

**Integration Joint Board**

**Date of Meeting: 25 November 2020**

**Title of Report: Staff Governance Report for Financial Quarter 2 (2020/21)**

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

**The Integrated Joint Board is asked to:**

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

**1. EXECUTIVE SUMMARY**

1.1 This report on staff governance performance covers financial quarter 2 (July - September 2020) and the activities of the Human Resources and Organisational Development (HROD) teams. In the last quarter, there has been a focus on improving culture, supporting employee health and wellbeing, improving recruitment processes and managing employee relations cases.

**2. INTRODUCTION**

2.1 The priorities for Argyll and Bute HSCP for 2019-22 are to:

- Support people to live fulfilling lives in their own homes, for as long as possible
- Promote health and wellbeing across all our communities and age groups
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing
- Reduce the number of avoidable emergency hospital admissions and minimise the time that people are delayed in hospital
- Support staff to continuously improve the information, support and care that they deliver
- Institute a continuous quality improvement management process across the functions delegated to the Partnership.

2.2 This report focuses on how staff governance supports the HSCP priorities and meets the staff governance standard. Staff Governance is defined as “A system of corporate accountability for the fair and effective management of all staff.” 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.

2.3 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.

### **3. PROGRESS AND CHALLENGES**

#### **3.1 Improving Culture**

The update on culture progress for staff is covered in detail in the Culture paper on the agenda.

#### **3.2 NHS Highland Guardian Service**

3.2.1 NHS Highland's independent 'Speak Up' service, the Guardian Service, was launched on Monday, 3<sup>rd</sup> August offering a 24/7 service to provide colleagues with an opportunity to independently discuss their concerns relating to patient care and safety, whistleblowing, bullying and harassment and work grievances.

3.2.2 The Guardian Service Limited has appointed Derek McIlroy and Julie McAndrew to be the two full time independent dedicated Guardians for NHS Highland including Argyll and Bute. The service provides an additional channel for colleagues to discuss concerns in confidence particularly where staff feel they can't raise concerns through our established internal routes.

3.2.3 This is another key milestone for NHS Highland, to ensure that the systems and processes are in place to make sure people can be heard. This forms part of NHS Highland Board's ongoing commitment to deliver the recommendations of last year's Sturrock report, which recommended that colleagues had access to an independent and confidential route to raise concerns, in addition to the existing internal processes.

3.2.4 Arrangements are being made that this service will now be extended to include Council employees of the HSCP in order to ensure there is an additional safe place, outwith existing channels, to raise issues in confidence and have assurance that they will be listened to.

### 3.3 Management Restructures

The new Children, Families and Justice Management structure was implemented on Monday 31st August 2020. This restructure has resulted in one Council redundancy. The Adult Services Management restructure was delayed slightly by Covid-19, but was reinstated and became effective on 28<sup>th</sup> September 2020.

3.3.1 This is an important step for the HSCP in bringing stability and certainty to the organisation following a period of temporary management arrangements. The new managers will undergo induction and training on management and leadership and will have a critical role in ensuring the delivery of quality services, the commitment to transforming our services and the positive change to culture that is being led by the Chief Officer.

### 3.4 Staff Experience

#### 3.4.1 iMatter

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams, Boards and HSCPs understand and improve staff experience. This is a term used to describe the extent to which employees feel motivated, supported and cared for at work. It is reflected in levels of engagement, motivation and productivity. HSCP staff (Council and NHS) have participated since 2017.

3.4.2 The iMatter survey was undertaken for three weeks in March and partially coincided with the start of Covid-19 lockdown. A national pause was agreed on reporting this year and no reports were released to teams in the HSCP or Board to date. This was reviewed in the summer and iMatter reports were released to those teams, Boards and HCSPs with a response rate of 60% or more at the end of September. The HSCP final response rate was 54%, see below. The low paper response reduced the overall response rate as email alone was 59%. This is an area of focus for the team to improve in advance of the nex iMatter survey.

	Emails	Paper	SMS	Total
<b>Sent surveys</b>	2096	202	0	2298
<b>Responses</b>	1245 (59%)	7 (3%)	0 (0%)	1252 (54%)

#### 3.4.3 Everyone Matters

NHS Scotland undertook a national pulse survey in September 2020 with a focus on staff wellbeing. HSCP staff (Council and NHS) and the health board staff took part in this Everyone Matters survey that was run for three weeks during September 2020 with a 41% response rate in the HSCP, 40% for the Board overall. This is similar to the response level nationally. Directorate Reports were expected to be published in November 2020, but the Scottish Government has announced that this will be delayed until December.

The 2020 Everyone Matters survey was particularly focussed on staff wellbeing and will provide an opportunity to develop and deliver focussed interventions to support staff wellbeing where it may be most beneficial.

The survey results from iMatter and Everyone Matters will be used to inform aspects of the Culture Programme in the HSCP and the Board and will be reported to the IJB. We need to increase confidence and participation in the annual iMatter national process as a feedback and action-planning mechanism for continuous improvement and to improve staff experience and lift levels of employee engagement.

### **3.5 Health and Wellbeing**

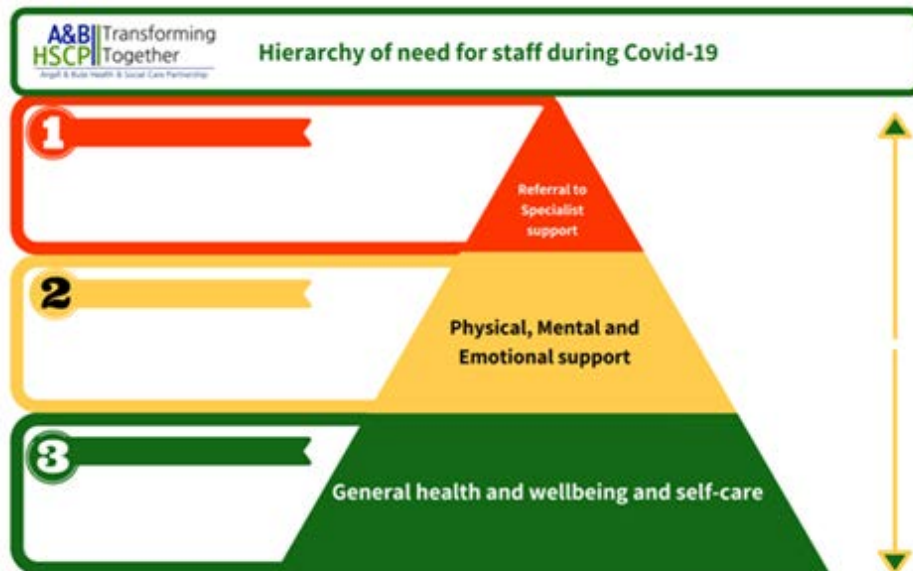
#### **3.5.1 Argyll and Bute HSCP Wellbeing Group**

Covid-19 has changed our lives and made 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.

3.5.2 The Argyll and Bute HSCP Wellbeing Group moved from weekly to monthly meetings from September. The group was established to share resources, co-ordinate 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 and the Council's Wellbeing Team and the Scottish Government 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.

#### **3.5.3 Addressing wellbeing needs**

To help 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. 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 has continued since 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 the Director of HR&OD on a weekly basis where key resources are included each week. The Council Head of Customer Support Services continues to issue a Council-wide message to all Council staff.

#### 3.5.4 Wellbeing resources

There have been an increasing amount of resources made available nationally over time including:

- [National Wellbeing Hub](#) - A National Wellbeing Hub for the NHS and Social Care Workforce and unpaid carers contains a wealth of information about the support that is available to look after your mental health and wellbeing.
- [NES TURAS psychosocial mental health and wellbeing support](#)
- <https://projectlift.scot/coronavirus-resources/>

- <https://www.knowyoumore.com/wellbeingcoaching/> - A free online service offers 2 options for online coaching for wellbeing. Both are designed to support staff with issues they may be facing during these challenging times. Experienced coaches will support staff in building resilience and improving wellbeing and if they lead others there will be space to explore how they support their staff too.

### 3.5.5 **Remobilisation, wellbeing and resilience**

A focus on supporting and enhancing staff wellbeing and resilience continues to be important to help with the longer term aspect, and regular messages around this are included in the Chief Officer regular email. A local example of communication is in Oban, Lorn and Isles where a twice-weekly Team Brief goes out to staff across the area and wellbeing information is part of this, including local specific information.

- 3.5.6 As services are remobilised, we are acutely aware of colleague fatigue, reduced morale arising from worry and uncertainty and the impact this has on wellbeing. The role of Wellbeing Champions was introduced in Quarter 2, to champion and promote wellbeing messages and resources. A support pack was prepared by the Wellbeing group and a number of staff have come forward to volunteer for this role across the HSCP. They have come together virtually on several occasions with support from the public health and OD team. They also provide feedback to the Health and wellbeing group about how these resources are being implemented locally and are being received by staff. The feedback we are looking for is general and examples could include whether people are using the self-care information, or if specific groups require further information.
- 3.5.7 In July the Strategic Leadership Team approved a pilot with the Resilience Engine as one approach for supporting staff wellbeing and resilience. As a result, five teams have been identified from across the HSCP in terms of geography and include some integrated teams and a good mix of employees from both the Council and NHS. The pilot will start in October and be evaluated.
- 3.5.8 The NHS Highland Wellbeing Group is looking into how it goes forward in relation to the culture programme and the previously established strategy group. The Argyll and Bute HSCP Wellbeing Group is also looking into how it goes forward in relation to this and the culture programme in the HSCP.

### **3.6 Communications**

3.6.1 The Chief Officer continues to communicate with all HSCP employees via a weekly email highlighting good practice, key messages and promoting a kind and compassionate culture. The Council Chief Executive provides a weekly update via newsflash and a monthly Cascade is issued to staff with a quarterly magazine also published.

3.6.2 In May, the Chief Officer introduced twice-weekly drop-in “Tea and Chat” sessions via Skype for all HSCP employees to speak directly to the Chief Officer and senior managers about their questions or concerns. Over 40 sessions have been held with an average of 10 employees attending per session. These sessions have now been expanded to be hosted by members of the Senior Leadership Team.

### **3.7 Personal Protective Equipment (PPE)**

3.7.1 In Argyll and Bute HSCP a number of services are involved in making sure our employees are able to carry out their work safely and keep patients and service users safe. This has been particularly important during the ongoing Covid pandemic. Regular guidance information is circulated to colleagues by email and hard copies in the workplace. The attached PPE guidance has been circulated to community teams to provide information about the different types of PPE and donning and doffing instructions.

3.7.2 Health and Safety teams advise services on the type of PPE that is appropriate for their work. Face-fit mask testing is arranged by NHS Health and Safety team. PPE training is part of the care home pathway education in Argyll and Bute and has been delivered to colleagues in 15 care locations during May-June 2020.

3.7.3 In addition, standalone PPE training was delivered by the Care Home Improvement Officer on 17<sup>th</sup> and 18<sup>th</sup> September in Thomson Court, Palm Court and Eader Glinn. Two education sessions have been provided to the Oban community team and those relocated to Lorn and the Isles Hospital. These were supportive sessions at the manager’s request.

3.7.4 There are PPE champions across the HSCP and PPE champion training is delivered collaboratively. Ongoing PPE education is provided by the Infection Prevention and Control Nurse Argyll and Bute who is responsible for healthcare staff and the NHS Health Protection Team that is responsible for social care staff.

### **3.8 Learning and Development**

- 3.8.1 Employees must comply with a range of organisational and legislative requirements related to induction, statutory and mandatory training. Compliance rates for statutory and mandatory training remain significantly below the target of 95%. The attached reports for NHS Highland employees show a below target level of compliance with statutory and mandatory training. Managers are asked to ensure that their teams comply and complete the necessary training.
- 3.8.2 The Scottish Social Services Council (SSSC) specifies which roles require SVQ qualifications. All employees who require to be SVQ trained for their role, as specified in SSSC registration, have this qualification.
- 3.8.3 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.

Data for Learning and Development activity is shown in Appendix 1.

#### 3.8.4 **Mandatory Training for Social Care**

There is a programme of mandatory training for social care staff that is overseen by the Social Work Training Board, chaired by the Chief Social Work Officer and informed by the requirements of SSSC registration.

Courses covered are:

- Argyll and Bute Council Induction Programme
- Child Protection
- Adult Protection
- Elementary Food Hygiene
- SVQ and Moving and Handling (role dependent).

All employees must undertake the following e-learning courses:

- Equality and Diversity
- General Data Protection Regulations (GDPR)
- Fire Safety Awareness
- Freedom of Information
- PREVENT
- Positive Customer Service.

All managers are encouraged to undertake the Argyll and Bute Manager (Managing Teams) programme.



- 3.8.6 Social work and social care employees are also offered extra training as follows:
- 3.8.7 Moving and Handling is offered to all carers.

### **Child Protection**

- 3.8.8 The Argyll and Bute Child Protection Committee (A&BCPC) training programme is multi- agency so does not replace any single agency mandatory training responsibilities that each organisation/agency has for ensuring staff are trained in safeguarding matters.

All staff and volunteers in Argyll and Bute can access our e-learning modules and can attend our multi-agency courses where they need to understand the context of working with others to protect children. For Carers in adult services this would be our *public protection e-learning module* and possibly our 3 hour *multi-agency introduction to child protection course* depending on their role and remit. Full details in the training section of our website [www.argyll-bute.gov.uk/abcpc](http://www.argyll-bute.gov.uk/abcpc)

Priorities for A&BCPC annual training programme aligns with the child protection committee improvement plan. Training is monitored by A&B CPC learning & development sub group and reported in terms of quality of training, attendance and impact on practice improvements. All agencies and organisations who employ care staff are responsible for monitoring that their staff are confident and competent in their safeguarding practices.

Adult Protection offer multi-agency training for adult protection to third sector agencies (including care agencies) as part of training programme but it's not mandatory. It is the responsibility of the agency to ensure that their staff have appropriate training in adult protection. They also have to demonstrate that they have appropriate adult protection policies in place.

- 3.8.9 **Numbers of employees who are undertaking SVQs (Scottish Vocational Qualifications)**

Currently we have 5 Home Carers undertaking their SVQ as Modern Apprenticeship Learners through the Council's accredited training centre. 34 have completed their SVQ qualification, the Social Work Training Board agreed to prioritise staff on the basis of their registration date with Scottish Social Services Council (SSSC).

- 3.8.10 Training is provided to employees using a number of routes to ensure that all training delivered meets the requirements of SSSC registration and thus maintain quality and safety.

The Council's SQA (Scottish Qualifications Agency) accredited Training Centre employs SVQ assessors and verifiers as required by the SQA. The centre regularly achieves high quality assurance reports from the SQA.

SVQs are delivered and supported online with assessments made in the workplace.

Before Covid-19 most training was delivered face to face alongside e-learning, a Moving and Handling on-line course has been developed and Annabel Telfer is training in some areas. Any training we offer is for our employees only.

### **3.9 Recruitment and Redeployment Activity**

3.9.1 The Senior Leadership Team agreed to an improved way forward for recruitment and workforce monitoring to ensure that vacancies are processed according to employer policies, meet workforce planning objectives for the HSCP, improve efficiency and meet budget management requirements.

3.9.2 SLT agreed to a transition to a process of online recruitment processing and authorisation using JobTrain and Talentlink. A digital process for both NHS and Council vacancies will be piloted in FQ3, ensuring that appropriate authorisation levels are in place to meet HSCP requirements including finance, service capacity and redeployment. Online recruitment will greatly reduce bureaucracy and help to monitor the vacancy process.

3.9.3 SLT has agreed to move to monthly workforce monitoring meetings in place of fortnightly vacancy monitoring meetings. This will provide focus on analysis of recruitment activity, workforce plans, vacancy savings, recruitment challenges and training opportunities. There will be a transition period as we move from the current process to a fully online process.

3.9.4 We have consulted with staffside and trades union representatives and they are comfortable with this new approach. Staffside and trades union colleagues will be provided with a monthly report of vacancies to provide oversight of the process.

3.9.5 NHHSH Redeployment figures show a significant rise over the last quarter (Appendix 2). This is mainly as a result of the closure of Knapdale ward in Mid Argyll Community Hospital following a review of Dementia Services. Due to Covid-19, the closure was required to be implemented earlier than planned. Managers are working in partnership with HR and TU/Staffside to redeploy the staff including having one to one meetings with employees to identify transferable knowledge, skills and experience. The HROD team continue to consider all vacancies for redeployment which become available after approved at Workforce Monitoring Meetings held fortnightly at present.

### **3.10 Attendance Management**

3.10.1 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.

- 3.10.2 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 3, showing trend data for a 12 month period and a breakdown between services.
- 3.10.3 NHS data highlights that sickness absence has decreased to below 4% in July in Q2 before rising in August to comparable figure with the previous 6 months. The overall operational unit absence is comparable with NHS Highland figures. As mentioned in the previous report the reduction in sickness absence may be attributed to Covid-19 related absence which is recorded as special leave. 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.
- 3.10.4 The Return to Work Interviews (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 October 2019. It is clear from the table and graph that there is not as focussed an approach as is required to complete the RTWIs, and the Wellbeing Advisers are encouraging managers to improve this approach.
- 3.10.5 HSCP HR Business Partners, HR Advisers and Council Wellbeing 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.

### 3.11 **Employee Relations**

- 3.11.1 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.
- 3.11.2 The number of Employee Relations (ER) cases within the NHS staff group has significantly increased from 20 to 27 live cases over the last Quarter. However, 2 of these cases are at the review stage, and are due to be completed with Q3 report. Whilst the number of

grievances has reduced the number of Bullying and Harassment cases have increased. Some of these cases involve one complaint against a number of respondents and/or a number of complainants against one respondent. These are 2 investigations but a multiple number of recorded cases due to potential individual outcomes i.e. disciplinary hearings.

- 3.11.3 One other issue to report is that two existing grievances were reclassified as Bullying and Harassment cases after representation and discussion with Trades Union colleagues. The introduction of new Once for Scotland policies has contributed to some challenges in the categorisation of ER cases. It is very difficult and stressful for staff who are part of a people process to find that a decision has been taken to change the approach. We seek at all times to work in partnership with our colleagues on staff side and the trades unions to agree the approach taken to Employee relations issues at the outset. We then move quickly to have the issue dealt with as swiftly as the process allows and reach a resolution. Where possible, we work to address issues in the workplace informally as often as we can. A&B HR&OD team are part of the overall NHSH plan for roll out of Once for Scotland Policies not only to ensure consistency of approach and implementation but to utilise all available resources across NHSH.
- 3.11.4 The number of new Bullying and Harassment cases does coincide with the introduction of NHSH Guardian Service in August and the current culture work that is ongoing within the HSCP led by the Chief Officer. It is worth noting that this increase may be due to staff feeling more able to come forward to report their concerns and complaints to HR and Management as they are more aware of what constitutes bullying and feel that their concerns will be addressed.
- 3.11.5 These employees continue to be supported by our HR Business Partners and HR Advisers.
- 3.11.6 In the Council, the Employee Relations Team carries out all disciplinary investigations for Council employees of the HSCP, but managers are responsible for investigating grievances. This has resulted in a significant improvement in the time to reach a conclusion to disciplinary investigations. The numbers of bullying and harassment complaints from Council employees are much lower than amongst NHS employees in the health and social care partnership. The Council are using the same external advisers as NHS Highland to undertake any complex bullying or harassment complaints in the HSCP, to ensure parity of approach.
- 3.11.7 The launch of the Guardian Service to Council employees in January 2021 will be closely monitored to identify if this brings an increase in reports of bullying and harassment amongst Council staff in the HSCP. This will be reported to the IJB once this data is available.

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

### Update on work for FQ2 and plan priorities for FQ3:

Established AB HSCP Culture Group	Achieved
Deliver the staff governance improvement plan	Ongoing
Promote iMatter completion to improve on last year's performance	Achieved
Analyse results of iMatter and Everyone Matters and support managers and teams to improve on areas identified	FQ3/FQ4
Continue to support Staff Health and Wellbeing activities to align with Council and tackle HSCP sickness absence	Wellbeing Group established; work ongoing
Continue local support for Culture Fit for the Future and continuing 100 day plan: continue delivery of Courageous Conversations, management development; improvement to people processes	Ongoing
Support the implementation of the new HSCP Management Structure	Ongoing
Progress to 100% of all vacancies on JobTrain – pilot starting in FQ3	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,	Development work completed; awaiting national online learning to complement virtual delivery; Ongoing

#### 4. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 This report has outlined how the staff governance work contributes to strategic priorities.

#### 5. GOVERNANCE IMPLICATIONS

##### 6.1 Financial Impact

A reduction in sickness absence will save costs.

##### 5.2 Staff Governance

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

##### 5.3 Clinical Governance

None

#### 6. EQUALITY & 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.

## 7. General Data Protection Principles Compliance

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

## 8. 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.

## 9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable

## 10. 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.

## 11. DIRECTIONS

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

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 Jo McDill, HR&OD Officer, Argyll and Bute Council  
 Dorothy Ralston, HR&OD Officer, Argyll and Bute Council

## Appendix 1 – Council Training Completed (FQ 2)

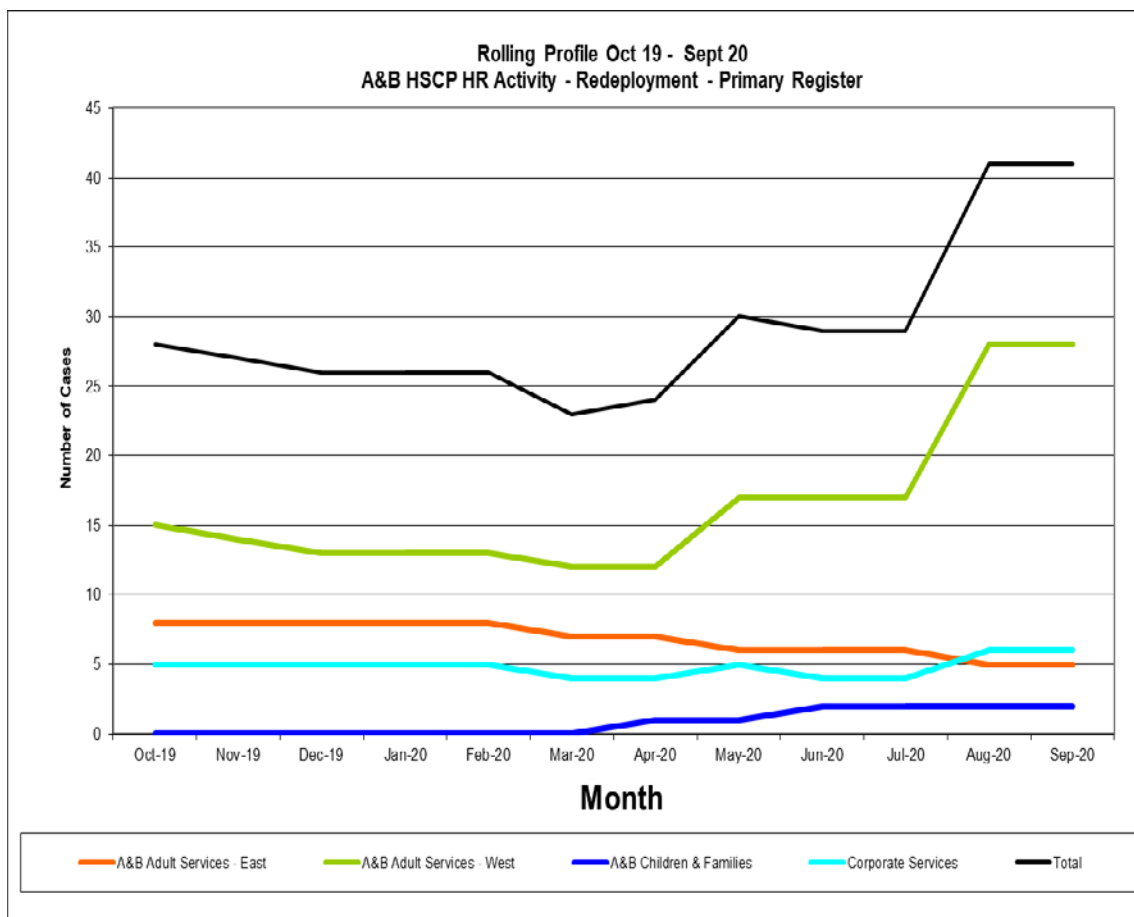
Mandatory course	Number of employees completed course	As a percentage of the HSCP total workforce (765)	Number completed in FQ 2	As a percentage of the HSCP total workforce who completed in FQ 2
E&D	66	9%	0	0%
Data Protection	317	41%	41	5%
Fire Safety Awareness	162	21%	33	4%
Freedom of information	81	11%	18	2%
PREVENT	86	11%	0	0%
Positive Customer Care	69	9%	17	2%

(HSCP total workforce end Q2: 765)

## Appendix 2: Redeployment

### Primary Register

NHS Employees	Apr	May	Jun	Jul	Aug	Sep
A and B Adult Services – East Total	7	6	7	6	5	5
A and B Adult Services – West Total	12	17	21	17	28	28
A and B Children and Families Total	0	1	0	2	2	2
Corporate Services Total	4	5	4	4	6	6
<b>Totals</b>	<b>23</b>	<b>29</b>	<b>32</b>	<b>29</b>	<b>41</b>	<b>41</b>





## Recruitment and Redeployment Activity (Q2)

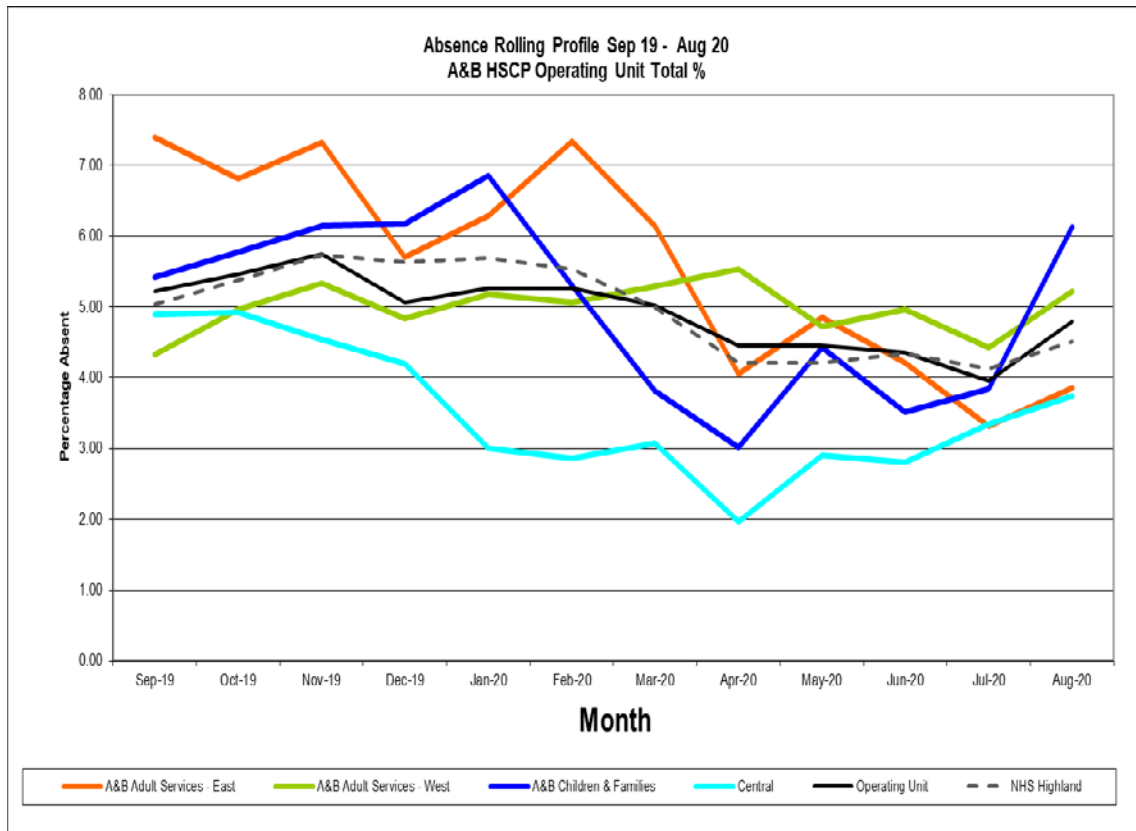
Attracting and retaining suitable applicants predominantly within nursing, mental health and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality. The Communications Team continues with uploading and sharing posts and information relating jobs throughout the 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:

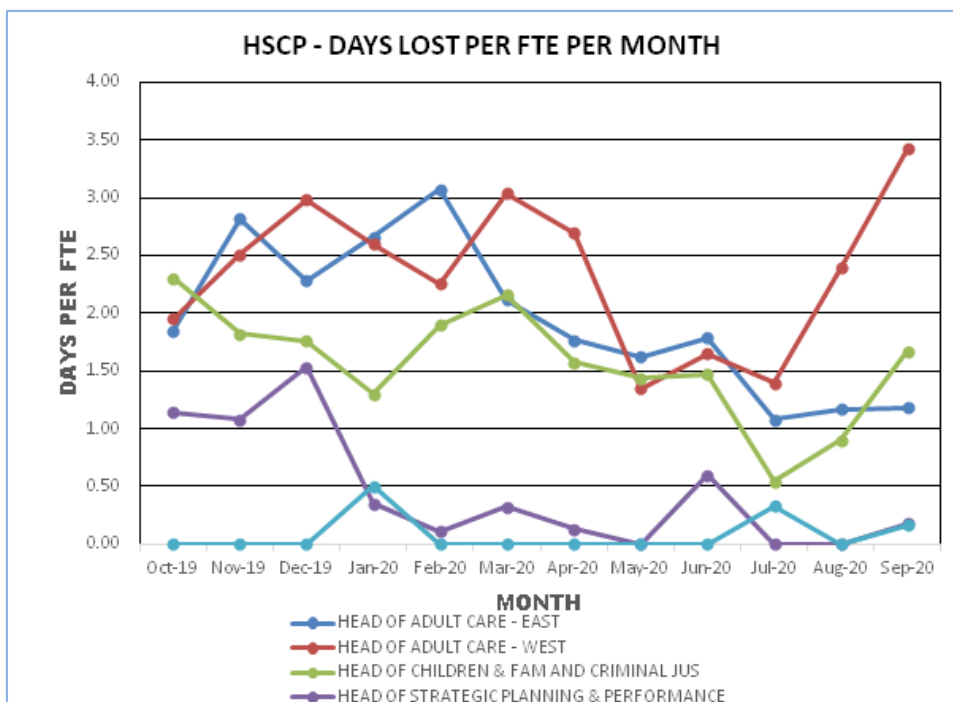
	July		August		September	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
<b>Adult Services EAST</b>	13	3	4	4	14	4
<b>Adult Services WEST</b>	12	6	18	7	18	7
<b>Children &amp; Families</b>	3	1	4	0	0	0
<b>Corporate Services</b>	3	2	2	1	3	4
<b>Totals</b>	31	12	28	12	35	15
	43		40		50	

# Appendix 3: Attendance

NHS – Sept 19 to Aug 20

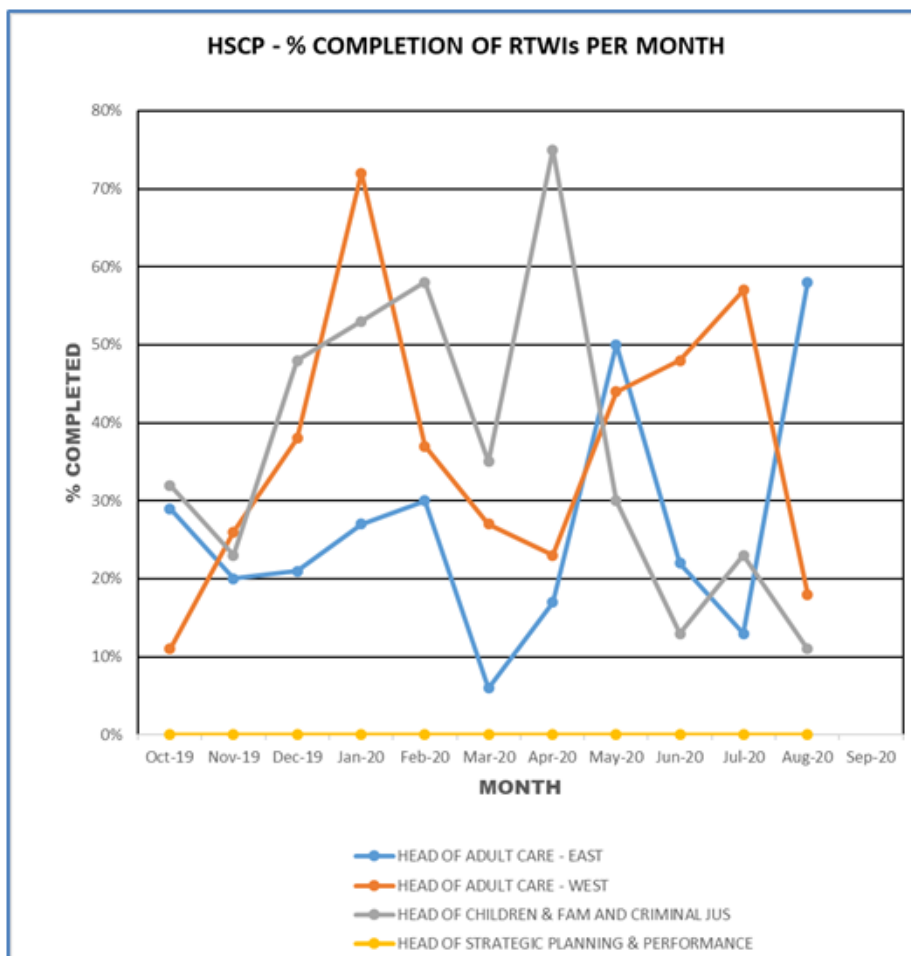


Council: A & B Social Care Staff – Oct 19 to Sep 20



## Appendix 4 – Return to Work Interview Data (Council Staff) FQ2

	Jul 20		Aug 20		Sep 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	57%	7	18%	6		
Adult Care East	13%	9	58%	7		
Children and Families and CJ	23%	2	11%	1		
Strategic Planning and Performance	-	-	-	-		
<b>TOTAL</b>	<b>31%</b>	<b>6</b>	<b>29%</b>	<b>5</b>		



## Appendix 5 - Council Social Work/Care vacancies

The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q2 is detailed in the table below.

	July 2020		August 2020		September 2020	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services EAST	2	2	2	2	4	3
Adult Services WEST	6	5	3	9	12	9
Children & Families	1	2	1	2	2	8
Strategy P&P						
<b>Totals</b>	<b>9</b> (4 x Temp/ Cas, 5 x Perm)	<b>9</b> (2 x Temp/ Cas, 7 x Perm)	<b>6</b> (5 x Temp/ Cas, 1 x Perm)	<b>13</b> (2 x Temp/ Cas, 11 x Perm)	<b>18</b> (12 x Temp/Cas, 6 x Perm)	<b>20</b> (7 x Temp, 5 x Perm)
	<b>18</b>		<b>19</b>		<b>38</b>	

## Appendix 6: Permanent, Fixed Term and Casual Contracts (Q2)

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

Employees on T/FT contracts	Jul 20	Aug 20	Sep 20
Adult Care West (ABC)	20	18	18
Adult Care West (NHS)	22	22	22
Adult Care East (ABC)	17	17	14
Adult Care East (NHS)	12	12	12
Children and Families and CJ (ABC)	12	11	10
Children and Families and CJ (NHS)	0	0	0
Strategic Planning and Performance (ABC)	0	0	0
Corporate Services (NHS)	1	1	1
(HSCP PL3 DIRECTORATE)	2	2	2
<b>OVERALL TOTAL</b>	<b>86</b>	<b>83</b>	<b>79</b>

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

Permanent (P/PS) contracts	Jul 20	Aug 20	Sep 20
Adult Care West	368	366	359
Adult Care East	156	154	151
Children and Families and CJ	223	223	227
Strategic Planning and Performance	16	16	15
(HSCP PL3 DIRECTORATE)	3	3	3
<b>OVERALL TOTAL</b>	<b>766</b>	<b>762</b>	<b>755</b>

### Council Social Work/Care Casual Contracts

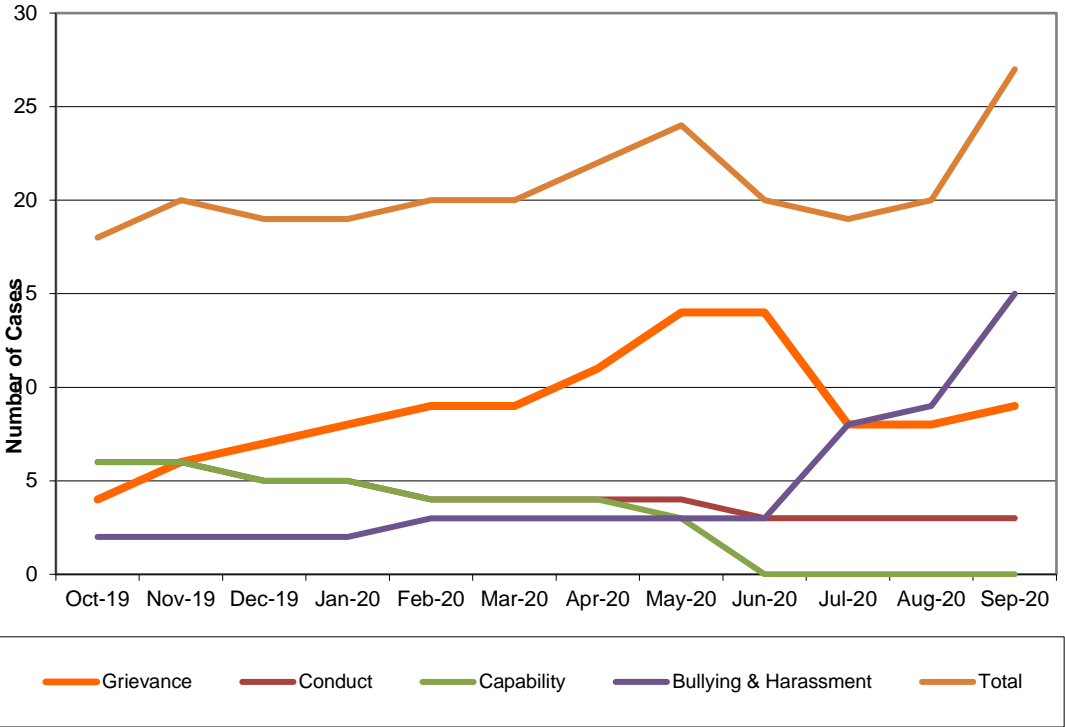
Total Number of Casual Contracts (some also on Perm/Temp contracts)	Jul 20	Aug 20	Sep 20
Adult Care West	521	528	526
Adult Care East	200	200	199
Children and Families and CJ	181	181	182
<b>OVERALL TOTAL</b>	<b>902</b>	<b>909</b>	<b>907</b>

## Appendix 7: Employee Relations (Q1/Q2)

### NHS ER cases

	Apr 20	May 20	June 20	July 20	Aug 20	Sep 20		Q2 20	
<b>Grievance</b>	11	14	14	8	8	9	New	Complete	Ongoing
Adult Services - West	7	11	11	5	5	5			5
Adult Services - East	4	3	3	3	3	3			3
Children and Families	0	0	0	0	0	1	1		
Corporate	0	0	0	0	0	0			
<b>Conduct</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>			
Adult Services - West	2	2	1	1	1	1			1
Adult Services - East	2	2	2	2	2	2			2
Children and Families	0	0	0	0	0	0			
Corporate	0	0	0	0	0	0			
<b>Capability</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Adult Services - West	0	0	0	0	0	0			
Adult Services - East	4	3	0	0	0	0			
Children and Families	0	0	0	0	0	0			
Corporate	0	0	0	0	0	0			
<b>Bullying and Harassment</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>9</b>	<b>15</b>			
Adult Services - West	0	0	0	7	7	12	5		7
Adult Services - East	0	0	0	0	1	2	1		1
Children and Families	0	0	0	1	1	1			1
Corporate	0	0	0	0	0	0			
<b>Totals</b>	<b>22</b>	<b>24</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>27</b>	<b>7</b>		<b>20</b>

**Rolling Profile Oct 19 - Sep 20  
A&B HSCP HR Activity - Employee Relations**



## Council Social Work/Care ER cases

	Jul 20	Aug 20	Sep 20	Q2 New	Q2 Completed
<b>Disciplinary</b>					
Adult Services - East	0	0	1	1	
Adult Services - West	1	0	0		1
Children and Families	1	1	1		
Strategic P&P	0	0	0		
<b>Totals</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>

## NHS cases

MONTH	Jan	Feb	Mar	Jul	Aug	Sep	SEPT		
<b>Grievance Total</b>	<b>8</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>9</b>	New	Complete	Ongoing
A&B Adult Services - West	4	5	5	5	5	5			5
A&B Adult Services - East	4	4	4	3	3	3			3
A&B Children & Families	0	0	0	0	0	1	1		
A&B Corporate	0	0	0	0	0	0			
<b>Conduct Total</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	New	Complete	Ongoing
A&B Adult Services - West	1	2	2	1	1	1			1
A&B Adult Services - East	4	2	2	2	2	2			2
A&B Children & Families	0	0	0	0	0	0			
A&B Corporate	0	0	0	0	0	0			
<b>Capability Total</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	New	Complete	Ongoing
A&B Adult Services - West	0	0	0	0	0	0			
A&B Adult Services - East	5	4	4	0	0	0			
A&B Children & Families	0	0	0	0	0	0			
A&B Corporate	0	0	0	0	0	0			

MONTH	Jan	Feb	Mar	Jul	Aug	Sep	SEPT		
<b>Bullying &amp; Harassment Total</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>9</b>	<b>15</b>	New	Complete	Ongoing
A&B Adult Services - West	1	3	3	7	7	12	5		7
A&B Adult Services - East	1	0	0	0	1	2	1		1
A&B Children & Families	0	0	0	1	1	1			1
A&B Corporate	0	0	0	0	0	0			
<b>Totals</b>	<b>19</b>	<b>20</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>27</b>	<b>7</b>		<b>20</b>