

## Integration Joint Board

## Agenda item:

**Date of Meeting:** 05 August 2020

**Title of Report:** Staff Governance Report for Financial Quarter 4 (2019/20) and Financial Quarter 1 (2020/21)

**Presented by:** Charlie Gibson, HR Lead (HSCP), Jennifer Swanson, Organisation and Workforce Development Manager (HSCP) Jane Fowler, Head of Customer Support Services (ABC)

### The Integration Joint Board is asked to:

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

## 1. EXECUTIVE SUMMARY

This paper sets out the 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 covers the period from January – March 2020 (FQ4) and April – June 2020 (FQ1).

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

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

- 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.

## **2. INTRODUCTION**

This report provides an overview of the staff governance issues in relation to the Standards outlined 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 five Staff Governance themes
- Additional Integration activities relating to staff
- Staff Wellbeing
- Supporting Performance Data
- Work planned over the next 3 months

The data represents Financial Quarter 4, 2019/20 (Jan-Mar 2020) and Financial Quarter 1, 2020/21 (Apr-Jun) unless otherwise stated.

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

### **3.1 Well Informed**

Employees working in the HSCP receive regular updates through various communication channels. These include NHS Highland Communications, weekly Chief Officer's updates, a monthly NHSH Team Brief and various service specific updates from managers. Key information is cascaded through huddles and Service/Locality team meetings.

As a result of the Covid-19 pandemic, employee communications were increased by more frequent Council newsflash messages and NHS Highland Communications. These provided updates from Gold, Silver and Bronze command as well as Scottish Government guidance and public health advice.

Staff engagement was greatly increased in FQ1. The Chief Officer presented the culture survey results to all HSCP employees via Skype to invite questions and comments before the results were made publicly available. Following this, the Chief Officer introduced weekly drop-in meetings via Skype to invite colleagues to raise their concerns and give direct feedback. These informal drop-ins have engaged colleagues from all parts of Argyll and Bute and all services and has provided useful feedback.

Wellbeing information was hugely increased during the Covid-19 pandemic with frequent Council newsflash and NHSComms messages to colleagues as well as signposting to online resources for support and distribution of posters in workplaces. The Employee Assistance Programmes (EAP) were widely promoted.

The Council's Intranet (the Hub) and now the Council website and the NHS intranet continue to be key sources of information for staff. A monthly Cascade is issued to staff, with a quarterly magazine also issued. Local arrangements are made where possible to provide printed copies of key materials on noticeboards for colleagues who do not have access to ICT.

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

The Chief Officer has reinforced the importance of carrying out a PDP (Personal Development Plan) or PRD (Performance Review and Development) for staff. The target is a 90% completion rate however, due to Covid-19 priorities and lockdown, a lower rate of PDP/PRDs were completed by March 2020. The Organisational and Workforce Development (OD) team continue to support managers and staff on how to access and complete these with training now available virtually instead of face-to-face. This will reduce time and travel costs for the OD team. PDP/PRD conversations together with regular 1:1 meetings enable performance and attainments to be reviewed and training needs to be identified. It is now expected that PDP/PRDs will be completed in FQ2.

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. Courses completed are shown in Appendix 1.

During the Covid-19 lockdown period, the OD team moved quickly to condense the Courageous Conversations course to enable this to be delivered virtually via Microsoft Teams instead of face-to-face. In June 2020, the OD team and staffside colleagues started to deliver Courageous Conversations to all colleagues in the HSCP. To date (10 July), 20 sessions have been delivered offering 200 places and there have been 135 attendees. A further 31 participants booked but were unable to attend, mostly due to technical issues which it is hoped will be resolved once Office 365 is rolled out. Courageous Conversations has been very well-received and paves the way for future virtual learning as it has massively increased our ability to reach colleagues in all parts of the area and reduced the need for travel which will have significant time savings.

Some employees were reassigned during the Covid-19 pandemic and were quickly retrained to undertake other roles, demonstrating their agility to develop different skills. This included some innovative and fast paced development of joint training to ensure that redeployed staff from non-health/social care roles were able to be safely deployed into care settings to support the Covid-19 response.

The Social Work Training Board currently identifies and approves training necessary to meet statutory and service requirements, and monitors progress of SVQ candidates in social work services. Representation is from managers across all Social Work professional areas; it is now chaired by Head of Adult Services who took on the role of Chief Social Work Officer in May 2020.

The OD and HR team continue to support compliance in Statutory/Mandatory training for NHS staff. Whilst there are workload challenges with attending training,

ultimately this training is essential to the safety and quality of services that the HSCP delivers. Compliance figures are presented in Appendix 1 for NHS staff. In particular the modules Moving and Handling Practical skills (Nursing Band 1-6), Hand Hygiene (all staff just once), Equality and Human Rights all staff to be completed every 3 years and Violence and Aggression Practical skills, Nursing, Midwifery and AHP Band 1-6 and medical and dental. Managers and staff are responsible for ensuring that all statutory and mandatory training is up-to-date to ensure 100% compliance rates as non-completion presents a risk to the organisation and is contractual to their employment.

Outcomes from PRD/PDPs, along with workforce planning information, inform 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. Use of technology enabled learning has increased since the start of the Covid-19 pandemic and lockdown and it is expected that this will continue as part of a blended approach.

The Council's training centre delivers SVQs for council staff and the OD team is exploring ways to improve SVQ accessibility for NHS staff.

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

During Covid-19, those in leadership and management roles have had to change swiftly and have made decisions more quickly and more autonomously than before in a very clear framework. While this is not a formal course, these skills have been developed and practised in a real situation and demonstrates the agility in our organisation.

The OD team is working with colleagues in NHS Highland and Council to identify and deliver a management development programme that meets the needs of HSCP managers. The OD team is contributing to development of NHS Highland Leadership and Management development programme while the Council continues to run the Argyll and Bute Manager course which has HSCP managers enrolled on it.

A new NHS corporate induction portal was launched in January. A local induction for staff in Argyll and Bute is being explored and forms part of the Joint Partnership Forum improvement plan.

### **3.3 Involved in Decisions**

Staff-side and HR continue to be involved in Short-Life Working Groups (SLWG) to take forward change projects and service redesigns. These groups ensure compliance with employee policies and procedures and to ensure that there is involvement at the early stages of redesign. A new joint HR process for matching/selection for integrated posts has been developed and used in the recent management structure redesigns.

Progress on the Joint Partnership Forum improvement plan is being reported to the JPF. The actions in the plan seek to simplify processes, improve information and provide training and support for managers.

We are committed to working in partnership through the HSCP Joint 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 Culture Fit for the Future Action plan, which is due to be implemented through a range of training, awareness raising and train the trainer activities. This is being led by NHSH in Inverness.

In November 2019, as recommended in the Sturrock Review report, NHS Highland Board commissioned Progressive Partnership Ltd to carry out a Culture Survey for colleagues working in Argyll and Bute. The survey was undertaken over a six week period between February and April using a quantitative online questionnaire, developed in partnership with staffside representatives, aimed at current and former employees of NHS Highland.

The results were shared widely with Argyll and Bute HSCP colleagues through presentations by the ABHSCP Chief Officer, before being made public. A 100-day plan of priority actions was drafted in response to the survey results and has been developed with staffside representatives. An Argyll and Bute Culture Group will be established to focus on local priorities and delivery of the culture plan. This group will link to the NHS Highland Culture Oversight Group and Staff Governance Committee.

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

With all staff who can continue to work from home as a result of Covid19, co-location projects have paused. These will be restarted at an appropriate time in line with the easing of lockdown and guidance.

The provision of PPE has been, and continues to be, considered daily at senior level to ensure we have a safe working environment in all parts of Argyll and Bute. As the organisation prepares to remobilise, managers have worked with their teams to complete risk assessments in order to ensure that we have safe workplaces.

## **4. ADDITIONAL INTEGRATION WORK**

### **4.1 Workforce Planning**

The OD team is working with workforce planning colleagues in NHS Highland and Argyll and Bute Council to plan workshops and workforce planning conversations with managers from September – November 2020. The HSCP is reliant on data from NHS Highland for this purpose. A new HSCP workforce plan is required by 31 March 2021 and there is a plan in place to achieve this in line with Scottish Government guidance. This is the subject of a separate report to IJB.

## **4.2 Management Restructures**

HR and TU/staffside representatives are working together in Short Life Working Groups to redesign and implement the two new management structures and these are making positive progress. The new Children, Families and Justice Management team will be in place with effect from Monday 31st August 2020. This restructure has resulted in one Council redundancy. The Adult Services Management restructure was delayed slightly by Covid-19, but has now been re-instigated, and work is progressing. Formal consultation and initial one to ones have been completed, and it is hoped that the new structure will be in place by end of September 2020. So far, no Council redundancies from this restructure have been identified.

## **4.3 Staff Experience**

NHS Highland Staff Experience and Engagement workstream and the Health & Wellbeing Strategy Groups are continuing to progress with Argyll and Bute OD involvement.

### **iMatter**

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience. Since 2017 all HSCP staff (Council and NHS) have participated in the annual iMatter survey.

The iMatter survey was undertaken in FQ4. The closing date of the 3 week survey was 24th March with paper responses by the 30th. The final week was the start of Covid-19 lockdown with priorities needing to be elsewhere. As of 23rd March, the HSCP response rate was 53%. A national pause was agreed on reporting this year and no reports have been released for teams in the HSCP or Board to date. Further information is expected in the summer. NHS Scotland plans to undertake a national pulse survey in September 2020.

Staff experience and employee engagement are important in measuring the 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 the HSCP. HR and OD can use data from previous years to help prioritise organisational plans while managers can use the data to develop team improvement plans. We need to increase confidence and participation in this annual national process as a feedback & action-planning mechanism for continuous improvement and to improve staff experience and lift levels of employee engagement.

### **Dignity at Work**

NHS Highland and the HSCP expressed an interest in participating in a national Dignity at Work project (Strathclyde University Staff Experience Recommendation 6)

and representatives attended a workshop on 31<sup>st</sup> January with the leads, Dr Sarah Pass and Professor Thorsten Chmura, to explore how to take this work forward. This work starts 10 years after Everyone Matters 2020 strategy was launched/published and the Dignity at Work Toolkit (Give Respect, Get Respect) was rolled out to Boards. There was a focus on understanding what is good about that cultural work and areas that require to be amended to inform the level of work going forward. There will be more information coming out in July about this.

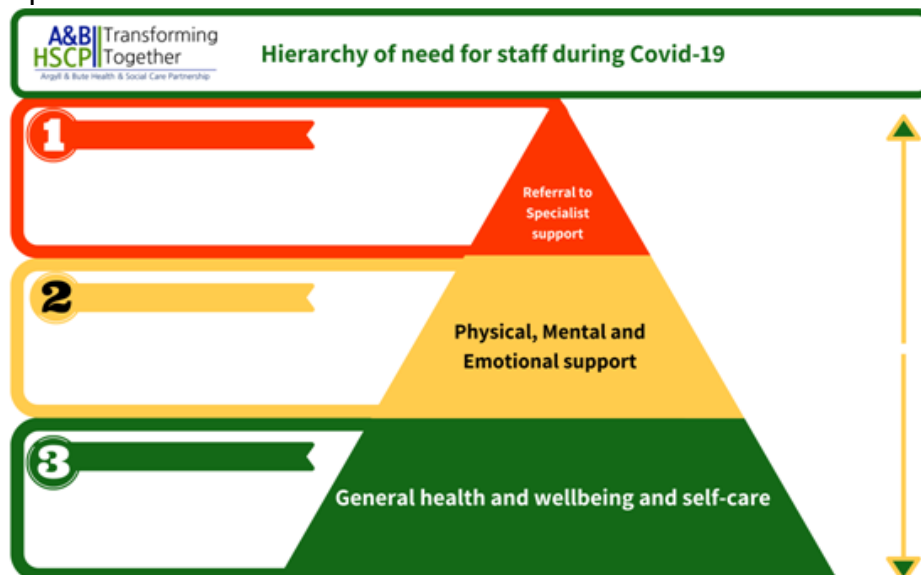
## 5. STAFF WELLBEING

### 5.1 Employee Mental Health and Wellbeing

Covid-19 has changed our lives and placed various demands on people working in health and social care. Argyll and Bute Council and NHS Highland reviewed and enhanced resources to support staff mental health and wellbeing.

An Argyll and Bute HSCP Wellbeing Group was established to share resources, coordinate where possible, and ensure the full range of health and social care staff are supported with their wellbeing and mental health. The group links closely with the NHS Highland Wellbeing Group also established, the Council’s Wellbeing Team and the National Wellbeing Champions’ Network. It includes organisational development, public health, mental health and psychological support services and a Council wellbeing representative. The group co-produced an action plan which was agreed in April by the HSCP SLT, Council SMT and has reported to A&B HSCP Silver Command.

To help to ensure the best use of resources, three categories of need for staff were identified although it is acknowledged that individuals may cross over into more than one category at any one time. Further information is in the April SLT and IJB paper. These groups are:



Three examples of support from the three areas of needs are:

1. NHS Highland established a Staff Psychological Wellbeing Network. This service is available to all health and social care staff within Argyll and Bute HSCP, clinical and non clinical, if they need it. This Network provides advice and support to build and maintain the psychological wellbeing of colleagues, to increase resilience and to reduce the likelihood of burnout, trauma, or other emotional injury during the Covid-19 outbreak.
2. NHS Highland launched their Employee Assistance Programme (EAP), Validium, in May 2020 and the Council continues to provide their EAP, Health Assured. The Council extended their EAP to include Care Home colleagues.
3. Wellbeing Wednesday was started in April as a regular feature to share key messages and sign post resources available for staff in the HSCP. NHS Highland adopted the approach and Wellbeing Wednesdays are now a Highland-wide message from Fiona Hogg. Jane Fowler continues to issue a Council-wide message to all Council staff.

There has been an increasing amount of resources made available nationally. Following the initial phase of the pandemic a focus on supporting and enhancing staff wellbeing and resilience is now important to help with the longer term aspect. We know that the support staff get from managers and employers has a huge impact on wellbeing. There are opportunities from this pandemic to make real, significant and sustainable improvements to the strategic approach of the health and wellbeing of staff and the culture in the HSCP.

As we start to remobilise services, we are acutely aware of colleague fatigue, reduced morale arising from worry and uncertainty and the impact this has on wellbeing. The Chief Officer includes wellbeing support information in weekly communications to colleagues and we will continue to support our employees' health and wellbeing in the coming months.

## **5.2 Absence Management issues**

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.

There continues to be significant scrutiny of absence during this reporting period, 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 highlights that sickness absence has decreased to below 5% in Q4 and stabilised over the last quarter. The overall operational unit absence is comparable with NHS Highland figures. The reduction in sickness absence may be attributed to



Covid-19 related absence in the last 2 quarters. This is not categorised as sickness absence but as special leave (see Covid-19 Response). Those staff who are shielding have been able to work at home where possible. Working at home has been implemented for all staff where possible and will have supported those staff who previously may not have been able to attend work. This is likely to have provided a positive impact on those staff who have a long-term limiting condition.

HSCP HR Business Partners and HR Advisers provide direct support to managers and heads of service on a case by case basis and also have access to Case Review meetings with Occupational Health Services.

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. Within the Council the three temporary Wellbeing Advisers have continued to assist departments with both wellbeing and absence management, particularly during this Covid-19 period. The OD team has been working with the Wellbeing Advisers to co-ordinate support for staff wellbeing including weekly Wellbeing Wednesday messages offering advice on all aspects of wellness.

The NHS Scotland “Once for Scotland” HR Policies were implemented on 1<sup>st</sup> March 2020. A training programme was planned face-to-face and, due to Covid-19, this has been revised to be delivered virtually from August. This includes the revised Attendance Policy with a 4 stage absence management process and is expected to have a positive impact on sickness absence within the HSCP.

### **5.3 Return to Work Interviews**

The table 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.

The RTWIs will continue to be monitored and reported as an important tool in managing absence. Below the table is a graph depicting the trends in completion rates since April 2019. It is clear from the table and graph that there remains an indifferent approach to completion of the RTWIs, and the Wellbeing Advisers are encouraging managers to improve this approach.

For NHS staff, the roll out of eESS (Electronic Employee Support System) is still awaited to facilitate the recording of all absence meetings, including RTWIs, on the Manager Self Service module. The HROD team is in constant contact with NHH to arrange a date for roll-out of training.

## **6 COVID-19 RESPONSE**

The unprecedented Covid-19 pandemic has meant that everyone has had to work together in new, innovative ways to deliver services to our communities. These changes have had a huge knock on effect on individual Council departments,

resulting in additional pressure on some areas of service. A Redeployment/ Recruitment Hub was set up in the Council to help teams deal with pressures on staff. This made use of Council employees employed in non-critical posts or who were unable to carry out their normal work because of the emergency arrangements put in place. This was an appeal to seek volunteers with any qualifications and/or experience to help fill vacant critical posts during very challenging times. NHS Highland established a Workforce Resource Centre to match demand and supply of temporary staffing and reassign employees where appropriate. There was significant involvement from HROD in the development of the Workforce Resource Centre over Quarter 1.

## **6.1 Staffing Reporting – Covid-19 Pandemic**

Regular staffing reporting has provided senior management with a strategic overview of the staffing resource available to both respond to the Covid-19 Pandemic and to maintain business as usual where possible. The impact of Covid-19 related sickness absence is now negligible and the school holiday period has greatly reduced the number of staff at home and not working to 0.77% within the Council.

The current areas of focus for the HSCP are:

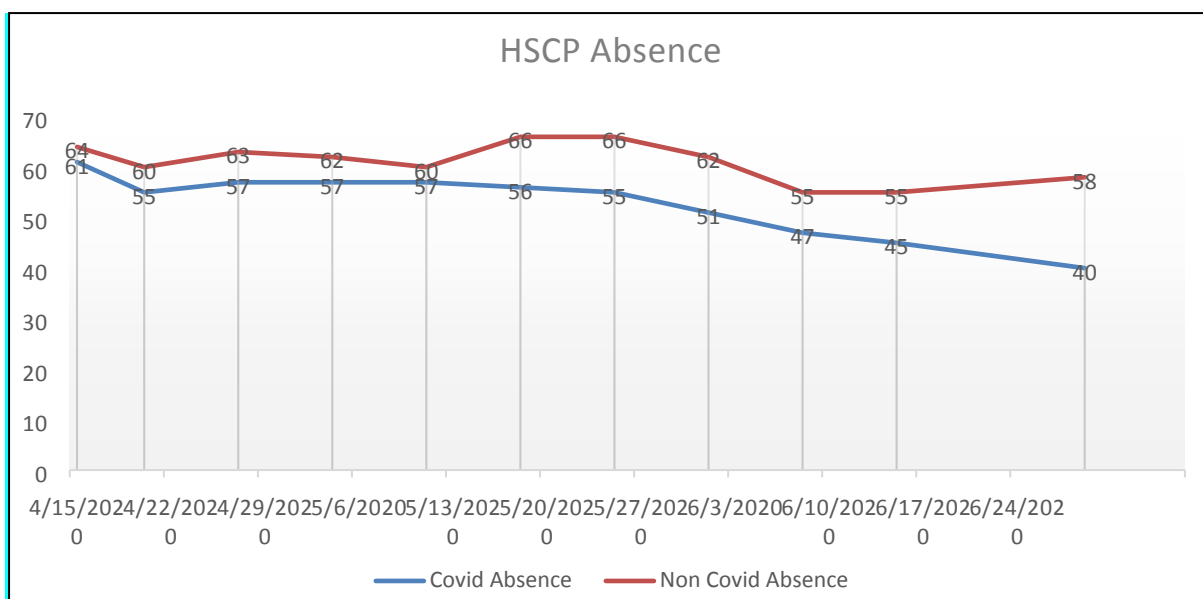
- Employees who are shielding (the latest advice from the Scottish Government for everyone in the shielding category is to isolate until 31 July and not to attend work)
- Employees in other vulnerable groups i.e. who have other health conditions, and who may be limited in their ability to work
- Employees who are unable to access childcare due to limited availability
- Testing – system in place referring staff for NHS testing.

Guidance for managers on employees returning to the workplace is available on the Council hub and NHS intranet and these are updated regularly.

## **6.2 Absence during Covid-19**

Absence monitoring was crucial during the initial stages of lockdown to ensure appropriate service delivery. The data below includes information gathered from the Council's absence line, used by employees to call and register their absence from work. Absence data was recorded daily by HROD and reported to Tactical and to Strategic meetings. Early indications are that the phased return to work of some employment sectors will impact council staff who are currently working from home with young children who have been looked after by the partner who was not at work. Guidance around home working and staff with caring responsibilities, has been issued on the hub and through a newsflash as a joint document with the Trades Unions.

There were 52 NHS employees on Special Leave and 43 on Covid-related leave in the HSCP. A breakdown is shown below for the HSCP Absence for Council employees during the period 15 April to 30 June 2020:



**Covid-19 Absence** - This measure includes those with confirmed/suspected Covid-19, those in contact with cases, and those social distancing or shielding due to health condition.

**Non – Covid-19 Absence** - This measure is all other sickness absence.

This data is only for employees who are not working, but does not include those not working due to Childcare issues or place of business being closed

In summary, HROD has undertaken a substantial amount of work in relation to:

- providing guidance for managers based on frequently updated national advice
- working closely with staffside/TU colleagues with regular HR/staff liaison meetings to ensure HR issues were considered and addressed
- providing senior management with the relevant guidance, eg risk assessment, occupational health
- involvement in the establishment of a workforce resource centre in NHS Highland
- Argyll and Bute Council created a hub to reassign workforce which provided resource for the HSCP

### 6.3 Deployment / Redeployment

The Council's objective was to deploy as many employees as possible to support our communities as part of the Covid-19 response. Since the introduction of the lockdown there has been significant work done in regards to the following:

- The majority of office based staff working from home
- Education and Catering and Cleaning staff participating in rotas covering work in hub schools

In total 10 employees and volunteers have been redeployed into HSCP roles. Eight of these were HSCP staff; one who was a volunteer who was furloughed from Live Argyll, and the other an education employee. All HSCP staff who were successfully redeployed were redeployed into HSCP posts so the total redeployed is 8. In total 40 HSCP staff requested an interest in being redeployed. The majority were not redeployed either because they were shielding, had childcare responsibilities or did not match the available gaps. Legal advice remains that generally staff cannot be compelled to take on a different post. However, depending on the circumstances, it

could be regarded as reasonable to expect staff to take on other duties which are similar and comparable to their usual duties.

## **7. SUPPORTING PERFORMANCE DATA**

### **7.1 Recruitment and Redeployment activity**

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

The graphs highlight the number of vacancies that have to be advertised more than 3 times which is a significant factor for NHS particularly in relation to in qualified nursing and allied health professionals. We continue to work with colleagues in community planning and north Highland to try and address these recruitment challenges.

With reference to social care staffing, we continue to promote vacancies and development opportunities online through the website [www.abplace2b.scot](http://www.abplace2b.scot)



**Job Train**

The new NHS Scotland recruitment system JobTrain has moved forward quickly and now has 125 live job files for NHS Highland Argyll & Bute HSCP and can confirm that all external vacancies are now advertised and being processed via the JobTrain recruitment system.

We are now advertising internal vacancies via JobTrain and will continue to progress with incremental implementation over the next few months due to managers and staff focus on dealing with the current Covid-19 situation.

JobTrain is due to be updated nationally in the summer to improve use and navigation for both recruitment teams and applicants. The reporting function of the system is also being improved with training videos due to be provided for recruitment teams.

### **7.2 Redeployment**

There are 32 staff on the NHS primary redeployment register (an increase of 6 from beginning of quarter 4) The trend over the last 2 financial quarters has fluctuated by decreasing significantly at end of quarter 4 then rising again by end of quarter 1. The register includes individuals whose fixed term posts that are scheduled to come to an end and these are added for the contractual notice period. In future we plan to report the number of completed cases per quarter to show new, completed and ongoing cases to show a fuller picture of HR resource activity. No Social Work or social care staff are currently on the Council redeployment register.

### **7.3 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.)

The number of Fixed Term Contracts within the NHS staff group has decreased from 60 to 55 over the last 2 quarters.

There continues to be approximately 10% of 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 has significantly increased as a result of current redesign work. This brings challenges for team stability, but is a practice that is used to manage the financial challenges the IJB faces 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.

#### **7.4 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 preferred approach is to deal with this through informal action initially.

The number of ER Grievances and Conduct cases within the NHS staff group has remained static at 20 live cases over the last 2 quarters. However, 4 cases were completed in this period. These continue to be supported by our HR Business Partners and HR Advisers.

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.

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

#### **8.1 Update on work for FQ4/FQ1 and plan priorities for FQ2:**

Develop a team plan with SMART targets	Achieved
Deliver the staff governance improvement plan	Ongoing
Promote iMatter completion to improve on last year's	Achieved (NHSH

performance	paused reports)
Review and refresh Staff Health and Wellbeing activities to align with Council and tackle HSCP sickness absence	Wellbeing Group established and plan developed
Continue local support for Culture Fit for the Future including 100 day plan: establish AB HSCP Culture Group, continue delivery of Courageous Conversations, management development	Ongoing
Support the implementation of the new HSCP Management Structure	Ongoing
Progress to 100% of all vacancies on JobTrain	Ongoing
Progress workforce planning priorities; eESS training required for HROD and all managers (NSHH to deliver)	Ongoing
Roll-out Once for Scotland to all managers and then staff; scheduled to start virtual delivery, in partnership with staffside, in August 2020	Development work completed; awaiting national online learning to complement virtual delivery; Ongoing

## 9. 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.

## 10. GOVERNANCE IMPLICATIONS

### 10.1 Financial Impact

A reduction in sickness absence will save costs.

### 10.2 Staff Governance

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

### 10.3 Clinical Governance

None.

### 10.4 Equality and Diversity Implications

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.

### 10.5 General Data Protection Principles Compliance

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

## 10.6 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. Individual HROD risks identified on the Risk Register. Risk assessments have been completed in relation to remobilisation.

## 10.7 Public and User Involvement and Engagement

Not applicable.

## 11. CONCLUSIONS

It is recommended that the Integration Joint Board:

- 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.

## 12. 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

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

## Appendix 1 – Council Training Completed (FQ 4)

Mandatory course	Number of employees completed course	As a percentage of the HSCP total workforce (774)	Number completed in FQ 4	As a percentage of the HSCP total workforce who completed in FQ 4
<b>E&amp;D</b>	87	11%	<b>2</b>	<b>0%</b>
<b>Data Protection</b>	253	33%	<b>70</b>	<b>9%</b>
<b>Fire Safety Awareness</b>	157	20%	<b>39</b>	<b>5%</b>
<b>Freedom of information</b>	72	9%	<b>12</b>	<b>2%</b>
<b>PREVENT</b>	87	11%	<b>19</b>	<b>2%</b>
<b>Positive Customer Care</b>	71	9%	<b>13</b>	<b>2%</b>

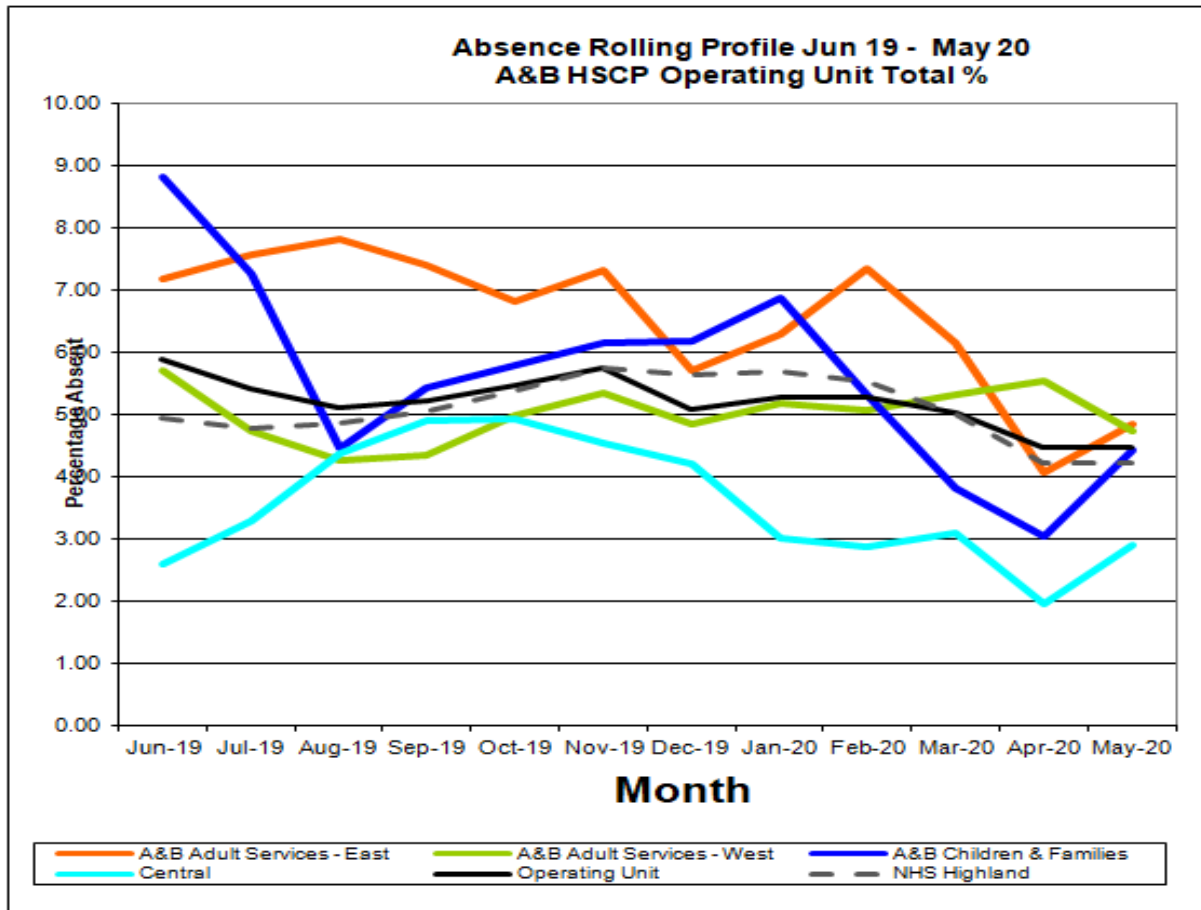
(HSCP total workforce end Q4: 774)

## Mandatory Training Compliance – New Starters to June 2020

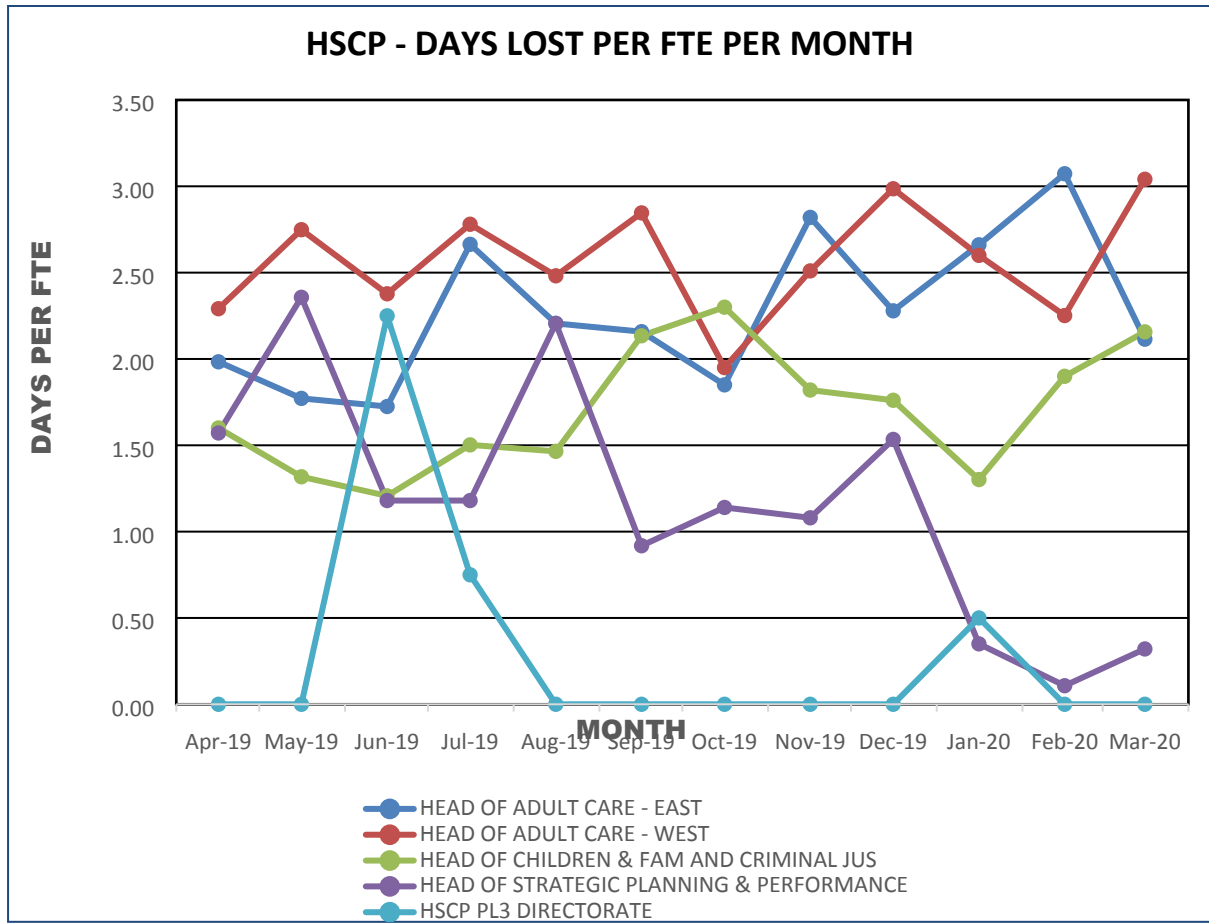


## Appendix 2 – HSCP Absence rates

NHS – June 19 to May 20

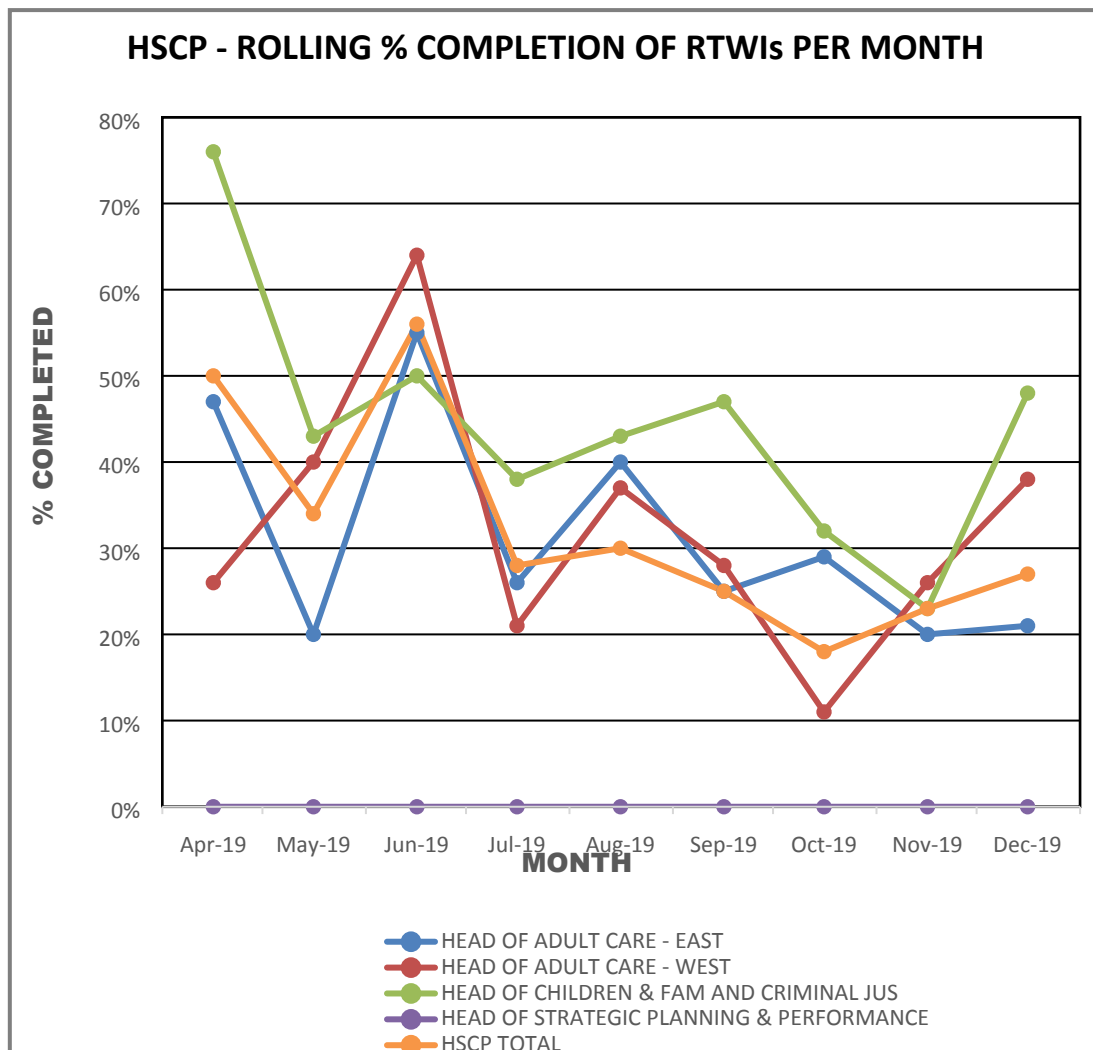


**Council: A & B Social Care Staff – Apr 19 to Mar 20**



### Appendix 3 – Return to Work Interview Data (Council Staff) FQ4

	Jan 20		Feb 20		Mar 20	
	% 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	72%	8	37%	4	27%	6
Adult Care East	27%	4	30%	3	6%	4
Children and Families and CJ	53%	9	58%	5	35%	8
Strategic Planning and Performance	0%	-	0%	-	0%	-
<b>TOTAL</b>	<b>38%</b>	<b>7</b>	<b>31%</b>	<b>4</b>	<b>17%</b>	<b>6</b>



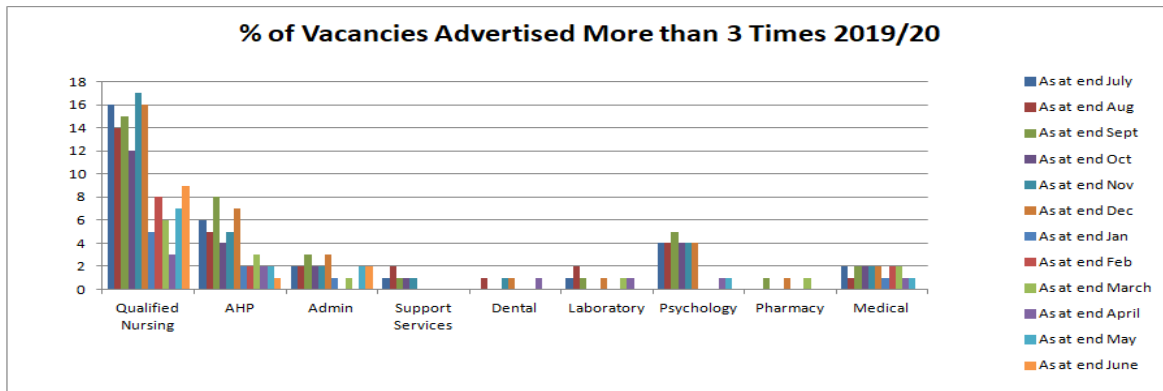
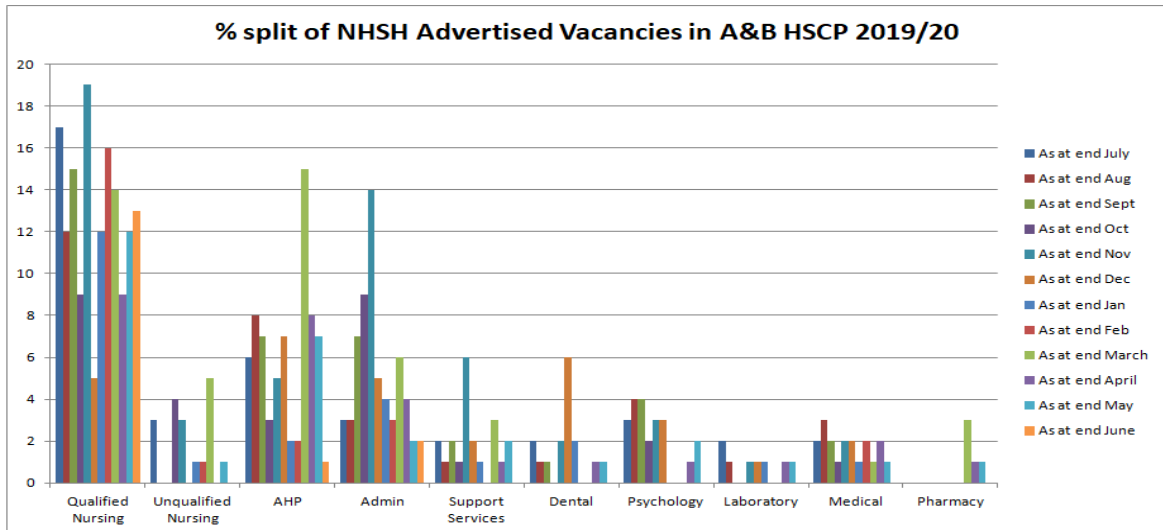
## Appendix 4 – Recruitment and Redeployment Activity (Q3)

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 [www.abplace2b.scot](http://www.abplace2b.scot)

### Advertised vacancies:

	January		February		March	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
<b>Adult Services EAST</b>	12	2	13	0	6	1
<b>Adult Services WEST</b>	12	9	28	10	9	11
<b>Children &amp; Families</b>	0	5	0	0	0	0
<b>Corporate Services</b>	1	1	3	0	3	0
<b>Totals</b>	25	17	44	10	18	12
	42		54		30	

	April		May		June	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
<b>Adult Services EAST</b>	8	4	10	4	1	9
<b>Adult Services WEST</b>	6	8	5	6	19	8
<b>Children &amp; Families</b>	1	0	9	0	6	0
<b>Corporate Services</b>	0	2	3	0	1	2
<b>Totals</b>	15	14	27	10	27	19
	29		37		46	



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

- Internal appointments – 4 weeks
- External appointments – 13.5 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)

**COVID-19 Recruitment:**

The table below details all bank recruitment clearance requests are being processed NHSH Argyll & Bute HSCP recruitment team by area:

	OLI	C&B	MAKI
<b>Bank Q. Nursing</b>	6	1	0
<b>Bank HCA</b>	6	0	3
<b>Bank Support Staff</b>	17	1	3
<b>Bank Administration</b>	4	0	0
<b>Bank AHP</b>	0	1	0
<b>Volunteer Drivers</b>	0	0	8

## Council Social Work/Care vacancies

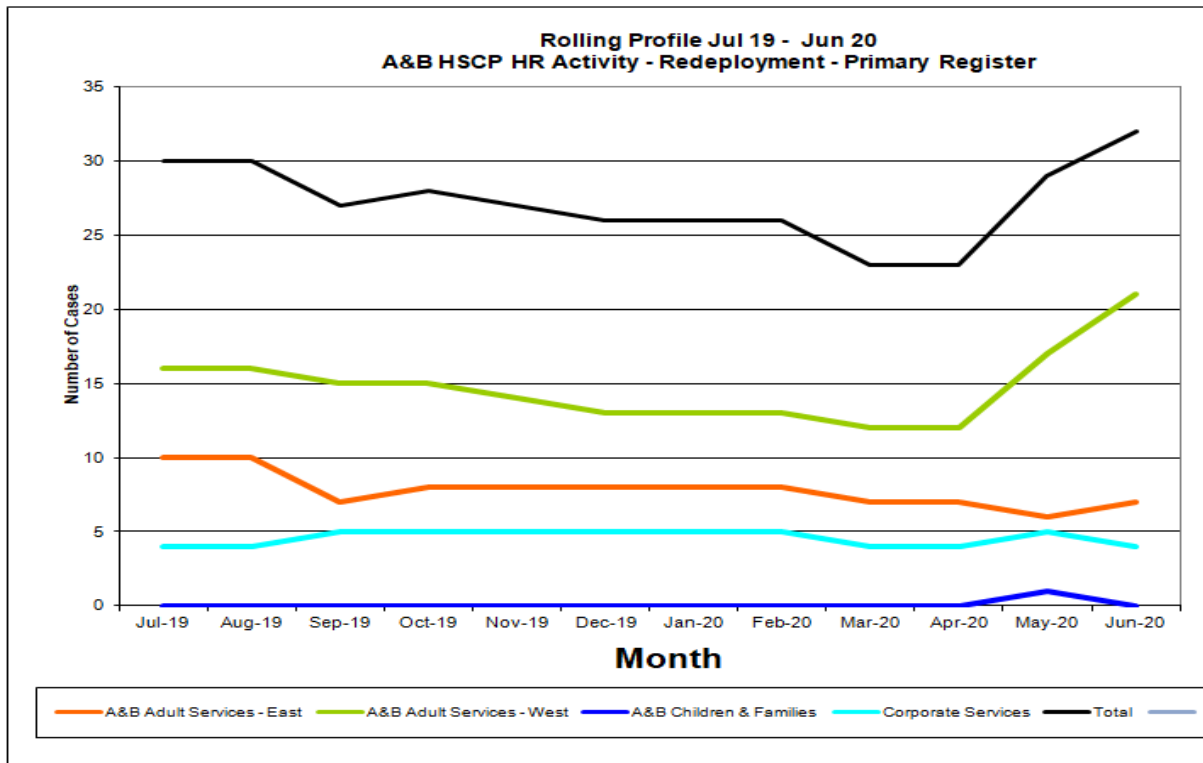
The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q4 is detailed in the table below.

	January		February		March	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services EAST			5	2	5	1
Adult Services WEST	6	5	4	13	10	2
Children & Families		1		4	2	3
Strategy P&P						
<b>Totals</b>	<b>6</b> (4 x Temp/ Cas, 2 x Perm)	<b>6</b> (1 x Temp/ Cas, 5 x Perm)	<b>9</b> (4 x Temp/ Cas, 5 x Perm)	<b>19</b> (8 x Temp/ Cas, 11 x Perm)	<b>17</b> (5 x Temp/Cas, 12 x Perm)	<b>6</b> (1 x Temp, 5 x Perm)
	<b>12</b>		<b>28</b>		<b>23</b>	

## NHS Redeployment

Primary Register

NHS Employees	Jan	Feb	Mar	Apr	May	Jun
A and B Adult Services – East Total	8	8	7	7	6	7
A and B Adult Services – West Total	13	13	12	12	17	21
A and B Children and Families Total	0	0	0	0	1	0
Corporate Services Total	5	5	4	4	5	4
<b>Totals</b>	<b>26</b>	<b>26</b>	<b>23</b>	<b>23</b>	<b>29</b>	<b>32</b>



## Appendix 5 – Permanent, Fixed Term and Casual Contracts (Q4, Q1)

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

Employees on T/FT contracts	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Adult Care West (ABC)						
Adult Care West (NHS)	35	40	39	39	39	35
Adult Care East (ABC)						
Adult Care East (NHS)	21	20	21	16	16	15
Children and Families and CJ (ABC)						
Children and Families and CJ (NHS)	1	0	0	0	0	0
Strategic Planning and Performance (ABC)						
Corporate Services (NHS)	3	2	2	2	2	1
<b>OVERALL TOTAL</b>						

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

Permanent (P/PS) contracts	Jan 20	Feb 20	Mar 20
Adult Care West	358	388	361
Adult Care East	160	156	156
Children and Families and CJ	223	222	221
Strategic Planning and Performance	18	17	16
(HSCP PL3 DIRECTORATE)	3	3	3
<b>OVERALL TOTAL</b>	<b>762</b>	<b>786</b>	<b>757</b>

### Council Social Work/Care Casual Contracts

Total Number of Casual Contracts (some also on Perm/Temp contracts)	Jan 20	Feb 20	Mar 20
Adult Care West	485	491	495
Adult Care East	198	201	201
Children and Families and CJ	369	176	176
Strategic Planning and Performance	0	0	0
<b>OVERALL TOTAL</b>	<b>1052</b>	<b>868</b>	<b>872</b>

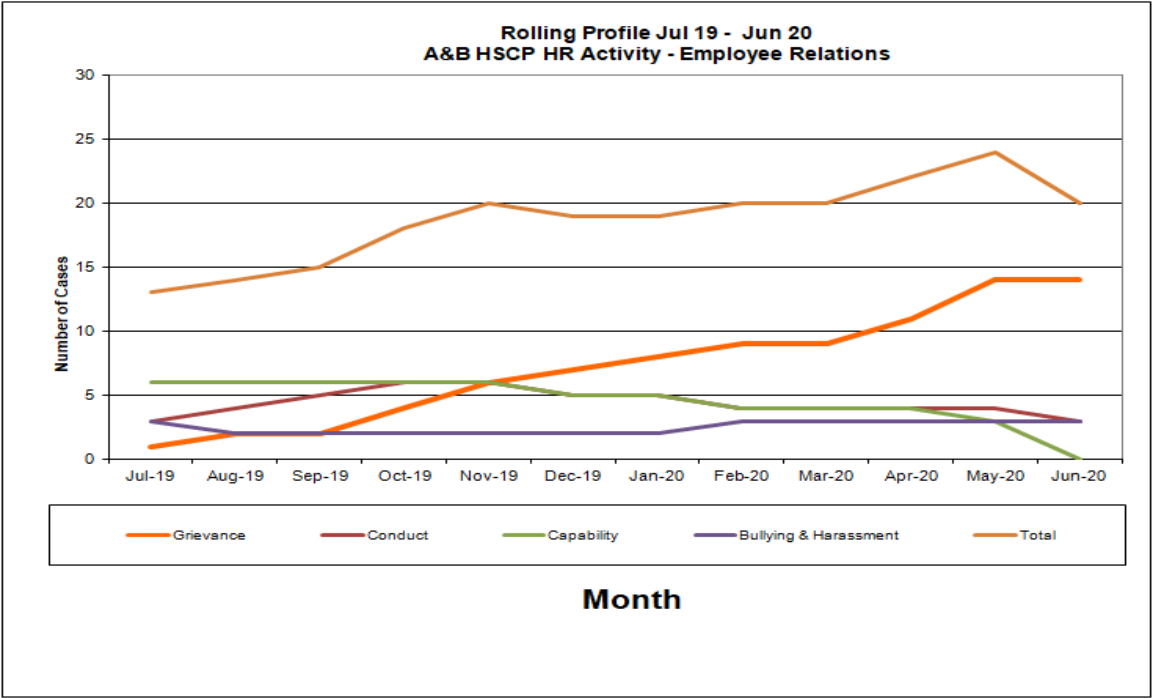




## Appendix 6 – Employee Relations Cases (Q4, Q1)

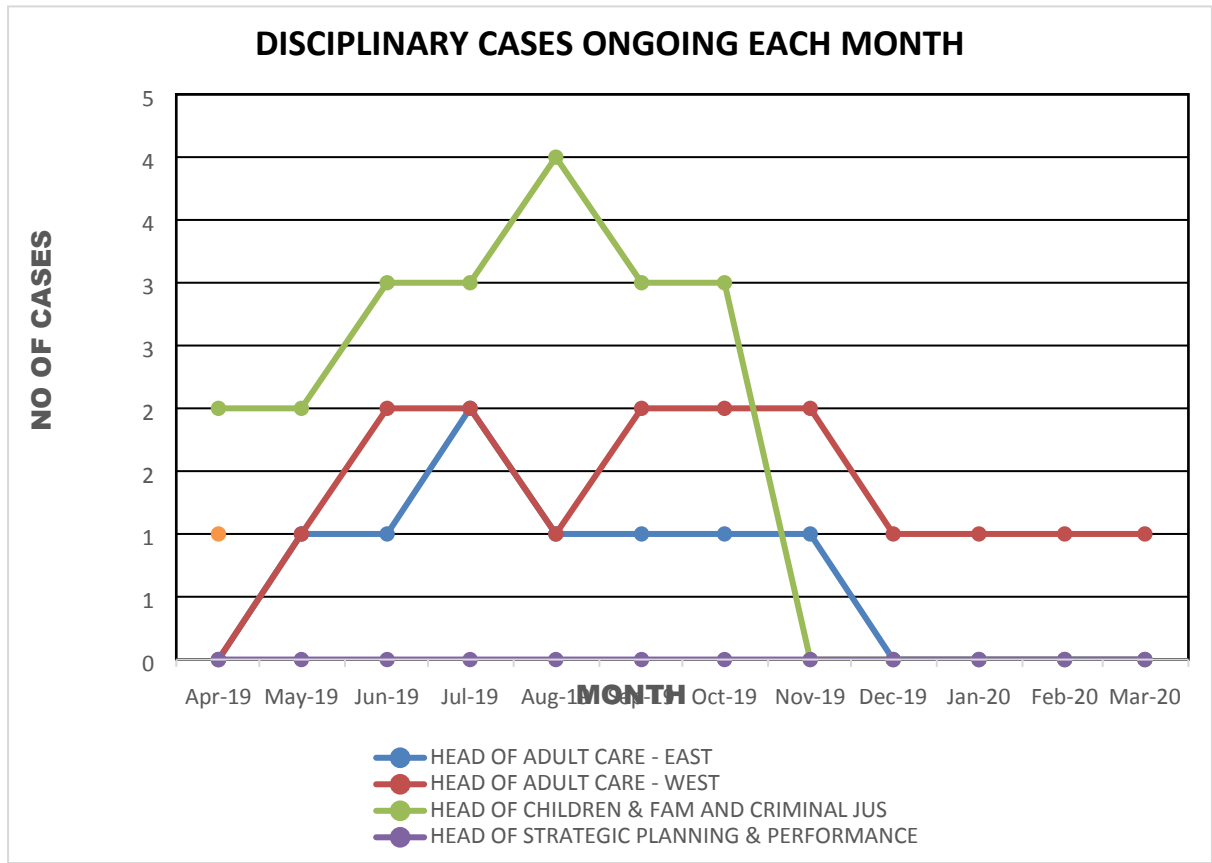
### NHS ER cases

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20
<b>Grievance</b>	8	9	9	11	14	14
Adult Services - West	4	5	5	7	11	11
Adult Services - East	4	4	4	4	3	3
Children and Families	0	0	0	0	0	0
Corporate	0	0	0	0	0	0
<b>Conduct</b>	5	4	4	4	4	3
Adult Services - West	1	2	2	2	2	1
Adult Services - East	4	2	2	2	2	2
Children and Families	0	0	0	0	0	0
Corporate	0	0	0	0	0	0
<b>Capability</b>	5	4	4	4	3	0
Adult Services - West	0	0	0	0	0	0
Adult Services - East	5	4	4	4	3	0
Children and Families	0	0	0	0	0	0
Corporate	0	0	0	0	0	0
<b>Bullying and Harassment</b>	2	3	3	3	3	3
Adult Services - West	1	3	0	0	0	0
Adult Services - East	1	0	0	0	0	0
Children and Families	0	0	0	0	0	0
Corporate	0	0	0	0	0	0
<b>Totals</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>22</b>	<b>24</b>	<b>20</b>



**Appendix 6: Council Social Work/Care ER cases**

	Jan 20	Feb 20	Mar 20	Q4 New	Q4 Completed
<b>Disciplinary</b>					
Adult Services - West	1	1	1		1
Adult Services - East					
Children and Families					
Corporate					
<b>Totals</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>



	Jan 20	Feb 20	Mar 20	Q4 New	Q4 Completed
<b>Grievance</b>					
Adult Services - West	5	3	3	1	1
Adult Services - East	1	2	2	2	1
Children and Families					
Corporate					
<b>Totals</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>2</b>

