

**Integration Joint Board**

**Agenda item: 11a**

**Date of Meeting: 24 November 2021**

**Title of Report: Staff Governance Report for Financial Quarter 2 (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 future topics that they would like further information on.

**1. EXECUTIVE SUMMARY**

- 1.1 This report on staff governance performance covers financial quarter 2 (July - September 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 is now jointly chaired by the Chief Officer and the Staffside Lead. The Group is open to any HSCP colleagues, to generate and take forward local actions. In the last quarter, actions taken to improve culture include:

- Continued Managing Courageous Conversations training delivered remotely to groups of individuals and to teams.
- Weekly Staff communication updates continues
- Delivered a programme of 'Connections' colleague engagement events (see below) and offered mindfulness sessions
- Continued to promote the Guardian Service to staff
- Began a review of Action plan
- Agreed and shared 3 key messages via the Staff Communications after each meeting

**3.1.2** Culture Group members are participating in 6 priority workstreams as part of the overall Culture programme 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 Team Conversations session. This will be piloted in Autumn 2021.
- Civility Saves Lives – Part of the Culture package is expected to relate to Civility Saves Lives and facilitated workshops are anticipated as a follow-up to the core workshop where appropriate.
- 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 October 2021.
- 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. This work has been completed.
- 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. A Listening and Learning staff survey was undertaken in June-July with 41% engagement. Teams received results that will help to inform their action plans. The survey results have been reported separately.
- A Culture Roadmap is expected to raise awareness of initiatives and progress for teams across Highland. Key milestones will feature on the roadmap, and this is expected to be introduced as part of the overall communications campaign.

**3.1.3 Whistleblowing Champion**, Bert Donald, met again with the Culture Group and Joint Partnership Forum to raise awareness of his role and report on his visit Argyll and Bute 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 a previous meeting. A follow-up visit took place earlier this month as well.

**3.1.4 The Connections programme** of staff engagement sessions ran from April – June 2021 and included Ask Me Anything sessions with senior managers, Innovation and Inspiration spotlights to share good practice and was very well-received. The programme was reviewed and a short-life working group set up to develop a future programme based on feedback.

The revised programme will support the culture programme in various ways, for example, leaders demonstrating through role modelling the values and behaviours expected, the visibility of leaders/members of SLT and IJB will be increased, and communication and sharing of information across the HSCP will be increased and improved. These will all contribute to changing the culture and improving staff experience so staff feel more involved, connected and engaged at work and in the HSCP

**3.1.5 Courageous Conversations** sessions continue to be delivered via MS Teams and can be booked by teams as well as individuals, from both Council and NHS. An eLearning version is in development and expected to be available in the next quarter.

**3.1.6 A Listening and Learning survey** was carried out throughout June by Culture Amp ending 5<sup>th</sup> July to measure our progress on delivering culture change and the results will form the basis of future action plans. iMatter staff survey was carried out in August and will also inform future action plans, which are being worked on.

## **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, which was extended to the end of October 2021. Discussions are actively underway with the Guardian Service regarding ongoing provision for Council employees in the HSCP. There will be no detriment to employees currently engaging with the Guardian Service during this period. 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. It complements the existing support and channels that are in place via management, HR and Trades Unions/staffside. The Guardians are external to the HSCP and provide support in a strictly confidential, non-judgemental manner. The 'Speak Up' Guardian Service can be accessed 24/7.

### **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, remit and priorities will be reviewed. Wellbeing is a priority area included in the Culture Action plan.

### **3.2.3 Council Wellbeing Team**

The Council have implemented a new Supporting Attendance at Work Policy and Procedures with effect from 1st October, which provide a more supportive approach to managing absence and promoting wellbeing. The Wellbeing Team have been delivering a series of training sessions for managers on the new procedures throughout October and have updated all associated guidance and resources which are available on The Hub (intranet) and the Council Website). This will apply to anyone whose absence requires initial management under the formal procedures after the 1st October, whilst those already being managed through the former Maximising Attendance Procedures, will continue through this process to conclusion.

**3.2.4** The Wellbeing Team have also been actively promoting the Employee Assistance Programme, Wellbeing App and structured counselling provision, which has led to a significant increase in uptake over the past year (47%). They also continue to publish a weekly Wellbeing Wednesday feature on a range of Wellbeing topics and signposting to relevant support agencies, as well as development and promotion of a MyWellbeing section on the MyCouncilWorks section of the website [My Wellbeing – My Council Works](#), which allows access to various resources

by all staff, including those who are not on the internal ICT network and who cannot access the Hub.

- 3.2.5** The Wellbeing Team also provide ongoing support and advice for managers and employees in relation to supporting attendance, in accordance with the old and new procedures and are planning a series of future webinars on various aspects of wellbeing and attendance management.
- 3.2.6** 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 an equality of listening. Following the success of previous sessions, further dates will continue to be offered in FQ3.
- 3.2.7** A Self Care intervention and a Self Care/Wellbeing module has been designed and developed as part of the NHH Leadership and Management Development programme. This will be delivered from autumn 2021.
- 3.2.6** A focus for Quarter 3 is to:
- Continue to promote wellbeing resources
  - Continue to offer a Spaces for Listening approach
  - Offer self-care intervention
  - 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 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.

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 remains an important part of engagement with employees. At the end of FQ2 the completion rate for Council PRDs was 18% and for NHS PDPs was 21%, which has room for improvement during the next two Financial Quarters. The Council is currently reviewing the PRD process, based on feedback, to improve it.

- 3.3.2** Improving compliance with Statutory and Mandatory training 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. Managers can access team reports directly on Turas and the intranet.

Appendix 6a and 6b shows the compliance levels for induction and mandatory training. HROD are discussing with the Senior Leadership Team how best to support completion and there is an NHH 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 Social Work Professional Lead. There are currently two council employees undertaking a 'Grow Your Own' Social Work Degree. We have 33 employees going through SVQ training, 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** There are currently 19 student nurses across Argyll and Bute at various stages of their Registered Nurse training, both general and mental health registers, studying with the Open University:

Year started	Stage of training	Number
2017	Stage 3 - completed	1
2018	Stage 3	3
2019	Stage 2	1
2020	Stage 1	10
2021	Stage 1	4

The Return to Practice programme has recruited 4 staff: 3 commenced with Robert Gordon University in September and 1 has deferred until February 2022.

**3.3.5** 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 NHS SVQ centre is based in Inverness.

The team will be hosting a Learning Awards Event in November that will celebrate accredited learning achievements by health and social care employees over the past 18 months. This is an important part of acknowledging commitment to learning and will be the first fully joint event.

### **3.4 Leadership and Management Development**

**3.4.1** SLT agreed a programme for HSCP manager induction for the newly appointed managers following the 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 has been designed to give them the best start in their roles.

#### **3.4.2 Manager Induction Programme**

The Induction programme for managers in the new structure started in February 2021 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
July – Allied Health Practitioners; Communications and Engagement	12
August – Adult Services: Older People, Community	13
September – Children, Families and Justice	postponed

Figures for FQ2 were slightly lower than previous quarters, due in part to annual leave. The September session was postponed due to staff changes in the service.

Feedback from participating managers continues to be 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 opened to applications from all HSCP managers in September 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 2021/22:

	<b>Apr-Jul</b>	<b>Aug-Oct</b>
OFS Attendance Policy	9	6
OFS Bullying and Harassment	11	3
OFS Capability Policy	5	8
OFS Conduct Policy	8	6
OFS Grievance Policy	3	3
OFS Investigations Guidance	7	7
<b>Total sessions attended</b>	<b>43</b>	<b>33</b>

### **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 NHS Recruitment Team. This will take effect from 3 August 2021.

Further details are shown in Appendix 3.

**3.5.3** 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, however now that we have the new Generic/Cohort mass recruitment we are hoping to see this improve significantly. Feedback has been positive so far for the first cohort and the second cohort closed on Wednesday 27 October. A strategic approach is being taken to this, led by the HR Director of NHS. 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. Recruitment colleagues have also been shown the Hootsuite and are able to share posts to the Highland Recruitments social media platforms. Further work is to be done to highlight health posts via [www.abplace2b.scot](http://www.abplace2b.scot)

**3.5.4** The Senior Leadership Team has noted that the levels of re-advertisement are higher in west Argyll than east (shown in Appendix 3). This is being explored further to identify actions that can be taken to address this.

### **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 Council. In FQ2 the focus was on working with 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 and there will be further separate reports.

### **3.7 My HR – My Council Works**

We are continuing to transfer 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 is not only 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. The majority of policies have now been uploaded and we will ensure future policies are included on this external hub.

## **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 2 are:

- July: 4.28%
- August: 4.41%
- September: Not available

Unfortunately, at the time of this report, September's figures were not yet available.

**4.1.2** The Council data at Appendix 1b, is showing a very slight decrease in absence levels during FQ2. In June the average for HSCP was 2.83 days lost per FTE per month, whereas in September 2021 it has decreased to an average of 2.62. 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. As in FQ1, the number of non-Covid related absence remains higher than that of Covid-related cases. Both of these numbers have increased slightly during FQ2, compared to FQ1; the numbers for the non-Covid absences are now in the low 80s, and there are around 20 employees absent for Covid-related reasons. In FQ1, the figure was in the high 70s of non-Covid related absence compared to just under 10 for Covid-related reasons.

### **4.1.3 Return to Work Interviews**

Return to Work Interviews are an important aspect of looking after our employees. They are recorded and reported for Council staff, with a target rate of 100% completion within 3 days of returning to work. This is a key component of attendance management. The rates for Q2 have

shown an overall, from an HSCP average of 28% completion in June to an HSCP average of 73% in September 2021. As always, there remains room for improvement. The chart detail is shown in Appendix 2 below.

**4.1.4** Training for Once for Scotland Attendance Management Policy has continued to be rolled out in Quarter 2. 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. As a result, in Quarter 2, the numbers of staff on the redeployment primary list is on a downward trend.

**4.2.2** Appendix 4 continues to highlight the numbers of temporary and casual workers that we have in the HSCP. Quarter 2 shows there is a steady downward trend of appointing temporary employees and the use of casual workers.

**4.3 Employee Relations (ER)**

**4.3.1** In Q2, within the NHS caseload, there were 3 ER bullying & harassment cases completed with 1 conduct case also being closed. There were 2 new bullying and harassment cases 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 where it shows an overall downward trend of the number of ongoing ER cases.

**4.3.2** HSCP Council Disciplinary Cases remained steady throughout Q2 and reflects much of the same figures from Q1 reporting. Average number of cases throughout this period was 3. There are 2 ongoing cases as reported in Q1 which are currently still ongoing due to employee illness and exploration of roles within HSCP as an alternative to dismissal.

Grievance figures for Q2 have overall decreased by half. This is due to employees exploring restorative measures such as mediation and relationship building sessions. There are currently only 2 ongoing HSCP grievance cases as at today’s reporting status.

Further details are shown in Appendix 5.

**5. WORK PLANNED FOR THE NEXT 3 MONTHS**

**5.1 Update on work for FQ2 and plan priorities for FQ3:**

AB HSCP Culture Group – refresh Culture Plan	FQ3
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	Completed
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; create action plans incorporating results from this survey and iMatter	FQ3
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 (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	

## REPORT AUTHOR AND CONTACT

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Jennifer Swanson, Organisation and Workforce Development Manager, NHS

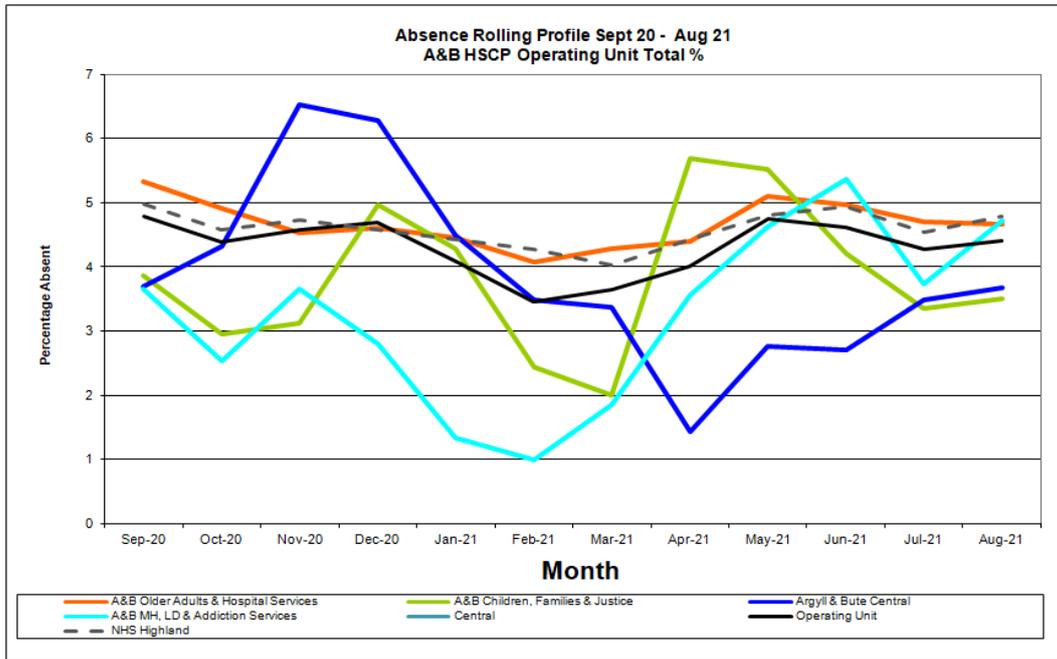
Highland [jennifer.swanson@nhs.scot](mailto:jennifer.swanson@nhs.scot)

Jo McDill, HR&OD Officer, Argyll and Bute Council [hr-hscp@argyll-bute.gov.uk](mailto:hr-hscp@argyll-bute.gov.uk)

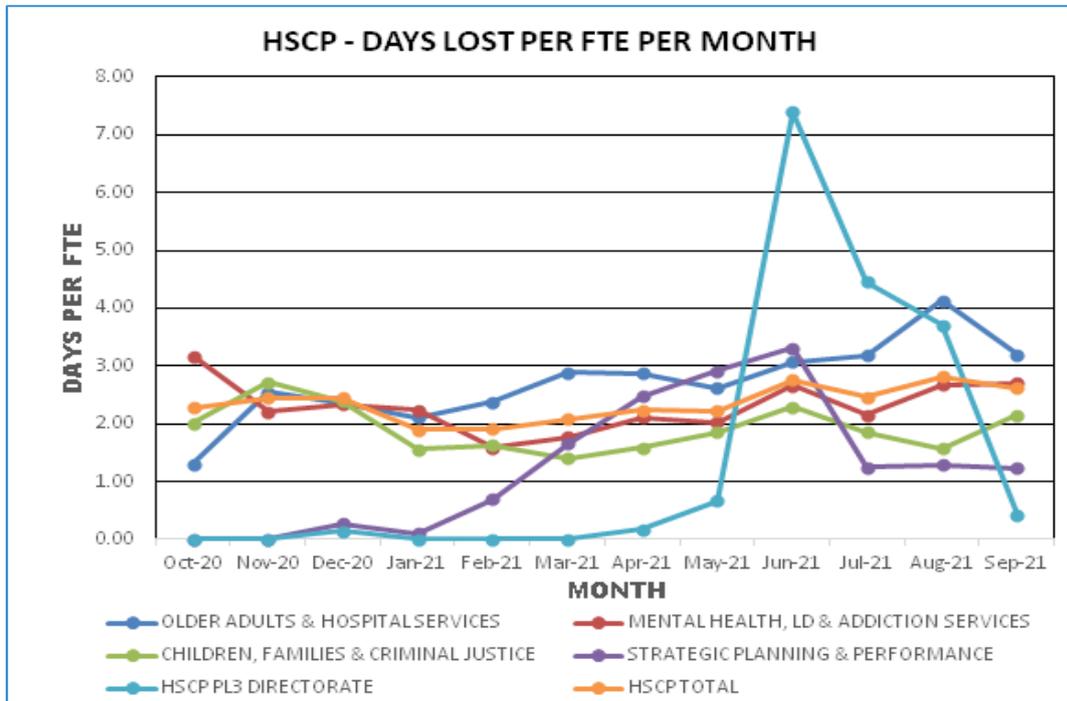
Dorothy Ralston, HR&OD Officer, Argyll and Bute Council [hr-hscp@argyll-bute.gov.uk](mailto:hr-hscp@argyll-bute.gov.uk)

## Appendix 1a – HSCP Absence rates – NHS employees

NHS

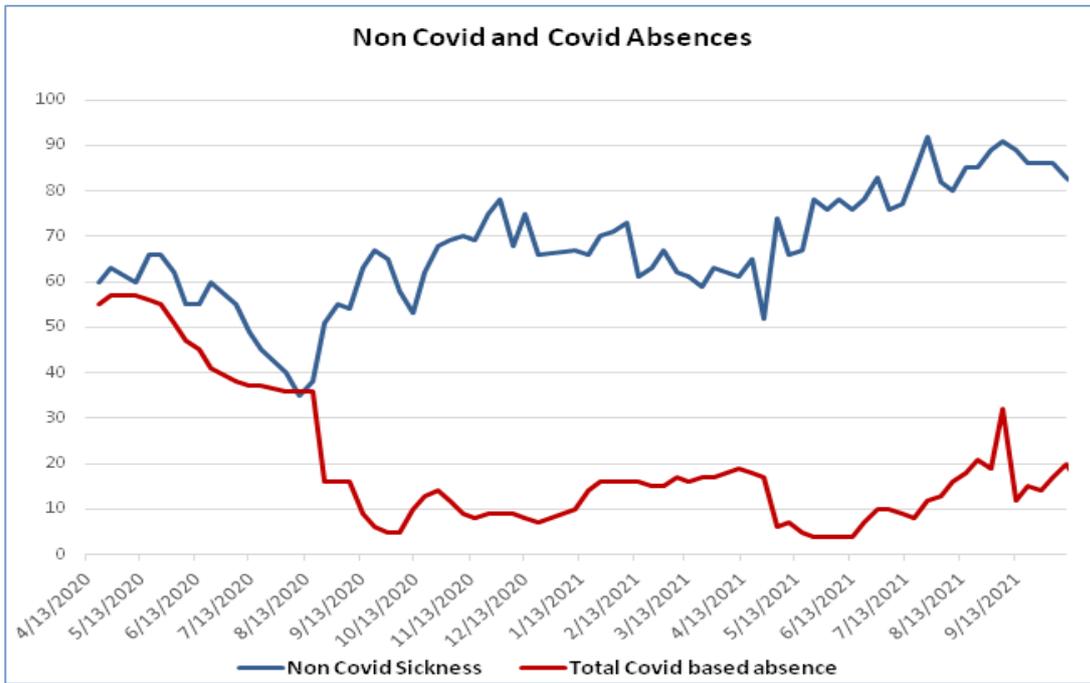


## Appendix 1b – HSCP Absence rates Council Employees



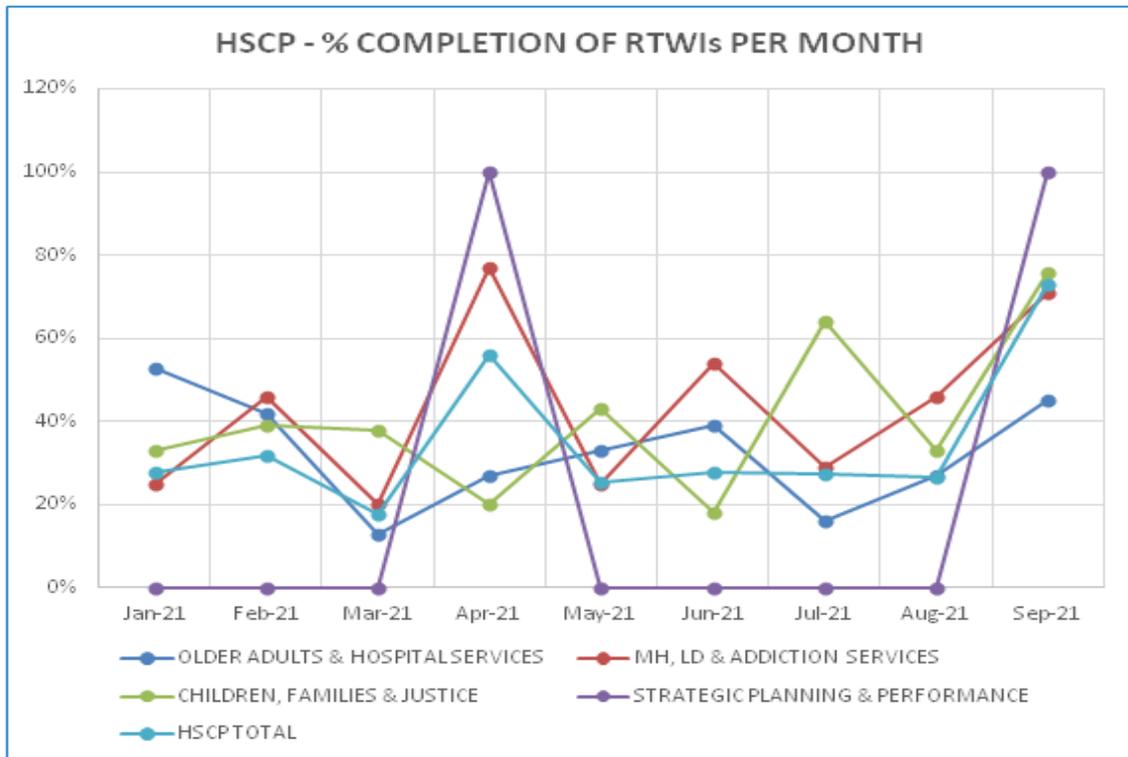
*It should be noted that Strategic Planning & Performance only has 18 council employees hence any absence seems steep in comparison to other Services.*

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



## Appendix 2 – Return to Work Interview Data (Council Staff) FQ2

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 January 2021. Whilst there have been a few dips in the % completion rates, it is positive to see an overall improvement in these completion rates towards the end of FQ 2. The Wellbeing Advisors continue to advise and guide managers on the long term absence cases.

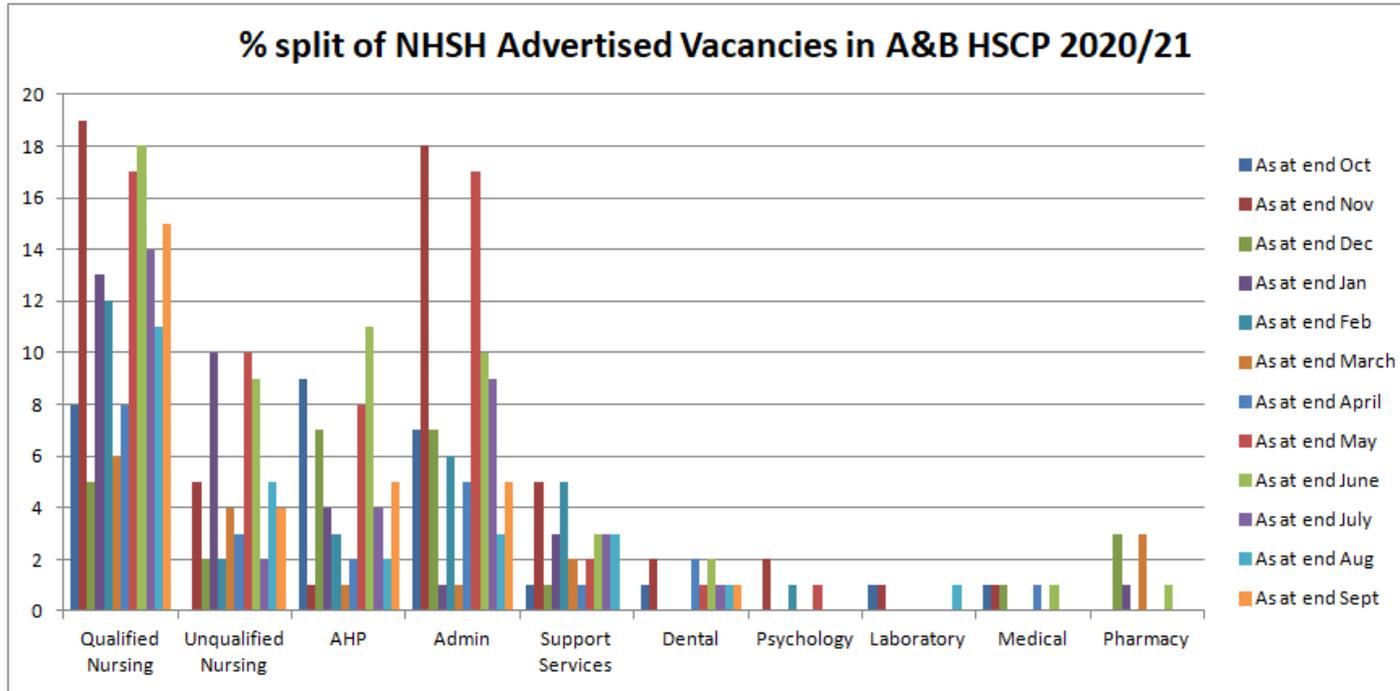


### Appendix 3 – Recruitment and Redeployment Activity (Q2)

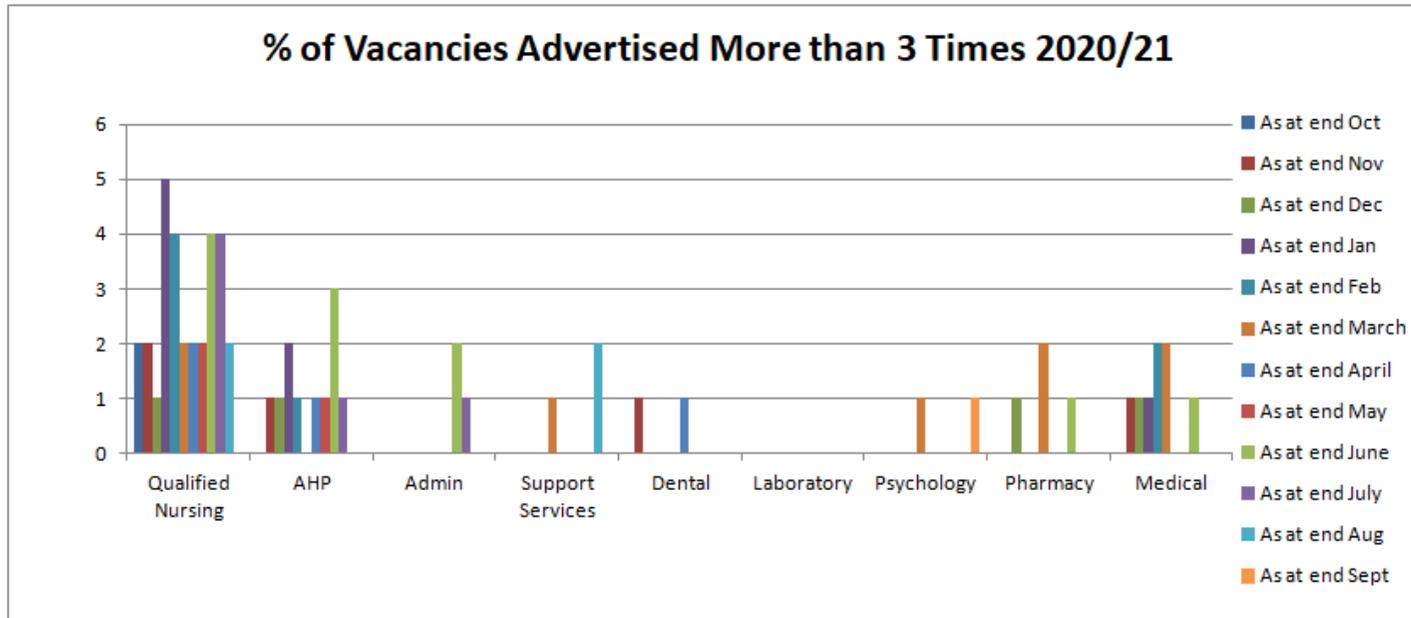
#### 3a NHS Vacancies

	July		August		September	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
<b>Adult Services EAST</b>	10	0	13	2	10	3
<b>Adult Services WEST</b>	30	4	14	13	17	13
<b>Children &amp; Families</b>	5	2	3	4	8	2
<b>Corporate Services</b>	1	2	0	3	2	0
<b>Totals</b>	46	8	30	22	37	18
	54		52		55	

### Appendix 3b NHS Advertised Vacancies



### Appendix 3c NHS Re-advertised Vacancies

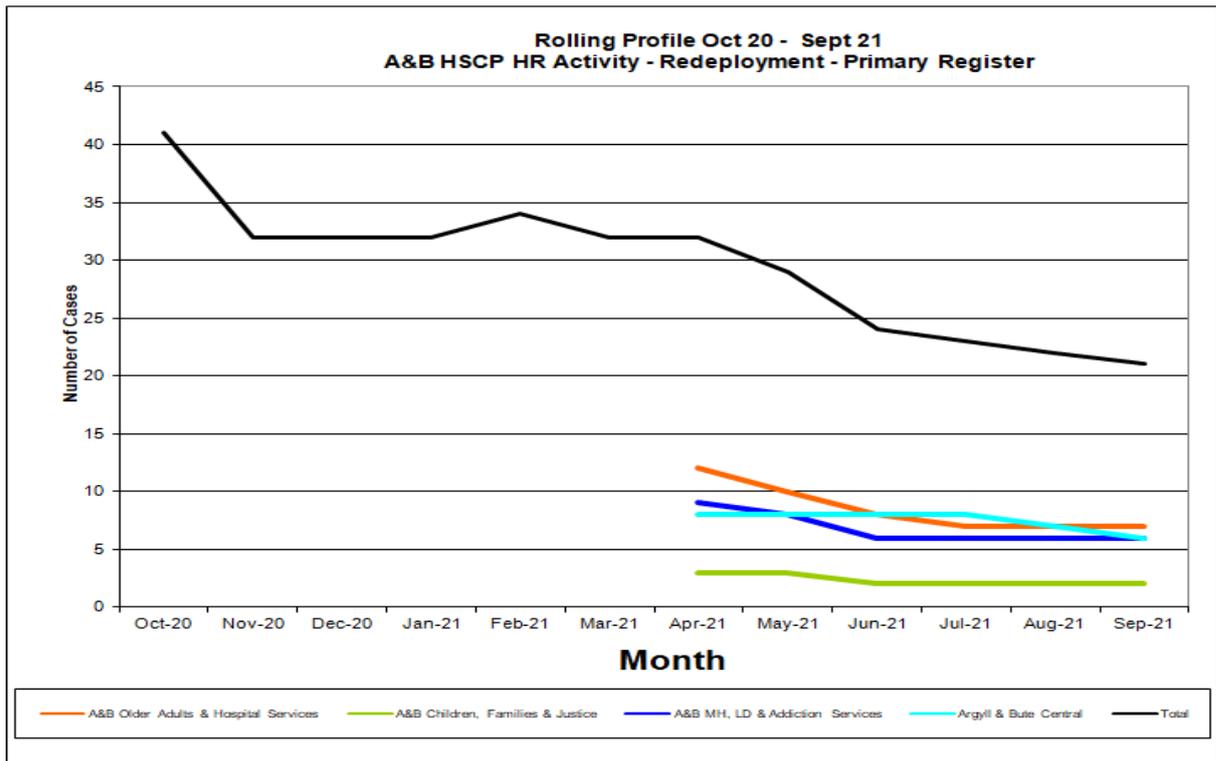


### Appendix 3d Council Social Work/Care vacancies

The breakdown of Council vacancies (detailed by Internal/Ring-fenced and External job adverts) for Q2 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 fixed term basis. This can be for budget related or project management reasons.

	July 21		Aug 21		Sept 21	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Older Adults & Hospital Services	8	11	7	13	4	19
MH, LD & Addiction Services	3	4	1	8		3
Children, Families and Justice	5	3	2		3	2
Strategy P&P					1	
(HSCP PL3 DIRECTORATE)						
	16	18	10	21	8	24
<b>Totals</b>	<b>34 (Temp 14) (Perm 20)</b>		<b>31 (Temp 17) (Perm 14)</b>		<b>32 (Temp 11) (Perm 21)</b>	

## Appendix 4: NHS Redeployment



## Appendix 4: Permanent, Fixed Term and Casual Contracts (Q2)

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

Employees on T/FT contracts	July 21	Aug 21	Sept 21
Older Adults & Hospital Services (ABC)	35	32	33
Older Adults & Hospital Services (NHS)	2	2	2
MH, LD & Addiction Services (ABC)	13	13	12
MH, LD & Addiction Services (NHS)	2	2	2
Children, Families and Justice (ABC)	18	17	17
Children, Families and Justice (NHS)	13	13	13
Strategic Planning and Performance (ABC)	2	2	2
Corporate Services (NHS)	9	7	4
(HSCP PL3 DIRECTORATE ABC)	3	3	3
<b>OVERALL TOTAL</b>	<b>97</b>	<b>91</b>	<b>88</b>

### 4b Council Social Work/Care Casual Workers

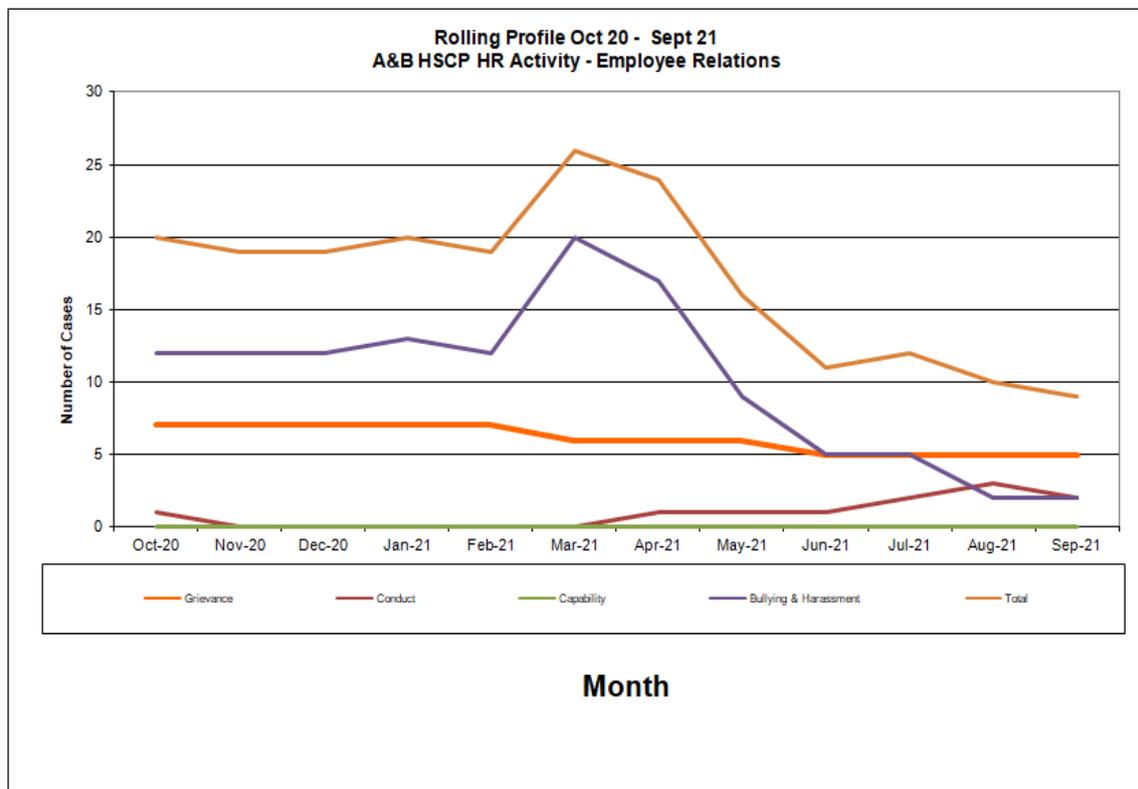
Total Number of Casual Workers (some also on Perm/Temp contracts)	July 21	Aug 21	Sept 21
Older Adults & Hospital Services	534	536	542
MH, LD & Addiction Services	128	131	143
Children, Families and Justice	182	183	193
<b>OVERALL TOTAL</b>	<b>844</b>	<b>850</b>	<b>878</b>

## Appendix 5 – Employee Relations Cases

### 5a NHS ER cases

NHS	July 21	Aug 21	Sept 21	Q2 New	Q2 Completed/ Closed
<b>ER ALL</b>					
Grievance	5	5	5	0	0
Conduct	2	3	2	2	1
Capability	0	0	0	0	0
Bullying & Harassment	5	2	2	2	3
<b>Totals</b>	<b>12</b>	<b>10</b>	<b>9</b>	<b>4</b>	<b>4</b>

### NHS



## Appendix 5 b - Council Social Work/Care ER cases

