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

Integration Joint Board   **Agenda item:**

Date of Meeting: 23rd November 2022

Title of Report: Staff Governance Report for Financial Quarter 2 (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.

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1.   EXECUTIVE SUMMARY

1.1   This report on staff governance performance covers financial quarter 2 (July-September 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 Staff communication updates continue weekly with information on key issues of interest to staff via Council and NHSH Staff Communications.

3.1.2 As reported last quarter, work is underway to improve data capture and analytics across the partnership to better inform workforce decisions and data reporting. The below demographic data is provided from NHS and Council systems. This will be improved and integrated as system development improves and will be reported on an ongoing basis.

NHS data (end Q2) – WTE is 37.5.hours
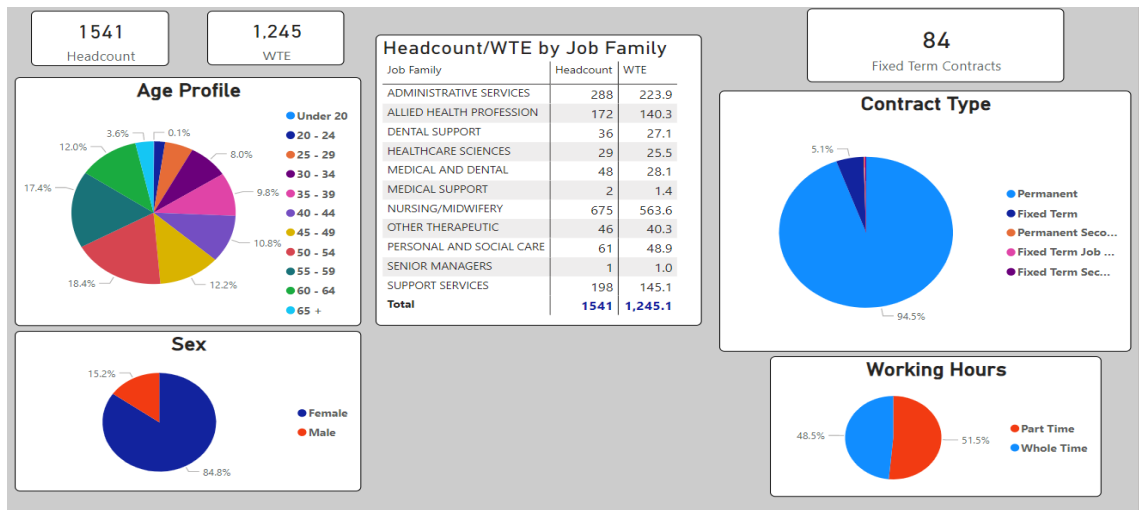
*Previous reports only showed fixed term contracts that were due to end in the next 90 days. The above shows all fixed term contracts. Of the 84 fixed term contracts 26 are due to end in the next 3 months.

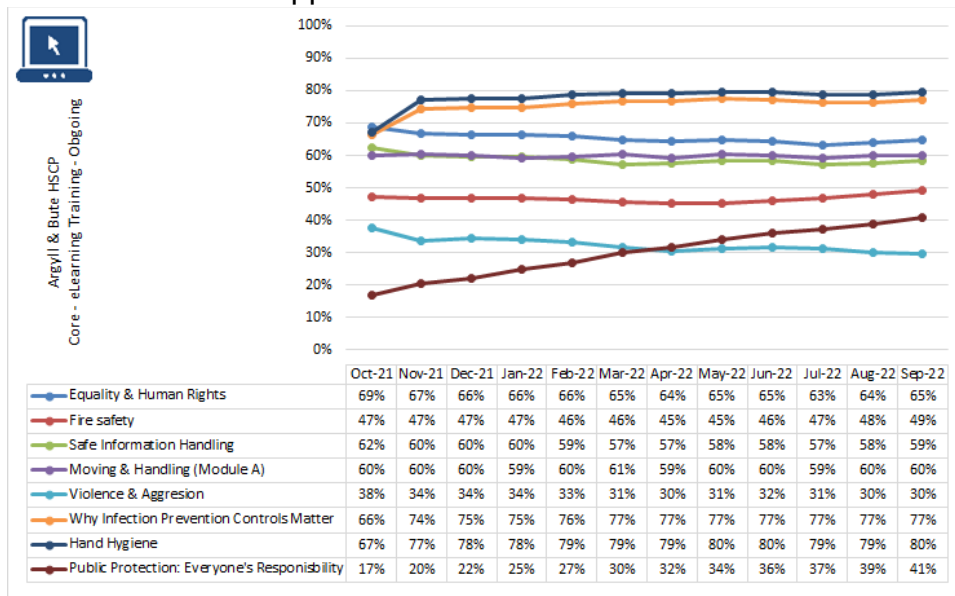**Council data (end of Q2)**- WTE is 35 hours
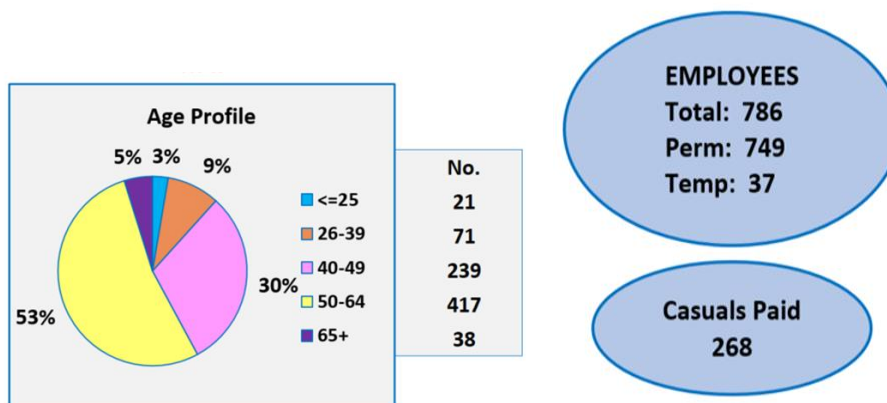
	Female		Male	
	Full-time	Part-time	Full-time	Part-time
Permanent	316	332	78	23
Temporary	11	20	5	1
	327	**352**	**83**	**24**

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 NHSH 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.

Argyll & Bute HSCP Core - eLearning Training - Obgoing	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Equality & Human Rights	69%	67%	66%	66%	66%	65%	64%	65%	65%	63%	64%	65%
Fire safety	47%	47%	47%	47%	46%	46%	45%	45%	46%	47%	48%	49%
Safe Information Handling	62%	60%	60%	60%	59%	57%	57%	58%	58%	57%	58%	59%
Moving & Handling (Module A)	60%	60%	60%	59%	60%	61%	59%	60%	60%	59%	60%	60%
Violence & Aggresion	38%	34%	34%	34%	33%	31%	30%	31%	32%	31%	30%	30%
Why Infection Prevention Controls Matter	66%	74%	75%	75%	76%	77%	77%	77%	77%	77%	77%	77%
Hand Hygiene	67%	77%	78%	78%	79%	79%	79%	80%	80%	79%	79%	80%
Public Protection: Everyone's Responisbility	17%	20%	22%	25%	27%	30%	32%	34%	36%	37%	39%	41%

3.2.3   Despite the focus on statutory and mandatory training there is little improvement this quarter. The summary is provided in the table above and appendix 1 has a detailed breakdown.

3.2.4   Over the last year, Why Infection Prevention Controls matter, Hand hygiene and Public protection have improved notably with the other training remaining fairly stagnant and compliance with violence and aggression training notably decreasing. The focus on accurate data capture and removing barriers to compliance continues and improvement of statutory mandatory training is a key deliverable for HSCP.

3.2.5   To assist, a video has been developed raising awareness of statutory and mandatory training and has been circulated and promoted through professional groups. StatMan training on Turas - YouTube This short video explains what needs to be completed, how often to refresh learning and how to check records are up to date.

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3.2.6 Section 3.2.11 of the Quarter 1 Staff Governance report caused some confusion and queries last quarter. Although, this section referred to management development training specifically, it read to imply that no face to face training was taking place by NHS. This is not the case. Necessary, face to face, statutory and mandatory training continues to be delivered, namely, violence and aggression, fire safety and manual handling. The details of the training delivered in Quarter 1 and quarter 2 are provided as an additional appendix – Appendix 6

3.2.7 For Council employees the Training stats for FQ2 were unavailable at the time of writing the report due to a software issue. This will be reported when the issue is resolved.

3.2.8 Appendix 2 shows Appraisals Performance Data for NHS staff within Argyll and Bute HSCP and this has improved slightly from last quarter (20-22%). It is anticipated that this will continue to improve with compliance now reported monthly to SLT and as we move towards year end, as historically this was the deadline.

3.2.9 Within the council, the Quality Conversations survey has now concluded and analysis is being undertaken. This will be reported once complete. This approach replaces PDP's and responds to the employee ask for a less formal, more continuous approach to personal development. The results will give a base line indication of employee and manager relationships and measure the impact of this new approach. The outcome of this will be reported next quarter

Leadership and Management Development

3.2.10 For NHS employees the Corporate Induction process is currently being reviewed and developed and is expected to be available from the beginning of 2023. This will be appropriately tailored for A&B to ensure that all managers and employees have the information they require to support and settle in to their new role. To support embedding of local induction information will be made available to supervisors, managers and leaders on the standards, their roles and guidance available.

3.2.11 The NHS 'Essential in Management' course (for those new to supervisory, management, leadership roles) is currently being developed and will be piloted in National Treatment Centre, Inverness end Nov and Beg of Dec. It is expected to be a 3 day programme and following pilot and review this will be launched across the board including A&B from Q4.

3.2.12 NHS Leading to Change officially launched on the 3rd October and replaces project lift provision as a new leadership platform offering useful resources, events and programmes to support leadership at all levels. All staff communication has been circulated for staff to sign up and benefit from the wealth of support and information available.

3.2.13 As reported last quarter the council management and leadership development programmes are all currently under review and an update will be provided next quarter.

Mentoring Programme

3.2.14 The mentoring programme continues to be promoted and the feedback from those paired is very positive, feeling the benefits of this support, both personally and professionally. Mentoring is a valuable way to develop and support managers and leaders across the partnership. As a Highland wide initiative data is being collated for each area. The uptake as mentors and mentees will be reported in future reports along with any evaluation information.

3.3 TREATED FAIRLY AND CONSISTENTLY

Culture and Wellbeing

3.3.1 During this FQ2 period the Council has introduced a number of Wellbeing Initiatives – which have included the Active Care Service (an offer of a referral to Health Assured for support in the first week of absence), Webinars from Simply Wellness. More details are available here: New wellbeing events and services – My Council Works

3.3.2 The councils new 'recalibrate programme' commenced on 27th October 2022. This is a 12 week programme intended to deliver transformational results and focus on a range of lifestyle subjects, designed to help build healthy habits that support positive health and wellbeing.

3.3.3 There is no Q1or Q2 report from the Cultural oversight group, as this group has not met. There is a planned meeting of the People & Culture programme board on the 7th October to consider a wider programme of work.

3.3.4 The A&B Culture and Wellbeing Group, plan to meet following the wider People and Culture Programme Board.

3.3.5 A courageous conversation e-learning module has been developed and piloted. Following feedback and final adjustments this will be launched. Employees will then have the option to utilise this learning platform or attend a virtual session, if they would find this more useful.

HSCP Guardian Service

Table 1

	Patient safety	Behaviour Relationships	System process	B&H	Management	Total
Council	0	0	0	0	0	0

NHS	3	2	4	5	10	24
HSCP	3	2	4	5	10	24

Table 2

	Q1 2021	Q1 2022	Q2 2021	Q2 2022
Council	5	4	6	0
NHS	15	11	5	24
HSCP	**20**	**15**	**11**	**24**

3.3.6   Table 1 shows Quarter 2 data and highlights there has been an increased contact in Quarter 2, which may have been related to visits resuming. Table 2 shows comparison to last year and last quarter and shows Q2 2022 is significantly higher than the same period last year. However it should also be noted that Covid measures were more prevalent last year at this time.

3.3.7   In Q2 it was notable that there was no contact from Council employees and the Guardian services are keen to increase their visibility in council sites to ensure employees are aware of their provision. The annual figures (provided last quarter) showed proportionate distribution across council and NHS which is not evident this quarter.

3.3.8   The categories of contact remain fairly consistent with Management issues accounting for the highest number. All employees are being supported and informed of their options to support resolution. A monthly integrated meeting with the Guardian Service representatives allows for any issues or trends across A&B HSCP to be discussed and informs future actions.

Attendance

3.3.9   HSCP NHS absence levels have continued to increase slightly from last quarter and reflect the levels evident the same time last year, Appendix 4a. The percentage absence for NHS employees, for Quarter 2 are;
- July: 5.20%
- August: 5.27%
- September: TBC% (Confirm prior to committee when available)

3.3.10 The Council data at Appendix 4b, is showing an up and down picture in absence levels during FQ2. In June 2022 the average for HSCP was 2.49 days lost per FTE per month. This increased in July to 2.88 but then decreased slightly to 2.65 in August. In September it rose again slightly to 2.71. These continuing levels of absence are impacting on the resourcing of teams and services

3.3.11 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 FQ2, as was similar to FQ1. There was a significant rise in COVID related absences in July but this has reduced again during August and September

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

3.3.12 Return to work has an 100% completion target within 3 days of the employee returning to work. The overall average for FQ2 was **41%**, which is an improvement on the previous quarter (31%) but needs to improve significantly. To support completion, there have recently been changes made to the process to make it easier to use for managers. Some short videos have also been created to walk manager's through these new processes. It is anticipated, that this will improve the overall statistics.

	Children, Families and Justice			Health and Community Care			Acute and Complex Care			Strategic Planning and Performance		
	FQ1	FQ2	+/-	FQ1	FQ2	+/-	FQ1	FQ2	+/-	FQ1	FQ2	+/-
No. of RTWIs completed	1	2	1	24	48	24	5	5	0	40	47	7
No. of RTWIs not completed	0	1	1	49	83	34	14	45	31	31	46	15
% completed	100%	67%	-33%	33%	37%	4%	26%	10%	-16%	56%	51%	-6%

3.3.13 The data for NHS RTW is not currently available as 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 redeployment 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 NHS trend over the last year of people joining the redeployment list and being appropriately redeployed.

Argyll & Bute	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Capability	0	0	0	0	0	0	0	0	2	0	0	0
End of Fixed Term	7	10	10	1	1	1	1	1	16	1	3	3
Health	0	0	0	1	0	1	0	0	9	0		
Org Change	40	40	40	16	17	16	15	15	16	22	14	19
Other	10	10	10	0	0	0	0	0	4	2	0	0
A&B Sub-Total	**57**	**60**	**60**	**18**	**18**	**18**	**16**	**16**	**47**	**25**	**17**	**22**
A&B Grade Protection	0	0	0	22	22	22	22	22	9	30	22	35
Argyll & Bute Total	**57**	**60**	**60**	**40**	**40**	**40**	**38**	**38**	**56**	**55**	**39**	**57**

3.3.15 Within the council there have been no employees on the redeployment register in the last year.

Employee Relations (ER)

3.3.16 Quarter 2 has shown a decrease in NHS case management activity from Q1 with a number of cases closed since the last report and compared to the same period last year. Numbers remain relatively low across the workforce see table below with previous quarters shown for comparison purposes.

3.3.17 As requested last quarter, data is being collated to report trend analysis and throughput in future reports. For this quarter the high level data is available below showing 2 grievances concluded and two opened in the quarter and 3 Dignity at work issues concluded with one remaining open at the end of September.

	Sept 21	Dec 21	Mar 22	June 22	Sept 22
Grievance	5	4	2	3	3
Conduct	2	2	1	4	0
Capability	0	0	0	0	0
Dignity at work	2	2	3	4	1
Total	9	8	6	11	4

3.3.17 HSCP Council Disciplinary and Grievance cases are consistently low. In Q2 There were three new grievances lodged, one disciplinary case concluded and one appeal ongoing.

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4.   INVOLVED IN DECSIONS

4.1   Employee Engagement

4.1.1   The employee engagement working group meetings have been going well, initially focusing on Listening and Learning, Management Reflections and I-matter processes resuming activity to improve employee engagement and associated actions. Discussions will inform a programme of activity for the forthcoming year and will be shared once developed.

5.   CONTINUOUS IMPROVEMENT

Resourcing: Recruitment and Redeployment

5.1   The Communications Team continues to support the recruitment challenges experienced across Argyll & Bute:

- An Argyll and Bute Recruitment face book page has been created to promote social care recruitment (in house and external provider vacancies) - link here,
- Created a video to promote the Primary Care Manager post which led to a successful appointment
- Targeted marketing of hard to fill posts on social media

5.3   Appendix 6 shows the recruitment activity over the last quarter and those posts that are difficult to recruit.

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 FQ3

Data provision further developed	Q3
Finalise all materials and ensure process in place to commence Corporate Induction rollout in Q4.	Q3
Finalise materials for Essential in Management course, commence Pilot.	Q3
Employee Culture and Wellbeing groups resumed informed by People and Culture Programme Board	Q3
Workforce Planning Group resumed	Q3
Management development programmes reviewed	Q3
Employee Engagement Focus – developing a programme of activity	Q4

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

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