

Integration Joint Board

Agenda item:

Date of Meeting: 16 June 2021

Title of Report: Staff Governance Report for Financial Quarter 4 (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 4 (January – March 2021) 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

3.1.1 Argyll and Bute HSCP Culture Group has continued to meet monthly and agreed priorities for improving the culture. To recap some of the actions taken by the HSCP over the past year to improve culture include:

- Developed and rolled out courageous conversations training online with 193 trained from June – August 2020 in A&B and a total of 684 now trained across NHS. The programme is ongoing
- Introduced an all staff communications weekly update
- Established an all staff email distribution list, which had previously not been available
- Established the A&B culture group, which is open to any staff, to generate and take forward local actions, jointly chaired by the Depute Chief Officer and the Staffside Lead
- Introduced Chief Officer virtual ‘tea breaks’ twice weekly
- Developed the Chief Officer tea breaks into ‘Connections’ colleague engagement events (see below)
- Focus on wellbeing - offered Spaces for Listening and mindfulness sessions
- Extended the Guardian Service to Council employees of the HSCP in January 2021 as a pilot

3.1.2 Culture Group members are participating in 6 priority workstreams with colleagues in north Highland to drive forward culture change across Highland and Argyll and Bute. The priority workstreams have made the following progress:

- Values and Behaviours – embedding these by incorporating in a culture package that is being developed for teams
- Civility Saves Lives – equipping people with the skills to have effective team-based discussion by incorporating Civility Saves Lives in a culture package that is being developed for teams
- Leadership and Management Development Programme – the above two priorities link to this; development of skills and tools for all managers in a programme that will start in 2021 FQ1
- 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; two focus groups for health

and social care staff were held in Argyll and Bute to gather information

- Culture Metrics and Tools – develop, implement and review a suite of metrics; a culture dashboard is being developed for managers to assess where support is needed.

3.1.3 Whistleblowing Champion, Bert Donald, met with the Culture Group and Joint Partnership Forum to raise awareness of his role and he plans to visit Argyll and Bute again in July 2021. IJB members will recall the Whistleblowing and staff governance papers presented by NHS Highland and HR Shared service referencing the partners' activity in response to whistleblowing responsibilities and the assurance provided to the IJB around the Whistleblowing arrangements at the last meeting.

3.1.4 The Group has also redeveloped the drop-in forums and designed a Connections programme with a culture focus and different themes. The programme will launch in FQ1.

3.1.5 Courageous Conversations sessions continue to be delivered and can be booked by teams as well as individuals, whether Council or NHS employees. There has been a reduction in attendance in FQ4 due to staff availability to attend. The vaccination programme has taken priority.

3.1.6 As advised by the Chief Officer last year, a follow up survey will be carried out that includes all employees of NHS Highland and all council employees of the HSCP. This will run throughout June and will set the standard for future engagement exercises. It will duplicate some of the questions that were asked in the Argyll and Bute survey in 2020. This will give us information on how culture change is progressing in the HSCP and to set targets for effective actions. Detail is provided in a separate report on this agenda, from Fiona Hogg, HR Director, NHH.

3.2 Wellbeing

3.2.1 HSCP Guardian Service

The Guardian Service was extended from 1 January 2021 to cover Argyll and Bute Council employees working for Argyll and Bute Health and Social Care Partnership on a trial basis until July 2021. 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. A report on use of the Guardian Service will be presented to the IJB in the autumn.

3.2.2 Argyll and Bute HSCP Wellbeing Group

The Group has continued to promote and signpost staff to wellbeing resources, encouraging conversations and raising awareness about wellbeing and self care. The Group established and supports wellbeing champions throughout the HSCP who help to signpost resources via posters in workplaces and emails to colleagues.

3.2.3 The Resilience Engine pilot testing the Self-Coaching Guide continues with five teams involved. The OD team continues to support team leaders to support their teams' participation in the pilot. A focus group evaluation is planned for FQ1.

3.2.4 The OD team offered Spaces for Listening sessions to all HSCP employees. This is a structured process which creates a space to share thoughts and feelings and experience an equality of listening. Two sessions were delivered in FQ4 and very well received. Further session will be offered in the next quarter.

3.2.5 A focus for quarter 1 is to:

- Continue to promote wellbeing resources
- Evaluate the Resilience Engine Self Coaching Guide approach
- Continue to offer a Spaces for Listening approach
- Consider staff wellbeing alignment with the culture programme and the priorities for 2021/22.

3.3 Learning and Development

3.3.1 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 colleagues on how to access and complete these with training available remotely instead of face-to-face.

3.3.2 The HSCP has a six step approach to improving compliance with Statutory and Mandatory training. This is essential to the safety and quality of services that the HSCP delivers. Managers have been asked to ensure that all employees' statutory and mandatory training is up-to-date by August 2021. Some face-to-face training has been paused during the pandemic and there are plans to offer this again during 2021. HROD are discussing with managers how best to support completion.

3.3.3 The Social Work Training Board currently identifies and approves training necessary to meet statutory and service requirements, and monitors progress of SVQ employee candidates in social work and social care 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.

3.3.4 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 SLT agreed a programme for HSCP manager induction for the newly appointed managers following new management structures being put in place in Children & Families and Justice, Adult Services: Older Adults and Community Hospitals and Adult Services: Mental Health, Learning Disability, Addictions and Lifelong Conditions. SLT recognised that we have capable and talented managers and the programme was designed to give them the best start in their roles.

3.4.2 The programme started in February and runs at monthly intervals throughout the year. Each four-hour session is delivered remotely via MS Teams making the programme more accessible for everyone, particularly managers based on islands. The programme focuses on HSCP manager responsibilities and accountabilities and ensuring that managers are supported. The themes covered include:

- Values, behaviours, roles and responsibilities; partnership working
- Managing your team
- Spotlight on Services
- Clinical Care and Governance
- Your development – further leadership and management development programmes

3.4.3 In FQ4 topics included Finance and Human Resources, both of which were very well-received with managers scoring very good or excellent for all courses. Each session was designed to support partnership working and managers commented on the benefits of working together. Managers recommended the HR course should be provided for all team leaders and this will be taken forward.

3.4.4 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.

- 3.4.5** Once for Scotland workforce policies courses are being delivered remotely for all managers to ensure up-to-date knowledge of the new NHS Scotland policies. Attendance during FQ4:

OFS Attendance Policy	16
OFS Bullying and Harassment	16
OFS Capability Policy	1
OFS Conduct Policy	6
OFS Grievance Policy	12
OFS Investigations Guidance	3

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 continues to be working well and we have begun the roll out to other services by now including Mental Health services. Other services will be added on a phased basis over the next two quarters.

- 3.5.2** The NHS team are facing a significant demand for recruitment and this is currently a focus of attention in terms of resources. There has been some turnover in the team and support has been provided by the north Highland team until these vacancies are filled. Discussions are ongoing around how best to support the NHS recruitment team including considering main recommendations from the recruitment review carried out across NHS Highland.

Further details are shown in Appendix 3.

3.6 Workforce Planning

- 3.6.1** As agreed by SLT, a Strategic Workforce Planning Group was established in January 2021, chaired by the Associate Nurse Director, to focus on producing 3 year workforce plans for publication by 31 March 2022. The Group meets monthly and is supported by the NHS Highland workforce planning team as well as HROD in Argyll and Bute. In FQ4 the focus was on providing high level workforce data to the Scottish Government for the interim workforce plan for 2021/22. The deadline for providing three year workforce plans to Scottish Government is 31 March 2022.

3.7 Management Restructures

The Children, Families and Justice Management restructure and the Adult Services restructure were completed in FQ2. There remains one management post to be filled and this has been advertised and closed on 4th June. Due to the changes to Adult Services (no longer a geographical split, but by functional area) the statistics for this reporting period are not comparable to previous reporting periods. This is reflected in the data in the appendices.

3.8 Living Wage Consolidation

- 3.8.1** Until 1st April 2021, the Council paid a supplement to the pay of all employees who fell below the threshold of the Scottish Local Government Living Wage to ensure that they were not disadvantaged. FQ4 saw the completion of a complex and intensive two year project to review the entire LGE pay and grading structure and consolidate the Living Wage into it. This has resulted in a salary uplift for some lower graded staff as a result of grade boundary changes.
- 3.8.2** The completion of this project ensures that the Council has met its commitment as agreed nationally by COSLA and the Scottish Joint Council Trades Unions to consolidate by 1st April 2021.

4. RELEVANT DATA AND INDICATORS

4.1 Attendance

- 4.1.1** HSCP NHS absence levels have continued to reduce from last quarter with February and March falling significantly below the national target of 4%. The percentage absence for NHS employees for Quarter 4 are:
- January: 4.09%
 - February: 3.45%
 - March: 3.64%

- 4.1.2** The Council data shows some improvement in attendance levels in Children, Families and Justice but with a spike in Adult Services, and Strategic Planning and Performance. The figures overall remain high in comparison with other Council services and higher than the average Local Government Benchmarking Framework attendance levels. 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.

Further details are shown in Appendix 1a and 1b.

4.1.3 Return to Work Interviews

These are recorded and reported for Council staff, with a target rate of 100% completion within 5 days of returning to work. This is a key component of attendance management. The rates remain low, which is disappointing, but the HROD Team are putting a new process in place to send an automatic email reminder to managers if a RTWI has not been complete, with an escalation process. We anticipate that this will have a positive impact on completion numbers.

- 4.1.4** Training for Once for Scotland Attendance Management Policy has started to be rolled out in Quarter 4. HR with Occupational Health advice continue to closely monitor Covid related absences in particular “long Covid” and its prevalence. We can 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 continue to work in

partnership with the Area Manager and Staffside/TU 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, although the numbers of staff on the Primary list did rise to 34 in February, it reduced again to 32 by end of the quarter. The priority and target continue to reduce this number further in the coming quarters. All Council vacancies are screened to mitigate any redundancies. There are no posts currently at risk of redundancy in the HSCP.

4.2.2 Appendix 4 continues to highlight the numbers of temporary and casual workers that we have in the HSCP.

4.3 Employee Relations (ER)

4.3.1 In Q4, within the NHS caseload, there were 2 ER bullying & harassment cases completed with 3 grievances also being closed. Another 10 new bullying and harassment cases have been added to the caseload which demonstrates that staff continue to feel able to raise their concerns and that they will be formally investigated where early resolution has been exhausted and/or not appropriate. One of our investigations have 5 respondents but are required to be recorded as separate cases as previously reported.

Further details are shown in Appendix 5.

4.3.2 The numbers of ER cases involving Council employees remains much lower.

5. WORK PLANNED FOR THE NEXT 3 MONTHS

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

AB HSCP Culture Group – implement Culture Plan 2021	Ongoing
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 – roll-out delayed due to staff changes/availability and considerable resourcing workload	FQ1
Progress workforce planning; eESS training required for HROD and all managers (NHS 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

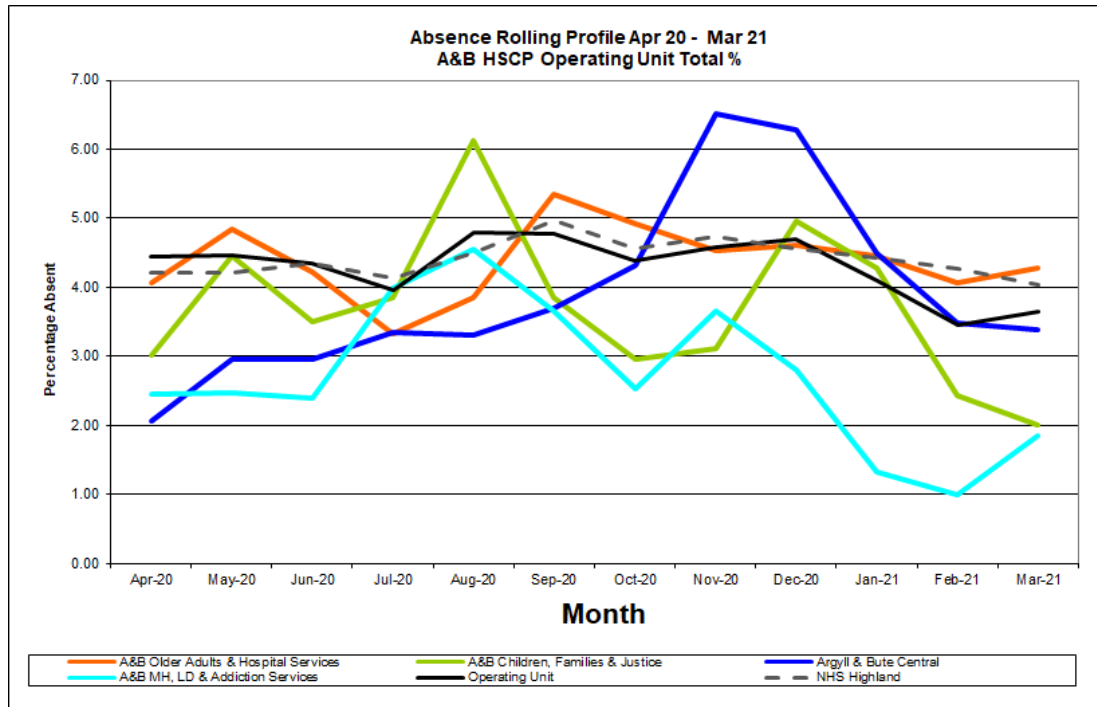
Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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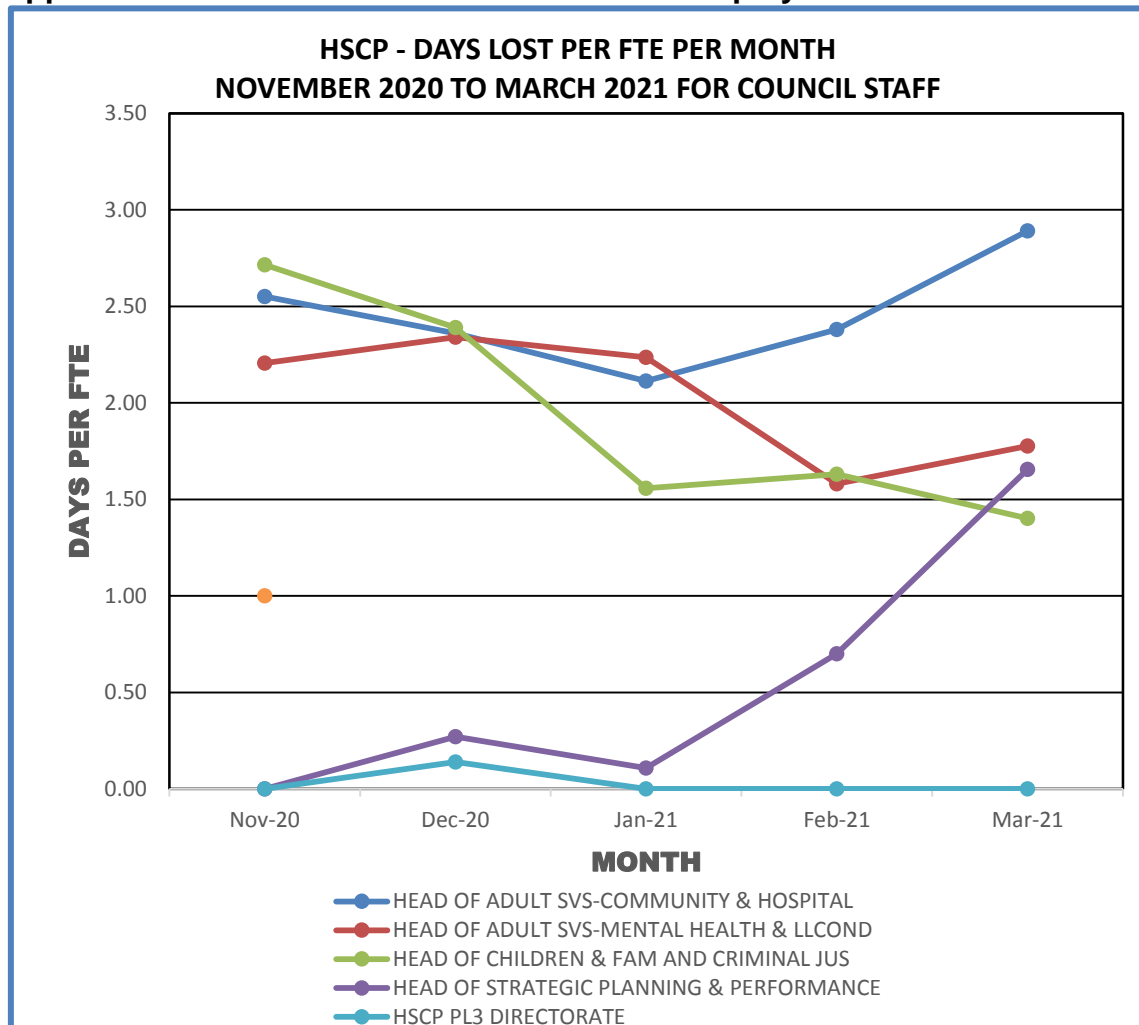
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Appendix 1a – HSCP Absence rates – NHS employees

NHS

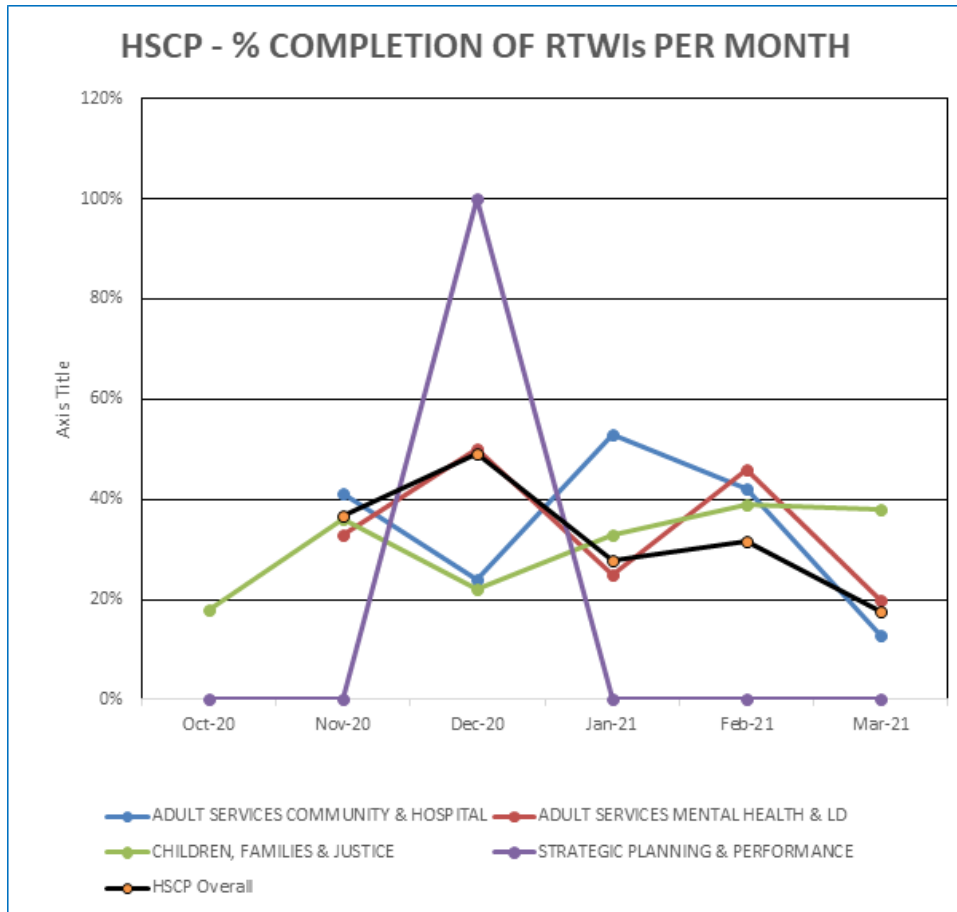


Appendix 1b – HSCP Absence rates Council Employees



Appendix 2 – Return to Work Interview Data (Council Staff) FQ4

The graph 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. The graph depicts the trends in completion rates since October 2020. There continues to be a gradual overall decline on the completion rates which managers must improve upon. The Wellbeing Advisors continue to encourage managers to improve this approach.



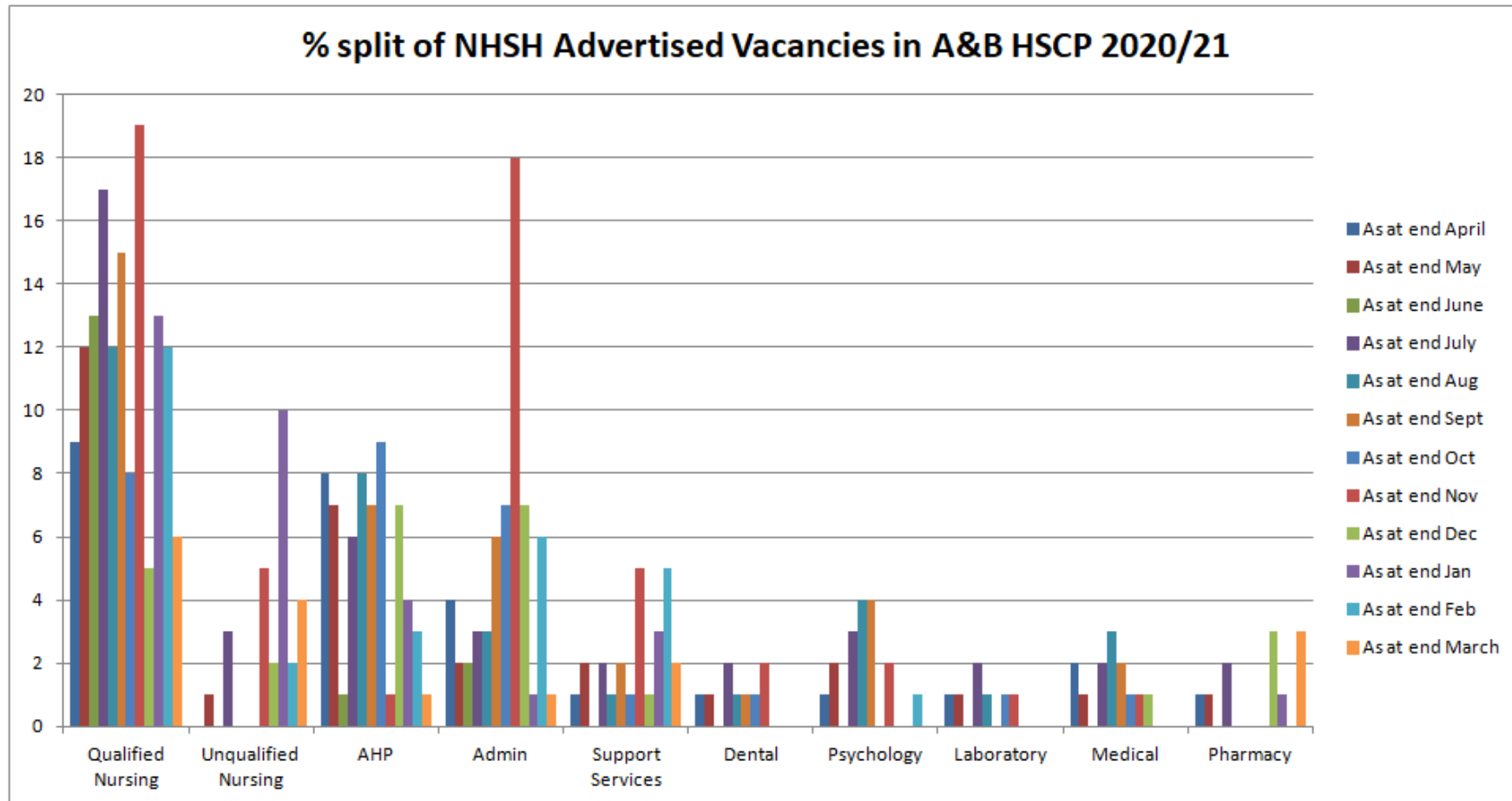
Appendix 3 – Recruitment and Redeployment Activity (Q4)

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

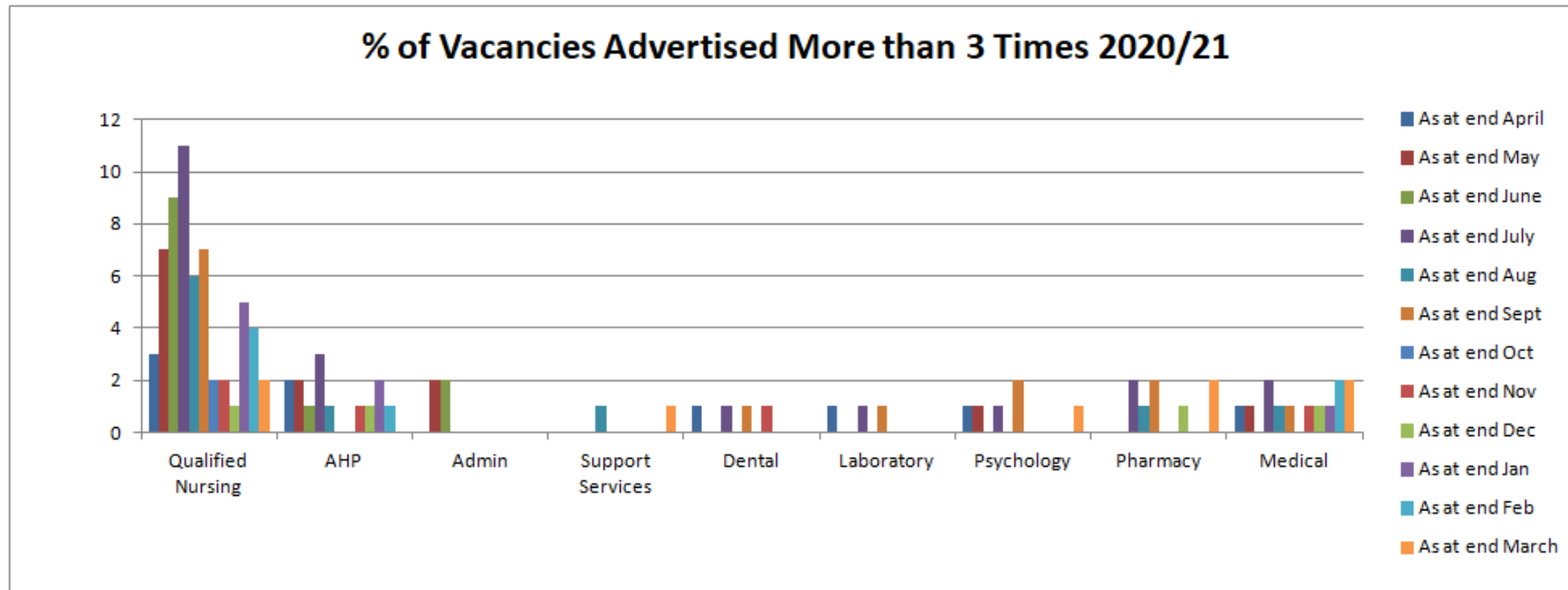
3a NHS Vacancies

	January		February		March	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
Adult Services EAST	4	4	6	3	10	1
Adult Services WEST	16	11	6	7	30	4
Children & Families	2	0	2	0	1	1
Corporate Services	7	0	1	0	9	0
Totals	29	15	15	10	50	6
	44		25		56	

Appendix 3b NHS Advertised Vacancies



Appendix 3c NHS Re-advertised Vacancies



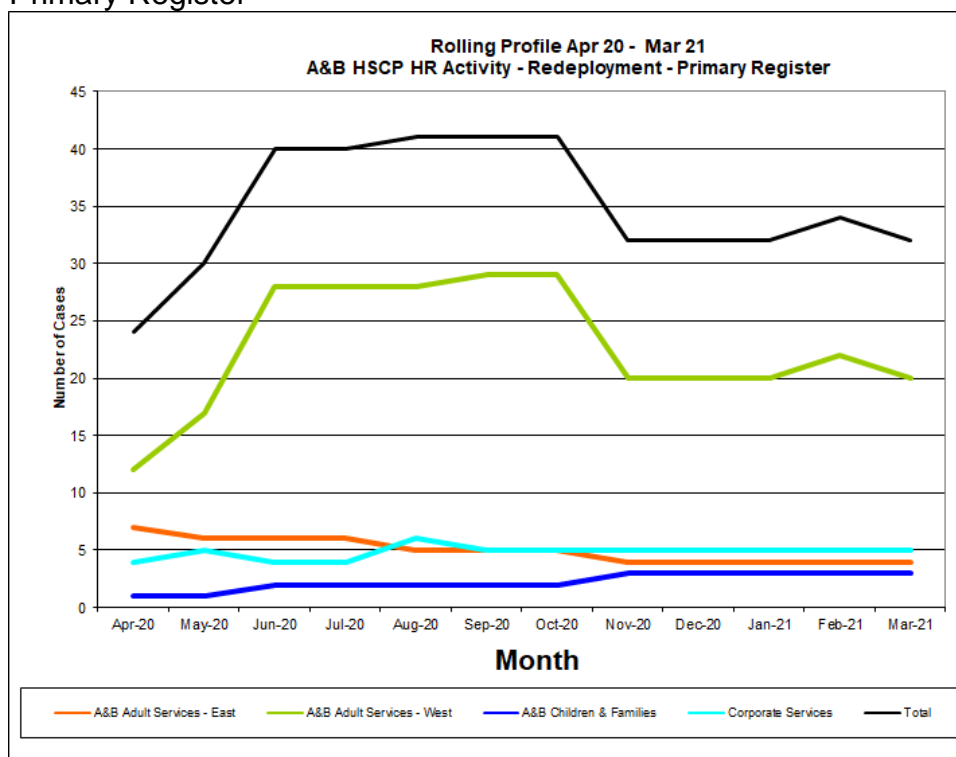
Appendix 3d Council Social Work/Care vacancies

The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q4 is detailed in the table below. The Council's Communications Team continues to promote vacancies on social media, as well as the main external adverts via the My Job Scotland website. Overall there continues to be a high number of posts filled on a temporary or casual basis. This can be for budget related or project management reasons.

	Jan 21		Feb 21		Mar 21	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services Community & Hospital	3	5	8	3	9	10
Adult Services Mental Health & LD	2	4	0	0	1	1
Children, Families and Justice	6	5	5	6	3	9
Strategy P&P	0	0	1	0	0	0
(HSCP PL3 DIRECTORATE)	0	0	0	1	0	0
	11	14	14	10	13	20
Totals	25 (Temp 10) (Perm 15)		24 (Temp 10) (Perm 14)		33 (Temp 13) (Perm 20)	

Appendix 3e NHS Redeployment

Primary Register



Appendix 4 – Permanent, Fixed Term and Casual Contracts (Q4)

4a NHS and Council Social Work/Care Temporary (including Secondments) /Fixed Term Contracts

Employees on T/FT contracts	Jan 21	Feb 21	Mar 21
Adult Services Community & Hospital (ABC)	33	32	33
Adult Services Community & Hospital (NHS)	13	12	11
Adult Services Mental Health & LD (ABC)	13	14	16
Adult Services Mental Health & LD (NHS)	9	7	6
Children, Families and Justice (ABC)	15	17	21
Children, Families and Justice (NHS)	0	0	0
Strategic Planning and Performance (ABC)	1	1	1
Corporate Services (NHS)	3	3	3
(HSCP PL3 DIRECTORATE)	4	4	4
OVERALL TOTAL	91	90	95

4b Council Social Work/Care Casual Workers

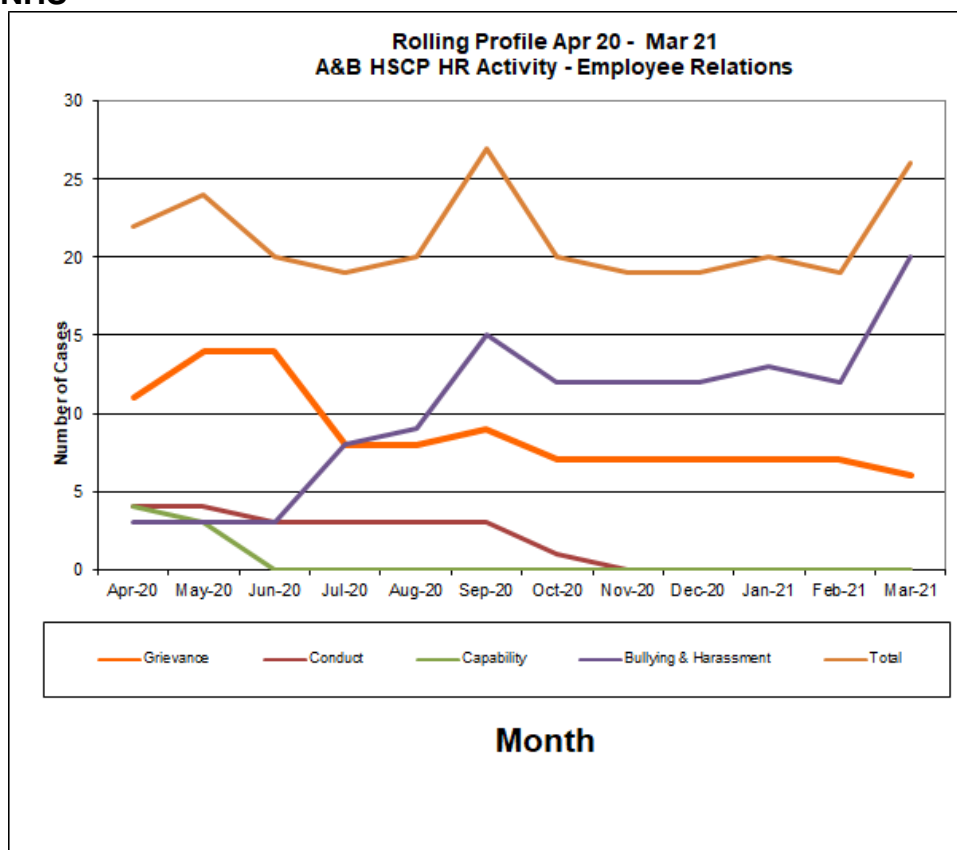
Total Number of Casual Workers (some also on Perm/Temp contracts)	Jan 21	Feb 21	Mar 21
Adult Services Community & Hospital	610	621	610
Adult Services Mental Health & LD	146	144	143
Children, Families and Justice	189	189	181
OVERALL TOTAL	945	954	934

Appendix 5 – Employee Relations Cases

5a NHS ER cases

NHS	Jan 21	Feb 21	March 21	Q4 New	Q4 Completed/ Closed
ER ALL					
Grievance	7	7	6	2	3
Conduct	0	0	0	0	0
Capability	0	0	0	0	0
Bullying & Harassment	13	12	20	10	2
Totals	20	19	26	12	5

NHS



Appendix 5 b - Council Social Work/Care ER cases

