A&B HSCP | **Transforming Together**
Argyll & Bute Health & Social Care Partnership

Integration Joint Board   **Agenda item:**

Date of Meeting: 29 March 2021

Title of Report: Staff Governance Report for Financial Quarter 3 (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

- 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.

---

1.   EXECUTIVE SUMMARY

1.1   This report on staff governance performance covers financial quarter 3 (October – December 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, workforce planning, improving recruitment processes and managing employee relations cases.

2.   INTRODUCTION

2.1   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.

2.2 In the context of health and social care 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 Culture

3.1.2 Argyll and Bute HSCP Culture Group is co-chaired by the Depute Chief Officer and the Argyll and Bute Staffside Rep. The Group of around 30 volunteers from across the HSCP met twice during the report period and agreed priorities for improving the culture. Group members are participating in 6 priority workstreams with colleagues in NHS Highland to drive forward culture change across Highland and Argyll and Bute. Two of the six workstreams are led by members of Argyll and Bute Culture Group. The priority workstreams are:

3.1.3
- Values and Behaviours – embedding these throughout
- Civility Saves Lives – equipping people with the skills to have effective team-based discussion
- Leadership and Management Development Programme – the above two priorities link to this; development of skills and tools for all managers
- People Process Review – providing clarity of roles and responsibilities, improving overall performance and reporting and improving incidence of early resolution
- Root Cause Diagnostic – identifying system failures and their impact, taking forward lessons learned
- Culture Metrics and Tools – develop, implement and review a suite of metrics; provide managers with culture dashboard to assess where support is needed.

3.1.4 In addition to these priority workstreams, the Group is working on the redevelopment of drop-in forums to have a culture focus and different themes. The Group also recognised that the new management structures in place are part of the culture change in the HSCP.

3.1.5
Courageous Conversations sessions continue to be delivered and can be booked by teams as well as individuals.

3.2 Wellbeing

3.2.1 HSCP Guardian Service
The Guardian Service continues to be available for all employees working in Argyll and Bute – both from the Council and the NHS. The service is independent and confidential and is for staff to discuss matters relating to patient and service user care and safety, whistleblowing, bullying and harassment, and workplace grievances. The guardians are external to the HSCP and will provide information and emotional support in a strictly confidential, non-judgemental manner. The 'Speak Up' Guardian Service

can be accessed 24/7. Initial feedback on the launch of the service to council employees is that take up is very low and there have been no matters raised yet which have required escalation to management. We await the first formal report on activity.

3.2.2   Argyll and Bute HSCP Wellbeing Group

A focus on supporting and enhancing staff wellbeing and resilience continues to be vital, encouraging conversations about wellbeing and self-care, and raising awareness and signposting to resources available. 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 continues to meet monthly and plan on how best to support and maintain focus on staff wellbeing and align this with the culture programme. The Resilience Engine pilot continues with five teams involved. The Culture Champions, Jane Fowler, Fiona Hogg and Jennifer Swanson continue to ensure that information from the national resilience network is cascaded to HSCP teams.

3.2.3   A focus for quarter 4 is to:
- Continue to promote and signpost staff to wellbeing resources
- Continue testing of the Resilience Engine Self Coaching Guide approach and plan for focus group evaluation.
- Start testing a Spaces for Listening approach (a structured process which creates a space to share thoughts and feelings and experience an equality of listening)
- Consider staff wellbeing and how this aligns with the culture programme and the priorities for 2021/22.

3.3   Learning and Development

Personal Development Plans (PDP) and Performance Review and Development (PRD) must be completed annually and one-to-one meetings carried out regularly to review performance and achievements as well as identifying any training needs. The Organisational and Workforce Development (OD) team continue to support managers and staff on how to access and complete these with training available remotely instead of face-to-face. Given the pressures on teams as a result of the Covid pandemic, the Council is allowing for an extension to PRD completion to the end of April this year. Ensuring these important conversations take place is a key part of building a strong and supportive culture.

3.3.1   Statutory and Mandatory training is essential to the safety and quality of services that the HSCP delivers. HSCP Council training levels remained stable over quarter 3. The OD and HR team continue to support compliance with Statutory/Mandatory training for NHS and Council staff. 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 employment. There are still improvements to be made on completion rates and this has been raised at NHS Highland Board level.

3.3.2 The Social Work Training Board currently identifies and approves training necessary to meet statutory and service requirements to ensure registered service compliance, and monitors progress of SVQ candidates in social work services. Representation is from managers across all Social Work professional areas. It meets every two months and has recently appointed the new Professional Lead Social Work post holder as Chair of the board.

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

3.4 Leadership and Management Development

3.4.1 A manager induction programme is planned to start in FQ4 with spotlight sessions each month. This will be delivered remotely to support participation from all parts of Argyll and Bute.

3.4.2 NHS Highland Leadership and Management Development programme and the Council's Argyll and Bute Manager programme will be open to all HSCP managers to undertake during 2021. These programmes will focus on developing people management skills as well as policies and procedures.

3.4.3 Once for Scotland people policies courses are being delivered remotely for all managers to ensure up-to-date knowledge of the new NHS Scotland policies.

3.5 Resourcing: Recruitment and Redeployment

3.5.1 Following agreement with SLT, Children and Families and Justice began to pilot the online authorisation process for vacancies on JobTrain and TalentLink in November 2020. This is working well and we have received positive feedback as well as some suggestions on how we can support the roll-out to further services in the next few months. The newly appointed Resourcing Officer will agree a timeline in with service managers with a view to establishing all services online.

3.5.2 The team are facing a significant demand for recruitment and this is currently a focus of attention in terms of resources. Challenges with timeous PVGs and Occupational Health assessments are adding to delays in recruitment, which impacts on services and teams.

3.5.3 Fortnightly vacancy monitoring will continue until all services are using online authorisation for establishment posts therefore we want to move to all services using the online process as quickly as possible.

3.5.4 There have been some delays to recruiting due to Disclosure Scotland checks currently taking around 6 weeks to complete on both NHS and Council sides and only strictly Covid-related posts can be fast-tracked. This has been communicated to recruiting managers to ensure that prospective candidates are aware.

3.6 Workforce Planning

3.6.1 HROD has continued to support managers with workforce planning conversations to identify challenges, issues and risks in relation to staffing and service delivery. This work will help to prepare for the 3 year workforce plans.

3.6.2 As agreed by SLT, a Strategic Workforce Planning Group has been established to focus on producing 3 year workforce plans for publication by 31 March 2022. The Group, chaired by the Lead Nurse, will meet monthly and will be supported by the NHS Highland workforce planning team as well as HROD in Argyll and Bute. We are focused on providing high level workforce data to the Scottish Government on receipt of the interim workforce planning template. The deadline for providing three year workforce plans to Scottish Government is 31 March 2022.

3.6.3 We received guidance from Scottish Government in March on Workforce planning requirements for this year, to be submitted by 30th April 2021. The team is currently prioritising work to complete this and progress will be reported in the FQ4 report.

3.7 Management Restructures

The Children, Families and Justice Management Restructure was completed in August 2020, and the Adult Services Restructure was completed at the end of September 2020. Due to the significant changes within Adult Services (no longer a geographical split, but by functional area) the statistics for this reporting period can no longer be comparable to previous reporting periods. This is reflected in some of the data in the appendices. Recruiting to the last of the management posts is almost complete.

4. RELEVANT DATA AND INDICATORS

4.1 Attendance

4.1.1 HSCP absence levels remained stable over quarter 3 with the following percentage absence:

For NHS employees:

- October: 4.38%
- November: 4.58%
- December: 4.6%

4.1.2 Amongst Council employees the rates of absence have decreased over the quarter, although they remain higher than the average absence rate for other council employees. The rate of return to work interviews has improved over the quarter, as has the timescale for holding these. This improvement has been supported by the Wellbeing Team who continue to work with managers to reduce and manage absence.

4.1.3 HR Business Partners, HR Advisers and Council Wellbeing Advisors continue to support managers in supporting employees. Training for Once for Scotland Attendance Management Policy has begun and managers have fed back positively on its content. HR with NHSH Occupational Health advice are closely monitoring Covid related absences in particular "long Covid" and its prevalence. We will report on this particular issue in a future report once we obtain further information across the HSCP.

4.2 Redeployment

4.2.1 All NHS vacancies are considered for both Primary and Secondary redeployment lists as they arise. The HR team have been very busy working in partnership with the Area Manager and Staffside Rep in securing permanent, temporary and shadowing opportunities within Lochgilphead area following the previous closure of Knapdale Ward in Mid Argyll Hospital as part of the Dementia Services Review. As a result, 9 members of staff were removed from the Primary list taking the numbers down to 32 with the aim of reducing this further in the coming quarters.

All Council vacancies are also considered against the redeployment list as part of the authorisation process to avoid redundancy. There are currently no Council employees in the HSCP at risk of redundancy.

4.3 Employee Relations (ER)

4.3.1 In Q3 a significant number of NHS ER cases were completed including 7 Bullying & Harassment cases which involved 2 investigations undertaken by our external partners CMP. The numbers of employee relations cases amongst NHS staff remains much higher than the numbers for Council employees.

For the Council, there are two ongoing Council disciplinary cases with one concluded in Children, Families & Justice. Cases include 1 Bullying & Harassment case with an investigation undertaken by our external partners CMP. For Grievances, there are three bullying and harassment cases, two of which were against NHS colleagues. There was one new case for Children, Families & Justice and two concluded cases in the period.

4.3.2 New cases are still coming forward at this time which demonstrates that staff are feeling able to raise their concerns and confident that they will be investigated. Early resolution continues to be the priority for all Employee Relations issues that are raised in the workplace. Formal investigation will only take place when this has been exhausted and/or is not appropriate.

4.4 Temporary and Fixed Term Contracts

4.4.1 The table and graph at Appendix 5 show the number of Fixed Term and Temporary contracts in place across the HSCP. The trend of the graph shows that there has been a steady reduction in the number of posts in this category and that this has stabilised over the last quarter. This is an important indicator in team stability, which supports our employees and managers to build teams, invest in learning, support and improvements and build stable team culture.

4.5   Partnership Working

4.5.1   Partnership working with Trades Unions and Staff Side remains an important element of our staff governance. A regular programme of governance meetings, including our Joint Partnership Forum and Staff Liaison Group are programmed in throughout the year and continue to be the route for strategic engagement and change management. The regular weekly/fortnightly meetings established during the pandemic are continuing, and provide a constructive forum for raising and resolving any issues that emerge. The newly reformed Transformation Board has staff side and TU representation and will be the conduit for all change projects to be presented to TU/Staff Side for formal engagement and consultation. At a recent meeting of the NHS Highland Organisational Change Oversight Group, the arrangements that have been put in place in A&B for engagement and consultation on change affecting employees was commended.

5.   WORK PLANNED FOR THE NEXT 3 MONTHS

5.1   Update on work for FQ3 and plan priorities for FQ4:

AB HSCP Culture Group – develop Culture Plan 2021	FQ4
Continue delivery of Courageous Conversations, management development; improvement to people processes	Ongoing
Use results of iMatter and Everyone Matters and support managers and teams to improve on areas identified	FQ4
Continue to support Staff Health and Wellbeing activities to align with Council and tackle HSCP sickness absence	Wellbeing Group established; work ongoing
Progress to 100% of all vacancies on JobTrain – plan roll out with service managers – anticipate slight delay due to staff changes and considerable resourcing workload	Pilot completed in FQ3 Plan rollout FQ4
Progress workforce planning; eESS training required for HROD and all managers (NHSH to deliver)	Ongoing
Deliver Once for Scotland to all managers and then staff – delivered remotely via MS Teams	Ongoing

6.   CONTRIBUTION TO STRATEGIC PRIORITIES

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

7. GOVERNANCE IMPLICATIONS

7.1   Financial Impact

A reduction in sickness absence will reduce costs.

7.2   Staff Governance

This staff governance report provides an overview of work that contributes to this theme.

7.3 Clinical Governance

None.

8. EQUALITY & DIVERSITY IMPLICATIONS

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

9. RISK ASSESSMENT

Risks are considered medium. Individual HROD risks identified on the Risk Register. Risk assessments have been completed in relation to remobilisation.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Everyone Matters pulse survey was reported in this quarter.

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

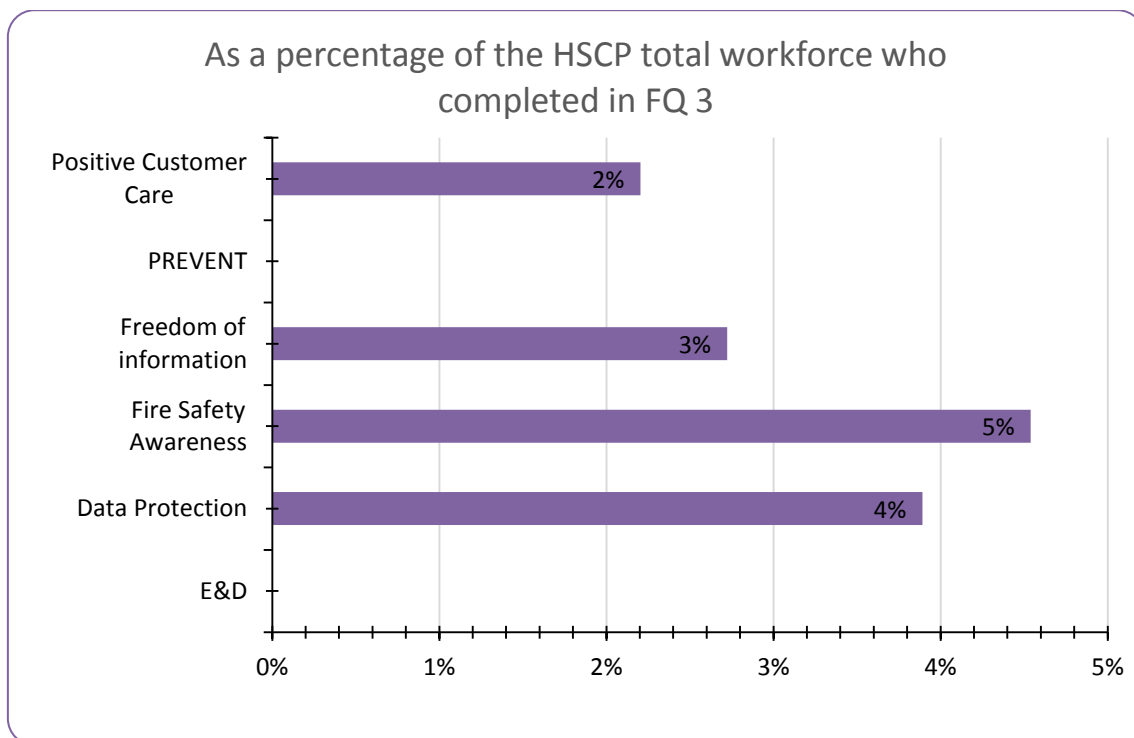|	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Charlie Gibson, HR Lead, NHS Highland charlie.gibson@nhs.scot
Jennifer Swanson, Organisation and Workforce Development Manager, NHS Highland jennifer.swanson@nhs.scot
Jo McDill, HR&OD Officer, Argyll and Bute Council
Dorothy Ralston, HR&OD Officer, Argyll and Bute Council
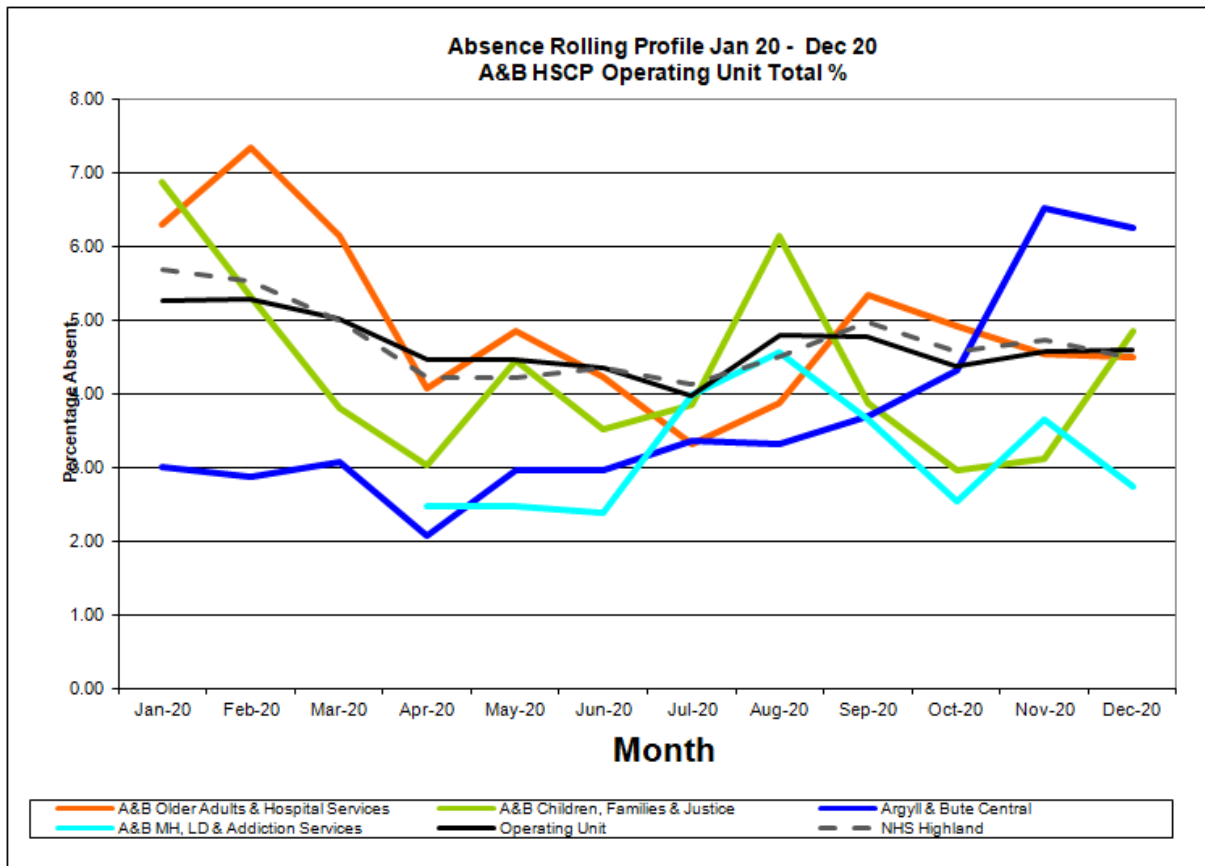
Appendix 1 – Council Training Completed (FQ 3)

Mandatory course	Number of employees completed course	As a percentage of the HSCP total workforce (771)	Number completed in FQ 3	As a percentage of the HSCP total workforce who completed in FQ 3
E&D	62	8%	0	0%
Data Protection	325	42%	30	4%
Fire Safety Awareness	167	22%	35	5%
Freedom of information	85	11%	21	3%
PREVENT	67	9%	0	0%
Positive Customer Care	75	10%	17	2%

(HSCP total workforce end Q3: 771)

As a percentage of the HSCP total workforce who completed in FQ 3

Appendix 2 – HSCP Absence rates

NHS

Absence Rolling Profile Jan 20 - Dec 20
A&B HSCP Operating Unit Total %

Legend:
- A&B Older Adults & Hospital Services
- A&B Children, Families & Justice
- Argyll & Bute Central
- A&B MH, LD & Addiction Services
- Operating Unit
- NHS Highland

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

The data shows some improvement in attendance levels in Adult Services, although these remain relatively high in comparison with other Council services and higher than the average Local Government Benchmarking Framework attendance levels.

Focussed work continues by both HR and Wellbeing Teams to support managers to get employees on long term absence back to work and to tackle short term absence. Stress related absence remains the predominant cause for absence in social work and social care teams.

	Oct-20	Nov-20	Dec-20
ADULT SVS-COMMUNITY & HOSPITAL	1.31	2.55	2.36
ADULT SVS-MENTAL HEALTH & LLCOND	3.17	2.21	2.34
CHILDREN, FAMILIES & JUSTICE	2.02	2.72	2.39
STRATEGIC PLANNING & PERFORMANCE	0.00	0.00	0.27
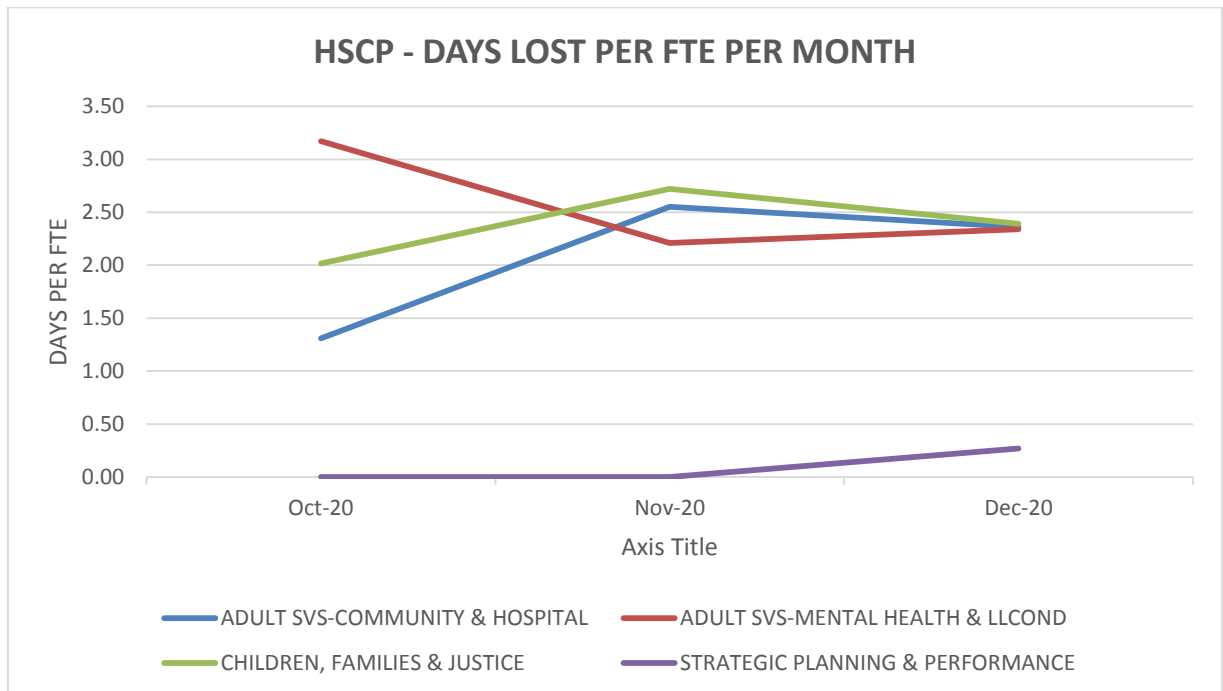
Appendix 3 – Return to Work Interview Data (Council Staff) FQ3

The table detailed below shows 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.

Below the table is a graph depicting the trends in completion rates since October 2020. There was an increase in November for the number of RTWIs completed and a decrease on the time taken to complete the RTWIs. The Wellbeing Advisors continue to encourage managers to improve this approach.
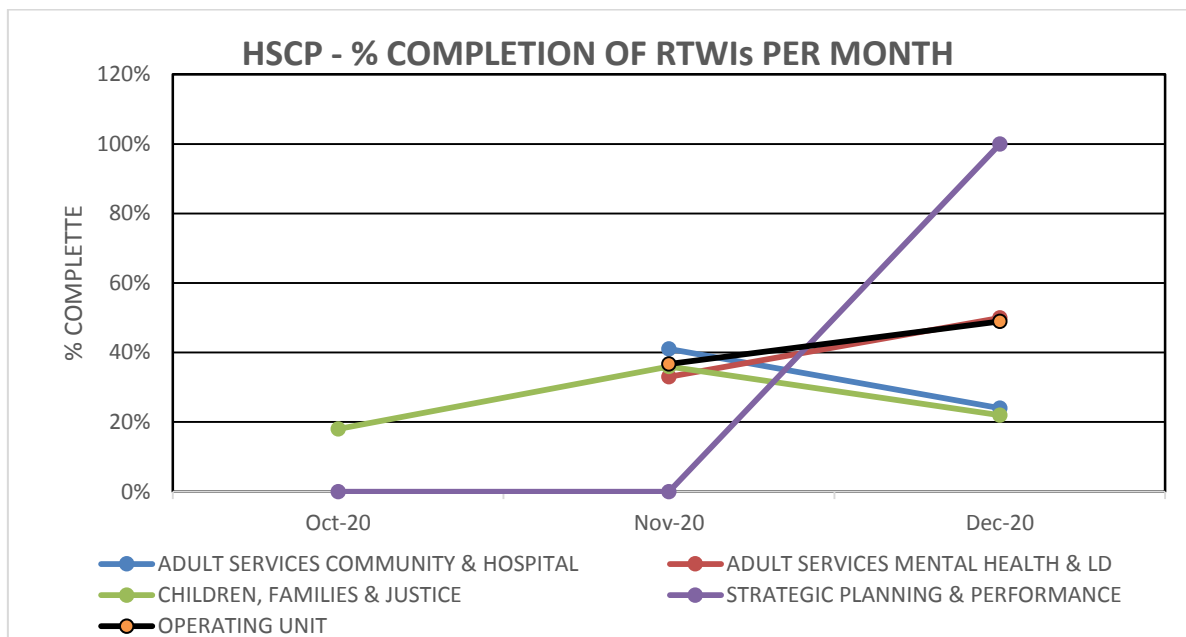
Appendix 4 – Recruitment and Redeployment Activity (Q3)

Attracting and retaining suitable applicants predominantly within nursing and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality. The HSCP 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 planned to highlight health posts via www.abplace2b.scot.

The Council's Communications Team continues to promote vacancies on social media.

NHS Vacancies

|	October		November		December	
	New	**Re-Ad**	**New**	**Re-Ad**	**New**	**Re-Ad**
Adult Services EAST	18	0	7	3	8	4
Adult Services WEST	35	5	15	5	7	6
Children & Families	3	0	2	1	4	0
Corporate Services	5	2	3	1	0	0
Totals	61	7	27	10	19	10
	68		37		29	

Council Social Work/Care vacancies

The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q3 is detailed in the table below.

	Oct 2020		Nov 2020		Dec 2020	
	Internal/RF	**External**	**Internal/RF**	**External**	**Internal/RF**	**External**
Adult Services Community & Hospital	0	5	2	11	4	4
Adult Services Mental Health & LD	2	1	2	0	0	0
Children, Families and Justice	4	3	3	6	1	4
Strategy P&P	0	0	0	0	0	0
(HSCP PL3 DIRECTORATE)	0	0	0	0	0	1
Totals	6 (2 x Temp/ Casual	9	7 (2 x Temp/ Casual	17	5 (3 x Temp/Casual	9 (3 x Temp/casual

4 x Perm)	(3x Temp/ Casual 6 x Perm)	5 x Perm)	(11 x Temp/ Casual 6 x Perm)	2 x Perm)	6 x Perm)
15		**24**		**14**	

NHS Redeployment

Primary Register

Rolling Profile Jan 20 - Dec 20
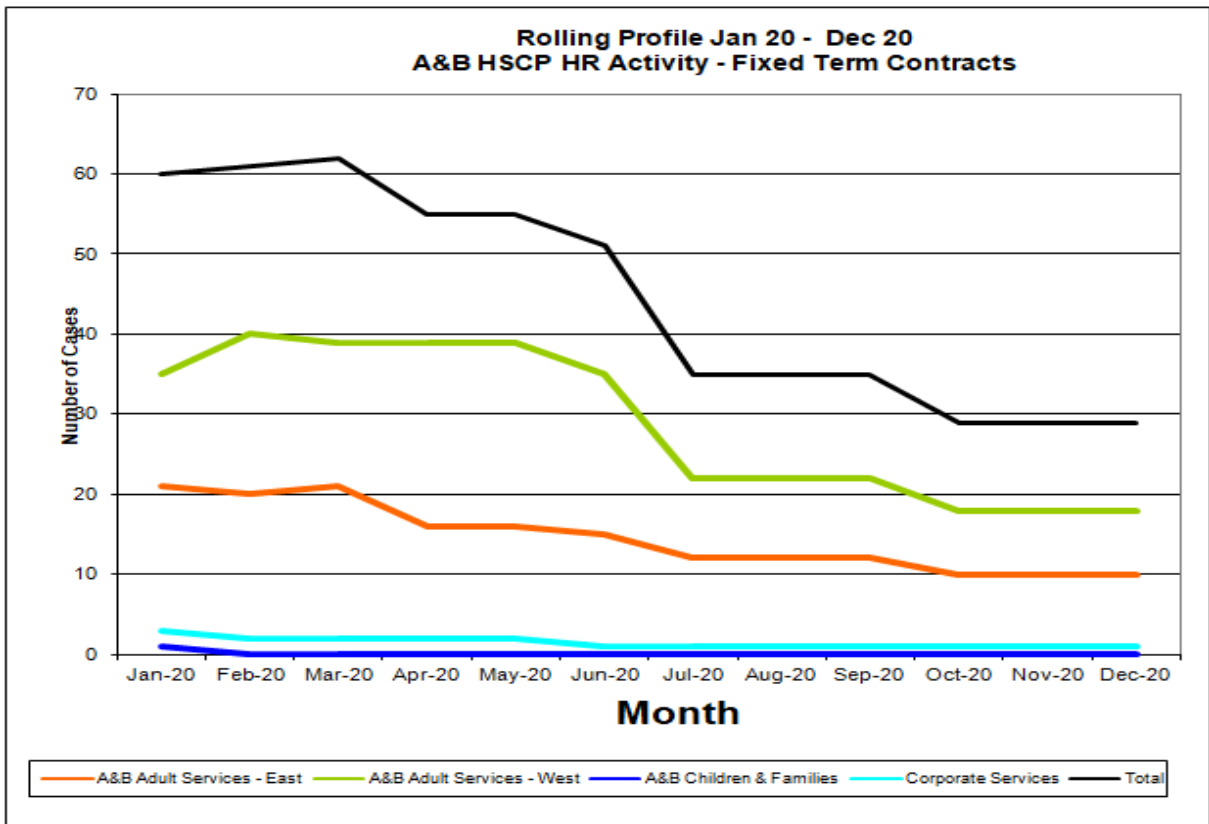A&B HSCP HR Activity - Redeployment - Primary Register
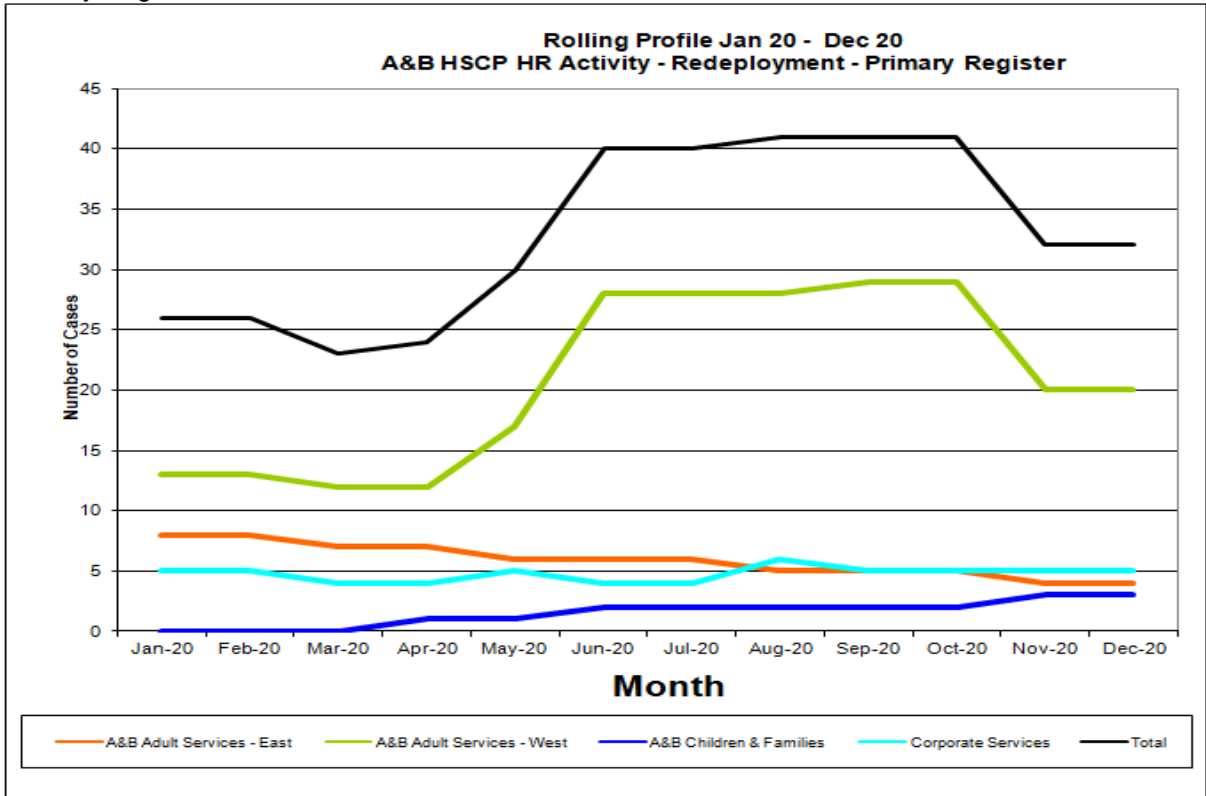
Appendix 5 – Permament, Fixed Term and Casual Contracts (Q3)

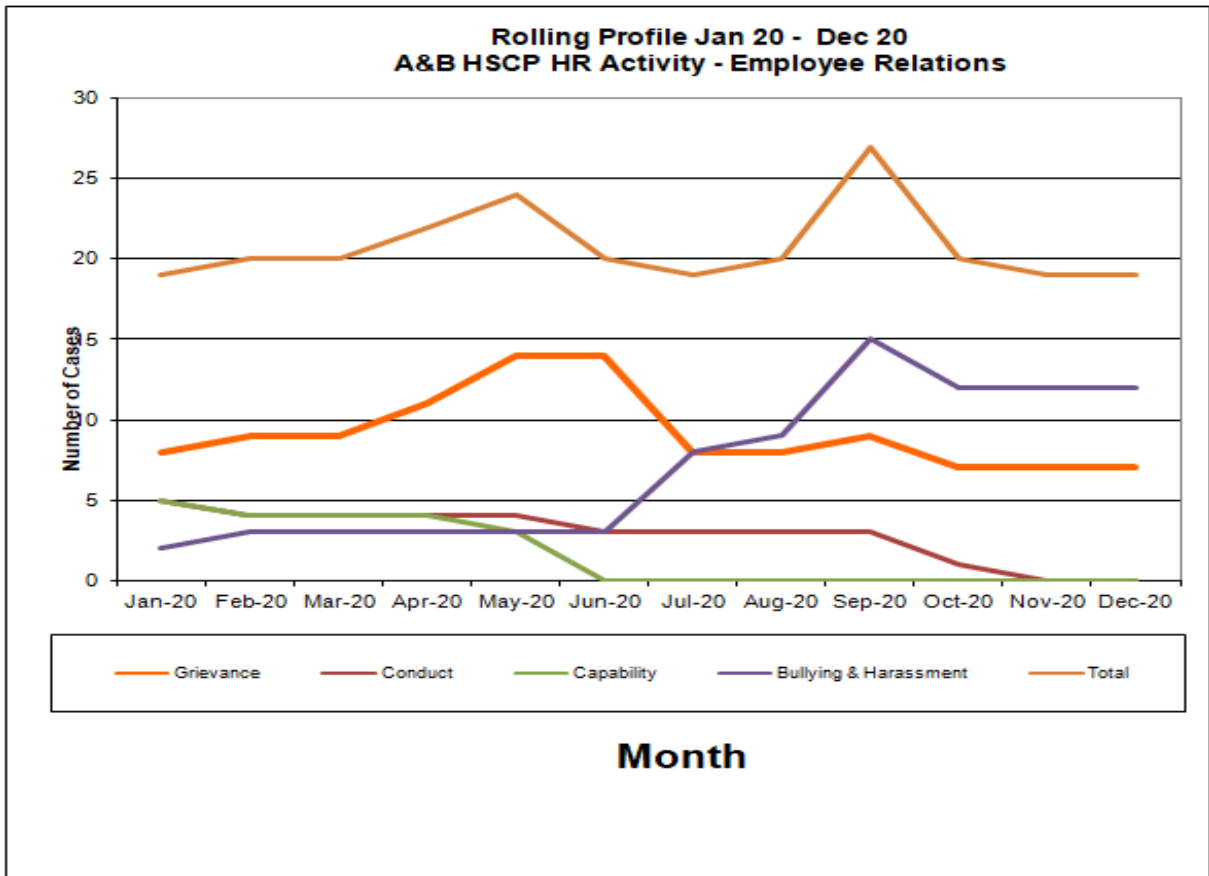### NHS and Council Social Work/Care Temporary/Fixed Term Contracts

Rolling Profile Jan 20 - Dec 20
A&B HSCP HR Activity - Fixed Term Contracts

Council Social Work/Care Casual Workers

Total Number of Casual Workers (some also on Perm/Temp contracts)	Oct 20	Nov 20	Dec 20
Adult Services Community & Hospital	Data not available	587	610
Adult Services Mental Health & LD	Data not available	144	146
Children, Families and Justice	183	186	189
OVERALL TOTAL	(183)	917	945

Appendix 6 – Employee Relations Cases

NHS ER cases

Rolling Profile Jan 20 - Dec 20
A&B HSCP HR Activity - Employee Relations

Appendix 6: Council Social Work/Care ER cases

DISCIPLINARY CASES ONGOING EACH MONTH

Legend:
- Adult Services Community & Hospital
- Adult Services Mental Health & LD
- Children, Families & Justice
- Strategic P&P

GRIEVANCE CASES ONGOING EACH MONTH

Legend:
- Adult Services Community & Hospital
- Adult Services Mental Health & LD
- Children, Families & Justice
- Strategic P&P