

**Integration Joint Board**

**Agenda item:**

**Date of Meeting: 24<sup>th</sup> August 2022**

**Title of Report: Staff Governance Report for Financial Quarter 1 (2022/23)**

**Presented by: Geraldine Collier, People Partner, A&B HSCP.**

**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 1 (April - June 2022) and the activities of the Human Resources and Organisational Development (HROD) teams.

**2. INTRODUCTION**

- 2.1** This report focuses on the staff governance actions that support the [HSCP priorities](#) and the [Staff Governance Standard](#)
- 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 & CHALLENGES**

The following sections report progress and challenges against the [Staff Governance Standard](#) headings; Well Informed, Appropriately Trained and Developed, Involved in Decisions, Treated Fairly and Consistently and Continuously Improving. These themes overlap in parts with Culture and wellbeing as an overarching principle permeating all that we do in all areas of work.

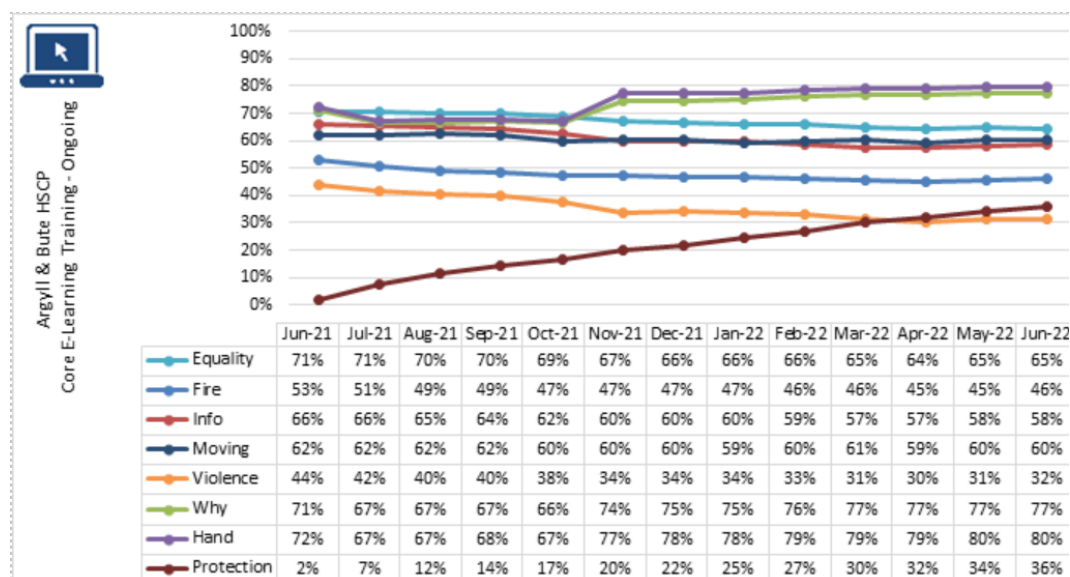
### 3.1 WELL INFORMED

- 3.1.1 Since the last update the Chief Officer has launched their blog and continues with email updates. Staff communication updates continue weekly with information on key issues of interest to staff via Council and NHS Staff Communications.
- 3.1.2 Work is underway to improve data capture and analytics across the partnership to better inform workforce decisions and data reporting. The focus is to provide integrated data sets with parity of data allowing for benchmarking and comparison, evidencing how the partnership is performing with the aim of showing progressive improvement. Future reports will show the workforce demographic across the partnership in the following areas; age, headcount, WTE, sex, contract type and working hours. Improved data will inform comparison, data analysis and workforce planning decisions.
- 3.1.3 To support improved employee engagement a working group has been established, to consider, implement and monitor all feedback received from Listening and Learning Survey, management reflections exercise and I matter Surveys (section 4). This is attended by the relevant Heads of Service and captures and informs the different services delivery plans.

### 3.2 APPROPRIATELY TRAINED

#### Statutory and Mandatory Training

- 3.2.1 Improving compliance with Statutory and Mandatory training is essential to the safety and quality of services that the HSCP delivers and there is an NHS wide focus on improving performance on completion of mandatory training.
- 3.2.2 The tables below show high levels results with more detailed analysis available in appendix 1.



- 3.2.3 It is clear that over the year Equality, Fire Safety, safe Information handling, Moving and Handling and Violence at work have decreased while Why Infection Prevention Controls matter, Hand hygiene and Public protection have improved. Hand hygiene is the course with highest compliance at 80% but there is still work to be done to achieve the 95-100% compliance target
- 3.2.4 To address and improve this, statutory and mandatory training is being reported at SLT on a monthly basis and is an area of focus. Each Head of Service is focusing on their area and a dedicated session on statutory mandatory training is taking place with SLT in August. The areas of focus are:
- Cleansing data to ensure accurate data capture
  - Separating out contracted employees and bank staff. These are different staff groups and management and barriers are different.
  - Analysing data and discussing with managers and staff to establish compliance barriers.
- 3.2.5 For Council employees the Mandatory training picture continues to look similarly stagnant with no movement / improvement in Quarter 1.

Mandatory course	Number of HSCP employees completed course prior to Q1	As a percentage of the HSCP total workforce	Number completed in FQ 1	As a percentage of the HSCP total workforce who completed in FQ 1
E&D	318	42%	0	0%
Data Protection	653	86%	0	0%
Fire Safety Awareness	553	73%	0	0%
Freedom of information	405	53%	0	0%
PREVENT	210	28%	0	0%
Positive Customer Care	338	44%	0	0%

- 3.2.6 As in previous quarters appendix 2 shows generally no change to the Appraisals Performance Data levels for completed staff appraisals for NHS staff within Argyll and Bute HSCP. This too requires to be reported monitored and improved and will also feature in the SLT monthly reporting.

#### Leadership and Management Development

- 3.2.7 The NHS Leadership and Management Development programme, previously paused due to system pressures has now recommenced. This is also being supported by an evaluation of the overall programme to inform further modules and ensure resources are targeted to meet need.

- 3.2.8 The Council management and leadership development programmes are all currently under review. The Third Tier Manager Leadership Development programme is being reviewed following feedback from participants and leaders with a view to developing a more personalised programme for participants. The Managing Teams programme is continuing this year but is being reviewed to align with the needs of managers and aspiring leaders. 'Preparing to Manage' is being delivered this year but is also under review for consideration as to how we can best deliver a cohort-based programme that prepares managers of the future.

#### Mentoring Programme

- 3.2.9 There has been a callout across the organisation for mentors at all levels of leadership and management and workshops have been offered for those interested in being a mentor. These workshops have been positively received and it is hoped that the programme can enable all new supervisors, leaders and managers to be offered a mentor as they get established in post. This is a partnership wide initiative open to managers across NHS and Council.

#### Face to Face Training

- 3.2.10 The Council provision of 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 FQ1 are available at Appendix 3.
- 3.2.11 NHS are not currently delivering or seeing a demand for face to face training. They are satisfied the virtual provision is meeting the needs of the workforce with greater access to resources and improved attendance at sessions.

### **3.3 TREATED FAIRLY AND CONSISTENTLY**

#### Culture and Wellbeing Group

- 3.3.1 The Culture and Wellbeing Group has agreed the Term of Reference and refreshed membership. Meetings will now continue on a monthly basis to deliver against the agreed action plan, agreeing priorities for the coming year. These will be reported alongside the wider progress against the 6 established work streams. There is no Q1 report from the Cultural oversight group, this will follow next quarter.
- 3.3.2 Participation in the Virtual Sessions of Courageous Conversations has significantly improved across Highland with at least 75% of available places booked. Since May a steady increase in attendance has been evident, within Argyll and Bute and feedback is very positive. This is a very engaging and affective course.

#### HSCP Guardian Service

- 3.3.3 The Guardian Service contract was recently extended in line with the NHS provision until August 2023 when it will be due for review / renewal.
- 3.3.4 In the last financial year the guardian service has provided a service to 65 employees across the ABHSCP with 15 of these being Council employees and the remainder NHS (see Table 1 below).

Table 1

	Patient safety	Behaviour Relationships	System process	B&H	Management	Total
Council	0	5	5	0	5	15
NHS	1	11	7	6	25	50
HSCP	1	16	12	6	30	65

Table 2

	Patient safety	Behaviour Relationships	System process	B&H	Management	Total
Council	0	2	1	0	1	4
NHS	0	2	2	2	5	11
HSCP	0	4	3	2	6	15

- 3.3.5 Table 2 shows Quarter 1 data and again illustrates a proportionate distribution of cases with the NHS cases accounting for over 2/3rds of the case load. This is in keeping with the workforce demographic with NHS making up 2/3<sup>rd</sup> of the HSCP workforce and the council accounting for 1/3<sup>rd</sup>.
- 3.3.6 Figures for Q1 are slightly lower than the same period last year.

	Q1 2021	Q1 2022
Council	5	4
NHS	15	11
HSCP	<b>20</b>	<b>15</b>

- 3.3.7 A monthly meeting with the Guardian Service representatives allows for any issues or trends to be discussed and informs future actions.

#### Attendance

- 3.3.8 HSCP NHS absence levels have increased slightly from last quarter and reflect the levels evident the same time last year, Appendix 4a. The percentage absence for NHS employees, for Quarter 1 are;
- April: 4.55%
  - May: 4.70%
  - June: TBC% (Confirm prior to committee when available)
- 3.3.9 The Council data at Appendix 4b, is showing a very slight increase in absence levels during FQ1. In March 2022 the average for HSCP was 2.27 days lost per FTE per month. This decreased in April to 2.13 but increased slightly to 2.30 in May, and again to 2.49 in June 2022. The June increase is likely connected to the increase in COVID cases

Scotland/UK wide COVID cases. These continuing levels of absence are impacting on the resourcing of teams and services.

- 3.3.10 Further details are shown in Appendices 4a and 4b. There is an additional rolling graph at Appendix 4c, 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 FQ1, as was similar to FQ4. However, there was a significant dip in COVID related absences in May but this has crept up again in June.

#### Return to Work Interview Data (Council Staff) FQ1 2022/23

- 3.3.11 Return to work processes are another area of focus and compliance with an 100% completion target within 3 days of the employee returning to work. The overall average for FQ1 has been 52% in April, 44% in May and 36% in June. This gradual decline for the completion rates needs to be addressed with significant improvement and will feed into the compliance information given to managers and discussed at SLT.
- 3.3.12 Currently the data for NHS RTW is not available and this is linked with the roll out of SSTs, after which the information will be available.

#### Redeployment

- 3.3.13 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.
- 3.3.14 The table below shows the trend over the last year and a relatively stable picture of people joining and being appropriately redeployed.
- 3.3.15 The council have one unified list, however there have been no council employees on the redeployment register in the last year.

	June 21	Sept 21	Dec 21	Mar 22	June 22
NHS - Primary	24	21	18	17	19
NHS - Secondary	27	24	24	23	25
Council	0	0	0	0	0

#### Employee Relations (ER)

- 3.3.16 Quarter 1 has shown an overall increase in NHS case management activity from Q4, although numbers are comparable to overall figures evident at the same time last year. Numbers remain relatively low across the workforce see table below with previous quarters shown for comparison purposes.

	June 21	Sept 21	Dec 21	Mar 22	June 22
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Grievance	5	5	4	2	3
Conduct	1	2	2	1	4
Capability	0	0	0	0	0
Bullying and harassment	5	2	2	3	4
Total	11	9	8	6	11

3.3.17 HSCP Council Disciplinary and Grievance cases continued to be steady throughout Q1. There was 1 Grievance lodged in Q1 which is ongoing alongside another which has continued from the last quarter. There has been 1 new and concluded Disciplinary case alongside one which has been ongoing within Appeal timescale since last quarter. It is expected that the Appeal hearing will take place in Q2.

## 4. INVOLVED IN DECISIONS

### 4.1 Employee Engagement

#### I matter Survey

4.1.1 The I-matter survey has concluded and A&B HSCP has a 31% response rate. While considered within the average response rates for surveys, (Department of National statistics), is lower than that achieved across NHS Highland (41%) NHS Scotland (55%) and is the lowest response rate reported against the HSCP (see below)

	2018	2019	2021	2022
AB HSCP	49%	55%	46%	31%
NHS Highland	51%	60%	51%	46%

4.1.2 The reduced response rate, evident board wide, could be related to survey fatigue or a feeling that views have already been captured through other means, listening and Learning survey etc but also indicates a disconnect with employee engagement initiatives.

4.1.3 Strong employee engagement is a priority for the HSCP and further analysis and action is required through the employee engagement working groups.

4.1.4 As detailed in appendix 5a, for those who did respond, the overall results were positive. While a lower return rate than highland and NHS Scotland there was a higher and improved engagement index.

4.1.5 Last year the engagement index was 74% and this year this has increased to 77%. All categories are in the green (strive to celebrate) or amber (monitor to further improve) categories. Appendix 5b shows the component report and the areas of focus going forward replicate those reported over the last 4 years and continue to be in the following areas:

- Performance management
- Visibility and trust in the board

- Involvement in decision making

These general findings will feed into the Employee Engagement action group

### Quality Conversations

- 4.1.6 Within the council, Quality Conversations are also being surveyed to temperature gauge their usage and whether they are preferable to the more formal PDP process. This less formal, more continuous approach to personal development was an ask from employees that was responded to. Feedback will be analysed and will inform future actions.

## **5. CONTINUOUS IMPROVEMENT**

### **Resourcing: Recruitment and Redeployment**

- 5.1 The Communications Team continues to support the recruitment challenges experienced across the Highland Board and Argyll & Bute area particularly with medical staffing. Actions include:
- social media campaign, primarily video, some boosted posts
  - photography to accompany social and traditional media
  - advertising on the tube in London and buses in Edinburgh and Glasgow in August and September, to attract people to the Highlands.
  - support for job fairs, eg design of stands, merchandise, social media support
- 5.2 The role of International Recruitment Advisor is currently being short listed in the NHS Recruitment team which will assist international recruitment across the Highland Board including ABHSCP.
- 5.3 Appendix 6 shows the recruitment activity over the last quarter and those posts that are difficult to recruit. In recent weeks an Incident Management Team was established to assist the focus on staffing cover particularly in Oban, Lorne and the Isles and Campbeltown. This has led to the stepping up of a wider Recruitment Group to focus in on the HSCP specific recruitment challenges and actions feeding and linking with the wider NHS Highland and Council activities.
- 5.4 Executive Director Douglas Hendry is leading a partner group looking at the recruitment and retention challenges facing Argyll and Bute, with a view to understanding the complex factors at play and designing possible impactful solutions. It is proposed that the project will be loosely based around the double diamond approach set out in the Scottish approach to service design. A working group will be formed, made up of representatives from a wide variety of teams from within the council and HSCP are represented on this group.

## **6. RELEVANT DATA AND INDICATORS**

- 6.1 Data provided in the relevant sections above



## **7. WORK PLANNED FOR THE NEXT 3 MONTHS**

### **7.1 Update on work for FQ2**

Culture and wellbeing group expanded with more council representation. Action planning commences	Q2
ELD focusing on the design and implementation of corporate induction for all new colleagues	Q2
Continue delivery of Courageous Conversations and finalise design of eLearning and arrange for testing before launch across the organisation.	Q2
Employee Engagement Group established, actions monitored and progressed	Q2
Recruitment Group established – actions progressed	Q2
SLT focus on Stat Man and appraisal compliance	Q2

## **8. CONTRIBUTION TO STRATEGIC PRIORITIES**

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

## **9. GOVERNANCE IMPLICATIONS**

### **9.1 Financial Impact**

A reduction in sickness absence will reduce costs.

### **9.2 Staff Governance**

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

### **9.3 Clinical Governance**

None.

## **10. 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.

## **11. RISK ASSESSMENT**

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

## **12. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

The Everyone Matters pulse survey was reported in this quarter.

### 13. 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.

### 14. DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	✓
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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