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

Integration Joint Board   **Agenda item: 7**

Date of Meeting: **25 May 2022**

Title of Report: Staff Governance Report for Financial Quarter 4 (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.

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1. EXECUTIVE SUMMARY

1.1 This report on staff governance performance covers financial quarter 4 (January – March 2022) and the activities of the Human Resources and Organisational Development (HROD) teams. The continued presence of the Omicron variant, has impacted on the delivery of learning and development courses. Generally during this time, there has been an ongoing focus on supporting employee health and wellbeing, recruitment processes and supporting employee relations.

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 The Argyll and Bute HSCP Culture Group was renamed as the Culture and Wellbeing Group to reflect the impact and priority of workforce wellbeing. In the last quarter, actions taken to improve culture include:

- Staff communication updates continue weekly with information on key issues of interest to staff via NHSH Staff Communications.
- The Chief Officer issues regular all staff email updates and blogs.
- A SLWG was convened to restart the Connections programme with an emphasis of hearing from all staff areas. Spaces for listening was also offered. These have been well received by colleagues
- Continued to promote the Guardian Service to staff and there are now regular engagement sessions with the HR teams to identify areas for particular attention.
- We continue to agree and share 3 key messages via the Staff Communications after each meeting so that staff can see what is being discussed and are encouraged to participate in the group.

3.1.2 The Culture and Wellbeing 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. Due to continued System pressures this has been further delayed and it is anticipated arrangements for a soft launch will be introduced by the beginning of June 2022.
- Civility Saves Lives workshops will start in Q1
- Leadership and Management Development Programme – . Due to continued System pressures the programme has been further delayed until April 2022 for levels 1, 2 and 3; and until May for Level 4.
- People Process Review – providing clarity of roles and responsibilities, improving overall performance and reporting and improving incidence of early resolution; recommendations are being implemented
- 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 2021 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   Future plans include:

- The Culture and Wellbeing group will continue the Culture Work and be more inclusive, with the aim to explore all issues that staff experience in the workplace
- It will review the true impact of Integration on all staff in their roles across the HSCP
- Exploration of how to increase engagement from Council colleagues as the group is predominately populated by NHSH staff at present
- Exploring and facilitating members being informed in areas of Culture and Wellbeing, and Decision-Making Models through support from library services in terms of ebooks and information sharing
- Seeking further diversity of group membership
- The Terms of Reference and Plan to be revised and amended to reflect current situation with priorities being identified for the coming year

3.1.4   **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. Progress on design of eLearning continues to be made however there is a delay with the module expected to be ready for testing in the next quarter. Participate was low this quarter due to resource challenges associated with Omicron. Only 2 employees attended this course. However, we anticipate that participation rates will increase once the e-learning module is available and the impact of Omicron has passed, freeing up employees up to attend training and participate in learning.

There are a number of changes being made in the Talent Service and a new OD Team being formed. The focus of the Education, Learning and Development Team will be on Lifelong Learning, Leadership and Management Development and Promoting Careers. It is anticipated these structural changes will enable more capacity to promote learning.

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.

The year end data confirms that across NHS and Council there have been 65 cases supported by through the Guardian Service centring round the same themes that have already reported to committee; Management Issues, , Behaviour Relationship, perceptions of Bullying and Harassment and System and Process issues, and the guardian service are supporting and guiding employees with these concerns.

In quarter 4 there was an increase in contact with 24 new cases with management issues being the most prevalent reason for contact. Site visits reconvened in March which may account for the increase in contact but it is also important to note that March and April were the busiest months last year too. Conversations are taking place with the Guardian service to understand the themes and issues prevalent in Argyll and Bute and link this where appropriate with the work underway across culture, wellbeing and learning and development seeking to improve employee experiences. A more detailed report will be provided by the Guardian service at the end of May which will further inform actions and updates will continue to be reported in future reports.

In June 2022 the Council will launch a new Conflict Resolution Toolkit for line managers to support managers to take action when issues are raised with them. Alongside this there will also be corporate training available from ACAS on Conflict Resolution. This is particularly relevant for issues of behaviour relationship highlighted above.

3.2.2 **Council Wellbeing Team**

The Wellbeing Team continue to actively promote the Employee Assistance Programme, Wellbeing App and structured counselling provision. They provide ongoing support and advice for managers and employees in relation to supporting attendance and will start to implement new wellbeing initiatives in the coming months such as on-line physio, an active care service, Employee Assistance Programme (EAP) and targeted wellbeing improvement plans. Communications to go out to staff in the coming weeks and further details will be provided to the next IJB.

Wellbeing Wednesday features a range of Wellbeing topics and signposting to relevant support agencies, which is available to all staff here: My Wellbeing – My Council Works

3.2.3 The OD team offered Spaces for Listening sessions to all HSCP staff in collaboration with colleagues across other boards and the Scottish Ambulance Service. This is a structured process which creates a space to share thoughts and feelings and experience an equality of listening. Further dates are offered, in partnership with NHS Grampian, on an ongoing basis with additional promotional material being generated.

In collaboration with the Chaplaincy Service , OD have developed 'Take 5' sessions, offering a pause in the working day with a guided reflection or mindfulness practice. This offer is due to commence in FQ1.

3.2.4 A Self Care intervention and a Self Care/Wellbeing module have been designed and developed as part of the NHSH Leadership and Management Development programme and in response to requests from colleagues Delivery was paused due to Omicron and the start date for delivery will be from FQ1.

3.2.5 A focus for Quarter 1 is to:
- Continue to promote wellbeing resources
- Continue to offer Spaces for Listening
- Offer self-care intervention
- Offer Take 5 sessions
- Consider staff wellbeing alignment with the culture programme and the priorities for 2022/23

3.3 **Learning and Development**

3.3.1 A & B Council recently revised and updated the approach to performance discussions, now focusing more on measuring and improving outcomes. Improving the conversations managers and employees have about performance, behaviours and career/development aspirations.

The Weekly webinars were set up to answer any questions and provide additional support and were very well attended and have now concluded. Further information and guidance has been made available here: [Changes to the annual PRD process – My Council Works](#)

Council Face to Face training is now occurring with more regularity as Covid restrictions have eased. Some statistics for the face to face training courses held during FQ4 are available at Appendix 7.

Appendix 6 shows generally no change to the Appraisals Performance Data levels for completed staff appraisals for NHS staff within Argyll and Bute HSCP.

There is still a need to focus on employee development and provide support and positive reflection on the achievements of the past year. The Council is currently reviewing the PRD process, based on feedback, in order to improve it and progress will be reported.

3.3.2 Improving compliance with Statutory and Mandatory training is essential to the safety and quality of services that the HSCP delivers. This continues to be an area of concern. The compliance levels are shown in Appendix 7a and 7b and indicate that compliance levels have not changed for induction and mandatory training. There is an NHSH wide focus on improving performance on completion of mandatory training and HROD are exploring how best to support completion across the HSCP . Key performance indicators will be reported to SLT from FQ1 2022/23.

3.3.3 The Education, Learning and Development Team continues to explore ways to improve SVQ accessibility for NHSH staff within A&B HSCP and work with the NHSH SVQ centre. The team will have a key theme of work related to promoting careers and part of their focus will be on Growing Our Own, maximising on Apprenticeships and SVQs as well as enabling improved opportunity for pre-employment placements. Talent attraction and engagement will also be a priority working closely with professional leads and service managers. Further information on progress and plans will be brought to a future IJB meeting.

3.4   **Leadership and Management Development**

3.4.1   **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

The managers induction programme was paused during the last quarter due to System pressures and attendance stats remain as reported last quarter.

3.4.2   Leadership and Management Development Programme was also paused due to system pressures. Timescales for delivery have been reviewed accordingly and as a supportive measure Learning Journals will be optional for delegates with the opportunity to explore any need for Action Learning sets.

A Pilot Mentoring programme for levels 2 and 3 has been introduced and early evaluation indicates this is positively received. Plans are being made to offer mentoring for leaders and managers across the organisation.

Blended learning can have an impact on the strength of relationships between delegates and facilitators. Through consideration of Action Learning Sets and exploring the need for a Leadership Community for all leaders and managers, it is expected that the profile of leadership as a profession can be positively supported and promoted.

3.4.3   Once for Scotland workforce policies courses have been delivered remotely for all managers to ensure up-to-date knowledge of the new NHS Scotland policies. As a result of the pressures created by the pandemic delivery of sessions was paused in Q3 with no sessions delivered during Q4. These will resume to normal service from April 2022 onwards and attendance will be reported accordingly

3.5   **Resourcing: Recruitment and Redeployment**

3.5.1   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. A strategic approach is being taken to this, led by the HR Director of NHSH. 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

The HR and OD team have been working with Social Care colleagues to develop proposals for posts which could better support the care recruitment requirements. Job descriptions have been developed and reviewed by the job evaluation team. These proposals will be reviewed at a resources managers meeting in March 2022.

Further details are shown in Appendix 3.

3.6   **My HR – My Council Works**

We are continuing to transfer staff information onto My Council Works which is externally facing and therefore accessible to all staff; not just those who use the internal network. This is not only a useful tool for all council staff, 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 been on a downward trend from last quarter, just above the national target of 4%. After peaking at just under 10% for last quarter, Children & Families Service's absence levels have decreased significantly to comparable levels with other services within Q4. The percentage absence for NHS employees for Quarter 4 are:

- January: 5.36%
- February: 5.07%
- March: 4.45%

4.1.2 The Council data at Appendix 1b, is showing a very slight increase in absence levels during FQ4. In December 2021 the average for HSCP was 2.15 days lost per FTE per month, with March showing a slight increase to an average of 2.27. Work continues by both HR and the Wellbeing Teams to support the management of long and short -term sickness 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. The number of non-Covid related absence remains higher than that of Covid-related cases in FQ4, although there was a peak mid February to mid March – but that has gradually subsided towards the end of the Quarter.

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 Q4 have shown an overall increase, from an average of 38% completion rate in January 2022 to an average 61% completion rate at the end of March 2022. This is a positive development which will be built on in Quarter 1 to strive for 100% completion. Ensuring that these interviews are being completed after all absences regardless of length remains a priority. The chart detail is shown in Appendix 2 below.

4.1.4 The Once for Scotland Attendance Management Policy training was halted during Quarter 4 due to the Omicron response activity. This will re-commence in Quarter 1

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 4, the numbers of staff on the redeployment primary list continues on a downward trend as seen in Appendix 4.

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

4.3 Employee Relations (ER)

4.3.1 In Q4, within the NHS caseload, there were 3 grievances and 1 conduct case closed. There were 1 new grievance and 1 bullying & harassment cases added to the caseload within the quarter. Further details are shown in Appendix 5 where it shows a fairly static trend of a relatively low number of ongoing ER cases in comparison with the beginning of the financial year.

4.3.2 HSCP Council Disciplinary and Grievance cases are continuing to show an overall downward trend during Q4. There has been 1 Grievance lodged in Q4 within HSCP Council area. This is currently ongoing. Within Q4, there have been 3 completed Disciplinary cases which have resulted in formal warnings. There are 2 cases ongoing which are within Appeal timescale. Details are shown on the charts at Appendix 5b.

5. WORK PLANNED FOR THE NEXT 3 MONTHS

5.1 **Update on work for FQ4 and plan priorities for FQ1:**

AB HSCP Culture and Wellbeing Group – refresh plan and group membership, terms of reference	FQ1
Continue delivery of Courageous Conversations, management development; improvement to people processes	Restart after standing down in FQ4
Roll out the iMatter survey in Quarter 1 to allow managers can produce action plans with their teams (Reporting anticipated August Q2	FQ1/2
Continue to support Staff Health and Wellbeing activities to align with Council and support the improvement of HSCP sickness absence	Wellbeing Group established; work ongoing
Continue to support aspects of the Culture programme and workstreams including Team Conversations	Restart after standing down in FQ4
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	FQ1/2
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)	Restart after standing down in FQ4
Deliver Once for Scotland to all managers and then staff – delivered remotely via MS Teams	Restart after standing down in FQ4

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	

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Appendix 1a – HSCP Absence rates – NHS employees

NHS
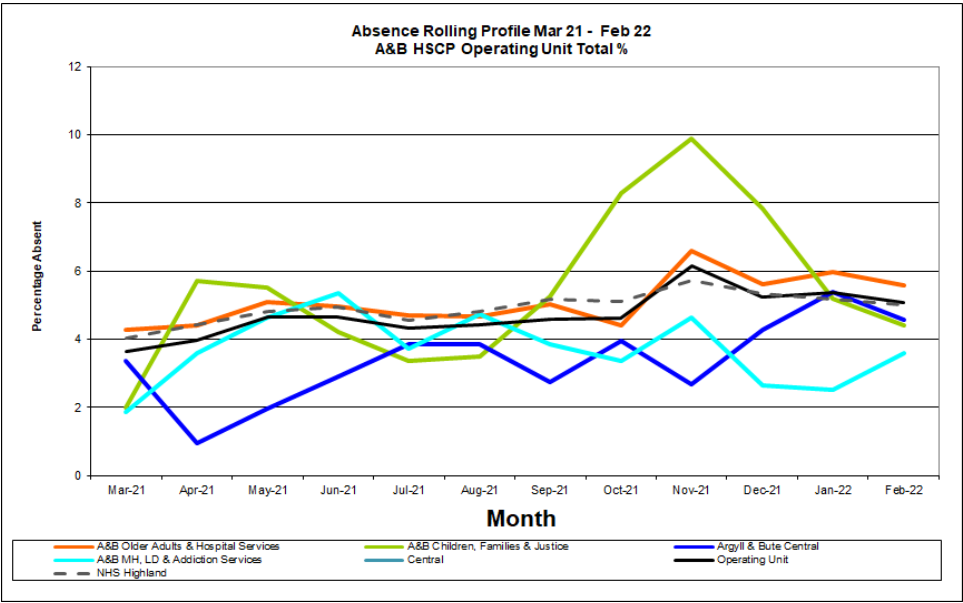
Appendix 1b – HSCP Absence rates Council Employees
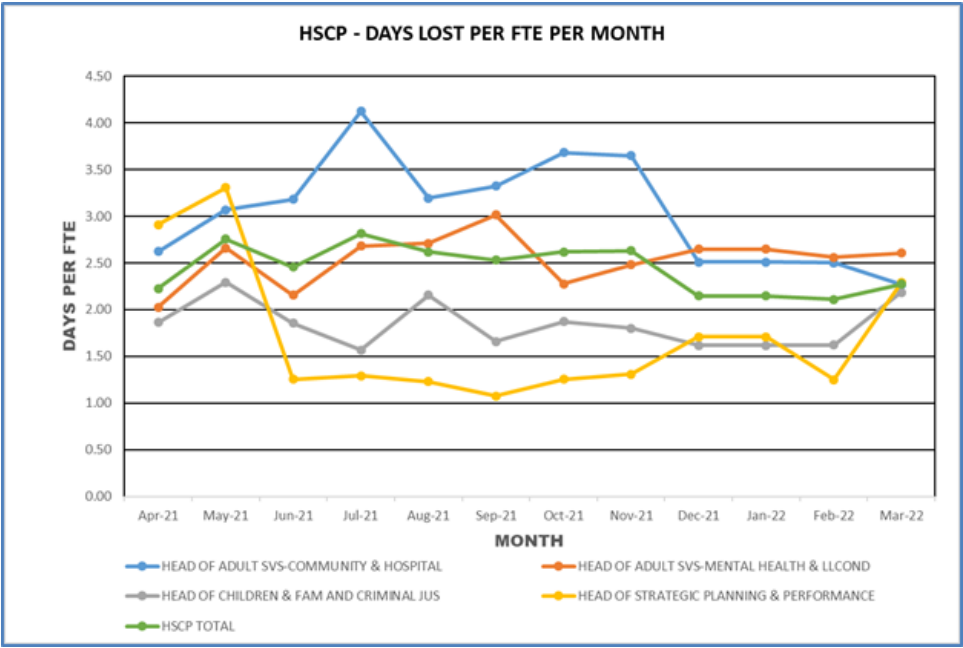
Appendix 1c – HSCP Council Employees – Non Covid vs Covid Absences

Non Covid and Covid Absences

Legend: Non Covid Sickness — Total Covid based absence
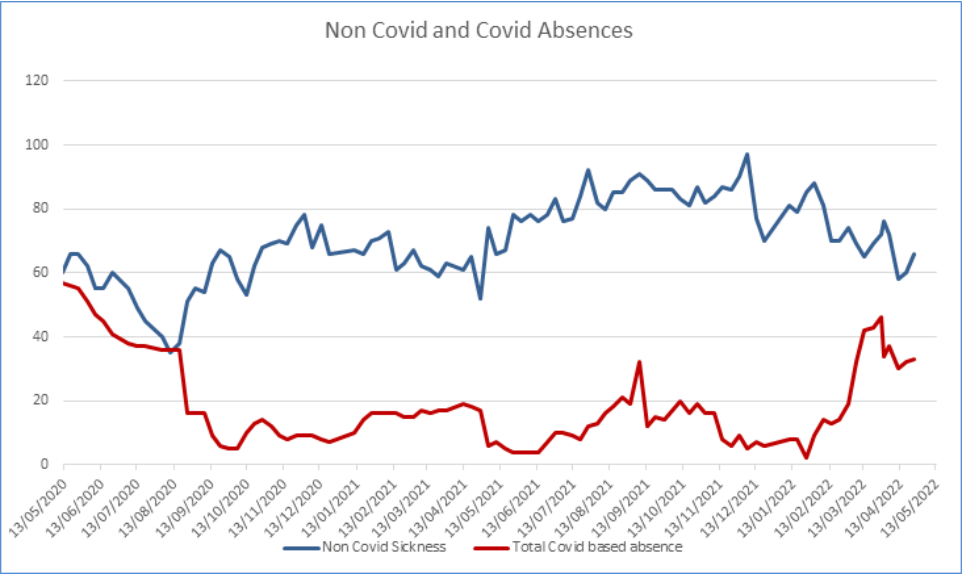
Appendix 2 – Return to Work Interview Data (Council Staff) FQ4

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 July 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 4. The Wellbeing Advisors continue to advise and guide managers on the long term absence cases.
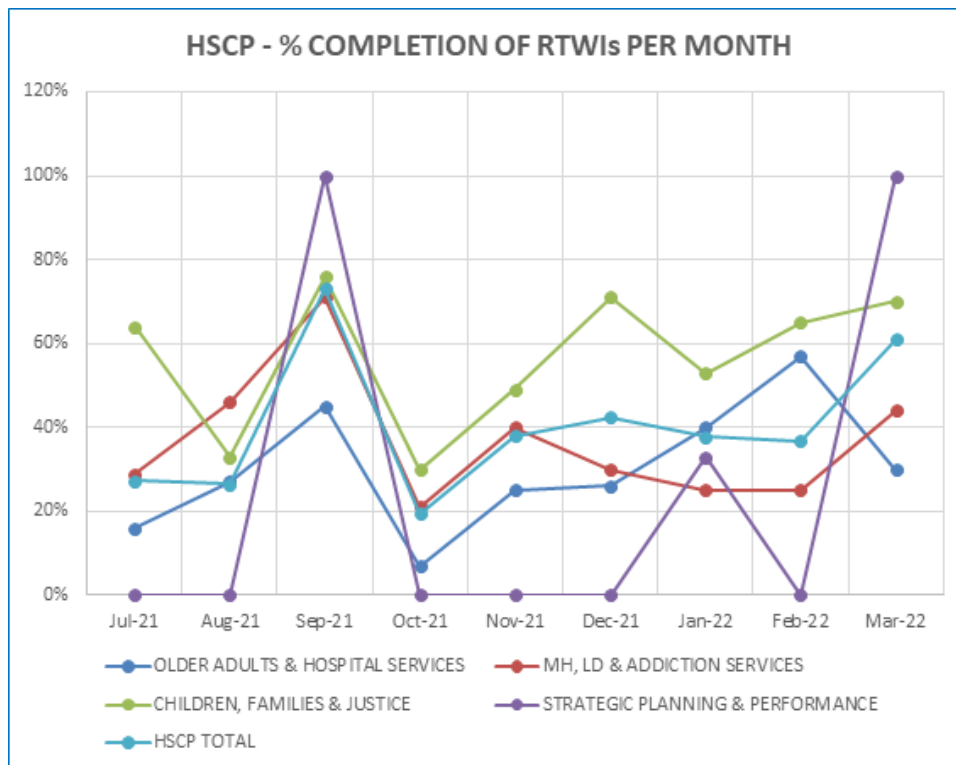
Appendix 3 – Recruitment and Redeployment Activity (Q3)

3a NHS Vacancies

	January		February		March	
	New	**Re-Ad**	**New**	**Re-Ad**	**New**	**Re-Ad**
Adult Services EAST	6	0	10	0	5	6
Adult Services WEST	20	1	30	3	25	3
Children & Families	3	1	2	1	4	0
Corporate Services	2	0	2	0	6	0
Totals	31	2	44	4	40	9
	33		48		49	

Appendix 3b NHS Advertised Vacancies

% split of NHSH Advertised Vacancies in A&B HSCP 2021/22
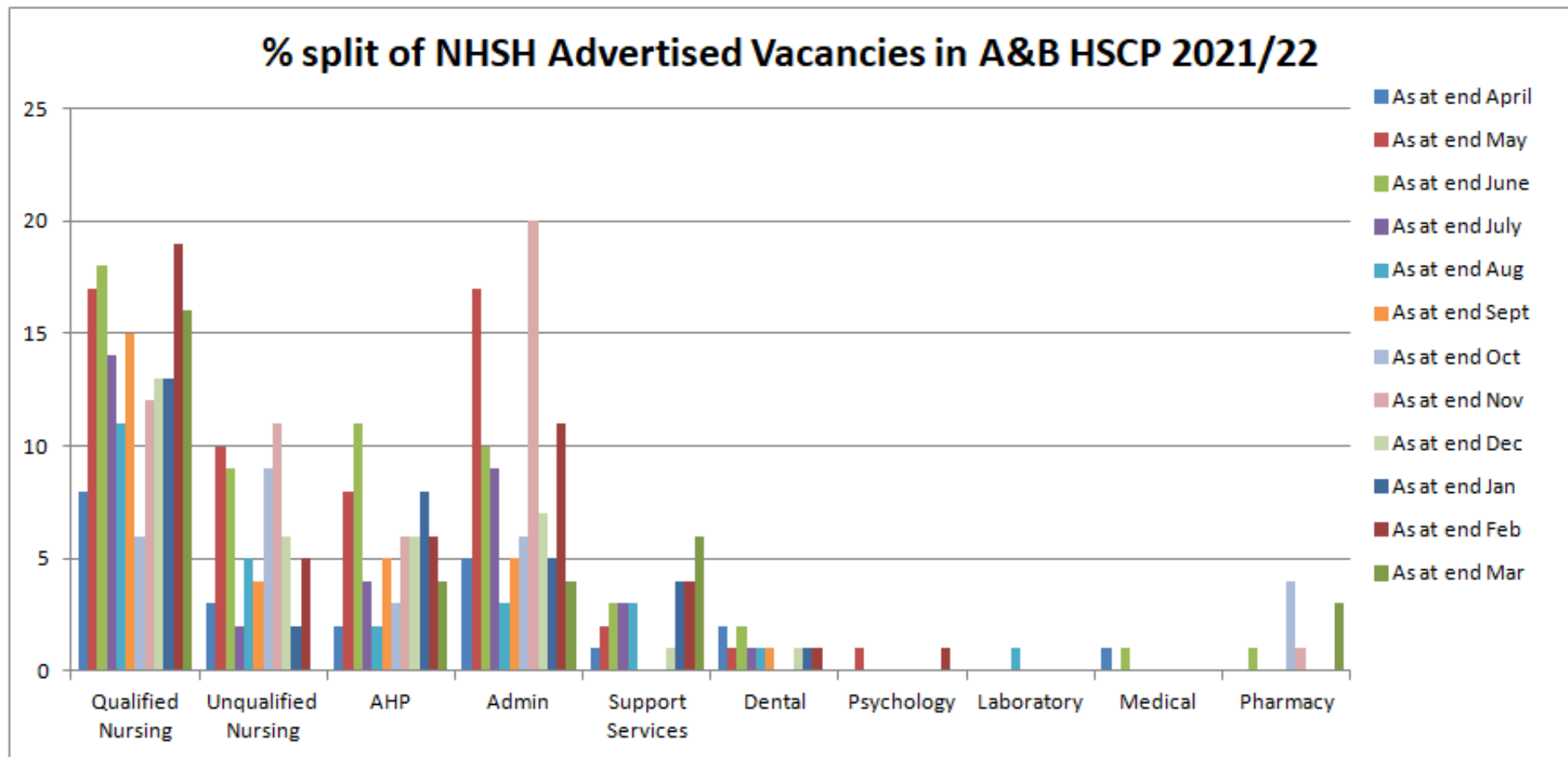
Appendix 3c NHS Re-advertised Vacancies

% of Vacancies Advertised More than 3 Times 2021/22

Legend:
- As at end April
- As at end May
- As at end June
- As at end July
- As at end Aug
- As at end Sept
- As at end Oct
- As at end Nov
- As at end Dec
- As at end Jan
- As at end Feb
- As at end Mar

Categories: Qualified Nursing, AHP, Admin, Support Services, Dental, Laboratory, Psychology, Pharmacy, Medical
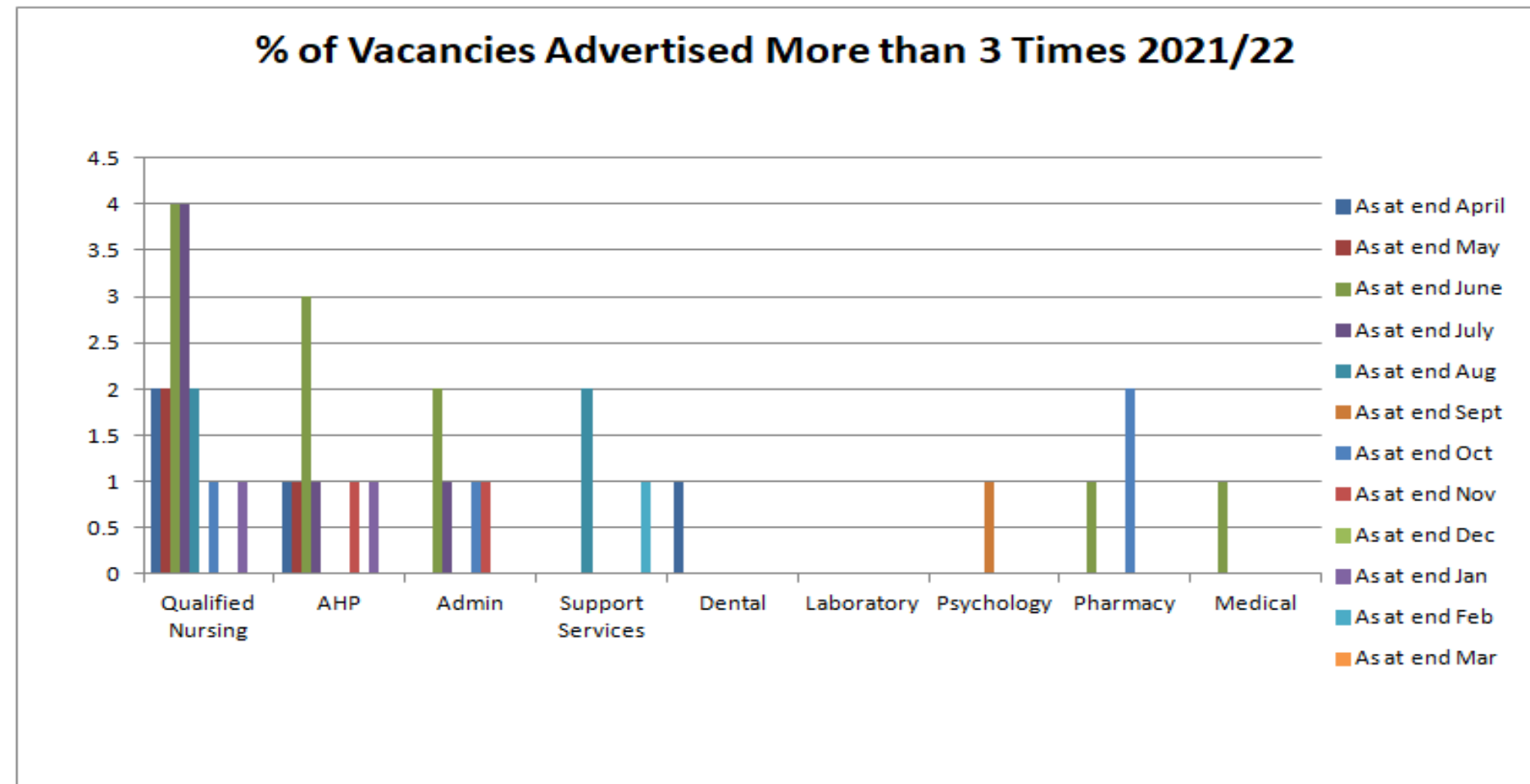
Appendix 3d Council Social Work/Care vacancies

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.

	Jan 22		Feb 22		Mar 22	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Older Adults & Hospital Services	1	10	2	6	5	30
MH, LD & Addiction Services	1	2	0	1	2	2
Children, Families and Justice	4	4	5	8	4	12
Strategy P&P	0	0	0	0	0	0
(HSCP PL3 DIRECTORATE)						
	6	16	7	15	11	44
Totals	22 (Temp 4) (Perm 18)		22 (Temp 10) (Perm 12)		55 (Temp 18) (Perm 37)	

Appendix 4: NHS Redeployment

Rolling Profile Apr 21 - Mar 22
A&B HSCP HR Activity - Redeployment - Primary Register

Legend: A&B Older Adults & Hospital Services; A&B Children, Families & Justice; A&B MH, LD & Addiction Services; Argyll & Bute Central; Total
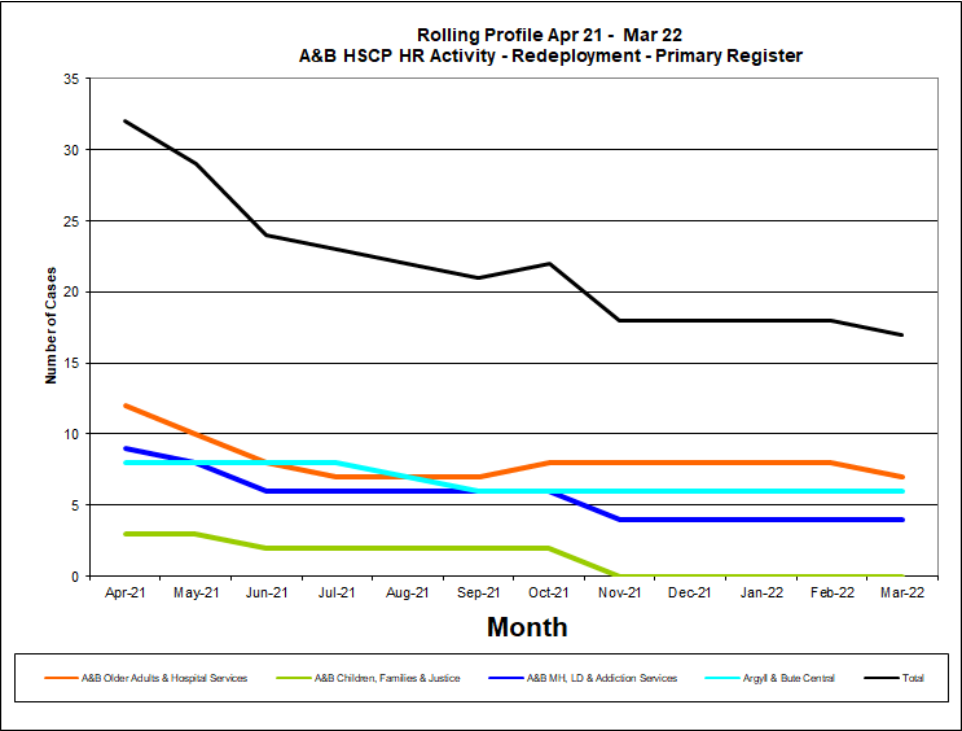
Appendix 4: Permament, Fixed Term and Casual Contracts (Q4)

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

Employees on T/FT contracts	Jan 22	Feb 22	Mar 22
Older Adults & Hospital Services (ABC)	32	34	33
Older Adults & Hospital Services (NHS)	2	2	2
MH, LD & Addiction Services (ABC)	10	10	10
MH, LD & Addiction Services (NHS)	2	2	2
Children, Families and Justice (ABC)	18	19	20
Children, Families and Justice (NHS)	12	12	12
Strategic Planning and Performance (ABC)	0	0	1
Corporate Services (NHS)	3	3	2
(HSCP PL3 DIRECTORATE ABC)	3	3	3
OVERALL TOTAL	82	85	85

4b Council Social Work/Care Casual Workers

Total Number of Casual Workers (some also on Perm/Temp contracts)	Jan 22	Feb 22	Mar 22
Older Adults & Hospital Services	558	562	550
MH, LD & Addiction Services	152	155	158
Children, Families and Justice	194	196	197
OVERALL TOTAL	904	913	905

Appendix 5 – Employee Relations Cases

5a NHS ER cases

NHS	Jan 22	Feb 22	Mar 22	Q4 New	Q4 Completed/ Closed
ER ALL					
Grievance	1	2	2	1	3
Conduct	2	1	1	0	1
Capability	0	0	0	0	0
Bullying & Harassment	2	3	3	1	0
Totals	5	6	6	2	4

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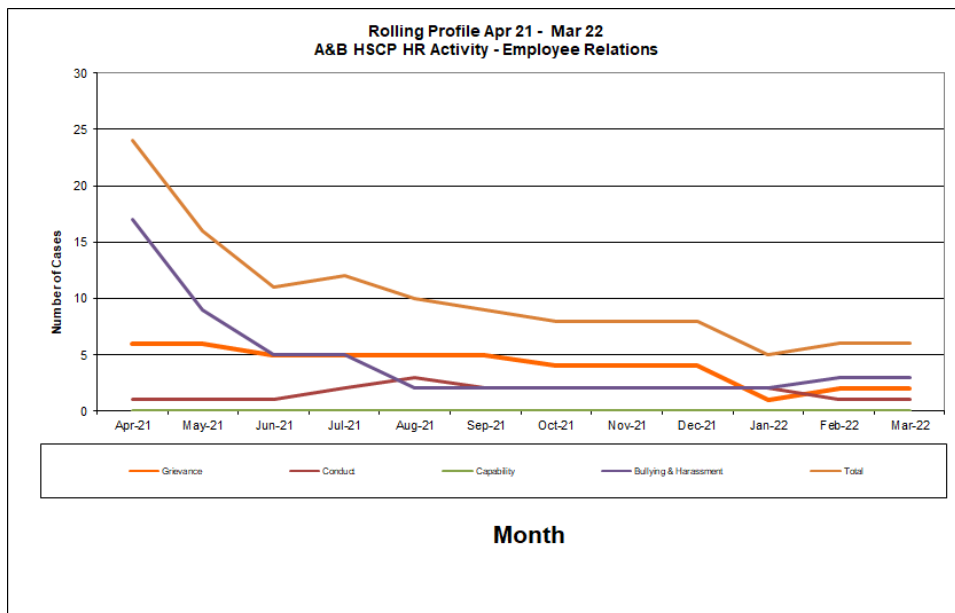
Appendix 5 b - Council Social Work/Care ER cases

Ongoing Disciplinary Cases - Each Month

Ongoing Grievance Cases - Each Month
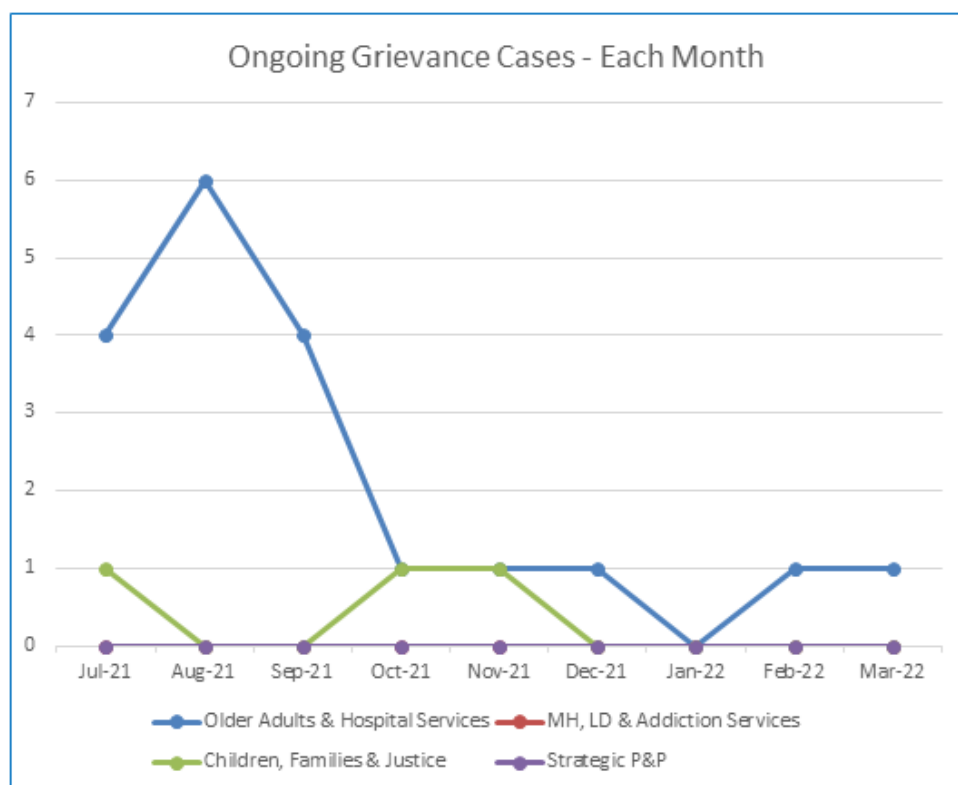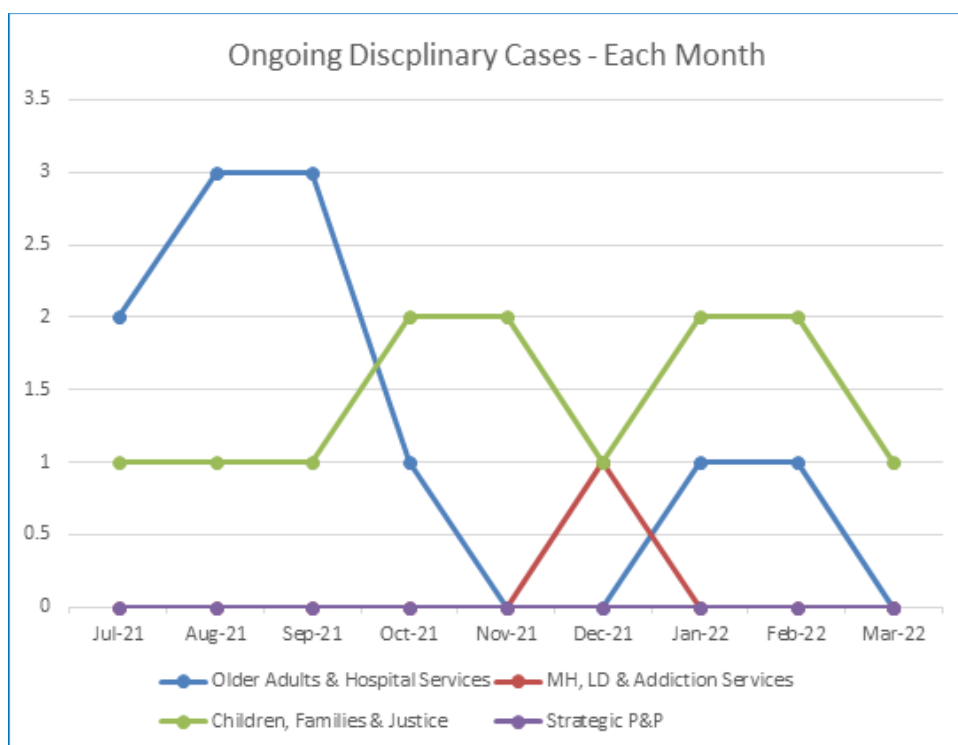
Appendix 6 – Argyll & Bute HSCP Staff Appraisal Data

Monthly appraisal performance data for each area can be access via sway presentation (click here) and monthly reports published on intranet (click here).

The chart below shows the completed appraisal within last 12 months at the end of March 2022.

Staff Appraisals

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
■ Total Staff	202	1210	187	154
■ Completed Appraisals	50	242	45	18
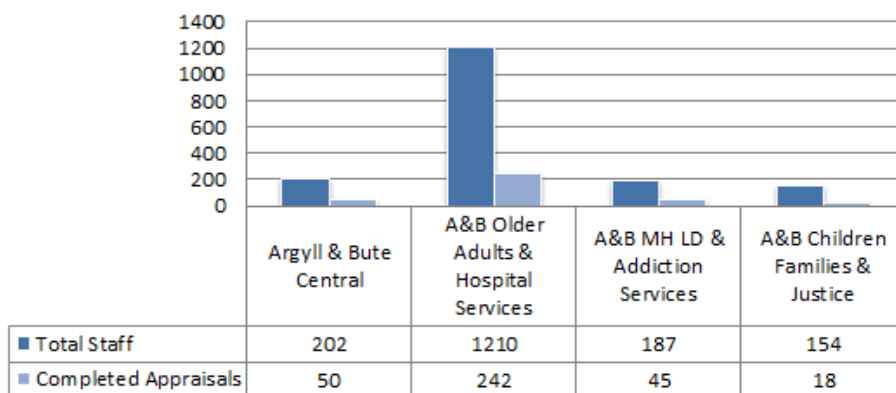
Appendix 7 a – Argyll & Bute HSCP Performance Compliance Data – Ongoing

Monthly compliance data for each area can be access via sway presentation (click here) and monthly reports published on intranet (click here).

The charts below show the A&B HSCP compliance percentage at the end of March 2022.

Equality and Diversity

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total Staff	221	1279	193	154
Total Complete	144	809	143	101

Fire Safety

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total staff	221	1279	193	154
Total Complete	96	572	116	60

Safe Information Handling - Foundation

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total Staff	221	1279	193	154
Total Complete	118	713	131	98

Hand Hygiene

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total Staff	221	1279	193	154
Total Complete	160	1009	166	127

Moving and Handling - Module (A)

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total Staff	221	1279	193	154
Total Complete	122	755	144	98

Public Protection: Everyone's Responsibility

	A&B Children Families & Justice	A&B MH LD & Addiction Services	A&B Older Adults & Hospital Services	Argyll & Bute Central
Total Staff	154	193	1279	221
Total Complete	34	92	353	77

Violence and Aggression (Non-Clinical)

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total Staff	96	62	14	9
Total Complete	27	24	5	1

Why Infection Prevention and Control Matters

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total Staff	221	1279	193	154
Total Complete	158	971	162	124

Appendix 7 b – Argyll & Bute HSCP Performance Compliance Data – Induction

Monthly compliance data for new starts in each area can be access via sway presentation (click here) and monthly reports published on intranet (click here).

The charts below display compliance with core mandatory elearning requirements at the end of March 2022.
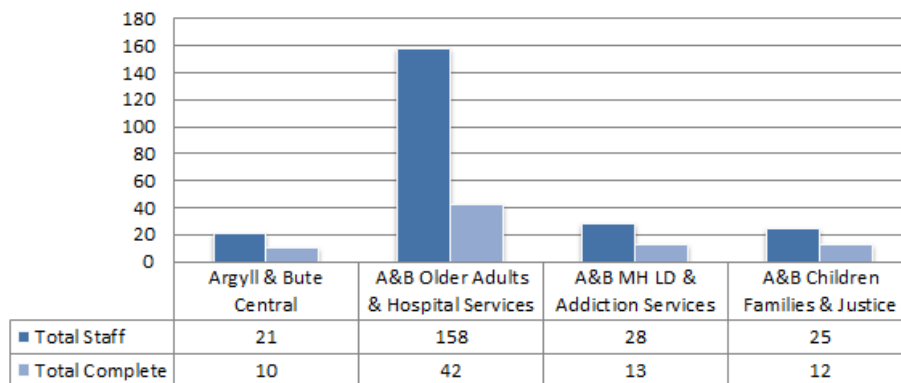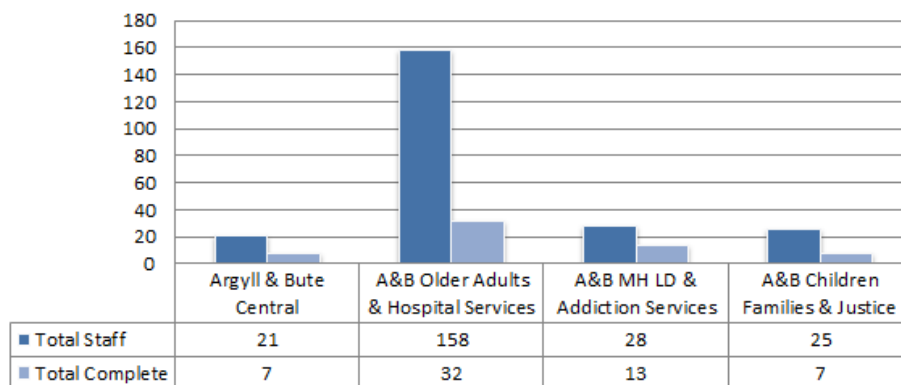
Corporate Induction

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
■ Total Staff	21	158	28	25
■ Total Complete	10	42	13	12

Local Induction

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
■ Total Staff	21	158	28	25
■ Total Complete	7	32	13	7

Equality and Diversity

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
■ Total Staff	21	158	28	25
■ Total Complete	13	77	17	16

Fire Safety

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
■ Total staff	21	158	28	25
■ Total Complete	12	72	17	15

Safe Information Handling - Foundation

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
■ Total Staff	21	158	28	25
■ Total Complete	12	72	17	17

Hand Hygiene

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
■ Total Staff	21	158	28	25
■ Total Complete	14	87	18	17

Moving and Handling - Module (A)

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total Staff	21	158	28	25
Total Complete	14	81	17	16

Public Protection: Everyone's Responsibility

	A&B Children Families & Justice	A&B MH LD & Addiction Services	A&B Older Adults & Hospital Services	Argyll & Bute Central
Total Staff	25	28	158	21
Total Complete	13	17	53	12

Violence and Aggression (Non-Clinical)

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
Total Staff	7	8	1	3
Total Complete	2	1	0	0

Why Infection Prevention and Control Matters

	Argyll & Bute Central	A&B Older Adults & Hospital Services	A&B MH LD & Addiction Services	A&B Children Families & Justice
■ Total Staff	21	158	28	25
■ Total Complete	15	81	17	17

Appendix 7 C – Argyll & Bute Council Face to Face and Mandatory Training FQ4

Training FQ4 - Face to Face

Legend: ■ Children, Families & Justice ■ MH, LD & Addiction Services ■ Older Adults & Hospital Services
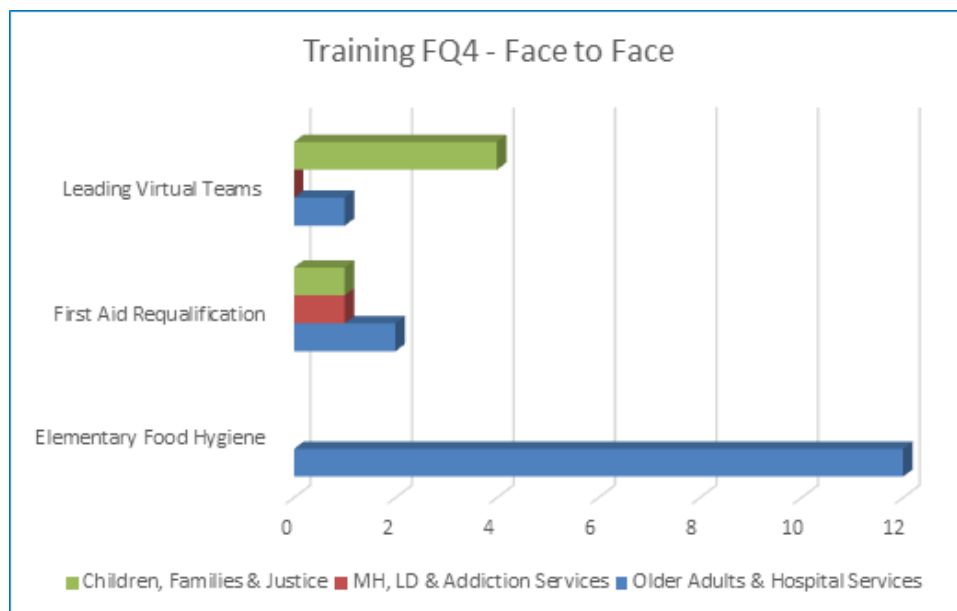
Mandatory course	Number of HSCP employees completed course prior to Q4	As a percentage of the HSCP total workforce	Number completed in FQ 4	As a percentage of the HSCP total workforce who completed in FQ 4
E&D	328	42%	0	0%
Data Protection	671	87%	0	0%
Fire Safety Awareness	571	74%	0	0%
Freedom of information	415	54%	5	1%
PREVENT	221	29%	0	0%
Positive Customer Care	349	45%	1	0%