1		
A and B Children and Families	0	0	0		
A and B Corporate	0	0	0		
<b>Totals</b>	<b>14</b>	<b>14</b>	<b>15</b>	<b>5</b>	<b>3</b>

**Council Social Work/Care ER cases**

	Jul-19			
<b>DISCIPLINARY REPORTS:</b>	<b>New</b>	<b>Completed</b>	<b>Ongoing</b>	<b>TOTALS</b>
<b>TOTALS:</b>	1	0	6	7
A&B Adult Services - West			2	
A&B Adult Services - East	1		1	
A&B Children & Families			3	
	Aug-19			
<b>DISCIPLINARY REPORTS:</b>	<b>New</b>	<b>Completed</b>	<b>Ongoing</b>	<b>TOTALS</b>
<b>TOTALS:</b>	1	2	3	6
A&B Adult Services - West		1		
A&B Adult Services - East			1	
A&B Children & Families	1	1	2	
	Sep-19			
<b>DISCIPLINARY REPORTS:</b>	<b>New</b>	<b>Completed</b>	<b>Ongoing</b>	<b>TOTALS</b>
<b>TOTALS:</b>	1	0	5	6
A&B Adult Services - West	1		1	
A&B Adult Services - East			1	
A&B Children & Families			3	

	Jul-19			
<b>GRIEVANCE REPORTS:</b>	<b>New</b>	<b>Completed</b>	<b>Ongoing</b>	<b>TOTALS</b>
<b>TOTALS</b>	3	0	7	10
Adult Services - West	3		2	
Adult Services - East			4	
Children & Families			1	
	Aug-19			
<b>GRIEVANCE REPORTS:</b>	<b>New</b>	<b>Completed</b>	<b>Ongoing</b>	<b>TOTALS</b>
<b>TOTALS</b>	0	2	7	9
Adult Services - West			4	
Adult Services - East		2	2	
Children & Families			1	
	Sep-19			
<b>GRIEVANCE REPORTS:</b>	<b>New</b>	<b>Completed</b>	<b>Ongoing</b>	<b>TOTALS</b>
<b>TOTALS</b>	1	0	7	8
Adult Services - West	1		4	
Adult Services - East			2	
Children & Families			1	