

---

**Report To:** Inverclyde Integration Joint Board      **Date:** 30 January 2018

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership (HSCP)      **Report No:**  
IJB/09/2018/DMcC

**Contact Officer:** Diana McCrone      **Contact No:** 01475 712722

**Subject:** STAFF GOVERNANCE PLAN

---

## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integration Joint Board of the Staff Governance Plan, developed by officers and staff side representatives via the Staff Partnership Forum (SPF).

## **2.0 SUMMARY**

- 2.1 The Staff Governance Standards have been developed by NHS Greater Glasgow and Clyde to apply to all staff employed by that organisation. In Inverclyde the HSCP has adopted these standards to apply to all staff, regardless of whether they are employed by the NHS or the Council.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Integration Joint Board notes the Staff Governance Plan and advises the Chief Officer if any further information is required.

**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde Health and Social Care Partnership**

## 4.0 BACKGROUND

- 4.1 This report highlights the Inverclyde HSCP Staff Governance Plan.
- 4.2 The Staff Governance Standards have been developed by NHS Greater Glasgow and Clyde to apply to all staff employed by that organisation. In Inverclyde the HSCP has adopted these standards to apply to all staff, regardless of whether they are employed by the NHS or the Council.
- 4.3 The Staff Governance Standards state that staff should be:
- Well informed;
  - Appropriately trained;
  - Involved in decisions that affect them;
  - Treated fairly and consistently; and
  - Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- 4.4 To ensure that these standards are incorporated into our day to day work, we have developed an action plan that specifically outlines what we will do to ensure that the spirit of the standards is reflected in how staff experience working within the HSCP. That Plan is therefore presented to the IJB with this report.

## 5.0 PROPOSALS

- 5.1 The content of this report is mainly for noting, and to ensure that IJB Members are informed about how the HSCP works to create a positive environment for staff as well as service users.

## 6.0 IMPLICATIONS

### Finance:

- 6.1 There are no financial implications at this time, although implementation could potentially highlight the need to resource additional training. This will be linked back to the implementation of the People Plan, which was approved by the IJB in June 2017.

### Financial Implications:

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

#### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### Legal:

- 6.2 There are no legal implications in respect of this report.

## Human Resources:

- 6.3 The Staff Governance Plan highlights how we will improve staff experience in working within the HSCP.

## Equalities:

- 6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or Strategy. Therefore, no Equality Impact Assessment is required

### 6.4.1 How does this report address our Equality Outcomes?

- a) **People, including individuals from the protected characteristic groups, can access HSCP services.**

Implementation of the People Plan will be linked to implementation of the Staff Governance Plan.

- b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

This outcome applies to staff as well as service users, and the plan aims to tackle any discrimination that might be experienced by our staff.

- c) **People with protected characteristics feel safe within their communities.**

Not applicable.

- d) **People with protected characteristics feel included in the planning and developing of services.**

One of the Staff Governance Standards states that staff will be involved in decisions that affect them.

- e) **HSCP staff understand the needs of people with different protected characteristics and promote diversity in the work that they do.**

Not applicable.

- f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

Not applicable.

- g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

Not applicable.

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 6.5 There are no clinical or care governance issues within this report.

## 6.6 NATIONAL WELLBEING OUTCOMES

## **How does this report support delivery of the National Wellbeing Outcomes?**

- a) **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Not applicable.

- b) **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

Not applicable.

- c) **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

Not applicable.

- d) **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

Not applicable.

- e) **Health and social care services contribute to reducing health inequalities.**

Not applicable.

- f) **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

Not applicable.

- g) **People using health and social care services are safe from harm.**

Not applicable.

- h) **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

The Staff Governance Standards are central to delivering this outcome, and the Plan aims to make staff feel supported and engaged.

## **7.0 CONSULTATION**

- 7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Staff Partnership Forum.

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 None.

**INVERCLYDE HSCP STAFF GOVERNANCE MONITORING PLAN 2017/2018 – January 2018**

	Key Performance Indicators	Target Actions	Lead Responsibility	Update	RAG Status / Target Date
<b>1. Well Informed</b>					
1.1	All staff regularly receive accessible information about their organisation	Chief Officer's Brief to be issued each month and discussed at team meetings.	A Shields (Chair of Communications Group)	Communications Group developing Communication Action Plan. Chief Officer Brief is circulated monthly to staff and is focused on a different Head of Service area each month. Ensure homecare bullet is distributed to home care staff.	Green March 2018
		Improve awareness of SPF through Chief Officer's Brief to include key points from each SPF Meeting.	SPF Co-Chairs	Process agreed whereby SPF key points are agreed after each meeting and forwarded for inclusion in Chief Officer's Brief.	Green Ongoing
		Monthly review to ensure notice boards are kept up-to-date in each of the HSCP premises, ensuring key documents such as Chief Officer's Brief and notes of staff meetings are posted on these. Name of person responsible for notice board to be posted on the notice board with their contact number.	A Shields (Chair of Communications Group)	All staff responsible for updating notice boards have been identified and name and contact number attached to boards.	Green September 2018
1.2	All staff have access to communication channels which offer the opportunity to give and receive feedback on	Maintain and develop Chief Officer Brief with managers and team leads encouraging discussion and questions with a focus on effective two-way communication.	A Shields (Chair of Communications Group)	Transformation Board to be opened up to include an open section for any member of staff who wishes to offer SMT their ideas for improvement.	Green March 2018

	organisational issues at all levels	Staff and staff representatives well informed and involved in discussions about proposed service change at an early stage.	SPF Co-Chairs	This is done and reported to SPF.	Green Ongoing
		Staff make use of 1:1 meetings to discuss organisational issues and working practices.	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	Supervision Framework has been agreed and implemented across all staff groups.	Green January 2018
<b>1.3</b>	All staff have access to a range of communication systems. This will include IT systems, and staff will be provided with appropriate training (and adaptation if appropriate) to use them and hard copies are available.	All staff can access policies, procedures, and key HSCP documents electronically via ICON/Staffnet or their manager for a hard copy.	J Hawthorn/ B Greene / A Wilson (Head of Admin/ Head of People and Change/ Council HR Service Manager)	Staff are notified of new policies, procedures and key HSCP documents through regular communications bulletins.	Green Ongoing

<b>2. Appropriately Trained</b>					
<b>2.1</b>	Knowledge and Skills Framework and Performance Appraisals and PDPs to be fully implemented.	All staff have regular effective performance reviews. Every HSCP employee has a development review cycle agreed (regardless of employing body) which includes an annual review and PDP/CPD, and all managers, team leads and staff trained in the respective systems	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	Regular WAIR reports are issued to managers, to ensure appropriate management intelligence relating to staff who have or have not had an appraisal, or completed a PDP.	Green Ongoing
<b>2.2</b>	Those staff not covered by KSF have rigorous personal development plans	Senior managers participate in the Online Performance Management system where appropriate. Appraisals and mid-year reviews to be diaried in advance.	Chief Officer	PDPs are now monitored to ensure completion before appraisal can be signed off.	Green 6-monthly
		Directly employed medical staff have performance plans agreed and evaluated	Heads of Service	HoS have confirmed this is being done.	Green Annually
<b>2.3</b>	National education, learning and development strategies are fully implemented	Training activity report to SPF indicating HSCP activity and progress.	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	Activity information is incorporated into the regular WAIR including compulsory and mandatory training.	Green Ongoing
		Gaps in training needs identified.	D Ramsay / B Keogh	Learnpro and Brightwave data cleansing has stalled due to some of the key managers being unable to provide updates on what training they would like their staff to undertake.	Red March 2018
		Training needs from People Plan to be identified and an action plan developed.	D Ramsay	The Team Leader for Learning and Practise Development chairs the People Plan Implementation Group, ensuring that training needs are regularly assessed, and then reflected in the HSCP Training Plan.	Green March 2018
<b>2.4</b>	Succession Planning	Support transition and planning to support ageing workforce.	Head of Service	Each area in HSCP to do a workforce development plan.	Green February 2018
<b>2.5</b>	Ethical Care Charter	Homecare staff internally and externally appropriately supported.	A Stevenson	Council agreed to continuing support to ECC.	Green February 2018

2.6	All staff have equity of access to training, irrespective of working arrangements or profession	Training needs should be discussed and recorded as part of the PDP process.	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	Reported via WIAR	Green Ongoing
2.7	All staff have access to appropriate induction that covers, as a minimum, partnership; staff governance; health and safety; and equality legislation	HSCP Induction involves manager and staff member. Welcome Pack is made available.	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	The welcome pack has been refreshed to reflect our revised HSCP arrangements.  Induction programmes and checklists are now used for all new staff, or staff changing roles/departments.	Green Ongoing



	Key Performance Indicators	Target Actions	Lead Responsibility	Update	RAG Status / Target Date
<b>3</b>	<b>Involved in Decisions that Affect them</b>				
<b>3.1</b>	Partnership working is embedded and mainstreamed within the HSCP	SPF contribution to IJB is effective and is valued and recognised. Committee papers should have a requirement to identify personnel implications.	SPF Co-Chairs	The IJB papers template requires all submissions to identify personnel implications.	Green Ongoing
<b>3.2</b>	Each NHS Board has in place Partnership Forums as appropriate to reflect local structures. These should include an APF and the HSCP must have an SPF in accordance with local structures.	HSCP SPF meets regularly and effectively	SPF Co-Chairs	Meeting schedule is completed to cover the whole year so that regular diary slots are secured well in advance.  The SPF meets regularly and has a schedule that covers the whole year, generally meeting every 6 weeks.	Green Ongoing
<b>3.3</b>	Service Development and organisational changes are planned and implemented in partnership.	SPF members, including staff representatives are well informed and involved in discussions about proposed service change and financial savings plans at an early stage.	SPF Co-Chairs	Recognised that some savings targets or performance targets are not negotiable, but that staff should be involved in decisions about how they are implemented.  Redesign updates are a regular item on SPF agenda.	Green Ongoing

	Key Performance Indicators	Target Actions	Lead Responsibility	Update	RAG Status / Target Date
<b>4.</b>	<b>4. Treated Fairly and Consistently</b>				
<b>4.1</b>	Best practice HR policies are in place and communicated to staff.	Staff are notified of new policies	J Hawthorn/ B Greene / A Wilson (Head of Admin/ Head of People and Change/ Council HR Service Manager)	Staff are notified of new policies, procedures and key HSCP documents through regular communications bulletins.	Green Ongoing
		We have process in place to monitor that no staff feel discriminated against by managers or colleagues.	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	The Council Staff Survey and the NHS Dignity at Work survey both invite staff to state any feelings of discrimination. Staff are encouraged to complete staff surveys.	Green Ongoing
		We have process in place to monitor that staff feel empowered to report any incident, which they feel resulted in them being treated in a discriminatory way	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	In addition to the above policies there is the Whistle blowing Policy and an employee hotline number for NHS Scotland.	Green Ongoing
<b>4.2</b>	NHS staff have security of employment and no detriment through the organisational change policy, and Council staff have access to redeployment/ phased protection policy.	Redesign and change projects include appropriate arrangements for staff, eg migration plans, and staff and representatives are involved in discussions about savings and redesigns.	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	This is currently done as part of the redesign approach.	Green Ongoing
<b>4.3</b>	Respective pay and terms and conditions for all NHS and Council Staff are applied fairly and equitably.	Ensure the consistent application of terms and conditions in place for Council and NHS staff respectively.	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	All staff have access to the policies of both NHS and Council.	Green Ongoing

	Key Performance Indicators	Targets Actions	Lead Responsibility	Update	RAG Status / Target Date
<b>5</b>	<b>Provided with an Improved and Safe Working Environment</b>				
<b>5.1</b>	Appropriate occupational health and safety arrangements are in place as a means of improving the health and wellbeing of staff and minimising sickness absence.	Healthy Working Lives Gold Award sustained.	SPF Co-Chairs	Gold award sustained.	Green October 2018
		Staff feel empowered to report any incident which they felt resulted in them being treated in a bullying or harassing way to their Team Lead or to a more senior manager	Staff Survey Sub-group	Staff have been encouraged to complete the Dignity at Work survey. Results to be brought back to SPF.	Green April 2018
		Staff health policy to be introduced and managed at a local level.	SPF	To be discussed at the next development session	Green February 2018
<b>5.2</b>	Resources, including time and funding, allocated appropriately to meet the health and safety strategy	All staff have access to Health and Safety Policies as these are reviewed and issued, and work is underway to develop regular training reports.	Health & Safety Committee Co-Chairs	The Health and Safety Committee meets regularly and has rep from all service areas, policies and reviews are routinely considered discussed by this group.	Green July 2018
<b>5.3</b>	NHS and Council workplaces should ensure that the personal health and safety of service users, patients and staff is paramount.	Risks reviewed and actions identified and implemented. Any risks not resolved escalated to Risk Registers.	SPF Co-Chairs	A process is in place, supported by Internal Audit.	Green Ongoing
		List of nominated fire officers available for each area..	A Shields	List has been agreed and is displayed at each site..	Green Ongoing
		Health & Safety incidents and RIDDOR reports reviewed at Health & Safety Committee.	HSCP Health & Safety Committee	Reported quarterly to H & S Committee.	Green Ongoing
		Health & Safety Assessments are Incorporated into all HSCP estates projects	D Strain / E White	On the Council side controlling contractor's policies are in place to evaluate all contractors working on behalf of the HSCP. Fire risk assessments and audits are undertaken by Health and Safety Adviser and Fire Officer for HSCP.  On the NHS side the Project Alert System (PA) is used for all Estates	Green Ongoing

				Projects, i.e. refurbishments and new builds.	
		Health & Safety Assessment are incorporated into all service and staffing redesign projects.	D Strain / E White	<p>Risk assessments are undertaken by managers within each service area. Information and advice on how to complete the risk assessment is available on Staffnet and ICON.</p> <p>Risk assessments are undertaken by managers (Health and Safety management manual Holders/Deputies) within each service area. Information and advice on how to complete the risk assessment is available via the Health and Safety Staffnet page or by contacting the relevant Health and Safety Practitioner.</p>	Green Ongoing
<b>5.4</b>	National and local occupational health and safety strategies are implemented.	All staff have access to policies as they are agreed and implemented.	HSCP Health & Safety Committee	Cascade system agreed at H & S, with each service area having a named rep who gathers issues to bring to the Committee as well as receives policies and distributes them on.	Green Ongoing
<b>5.5</b>	All areas have lone working safety arrangements in place.	All team managers.	HSCP Health & Safety Committee	HSWs have phones with a duress assistance feature, while other workers have tracking phones.	Green Ongoing

	Key Performance Indicators	Target Actions	Lead Responsibility	Update	RAG Status / Target Date
<b>6</b>	<b>Other Key Performance Indicators</b>				
<b>6.1</b>	Staff turnover	Report available quarterly, to be submitted to SPF.	B Greene / A Wilson (Head of People and Change/ Council HR Service Manager)	All of these actions are combined into a single quarterly and annual WIAR report.  The HSCP People Plan was approved by the IJB in June 2017.  Absence Champion appointed, sickness improving however targets not met.	Green Annually –July 2018
	Number of disciplinary, grievance and dignity at work cases	Report available annually, to be submitted to SPF.			Amber
	Sickness absence levels and reasons	Reports produced for the HSCP regularly for sharing with all staff as part of actions to achieve and sustain absence level targets, to be submitted to SPF.	Alison Shields		Gree
	Analysis of absences including reasons for sickness absence, Work Life Balance and maternity leave (excl annual leave and PH's)	Report available annually, to be submitted to SPF.	Head of Services		
<b>6.5</b>	Patient/client complaints	Report available annually to include number; response timescales; Improvement Plan information and compliments or expressions of being pleased with level or quality of service.	Head of Strategy & Support Services.	This report is presented annually to August IJB.  Arrangements being made from April 2015 to put to IJB	Green Annually in August of each year