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

Integration Joint Board   **Agenda item:**

Date of Meeting: 15 September 2021

Title of Report: Staff Governance Report for Financial Quarter 1 (2021/22)

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 comment on any future topics that the IJB would like further information on.

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1.   EXECUTIVE SUMMARY

1.1   This report on staff governance performance covers financial quarter 1 (April – June 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** Culture progress is covered in a separate agenda item.
3.2	**Wellbeing**
3.2.1	**HSCP Guardian Service** The Guardian Service was extended from 1 January 2021 to include Argyll and Bute Council employees working for Argyll and Bute Health and Social Care Partnership on a trial basis until July 2021. This was subsequently extended to September 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 provide information and emotional support in a strictly confidential, non-judgemental manner. The 'Speak Up' Guardian Service can be accessed 24/7. A detailed update report on how the Guardian Service has been used and what impact it has had will be considered by SLT in relation to considering any further extension to the pilot and the next steps in relation to this service.
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 membership and remit will be reviewed in FQ2 and priorities reviewed as part of the Culture Action plan.
3.2.3	**Council Wellbeing Team** The Council Wellbeing Team continues to provide support and advice to a number of HSCP managers to ensure the appropriate Attendance Management procedures are followed. This includes referrals for long-term absence cases to Occupational Health. Regular Wellbeing Wednesday bulletins are issued across the Council, including Social Work and Social Care Colleagues, highlighting key themes of both wellbeing and specific conditions. Feedback is very positive and the first in a series of Wellbeing Walks took place in July. The Chief Executive, Pippa Milne, recorded a podcast with the wellbeing team which you can listen to at www.argyll-bute.gov.uk/pippas-podcast

3.2.4	The Resilience Engine pilot testing the Self-Coaching Guide ended in FQ1 with two Focus groups in June involving volunteers from five teams. The OD team continued to support team leaders to support their teams' participation in the pilot. The Guide will still be available for use up to the end of September. The evaluation process helped to inform the current need and a 1 hour Self Care intervention is being designed to start in FQ2.
3.2.5	The OD team offered Spaces for Listening sessions to all HSCP staff. This is a structured process which creates a space to share thoughts and feelings and experience and equality of listening. It is a very different type of approach to more standard support interventions, which has proven to be beneficial to those taking part. Following the success of the sessions delivered in FQ4, further dates will be offered in FQ2.
3.2.6	A focus for Quarter 2 is to: • Continue to promote wellbeing resources • Finish design of the Self Care intervention and a Self Care/Wellbeing module as part of the NHSH Leadership and Management programme • Continue to offer a Spaces for Listening approach • Consider staff wellbeing alignment with the culture programme and the priorities for 2021/22
3.3 3.3.1	**Learning and Development** Personal Development Plans (PDP) and Performance Review and Development (PRD) must be completed annually. These are one-to-one meetings that are carried out regularly to review performance and achievements as well as identifying any training or development needs. The OD team and Education, Learning and Development team continue to support colleagues on how to access and complete these with training available remotely instead of face-to-face. A snapshot from the Council's Pyramid system indicates that the % of completed PRDs for the HSCP for FQ1 was 18% (ie 100 out of 548 eligible). The PDP completion rate for NHS colleagues was 22%. There is room for improvement in these figures, This is not unusual at the start of a new FY, as most of the PRDs are completed in January through to March. Recognising the pressure on teams as a result of Covid, managers were given more flexibility this year in completing PRDs by the deadline. There is still a need to focus on employee development and also to provide support and positive reflection on the achievements of the past year. The PRD/PDP remains an important part of engagement with employees.
3.3.2	Improving compliance with Statutory and Mandatory training is essential to the safety and quality of services that the HSCP delivers. Managers were asked to ensure that all employees' statutory and mandatory training was 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 and there is an NHSH wide focus on improving performance on completion of mandatory training.

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 the new Chair is the Professional Lead Social Work post. There are currently two council employees undertaking a (Grow Your Own) Social Work Degree, with a further place being offered later in the summer. We have 33 employees going through SVQ training at the moment, and a further 6 are studying for either a Practice Development Award or a PG Certificate in Applied Professional Studies. Procurement is ongoing for a variety of HNC (both social services and Admin and IT) training.
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 locally, as the NHSH SVQ centre is based in Inverness.
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	The total number invited and expected to attend the programme was 29 senior managers.

February -NHS and ABC Finance	20
March - NHS and ABC HROD	21
April - Partnership Working, Facilities Arrangements and IJB and Staff Governance	16
May - Clinical Care and Governance	20

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	Feedback from participating managers has been very positive and all feedback is used to ensure that the most positive aspects of each session are built into future delivery.
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 from Autumn 2021. These programmes will focus on developing people management skills as well as policies and procedures. The NHSH has been developing an online portal that improves the experience for new managers joining NHSH and easy access reference to policies and procedures for existing managers. This portal is also accessible to Argyll and Bute Integrated Managers.
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 FQ1:

OFS Attendance Policy	10
OFS Bullying and Harassment	7
OFS Capability Policy	3
OFS Conduct Policy	9
OFS Grievance Policy	4
OFS Investigations Guidance	7

3.5	**Resourcing: Recruitment and Redeployment**
3.5.1	An online authorisation process for vacancies was successfully introduced in Children and Families and Justice to process vacancies on JobTrain and TalentLink. This is a significant improvement and removes what is an administratively onerous process for the HR Resourcing Team. Following this, we have begun the roll out to other services to include Adult Services. Other services will be added on a phased basis over the next two quarters. This will speed up the recruitment process for all posts already on the establishment, where the post is being filled on a like for like basis. All authorisations are carried out as per the policy, to maintain financial and management oversight, but this is now electronic and therefore much more efficient.
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. Recommendations from the recruitment review carried out across NHS Highland have identified the need for additional resourcing in recruitment and also proposed the centralisation of the recruitment teams. This will improve resilience and support for the very small resourcing team in Argyll and Bute, who will move from being a standalone team to being part of a wider NHSH Recruitment Team. This will take effect from 3 August 2021.

Further details are shown in Appendix 3. |

3.6	**Workforce Planning**
3.6.1	The Strategic Workforce Planning Group, established in January 2021 and chaired by the Associate Nurse Director, continues to meet and 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 FQ1 the focus was on providing high level workforce data to services to support development of 3 year plans. The deadline for providing three year workforce plans to Scottish Government is 31 March 2022. The NHSH Workforce Planning Team have taken over responsibility for the preparation and submission of Workforce Plans for the HSCP as well as for NHSH. An interim, one year plan is attached as a separate agenda item at this meeting.
3.7	**Living Wage Consolidation**
3.7.1	As reported previously, and following a ballot by the Trades Unions, the Council reached a Collective Agreement to change the Local Government Employee Local Conditions of Service. This was successfully implemented on 1st July 2021, and details of all the agreed changes are available on the Council Hub: http://intranet.argyll-bute.gov.uk/my-hr/terms-and-conditions
3.7.2	As part of the changes to terms and conditions for Local Government Employees, from 1 July 2021, the Council will pay the successful candidate's entire registration fee (£59.00) for the **Protection of Vulnerable Groups (PVG)** scheme record. This means that Permanent and Temporary Local Government Employees will no longer have to pay a proportion of their fee (previously £41.00, and the Council paid £18) when applying.
3.7.3	The new LGE conditions of service now also include access to an employee benefits package with the provider Vivup. This gives employees access to a wide range of benefits, from salary sacrifice schemes to cycle purchases to discounts from large retailers.
3.8	**Casual Workers Guidance** As the use of Casual Workers has increased over the last 16 months or so, it has become apparent that some of the managers within the HSCP were unaware of the implications of regular and routine use of casual workers. To that end, a Guidance for Managers has been written and circulated to managers. It is available on the Council Hub: http://intranet.argyll-bute.gov.uk/my-hr/casual-recruitment We are also currently transitioning to staff information being hosted on My HR – My Council Works, which is externally facing and therefore accessible to all staff; not just those who are networked. This will not only be a useful tool for those council staff not on the network, but also very useful for the NHS managers who manage council employees for ease of accessing Council policies. It is hoped that all of the relevant policies will be uploaded by the end of the summer.

4.	**RELEVANT DATA AND INDICATORS**
4.1	**Attendance**
4.1.1	HSCP NHS absence levels have risen slightly from last quarter, just above the national target of 4%. The percentage absence for NHS employees for Quarter 1 are: • April: 4.01% • May: 4.74% • June: 4.59%
4.1.2	The Council data at Appendix 1b, shows an increase in absence levels during FQ1. In March 2021, the average for HSCP was 1.93 days lost per FTE per month, whereas in June 2021 it has risen to 2.83. (The actual number of absences recorded was 185 which equates to 22.9% of the 805 employees within HSCP). This is not unexpected, as staff are feeling the effects of the last 15 months. Work continues by both HR and the 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 Appendices 1a and 1b. There is an additional rolling graph at **Appendix 1c**, showing a comparison of Covid related and Non Covid related Absence within Council employees. This is interesting in that the rate of Non Covid related Absence is higher than that of Covid related cases. The numbers for the former are in the high 70s whereas those absent with Covid related reasons are just under 10 employees.
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 for Q1 remain low, which is disappointing. It is important for absence management and employee wellbeing that this discussion is taking place on an employee's return, after every a period of absence, to ensure that appropriate support can be provided. Currently a 'Notification of end of sickness absence' email is sent to the employee's line manager. As of July a further prompt will be sent to managers after three weeks to remind them to complete the outstanding Return to Work Interview and to record that on MyView. A link to guidance on how to complete will be included in the email and contact details for additional support if required. If after these two prompts the Return to Work Interview remains unrecorded on MyView an email will then be sent to the next level line manager to make them aware. These additional prompts will commence from July. We anticipate that this will have a positive impact on completion numbers.

4.1.4	Training for Once for Scotland Attendance Management Policy has continued to be rolled out in Quarter 1. 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.
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 Q1, within the NHS caseload, there were 13 ER bullying & harassment cases completed with 2 grievances also being closed. No 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. Further details are shown in Appendix 5.
4.3.2	There has been a slight increase in Council employees raising Grievances in FQ1 as compared to FQ4, with 4 new ones from the beginning of the quarter. This may be due to employees being unable to informally resolve any issues or they may be unwilling to enter in to relationship building measures such as mediation or restorative conversations. In terms of Disciplinary cases, these remain steady with the average being around 3 per month for the HSCP. Two of these cases are ongoing long term due to health problems and the complexity of the cases. It is hoped that both cases will be complete by FQ2. Further details are shown in Appendix 5.

5. WORK PLANNED FOR THE NEXT 3 MONTHS

5.1 Update on work for FQ1 and plan priorities for FQ2:

AB HSCP Culture Group – implement Culture Plan 2021	Ongoing
Continue delivery of Courageous Conversations, management development; improvement to people processes	Ongoing
Prepare for the iMatter survey utilising the new management structure so managers can confirm their teams in July ready for the survey in August	FQ2
Continue to support Staff Health and Wellbeing activities to align with Council and tackle HSCP sickness absence	Wellbeing Group established; work ongoing

Continue to support aspects of the Culture programme and workstreams	Ongoing
Seek to understand the outputs from the Listening and Learning survey and what is needed as a result	FQ2
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	Ongoing
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 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	

REPORT AUTHOR AND CONTACT

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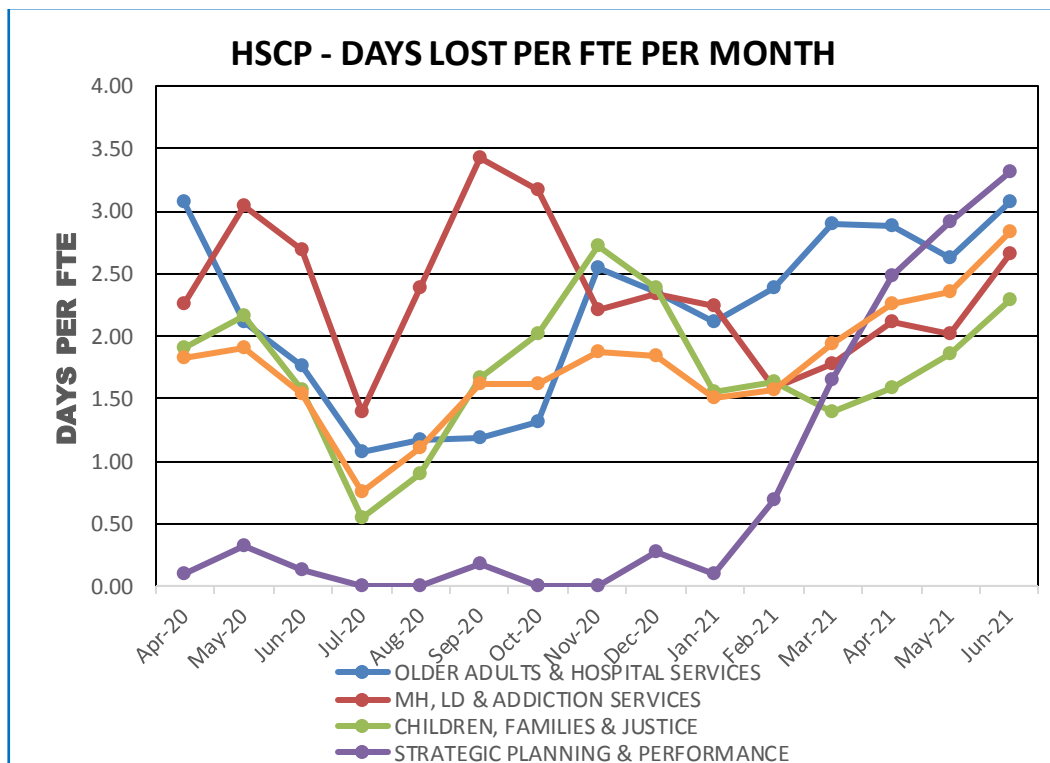Jennifer Swanson, Organisation and Workforce Development Manager, NHS Highland jennifer.swanson@nhs.scot
Jo McDill, HR&OD Officer, Argyll and Bute Council hr-hscp@argyll-bute.gov.uk
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Appendix 1a – HSCP Absence rates – NHS employees

Absence Rolling Profile July 20 - June 21
A&B HSCP Operating Unit Total %
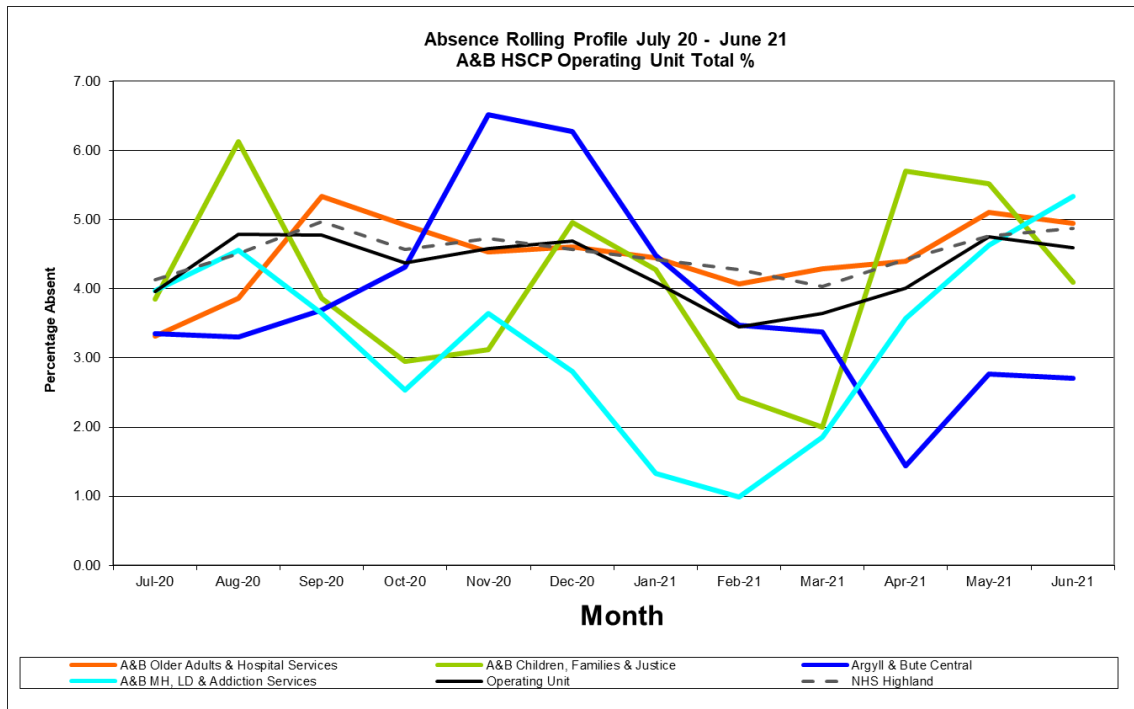
Appendix 1b – HSCP Absence rates Council Employees

HSCP - DAYS LOST PER FTE PER MONTH

It should be noted that Strategic Planning & Performance only has 18 council employees hence any absence seems steep in comparison to other Services.

Appendix 1c – HSCP Council Employees – Non Covid vs Covid Absences

Non Covid and Covid Absences

Legend: Non Covid Sickness, Total Covid based absence
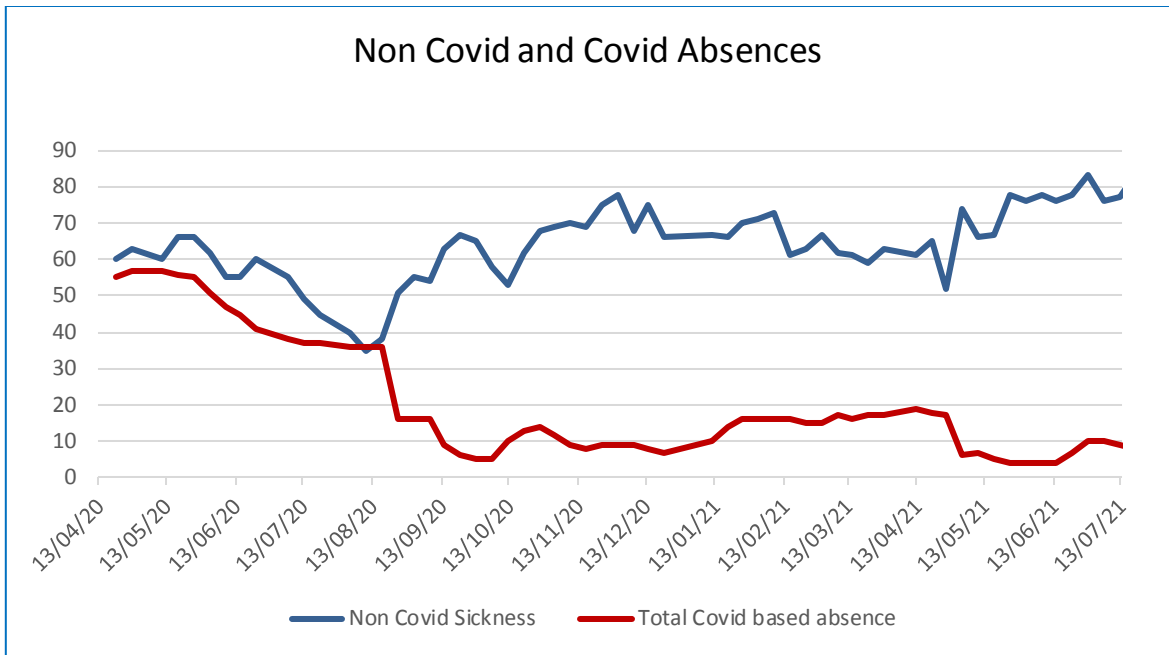
Appendix 2 – Return to Work Interview Data (Council Staff) FQ1

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 November 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.
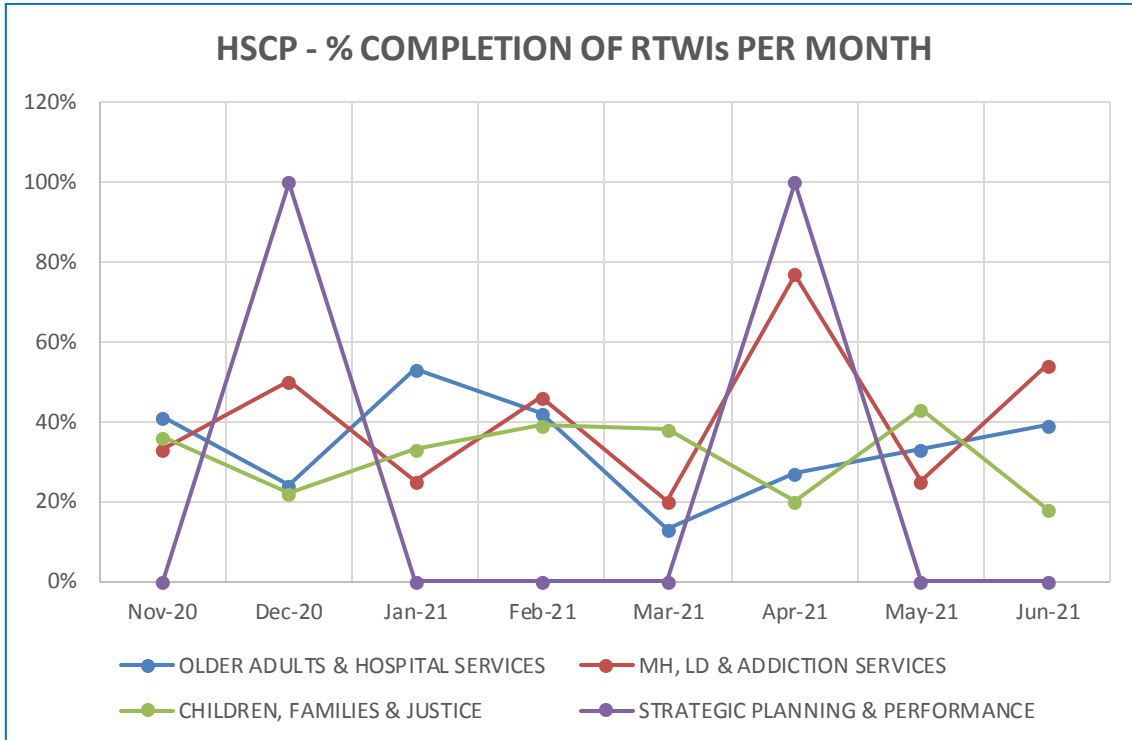
Appendix 3 – Recruitment and Redeployment Activity (Q1)

Attracting and retaining suitable applicants predominantly within nursing and some AHP roles remains challenging across all areas particularly Oban, Lorn and Isles locality and within Mental Health Inpatient Services. Discussion has been sought with Senior HR colleagues in North Highland as to what potential incentives could be made available to attract and retain employees into these critical areas. A strategic approach is being taken to this, led by the HR Director of NHSH. We have seen an increase of vacancies submitted by Children & Families over the quarter, this is in relation to Child & Adolescent Mental Health Service. The Communications Team continues to support the recruitment by sharing posts and information relating jobs throughout the UK to relevant groups and contacts on social media. Further work is to be done to highlight health posts via www.abplace2b.scot

3a NHS Vacancies

	April		May		June	
	New	**Re-Ad**	**New**	**Re-Ad**	**New**	**Re-Ad**
Adult Services EAST	10	3	7	3	15	6
Adult Services WEST	15	3	36	8	19	12
Children & Families	3	0	10	2	10	0
Corporate Services	4	1	1	1	5	2
Totals	32	7	54	14	49	20
	39		68		69	

Appendix 3b NHS Advertised Vacancies

% split of NHSH Advertised Vacancies in A&B HSCP 2020/21
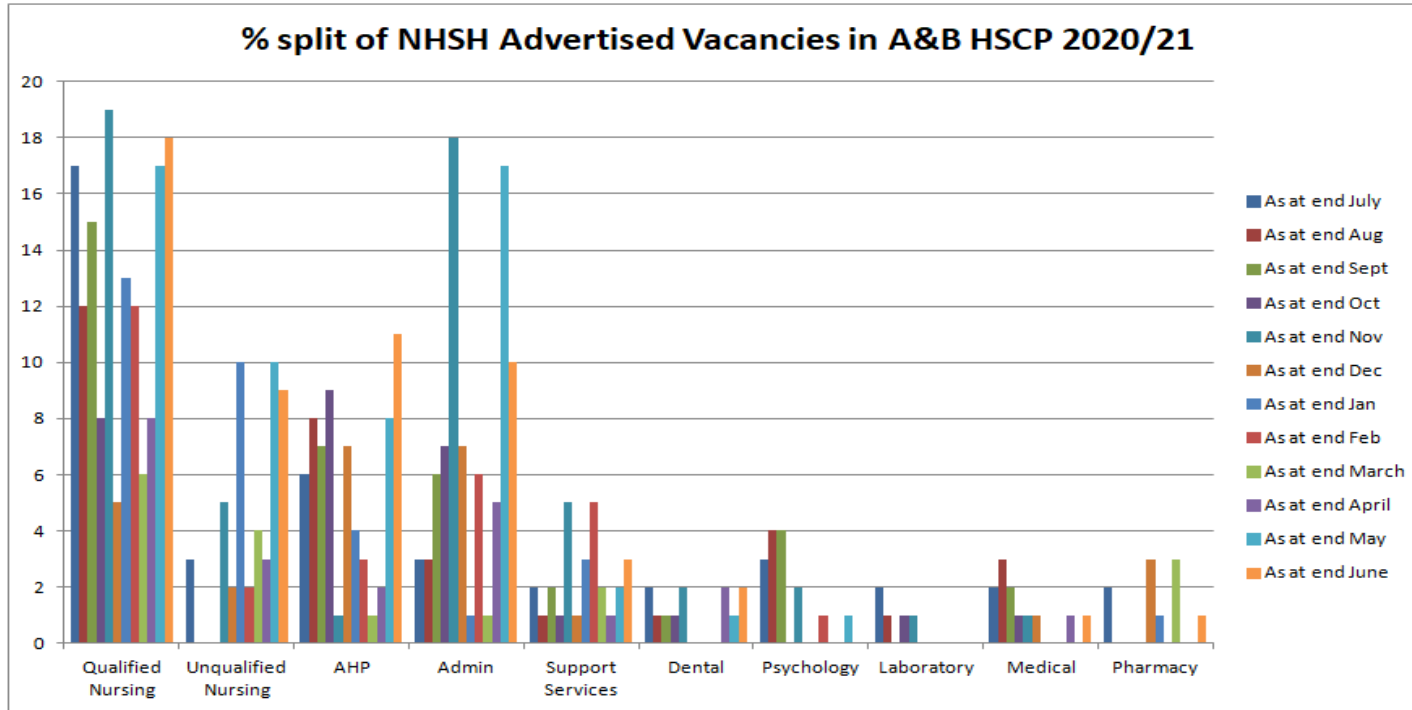
Appendix 3c NHS Re-advertised Vacancies

% of Vacancies Advertised More than 3 Times 2020/21
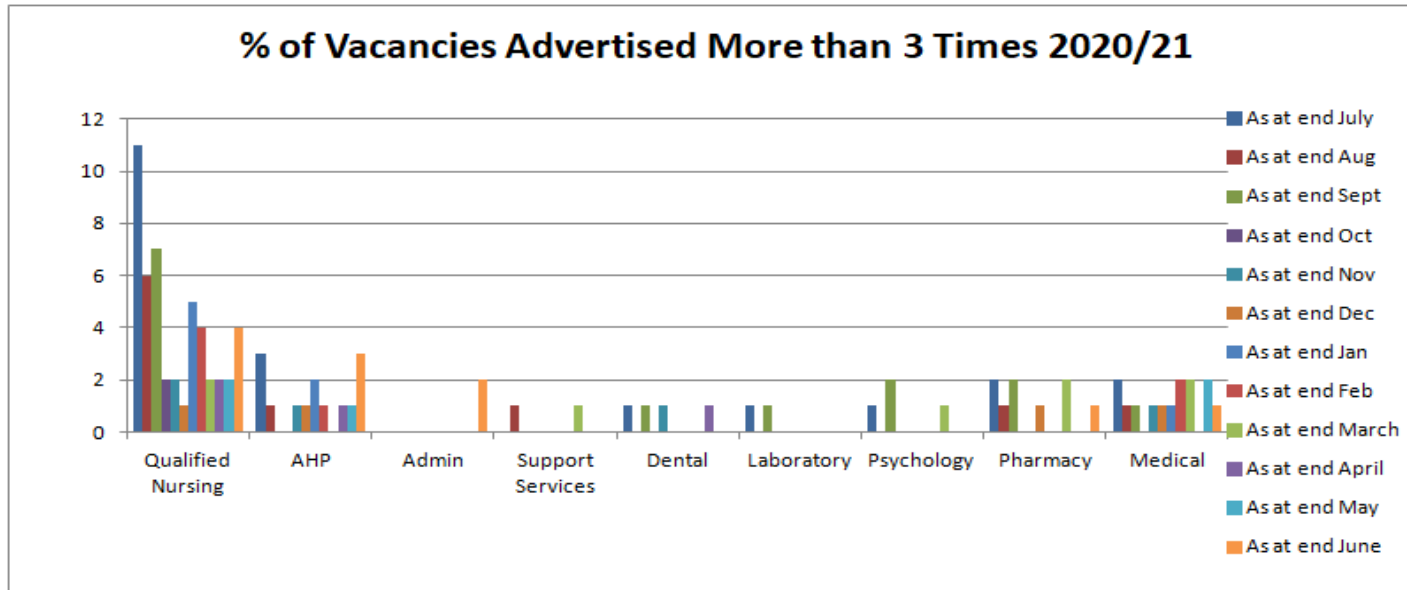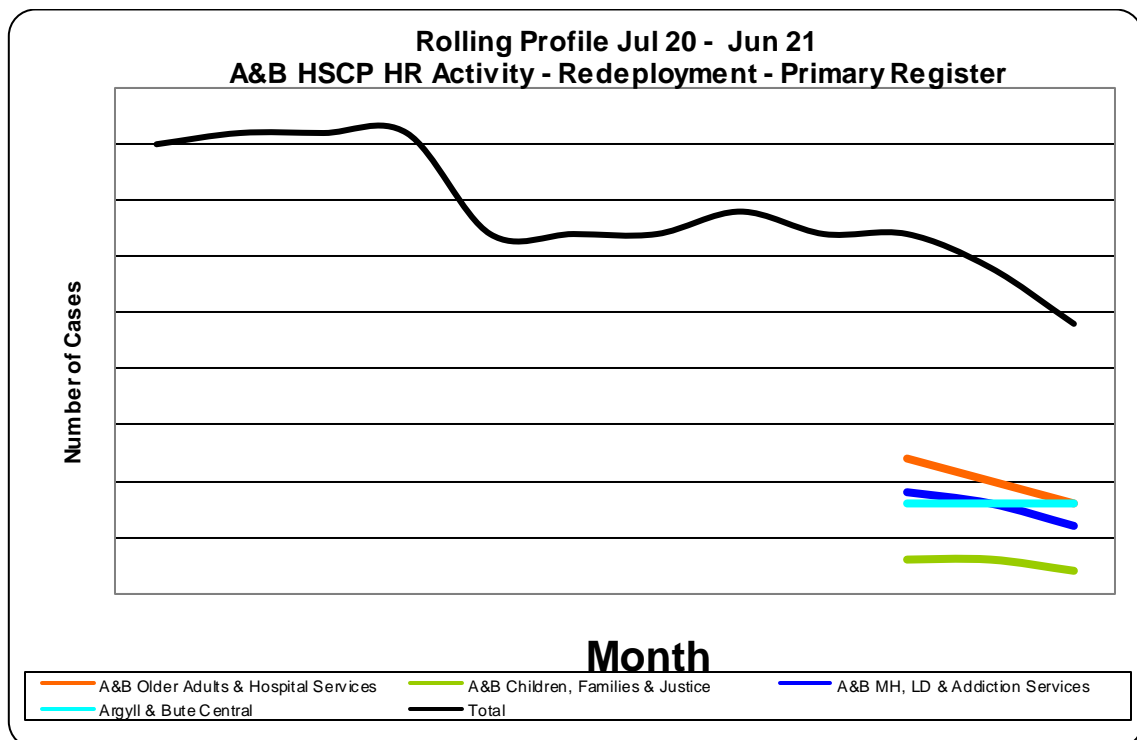
Appendix 3d Council Social Work/Care vacancies

The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q1 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.

	Apr 21		May 21		Jun 21	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Older Adults & Hospital Services	3	6	3	12	1	10
MH, LD & Addiction Services	3	2	1	1	4	2
Children, Families and Justice	4	2	2	4	5	2
Strategy P&P			1			
(HSCP PL3 DIRECTORATE)						
Totals	20 (Temp 5) (Perm 15)		24 (Temp 14) (Perm 10)		24 (Temp 7) (Perm 17)	

Appendix 3e NHS Redeployment

Primary Register

Rolling Profile Jul 20 - Jun 21
A&B HSCP HR Activity - Redeployment - Primary Register

Appendix 4 – Permament, Fixed Term and Casual Contracts (Q1)

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

Employees on T/FT contracts	Apr 21	May 21	Jun 21
Older Adults & Hospital Services (ABC)	34	36	35
Older Adults & Hospital Services (NHS)	5	5	4
MH, LD & Addiction Services (ABC)	15	14	15
MH, LD & Addiction Services (NHS)	4	3	1
Children, Families and Justice (ABC)	23	21	18
Children, Families and Justice (NHS)	10	13	13
Strategic Planning and Performance (ABC)	2	2	2
Corporate Services (NHS)	7	8	8
(HSCP PL3 DIRECTORATE ABC)	4	4	4
OVERALL TOTAL	**104**	**106**	**100**

4b Council Social Work/Care Casual Workers

Total Number of Casual Workers (some also on Perm/Temp contracts)	Apr 21	May 21	Jun 21
Older Adults & Hospital Services	574	547	535
MH, LD & Addiction Services	146	129	128
Children, Families and Justice	181	181	182
OVERALL TOTAL	**901**	**857**	**845**

Appendix 5 – Employee Relations Cases

5a NHS ER cases

NHS	Apr 21	May 21	Jun 21	Q1 New	Q1 Completed/ Closed
ER ALL					
Grievance	6	6	5	0	2
Conduct	1	1	1	1	1
Capability	0	0	0	0	0
Bullying & Harassment	17	9	5	0	13
Totals	24	16	11	1	16

NHS

Rolling Profile Jul 20 - Jul 21
A&B HSCP HR Activity - Employee Relations
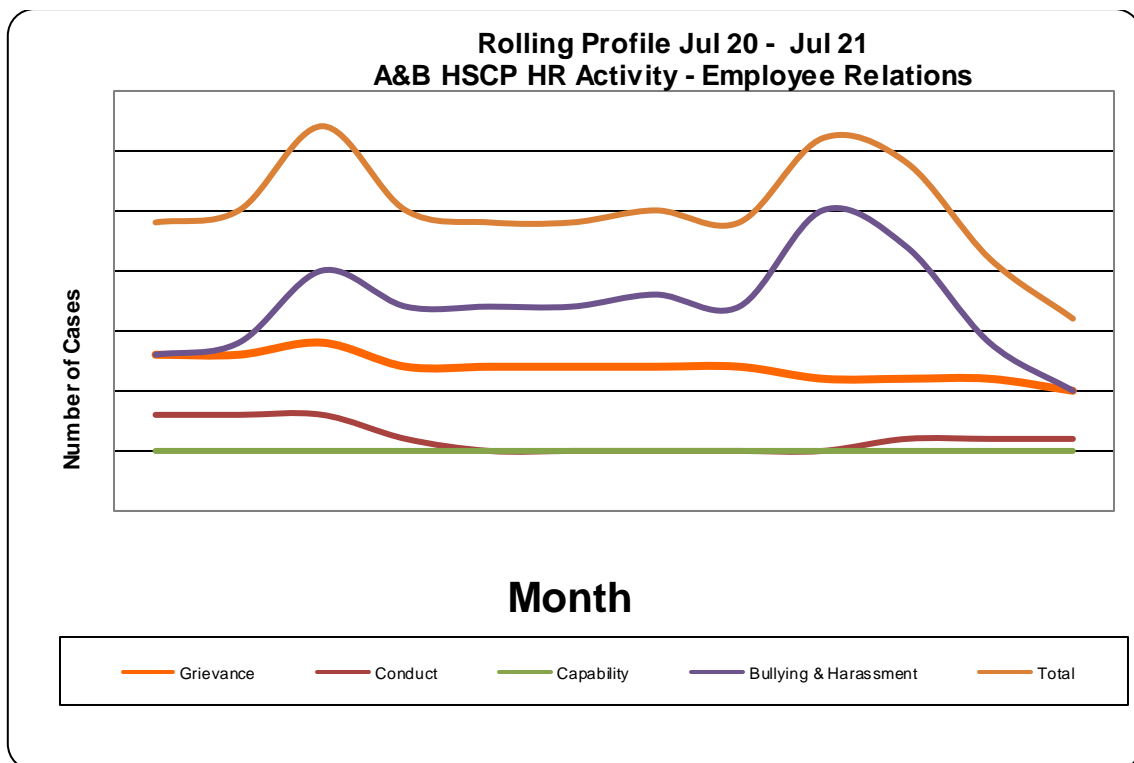
Appendix 5 b - Council Social Work/Care ER cases

Ongoing Disciplinary Cases - Each Month

Ongoing Grievance Cases - Each Month