Report To:	**Inverclyde Integration Joint Board**	**Date:**	**25 April 2018**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care** **Partnership (HSCP)**	**Report No:**	**IJB/28/2018/LL**
Contact Officer:	**Chief Officer**	**Contact No:**	**01475 712722**
Subject:	**CHIEF OFFICER REPORT**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on a number of workstreams that are currently underway.

2.0 SUMMARY

There are a number of issues, business items or workstreams that the IJB will want to be aware of, that perhaps do not require a full IJB Report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered. This paper provides a brief summary of such workstreams that are currently or soon to be live.

3.0 RECOMMENDATIONS

3.1 The content of this report is mainly for noting, and to ensure that IJB Members are informed about the business of the HSCP.

Louise Long
Chief Officer
Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

This report highlights workstreams that IJB Members should be aware of.

4.1 **IMatter**
The 2018 run of IMatter is underway. IMatter is a staff engagement tool that aims to capture perceptions about the organisation and the teams within it. The overall return rate for the Inverclyde 2018 survey was 50% which falls below the full report threshold, however it represents an improvement on last year's return rate of 34%. All teams will receive a report, either a team report if they reached the threshold or the National report as NHSGGC also did not reach the threshold. Action planning opened on 19 April for 12 weeks.

Board objective outlines 80% of teams ensure action plans are developed. Action planning involves the manager having a conversation with the team in relation to the report and celebrating success (top positive replies) and planning activity to increase the lowest scores.

Although Inverclyde HSCP did not generate a full report, a component report was produced which ranks the average scores for each question asked. This runs from the most positive responses to least positive and provides a local overview of what we should celebrate and where continuous improvement activity might be targeted over the coming 12 months.

The Inverclyde HSCP iMatter component report indicates the four most positive results were:
- My direct line manager is sufficiently approachable: 90%
- I am clear about my duties and responsibilities: 87%
- I feel my direct line manager cares about my health and well-being: 87%
- I have confidence and trust in my direct line manager: 86%

The four least positive results were:
- I am confident performance is managed well within my organisation: 71%
- I have confidence and trust in senior managers responsible for the wider organisation: 69%
- I feel senior managers responsible for the wider organisation are sufficiently visible: 67%
- I feel involved in decisions relating to my organisation: 61%.

4.2 **e-KSF/TURAS Appraisal**
NHS-employed staff use the electronic Knowledge and Skills Framework (e-KSF) to maintain their records of development, and record their annual appraisals. This system is being replaced by a new, simpler system called TURAS. The data from eKSF is being migrated into TURAS, and we will be able to run management reports from the new system to align more closely with the Council's arrangements. In February 2018, the e-KSF appraisal completion rate was 63% (Range 32%-85% across sub-directorates) and for PDP, 64% (Range 33%- 87%).

4.3 **Appraisal Performance (Council)**
Appraisal performance is consistently high across the Local Authority staff group. Overall there is a 96% completion rate broken down by service are as such:
- Children & Families & Criminal Justice: 92%
- Community Care & Health: 100%
- Mental Health & Addictions: 79%
- Strategy and Support Services (Includes Business Support): 97%

4.4 **Staff Partnership Forum (SPF) Development Session**
Two development sessions are planned. The 1st is due to take place on 4 May 2018 and will consider group governance, including remit, processes and priorities and aims to provide a roadmap to how the group can be effective and dynamic in its approach. The 2nd session will concentrate on how the SPF might influence improved

staff wellbeing and resilience.

4.5 **Scottish Social Service Award (SSC)**
Two of our three nominations to the SSC awards have been short listed. Amy Mundy, Children and Families Team Lead has been shortlisted under the category of "thought leadership" for her innovative leadership in respect of adoption and permanence services. The "Birth Ties" project was created in spring 2016 to specifically meet the needs of birth parents who said that they found it hard to understand the different processes involved in adoption and that the process was difficult when they shared the same social worker as their child.

Amy and the team are really excited to be nominated for the Scottish Social Services Awards and appreciate the recognition of the work being undertaken to highlight and support the need of birth family members affected by adoption. Both nominations will meet with a film maker in early May to record short films of their work.

4.6 **Review of Advice Provision in Inverclyde**
The February 2018 meeting of Inverclyde Council's Policy and Resources Committee approved an externally commissioned review to be undertaken into advice provision within Inverclyde. For the purposes of this review, advice provision includes those areas covered by the Scottish National Standards for Information and Advice Providers (SNSIAP): A Quality Assurance Framework which is the accepted quality framework for agencies providing advice specifically on housing, money, debt and welfare benefits issues. In addition, it is proposed that this review will cover advice available related to employability rights advice; fuel poverty advice; consumer advice and any other areas the steering group identify as being relevant.

A steering group involving a range of representatives from the HSCP; Council; Trade Unions and external organisations (who currently provide advice) has been established and will meet for the first time on 2nd May to develop and agree the terms of reference for this externally commissioned work with the work due to report later in the year.

5.0 RECOMMENDATIONS

5.1 The content of this report is mainly for noting, and to ensure that IJB Members are informed about the business of the HSCP.

6.0 IMPLICATIONS

FINANCE

6.1 **Financial Implications**: There are no financial implications in respect of this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2   There are no legal issues within this report.

HUMAN RESOURCES

6.3   There are no human resources issues within this report.

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☐

6.5   **How does this report address our Equality Outcomes**?

The work within some of the streams highlighted will reinforce HSCP staff understanding of the needs of people with different protected characteristic, and will help them to promote diversity in the work that they do.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

6.7   **NATIONAL WELLBEING OUTCOMES**

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

The work within some of the streams highlighted will support the outcomes of:
- people who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- 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.

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 HSCP Leadership Team.

8.0   LIST OF BACKGROUND PAPERS

8.1   None.