

**Integration Joint Board**

**Agenda item:**

**Date of Meeting: 25<sup>th</sup> January 2023**

**Title of Report: Staff Governance Report for Financial Quarter 3 (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 3 (October – December 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**

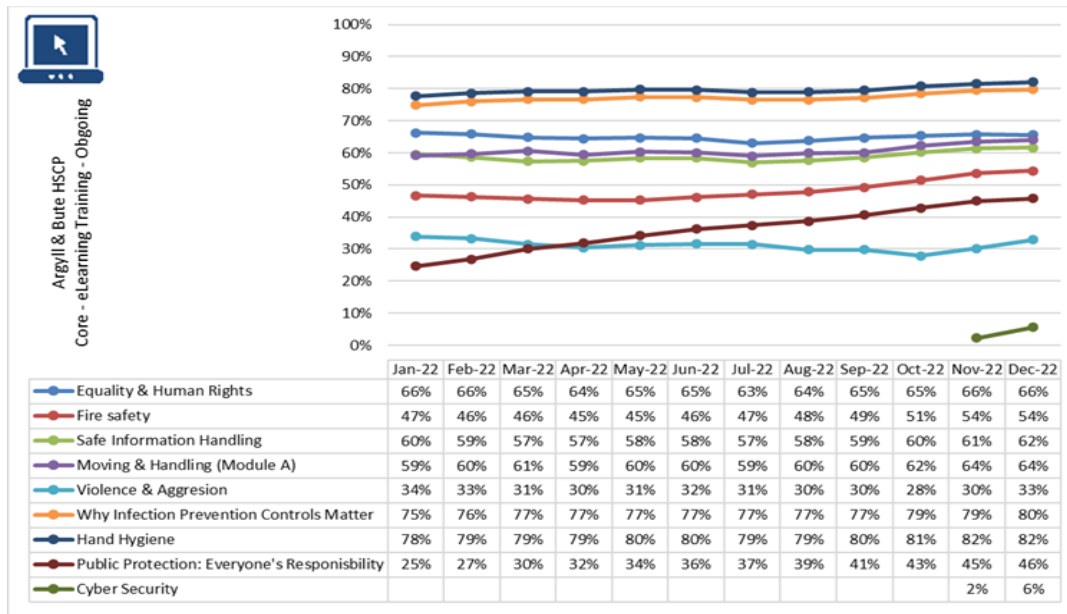
- 3.1.1 Staff communication updates continue weekly with information on key issues of interest to staff via Council and NHSH Staff Communications.
- 3.1.2 The workforce data for end of Quarter 3 was not available at the time of writing the report, therefore a workforce report will come to the next IJB showing the workforce demographic data provided from NHS and Council systems.
- 3.1.3 The Attendance and Employee Relations trend data usually provided in Section 3 will also follow as part of the workforce data report going forward.

### **3.2 APPROPRIATELY TRAINED**

- 3.2.1 A renewed way of supporting new NHS colleagues will commence in January 2023. Half day Corporate Induction sessions will be delivered weekly via MS Teams and enable new colleagues to meet one another, hear more about the profile of HSCP and wider NHS Highland. This will cover, the governance arrangements, our culture and explore how we promote professionalism, as well as signpost what to expect, including local induction requirements and essential training. A promotional video has been designed and will be included in the delivery.
- 3.2.2 The Corporate Induction portal has also been updated and accessible to all colleagues. There will be an initial pilot period until the end of March. The New Corporate Induction Programme is promoted on TURAS Learn: [Induction : new corporate induction \(course\) | Turas | Learn \(nhs.scot\)](#)
- 3.2.3 In launching these changes, guidance on expectations from a manager's perspective, is also being designed and will focus on pre-employment arrangements and what to consider during various review periods.

#### Statutory and Mandatory Training

- 3.2.4 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.
- 3.2.5 The tables below show high levels results with more detailed analysis available in appendix 1.



3.2.6 There has been a notable increase in compliance data in Quarter 3, showing an improvement of between 1-5% across the courses. This improvement is attributed to a focus on Stat Man training and awareness raising for the workforce. We have also developed a link between learning accounts to ensure more accurate data capture.

3.2.7 Violence and aggression training is still the lowest compliance (33%). This course is for staff with no face-to-face contact with the public or patients and has a much lower overall coverage with only 198 staff required to participate (see appendix 1). It is not clear why this course specifically is not undertaken and this will be an area of interest in our discussions along with compliance improvement generally.

3.2.8 Mandatory training on Information Governance now includes Cyber Security as well as Safe Information Handling. A process on promoting, monitoring and addressing compliance of mandatory training on Information Governance is being discussed.

3.2.9 Face to Face Statutory Mandatory training courses delivered in Q3 are attached in appendix 4. Compliance for these practical courses is also presented in the tables below. Overall compliance is low and it is acknowledged that this is impacted by staffing levels, the pressures in the system and the ability to attend training.

### Manual Handling Practical

Totals		Nursing			Midwifery			AHP			Facilities		
		Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete
25%	A&B Older Adults & Hospital Services	451	164	36%				150	50	33%	251	17	7%
	A&B MH LD & Addiction Services	34	0	0%				7	1	14%	10	0	0%
	A&B Children Families & Justice				37	1	3%						

## Violence and Aggression Practical

Totals		Nursing			Midwifery			AHP			Support Services		
		Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete	Staff	Complete	Percentage Complete
	A&B Older Adults & Hospital Services	503	208	41%				178	72	40%	252	29	12%
	A&B MH LD & Addiction Services	101	34	34%				21	12	57%	10	2	20%
	A&B Children Families & Justice	3	1	33%	39	16	41%	14	6	43%			
	Argyll & Bute Central							2	0	0%			

3.2.10 At SLT in December all members, acknowledging the organisational risk, agreed to aim have stat man compliance within board targets by the end of March 2023.

3.2.11 To achieve this a plan has been developed for both e-learn and practical training. While it is anticipated that e-learn compliance can be achieved by end of March it is not possible for practical training to be achieved due to the lower compliance rates, staffing levels and numbers of staff to be trained. An achievable plan is being developed though a working group and progress will be reported and monitored.

3.2.12 For Council employees the new LEON online learning system has been developed. This provides employees with a training dashboard and I automatically informs employees when their training is due. For information, the renewal timeframes of the mandatory training required for all employees is as follows:

1. Freedom of information – renewed every 5 years
2. Positive customer care – renewed every 3 years
3. Data Protection – Completed once
4. Annual GDPR refresher – completed annually
5. Fire safety awareness – renewed annually
6. Equality and diversity – renewed every 5 years
7. Complaints handling procedure – renewed every 5 years

3.2.13 Any mandatory training completed within the old system will be carried over onto the new LEON account as long as it within the required timeframe.

3.2.14 However, there remains a slight technical issue with reporting which is currently being worked through with IT. Unfortunately the training statistics for FQ3 remain unavailable but will provided once the technical difficulties are resolved. Thereafter stat man compliance for council employees will be monitored and reported.

3.2.15 Appendix 2 shows Appraisals Performance Data for NHS staff within Argyll and Bute HSCP and this has improved again this quarter (22-25%). It is anticipated that this will continue to improve as we move towards year end, as historically this was the deadline. SLT are also receiving monthly updates and are actively encouraging completion with their teams.

3.2.16 Within the council, the Quality Conversations analysis is still being undertaken and will be reported once complete.

#### Leadership and Management Development

3.2.17 The NHS Leadership and Management Development Programme levels 1-4 has been completed for all levels. This programme included:

- Created and Developing Effective teams
- Selfcare
- Leadership
- Coaching skills for managers
- Effective Communication
- Recruiting the best teams
- Planning and Implementing Change
- Workforce Planning
- Financial Management
- Promoting a healthy and Safe working environment
- Courageous Conversations
- Problem Solving and Decision Making

All feedback from evaluation of this programme has been used to improve the experience for both participants and facilitators.

3.2.18 From February 2023 New Manager Induction standards will be launched which will focus on:

- Organisation Awareness
- Communication & Decision Making
- Your role as a leader and manager
- Health, Safety and Security
- Systems and Processes
- Learning and development opportunities

3.2.19 The NHS 'Essentials in Management' course (for those new to supervisory, management, leadership roles) has been piloted in the National Treatment Centre, Inverness end Nov and Beg of Dec. Following positive feedback, the materials for the programme are being finalised and the 3 day programme will be launched in A&B from Q4. This will be tailored to A&B managers to ensure that all managers and employees have the information they require to support and settle into their new role.

3.2.20 The management portal has been further developed and will also be promoted in February 2023. A suite of optional modules will also be offered to supervisors, managers and leaders which should be considered as part of Personal Development Planning and Review.

3.2.21 The council management and leadership development programmes have temporarily ceased. A thorough review will commence in April 2023. The findings will be reported in due course.

## **Mentoring Programme**

3.2.22 Participants in the mentoring programme continues to grow and in Q3 a further 2 mentors and 1 mentee joined from A&B HSCP. This brings the total participants to date within A&B to 11 from the total 76 across the Programme, mentors and Mentees. An impact evaluation was circulated in November and feedback from mentors and mentees was positive. Improving confidence and awareness of the service and providing opportunity for reflection and improved practice, benefiting both mentor and mentee in their professional and personal development.

3.2.23 All A&B HSCP employees are invited to participate but to date only NHS employees have voiced interest. We continue to promote the mentoring scheme via weekly roundup and have shared the information with the council OD team. The co-ordinator is always happy to attend meetings to share information about the scheme

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

#### Culture and Wellbeing

3.3.1 During Q3 the councils Active Care Service have launched a new service for those absent with stress. This new service, delivered by impartial clinicians aims to understand individual needs and help identify any triggers they may have. It will also look at prescribed treatments and offer recommendations for support.

3.3.2 The feedback from those attending the councils recalibrate programme (pilot commenced 27<sup>th</sup> October) has been very positive and requests have been received to run another session this year, which will be dependent on available funding.

3.3.3 The A&B Culture and Wellbeing Group, has resumed with the first meeting taking place on 17<sup>th</sup> January 2023. Meetings will take place monthly thereafter and progress and programmes of work will be reported to IJB.

3.3.4 Following the successful pilot, a new NHS eLearning module on Courageous Conversations is now available for all colleagues to help prepare for conversations particularly when dealing with a difficult situation. This is a combination of eLearning and virtual workshops.

3.3.5 Managers are also supported by a new NHS practical workshop that facilitates supportive conversations with their team members and encourages a person centred approach. This has been piloted and will be rolled out in 2023. The council are also running similar training provision 'having constructive conversations.

3.3.6 To support the NHS Once for Scotland policies where Early Resolution was introduced as a substantial part of our new processes an Early

Resolution Toolkit eLearning module is now available. The toolkit is intended to assist all colleagues with resolving matters, as early as possible.

3.3.7 The council wellbeing Wednesdays communications has now been moved to monthly and continues to inform and signpost on a full range of wellbeing issue and ensuring consistent messaging on the importance that we place on the wellbeing of employees.

3.3.8 A comprehensive wellbeing toolkit of resources has also been developed for employees and managers, linking to policies and procedures, support and advice, webinars and training courses. These are also being made accessible to those not on the Council's network to be fully inclusive.

3.3.9 A new Winter Wellbeing Programme for NHS Highland colleagues has been developed encompassing a programme of online events taking place over the winter months, to help support colleagues during what is often a difficult and challenging time of the year -More information <https://scottish.sharepoint.com/sites/WinterWellbeingProgramme>

### HSCP Guardian Service

Table 1 – Concerns by Theme

Q3 2022	Patient Safety	Behaviour/ Relationship	System/ Process	Bullying & Harassment	Management Issues	Discrimination & Inequality	Total
Council	0	0	0	0	0	0	0
NHS	0	2	4	0	2	0	8
<b>A&amp;B HSCP</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>8</b>

Table 2 – Concerns by Quarter

	Q1 2021	Q1 2022	Q2 2021	Q2 2022	Q3 2021	Q3 2022
Council	5	4	6	0	1	0
NHS	15	11	5	24	10	8
<b>A&amp;B HSCP</b>	<b>20</b>	<b>15</b>	<b>11</b>	<b>24</b>	<b>11</b>	<b>8</b>

3.3.10 Table 1 shows Quarter 3 activity and displays the usual trends of theme, although systems and process issues concerns have increased. All concerns are discussed in a monthly joint meeting and ensures all concerns are appropriately addressed.

3.3.11 Table 2 shows that activity has returned to expected levels after the increase evident last quarter. Again it is notable that there was no contact from Council employees and this is something to be considered when the service is reviewed in August. The Guardian services are keen to increase their visibility in council sites to ensure employees are aware of their provision.

## 4. INVOLVED IN DECISIONS

### 4.1 Employee Engagement

4.1.1 The employee engagement working group meetings have now concluded and employee engagement activities will now be captured as a standing item of the Culture and wellbeing Group. This will allow wider collaboration on the programme of activity required and relevant updates will continue to be reported to IJB.

## 5. CONTINUOUS IMPROVEMENT

### Resourcing: Recruitment and Redeployment

5.1 Appendix 3 shows the recruitment activity over the last quarter and as in previous years there is a higher level of activity in Q3 than is evident in other quarters and for NHS vacancies this is notably higher than the same period last year (shown for comparison). More detailed analysis will be contained in workforce report going forward and this will inform and be informed by workforce planning discussions, looking at trends, difficult to fill roles and wider workforce planning actions.

5.2 The Strategic Workforce Planning Group has resumed with the first meeting taking place on the 30<sup>th</sup> January 2023. The Terms of Reference has been revised to align to the strategic workforce plan. This group is responsible for taking forward and developing the identified actions for ABHSCP creating a sustainable workforce for the long term.

### 5.3 Redeployment

5.3.1 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.

5.3.2 The table below shows the NHS trend over the last year of people joining the redeployment list and being appropriately redeployed. This evidences steady progress supporting people into suitable roles.

	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Argyll & Bute													
Capability							2						
End of Fixed Term	10	1	1	1	1	1	16	1		3	9	9	7
Health		1		1			9						
Org Change	40	16	17	16	15	15	16	22	14	19	14	13	12
Other	10						4	2					
<b>A&amp;B Sub-Total</b>	<b>60</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>16</b>	<b>16</b>	<b>47</b>	<b>25</b>	<b>14</b>	<b>22</b>	<b>23</b>	<b>22</b>	<b>19</b>
A&B Grade Protection		22	22	22	22	22	9	30	22	35	21	22	22
<b>Argyll &amp; Bute Total</b>	<b>60</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>38</b>	<b>38</b>	<b>56</b>	<b>55</b>	<b>36</b>	<b>57</b>	<b>44</b>	<b>47</b>	<b>41</b>

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

## 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 FQ4

Data provision further developed	Q4
Commence Corporate Induction rollout .	Q4
Launch new manager Induction standards, the line manager portal and commence Essential in Management course	Q4
Employee Culture and Wellbeing groups resumed Q3 and updates will be provided to Committee	Q4
Workforce Planning Group resumed in Q3 with updates provided as needed and bi annually through the dedicated Workforce Plan reports which are also provided to Scottish Government	Q4
Suite of optional CPD leadership and management development modules to be offered from March 2023	Q4
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

No public or user involvement to report within this current report

## 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	<input type="checkbox"/>
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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