
Report To:	Inverclyde Integration Joint Board	Date: 10 September 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)	Report No: IJB/58/19/HW
Contact Officer:	Helen Watson Head of Strategy & Support Services	Contact No: 01475 715285
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.

Louise Long
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 an improved and safe working environment.
- 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.

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?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The Staff Governance Standard includes a commitment to treat everyone fairly and consistently, The Action Plan ensures that officers remain focused to deliver on this.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

7.0 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.1 There are no clinical or care governance implications arising from this report.

8.0 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
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People are able to look after and improve their own health and wellbeing and live in good health for longer.	If staff are happy and feel valued, they are more likely to be caring and compassionate.
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
People who use health and social care services have positive experiences of those services, and have their dignity respected.	When staff are treated consistently with dignity and respect, they are more likely to model this same behaviour when interacting with clients or patients.
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
Health and social care services contribute to reducing health inequalities.	Not applicable
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
People using health and social care services are safe from harm.	Not applicable
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 Standard is the main vehicle for delivering this outcome.
Resources are used effectively in the provision of health and social care services.	Not applicable

9.0 DIRECTIONS

9.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

10.0 CONSULTATION

10.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

11.0 BACKGROUND PAPERS

11.1 None.



Inverclyde Health & Social Care Partnership

Staff Governance Action Plan

August 2019

Introduction

Staff governance focuses on how NHS Scotland staff are managed, and feel they are managed. The NHS Reform (Scotland) Act makes NHS employers legally accountable for staff governance, in the same way that they are already responsible under law for the quality of clinical care and for appropriate financial management. NHS employers must demonstrate that they are becoming exemplar employers and must have systems in place to identify areas that require improvement and to develop action plans that describe how improvements will be made.

The implementation of the Staff Governance Standard demonstrates the proactive approach of trade unions and professional bodies, NHS employers and the Scottish Government Health Department to modernise employment practices based on the concept of partnership working.

Inverclyde HSCP Staff Partnership Forum is an integrated forum which was developed following Inverclyde CHCP becoming an HSCP. The chair is shared and rotated by the following people:

Louise Long, Chief Officer and Diana McCrone and Gemma Eardley who are both staff side representatives. The Partnership forum meets every 6 weeks approximately.

Key

Performance on target	G
Performance needs some improvement / risk of deterioration / plan slipped	A
Performance is below target, requiring improvement / plan failed	R
Action not yet underway / too early to determine progress	0

The Staff Governance Standard requires that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

The Standard also requires all staff to:

- keep themselves up to date with developments relevant to their job within the organisation;
- commit to continuous personal and professional development;
- adhere to the standards set by their regulatory bodies;
- actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- treat all staff and patients with dignity and respect while valuing diversity; and
- ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

1. Well Informed

	Activity	Evidence of Application	Leads	Timescale	Status
1.1	All staff regularly receive accessible information about their organisation.	<p>Chief Officer's Brief issued each month and discussed at team meetings.</p> <p>Communications Group developing Communication Action Plan.</p> <p>Chief Officer Brief is circulated monthly to staff and is focused on a different Head of Service area each month.</p> <p>Ensure homecare bulletin is distributed to home care staff.</p>	Chair of Communications Group	Ongoing	Green
		<p>Improve awareness of SPF through Chief Officer's Brief to include key points from each SPF Meeting.</p> <p>Process agreed whereby SPF key points are agreed after each meeting and forwarded for inclusion in Chief Officer's Brief.</p>	SPF Co-Chairs	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		<p>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.</p> <p>All staff responsible for updating notice boards have been identified and name and contact number attached to boards.</p>	Chair of Communications Group	Review to be completed by August 2019	Amber
1.2	All staff have access to communication channels which offer the opportunity to give and receive feedback on organisational issues at all levels	Maintain and develop Chief Officer Brief with managers and team leads encouraging discussion and questions with a focus on effective two-way communication.	Chair of Communications Group	Ongoing	Green
		<p>Staff and staff representatives well informed and involved in discussions about proposed service change at an early stage.</p> <p>Open chair is available at SPF for staff to attend.</p> <p>All service redesigns are discussed at SPF as a standing item.</p>	SPF Co-Chairs	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		<p>Staff make use of 1:1 meetings to discuss organisational issues and working practices.</p> <p>Supervision Framework has been agreed and implemented across all staff groups.</p>	<p>Head of People and Change and Council HR Service Manager</p>	Ongoing	Green
1.3	<p>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.</p>	<p>All staff can access policies, procedures, and key HSCP documents electronically via ICON/Staffnet or their manager for a hard copy.</p> <p>Staff are notified of new policies, procedures and key HSCP documents through regular communications bulletins.</p>	<p>Service Manager: Engagement, Financial Inclusion and Workforce / Head of People and Change/ Council HR Service Manager</p>	Ongoing	Green

2. Appropriately Trained & Developed

	Activity	Evidence of Application	Leads	Timescale	Status
2.1	TURAS/Knowledge and Skills Framework and Performance Appraisals and PDPs to be fully implemented.	<p>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</p> <p>Regular WIAR reports are issued to managers, to ensure appropriate management intelligence relating to staff that have or have not had an appraisal, or completed a PDP, and WIAR discussed at SMT and SPF.</p>	Head of People and Change and Council HR Service Manager	<p>Ongoing</p> <p>Quarterly</p>	<p>Amber</p> <p>Green</p>
2.2	Those staff not covered by TURAS/ Council Performance Appraisal have rigorous personal development plans.	<p>All appraisals and mid-year reviews are diaried in advance.</p> <p>TURAS /PDPs are now monitored to ensure completion before appraisal can be signed off.</p>	Chief Officer	6-monthly	Amber
		Directly employed medical staff have performance plans agreed and evaluated.	Heads of Service	Annually	Green
2.3	National education, learning and development strategies are fully implemented	<p>Training activity report to SPF indicating HSCP activity and progress.</p> <p>Activity information is incorporated into the</p>	Head of People and Change and Council HR	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		<p>regular WIAR including compulsory and mandatory training.</p> <p>Service Managers area provided with named lists of their staff, indicating status on statutory and mandatory training modules.</p>	Service Manager / Service Manager: Engagement, Financial Inclusion and Workforce	Monthly	Green
		<p>Gaps in training need to be identified.</p> <p>New Practise Learning & Development Team Leader in post to take forward TNA.</p>	Team Leader Learning & Education, and Team Leader Practise Development	December 2019	Amber
		<p>Training needs from People Plan to be identified and an action plan developed.</p> <p>The Practise Learning & Development Team Leader will support /chair the People Plan Implementation Group, ensuring that training needs are regularly assessed, and then reflected in the HSCP Training Plan.</p>	Team Leader Practise Development and Service Manager: Engagement, Financial Inclusion and Workforce	December 2019	Amber
2.4	Succession Planning	<p>Support transition and planning to support the evolving workforce.</p> <p>Each area in HSCP has completed a workforce succession plan. These are monitored and reviewed at team meetings.</p>	Heads of Service	December 2019	Green

	Activity	Evidence of Application	Leads	Timescale	Status
2.5	Ethical Care Charter	<p>Homecare staff internally and externally appropriately supported.</p> <p>Legal support for contract variations when ECC not being delivered. Also Commissioning & Contract Monitoring Framework has been revised to include a clear escalation process when providers are not delivering on the terms of their contract, including ECC. The revised framework will be presented to Committee in September 2019 for approval.</p>	<p>Head of Health & Community Care</p> <p>Head of Strategy and Support Services</p>	<p>Ongoing</p> <p>September 2019</p>	<p>Green</p> <p>Amber</p>
2.6	All staff have equity of access to training, irrespective of working arrangements or profession	<p>Training needs should be discussed and recorded as part of the PDP process.</p> <p>Reported via WIAR. Staff satisfaction reflected through iMatters.</p>	Head of People and Change/ Council HR Service Manager	Ongoing	Amber
2.7	All staff have access to appropriate induction that covers, as a minimum, partnership; staff governance; health and safety; and equality legislation	<p>HSCP Induction involves manager and staff member. Welcome Pack is made available.</p> <p>The welcome pack has been refreshed to reflect our revised HSCP arrangements.</p> <p>Induction programmes and checklists are now used for all new staff, or staff changing roles/departments.</p> <p>Staff are not given access to IT systems until it can be evidenced that they have undergone</p>	Head of People and Change/ Council HR Service Manager	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		induction.			

3. Involved in Decisions

	Activity	Evidence of Application	Leads	Timescale	Status
3.1	Partnership working is embedded and mainstreamed within the HSCP	<p>SPF contribution to IJB is effective and is valued and recognised.</p> <p>The IJB papers template requires all submissions to identify personnel implications.</p>	SPF Co-Chairs	Ongoing	Green
3.2	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.	<p>HSCP SPF meets regularly and effectively.</p> <p>Meeting schedule is completed to cover the whole year so that regular diary slots are secured well in advance.</p> <p>The SPF meets regularly and has a schedule that covers the whole year, generally meeting every 6 weeks.</p>	SPF Co-Chairs	Ongoing	Green
3.3	Service Development and organisational changes are planned and implemented in partnership.	<p>SPF members, including staff representatives are well informed and involved in discussions about proposed service change and financial savings plans at an early stage.</p> <p>It is recognised that some savings targets or performance targets are not negotiable, but that staff should be involved in decisions about how they are implemented.</p> <p>Redesign updates are a standing item on SPF agenda.</p>	SPF Co-Chairs	Ongoing	Green

4. Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

	Activity	Evidence of Application	Leads	Timescale	Status
4.1	Best practice HR policies are in place and communicated to staff.	Staff are notified of new policies, procedures and key HSCP documents through regular communications bulletins.	Service Manager: Engagement, Financial Inclusion and Workforce / Head of People and Change/ Council HR Service Manager	Ongoing	Green
		<p>The Council Staff Survey and the pilot NHS Dignity at Work survey both invite staff to state any feelings of discrimination. Staff are and were encouraged to complete staff surveys.</p> <p>The mandatory training modules on promotion of equality and promotion of dignity and respect underpin the need to expose dignity at work issues, and completion rates on these modules are regularly reviewed by the Senior Management Team.</p>	Head of People and Change/ Council HR Service Manager	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		<p>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.</p> <p>In addition to the above policies there is the whistle-blowing policy and an employee hotline number for NHS Scotland.</p>	Head of People and Change/ Council HR Service Manager	Ongoing	Green
4.2	NHS staff have security of employment and no detriment through the organisational change policy, and Council staff have access to redeployment/ phased protection policy.	<p>Redesign and change projects include appropriate arrangements for staff, eg migration plans, and staff and representatives are involved in discussions about savings and redesigns.</p> <p>This is currently done as part of the redesign approach.</p>	Head of People and Change/ Council HR Service Manager	Ongoing	Green
4.3	Respective pay and terms and conditions for all NHS and Council Staff are applied fairly and equitably.	<p>Ensure the consistent application of terms and conditions in place for Council and NHS staff respectively.</p> <p>All staff have access to the policies of both NHS and Council.</p>	Head of People and Change/ Council HR Service Manager	Ongoing	Green

5. Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

	Activity	Evidence of Application	Leads	Timescale	Status
5.1	<p>Appropriate occupational health and safety arrangements are in place as a means of improving the health and wellbeing of staff and minimising sickness absence.</p> <p>All staff have access to Occupational Health support and advice and the facility to self-refer.</p>	<p>Healthy Working Lives Gold Award sustained.</p>	<p>SPF Co-Chairs</p>	<p>Ongoing - annual renewal</p>	<p>Green</p>
5.2	<p>Resources, including time and funding, allocated appropriately to meet the health and safety strategy</p>	<p>All staff have access to Health and Safety Policies as these are reviewed and issued, and work is underway to develop regular training reports.</p> <p>The Health and Safety Committee meets regularly and has rep from all service areas, policies and reviews are routinely considered discussed by this group.</p> <p>The Health and Safety Committee have had a recent focus on violence and aggression and from the learning from serious incidents is disseminated for service awareness and learning. The Committee is also producing an Annual Report, aiming to present at the November IJB</p>	<p>Health & Safety Committee Co-Chairs</p>	<p>November 2019</p>	<p>Green</p>

	Activity	Evidence of Application	Leads	Timescale	Status
		and publish thereafter, to highlight the work of the Committee and the importance of ensuring the health and safety of all HSCP staff.			
5.3	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 are escalated to Risk Registers, which are regularly reviewed by the Senior Management Team. A process is in place, supported by Internal Audit.	SPF Co-Chairs	Ongoing	Green
		List of nominated fire officers available for each area. List has been agreed and is displayed at each site.	Senior Business Support Co-ordinator	Ongoing	Green
		Health & Safety incidents and RIDDOR reports reviewed at Health & Safety Committee. Reported quarterly to H & S Committee, and learning disseminated.	HSCP Health & Safety Committee		Green
		Health & Safety Assessments are Incorporated into all HSCP estates projects. 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	Council and NHS Estates leads	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		<p>HSCP.</p> <p>On the NHS side the Project Alert System (PA) is used for all Estates Projects, i.e. refurbishments and new builds.</p>			
		<p>Impact Assessment is incorporated into all service and staffing redesign projects.</p> <p>Risk assessments are undertaken by managers within each service area.</p> <p>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>	SMT	Ongoing	Green
5.4	National and local occupational health and safety strategies are implemented.	<p>All staff have access to policies as they are agreed and implemented.</p> <p>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.</p>	HSCP Health & Safety Committee	Ongoing	Green

	Activity	Evidence of Application	Leads	Timescale	Status
5.5	All areas have lone working safety arrangements in place.	<p>All team managers.</p> <p>HSWs have phones with a duress assistance feature, while other workers have tracking phones.</p> <p>Review and risk assessment of usage of phones allocated to lone workers.</p> <p>Each Service Manager is provided with a monthly report detailing the lone working system usage rates of their staff.</p>	<p>HSCP Health & Safety Committee</p> <p>Line Mangers</p>	<p>Ongoing</p> <p>Monthly</p>	<p>Green</p> <p>Amber</p>

6. Other Key Performance Indicators

	Activity	Evidence of Application	Leads	Timescale	Status
6.1	Staff turnover	Report available quarterly, to be submitted to SPF. All of these actions are combined into a single quarterly and annual WIAR report.	Head of People and Change/ Council HR Service Manager	Quarterly and Annually –	Green
	Number of disciplinary, grievance and dignity at work cases	WIAR report reported quarterly and available annually, to be submitted to SPF.	Head of People and Change		Green
	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, are submitted to SPF.	Senior Business Support Co-ordinator	Monthly	Green
	Analysis of absences including reasons for sickness absence, Work Life Balance and maternity leave (excl annual leave and PH's)	Report available annually, and submitted to SPF.	Senior Business Support Co-ordinator	Annually	Green
6.2	Patient/client complaints	Clinical and Care Governance Annual Report includes complaints information: <ul style="list-style-type: none"> • number; • response timescales; • Improvement Plans; • information and • compliments or expressions of being 	Chief Nurse /CSWO.	Annually in August of each year	Green

	Activity	Evidence of Application	Leads	Timescale	Status
		pleased with level or quality of service. This report is presented annually to IJB.			

iMatter: Staff Experience

Most Recent EEI Score:

80%

Most Recent Response Rate:

62%

Action planning to date:

85%*

***At 14/7/19**

81% at 12 weeks.

Achievements

Key Staff Governance achievements in the past 12 months

- Delayed discharge performance maintained and improved through the development of Home 1st.
- Compassionate Inverclyde received a COSLA excellence award, and International Centre for Integrated Care Best Innovation Award 2019.
- Retained Gold Award for Healthy Working Lives in 2019, jointly with Inverclyde Council.
- SVQ centre independently inspected by SQA – received “excellent” ratings.
- Visible leadership throughout organisation, improved through implementing SVQ centre independently inspected by SQA – received “excellent” ratings.
- 2018 iMatter plans.
- Aligned induction check lists to ensure newly appointed staff are given the opportunity to meet senior management team.
- Newly appointed staff must complete statutory and mandatory training within the first six weeks of appointment.
- Staff are given the opportunity to attend the IJB /extended management group meetings/SPF to improve their understanding of governance.
- Improvement in sickness levels in short term and long term sickness levels between calendar years 2017 and 2018 Short term average absence reduced from 2.41 to 2.10%. Long term reduced from 4.27 to 3.80%.
- Significant Progress in Learnpro statutory and mandatory module compliance. Over 90% in five modules and over 87% in three of the four remaining modules.
- Staff Awards continue to receive high-calibre applications
- Annual and Biennial reports on services that do not have statutory performance indicators to the IJB. This ensures that the contribution of all staff, regardless of service, is recognised.
- Recent recruitment fair to fill home care vacancies has been very successful.

Priority Areas

Our key challenges for 2019/20 include:

- The improvement of long term absence management against challenging levels in the first half of 2019.
- KSF/TURAS Compliance – Continued focus on improving compliance performance. Provide necessary encouragement and data to inform performance strengths and areas for improvement.
- Undertaking a number of redesign programmes simultaneously – importance of ensuring congruence between them.
- Ensuring staff side representatives have sufficient capacity to contribute to redesign programmes whilst maintaining their other commitments.
- Implementing the commitments of the Strategic Plan.
- The continuing challenge of recruitment and retention of staff, particularly at senior clinical level.
- Delivery of the seven point Home 1st action Plan.
- Implementing the recommendations from the Criminal Justice inspection.
- Requirement to improve DATIX recording, particularly in respect of Clinical Governance and Health & Safety