

Item 8

To: Renfrewshire Integration Joint Board

On: 18th March 2016

Report by: Chief Officer

Heading: Organisations Development and Service Improvement Strategy
2016/19

1. Summary

1.1 Renfrewshire HSCP, will embrace the commitments detailed with Renfrewshire Council's "A Better Future, A Better Council" and NHS Greater Glasgow and Clyde's "Workforce Plan" by ensuring their staff involved in health and social care service delivery have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services. We recognise that our staff are well placed to identify how improvements can be made to services and will work together with the parent organisations and with our staff to develop and establish plans for:

1. Development of a healthy organisational culture.
2. Organisations development
3. Learning and development of staff
4. Workforce planning

1.2 Our commitment is to provide an even better service to our service users and communities, and improve how people feel about Renfrewshire Health and Social Care Partnership as a place to work

1.3 The Organisations Development and Service Improvement Strategy will focus on 3 key objectives that will support the workforce to be committed, capable and engaged in person centred, safe and effective service delivery:

1.3.1 Development of a Healthy Organisations Culture

- **Our Culture:** To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that;

1.3.2 Delivering a clear approach to Organisations Development and Service Improvement:

- **Our Leaders:** All our managers should also be effective leaders. Leadership is management plus. It is more than managing transactions, it is managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients;

- **Our People:** Our aim is to develop a workforce which feels positive about being part of the HSCP; feels listened to and valued; and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to service users;
- **Our Service Users:** We want to deliver a consistent and effective focus on listening to service users, making changes to improve their experience and responding better to vulnerable people;

1.3.3 Delivering a Workforce plan for tomorrows workforce

- **Our Resources:** We know that we need to reduce our costs to meet the financial challenges ahead. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce cost.

1.4 Renfrewshire HSCP is committed to agreeing and delivering Workforce Plans in consultation with a wide range of stakeholders, including staff side partners, trade unions and professional organisations. We aim to deliver a workforce plan for Tomorrows Workforce by:-

- Developing an integrated workforce planning approach across the wider workforce with other partners.
- Developing a learning and development framework and career pathways taking account of prior learning, particularly for support workers
- Developing a Staff Governance Action Plan to ensure effective staff governance is in place and that staff are well informed, appropriately trained and sharing best practices and can influence and deliver services to the best of their ability

1.5 With this strategy in place, a year on year Organisational Development and Service Improvement Implementation Plan will be developed. The plan will include details on how we will deliver on the Strategy's 3 key objectives.

1.6 This Implementation Plan will be subject to regular progress monitoring and reporting in relation to key actions to the HSCP Senior Management Team as part of the overall and routine reporting on Strategic Plan commitments.

1.7 The Organisational Development and Service Improvement Strategy will be subject to annual review and will therefore take account of future changes in corporate priorities and objectives; legislative and regulatory changes; and reflect ongoing changes to the profile of the HSCP workforce, their development needs and succession planning as services change in the future to meet service demand.

1.8 Appendix 2 is a copy of the Renfrewshire HSCP Joint Partnership Agreement. It is recognised that staff, through their recognised Trade Unions and Professional Organisations, and Management are major stakeholders within Renfrewshire Health and Social Care Partnership and it is therefore in the

interests of all stakeholders that these groups work closely together within a partnership process. This agreement provides a framework for partnership working between the Health and Social Care Partnership (HSCP), the Trade Unions and Professional Organisations recognised within the Health Board, and the recognised Trade Unions within the Council that will secure the best possible measure of co-operation and agreement on matters of mutual concern, and which will promote the best interests of the HSCP and its staff.

- 1.9 This agreement has been developed during a process of consultation and discussion with representatives from Renfrewshire HSCP Senior Management Team, colleagues from Human Resources and Partnership Colleagues from both Renfrewshire Council and NHS Greater Glasgow and Clyde and subsequently ratified for approval at the HSCP Senior Management Team meeting on 2nd March 2016.

2. Recommendation

It is recommended that the IJB:

- Approve the Organisational Development and Service Improvement Strategy.
- Note that this strategy will be subject to an annual review, which will be shared with the IJB.
- Note also that regular updates on the progress against the 3 key objectives will be provided to the IJB.

3. Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from April 2015. There is a legal commitment for both parent organisations to agree a plan of how the council and the health board will support the new partnerships in terms of workforce development and service improvement
- 3.2 This strategy has been developed by a dedicated workstream, as part of the structured programme of work being progressed to ensure that the IJB deliver on the legal requirements and commitments set out in the Act and Renfrewshire's Integration Scheme.
- 3.3 With the strategy in place, a 3 year Implementation Plan will be developed. This plan will set out how the partnership will deliver on its Organisational Development and Service Improvement Strategy.

Implications of the Report

- 1. Financial -**
- 2. HR & Organisational Development –**

3. **Community Planning –**
 4. **Legal –**
 5. **Property/Assets –**
 6. **Information Technology –** managing information and making information available may require ICT input.
 7. **Equality & Human Rights -** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council’s website.
 8. **Health & Safety –**
 9. **Procurement –**
 10. **Risk –**
 11. **Privacy Impact –** None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.
-

List of Background Papers – None.

Author: Katrina Phillips, Head of Mental Health, Addictions and Learning Disability Services

**Renfrewshire
Health & Social Care Partnership**



Renfrewshire Health and Social Care Partnership

Organisational Development and Service Improvement Strategy

Table of Contents

1. Introduction	7
2. Development of a Healthy Organisational Culture	9
3. Organisational Development and Service Improvement	10
4. Workforce	12
5. Implementation, Monitoring & Review	16
Appendix 1: Workforce Demographics	18

1. Introduction

- 1.1 The Scottish Government's Public Bodies (Joint Working) (Scotland) Act 2014 sets out the arrangements for the integration of health and social care across the country. The work that staff across the Health and Social Care Partnership have already invested in ensure that the enactment of this new legislation should not pose any significant challenges for Renfrewshire, nor indeed require any major structural reorganisations of local services.
- 1.2 Renfrewshire HSCP will embrace the commitments detailed with Renfrewshire Council's "A Better Future, A Better Council" and NHS Greater Glasgow and Clyde's "Workforce Plan" by ensuring their staff involved in health and social care service delivery have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services. We recognise that our staff are well placed to identify how improvements can be made to services and will work together with the parent organisations and with our staff to develop and establish plans for:
 1. Development of a healthy organisational culture.
 2. Organisational development
 3. Learning and development of staff
 4. Workforce planning
- 1.3 Staff within Renfrewshire Health and Social Care Partnerships (HSCP) will continue to be employees of the Health Board or of the Council, and this strategy will be developed to support the delivery of established plans within both parent organisations and to enhance and develop services as we move to an integrated workforce.
- 1.4 Core Human Resources services will continue to be provided by the appropriate Corporate Human Resource and Workforce functions in the Council and the Health Board who, where appropriate, will work together to develop a shared understanding of human resource and workforce issues.
- 1.5 The Council and the Health Board are committed to the continued development and maintenance of positive and constructive relationships with recognised Trade Unions and professional organisations involved in Health and Social Care
- 1.6 Our commitment is to provide an even better service to our service users and communities, and improve how people feel about Renfrewshire Health and Social Care Partnership as a place to work.
- 1.7 Our staff can expect us to:-
 - value their opinions, ideas and suggestions and be open to challenge
 - listen to them and involve them in changes that affect them
 - help them to develop their skills, knowledge and experience to advance in their chosen career pathway
 - promote our shared and agreed values and behaviours and challenge when these are not displayed
 - work collaboratively in partnership with them and their representatives

1.8 The Organisational Development and Service Improvement Strategy will focus on 3 key objectives that will support the workforce to be committed, capable and engaged in person centred, safe and effective service delivery:

1.8.1 Development of a Healthy Organisational Culture

- **Our Culture:** To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that;

1.8.2 Delivering a clear approach to Organisational Development and Service Improvement:

- **Our Leaders:** All our managers should also be effective leaders. Leadership is management plus. It is more than managing transactions, it is managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients;
- **Our People:** Our aim is to develop a workforce which feels positive about being part of the HSCP; feels listened to and valued; and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to service users;
- **Our Service Users:** We want to deliver a consistent and effective focus on listening to service users, making changes to improve their experience and responding better to vulnerable people;

1.8.3 Delivering a Workforce plan for tomorrows workforce

- **Our Resources:** We know that we need to reduce our costs to meet the financial challenges ahead. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce cost.

1.9 We are committed to ensuring our staff have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services to achieve our Vision, which is outlined below.

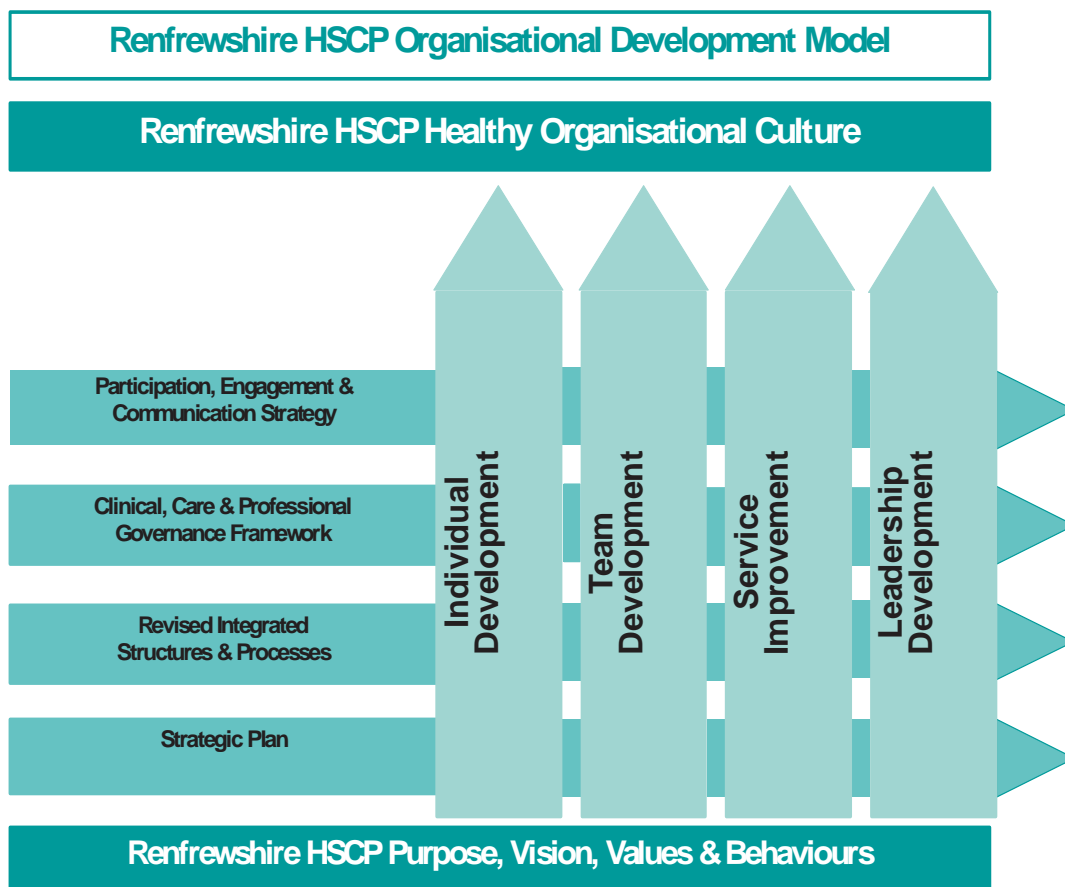
***Renfrewshire is a caring place where people are treated as individuals
and supported to live well***

2. Development of a Healthy Organisational Culture

- 2.1 To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that. Development of a healthy organisational culture represents a commitment on the part of the HSCP to minimise potential disruption or uncertainty for staff and prioritise continuous quality improvement of services for the benefit of our local communities.
- 2.2 Within RHSCP we believe that a healthy organisational culture is one where the entire workforce:
- places the individual at the centre of care
 - feel valued and engaged
 - strives to always improve practice and performance
 - has access to visible and transformational leadership
 - has the right skills and competences to undertake their role in meeting the organisations objectives
 - are able to challenge poor practice and welcomes scrutiny
- 2.3 This strategy informs how a healthy organisational culture will be achieved by:
- focus on optimising the individual knowledge and skills of our staff
 - development of well defined and high performing teams
 - provision of transformational and adaptive leadership
 - the development of a robust foundation of agreed and shared Purpose, Vision, Values and Behaviours
 - robust professional clinical and care governance framework
 - commitment to continuous service improvement
- 2.4 Key to developing our organisational culture will be the implementation of RHSCPs:
- 2.4.1 Strategic Plan
The Strategic Plan sets the context in which health and social care services operate. It supports staff to gain a better awareness of Renfrewshire HSCP key priorities and to understand their role in the modelling and delivery of services in the future.
- 2.4.2 Participation Communication and Engagement Strategy
This strategy supports the means by which staff will be involved in a process that encourages their participation in reviewing our services and to be fully engaged in developing and improving our health and social care services.
- 2.4.3 Quality, Care and Professional Governance Framework
This framework provides staff with an assurance that care, quality and outcomes are of a high standard across all our services. It provides staff with an ongoing governance framework that supports their professional governance and standards and ensures an environment where staff feel “safe to challenge” standards of care that is less than that which would be expected or desired.

3. Organisational Development and Service Improvement

- 3.1 Development of a capable workforce is imperative to ensuring that everyone has the skills to deliver safe, effective and person-centred care.
- 3.2 The biggest impact on our workforce will come from cultural, not structural, changes as we develop the Partnership and move from more linear approaches to delivering services to co-producing models of services with local communities. This will create a new context that will enable professionals to shape their roles and engage differently with one another and with people who use services and communities. Opportunities will be created for individuals and teams to further develop their skills, focused on what matters to the person, such as creating networks, making connections and building shared values.
- 3.3 RHSCP will work to a model of Organisational Development (*figure 1*) which has its Purpose, Vision, Values and Behaviours as a foundation on which to deliver, development and improvement for Individuals, Teams, Services and Leaders to support the development of revised integrated structures.



(Figure 1)

3.4 Organisational Development

There are 3 essential elements in our approach to Organisational Development: Effective Leadership, Engaged Individuals and High Performing Teams.

3.4.1 Our Leaders

- We will support our leaders to have capability, confidence and tools to develop and support their individual staff and teams to improve service delivery, quality and performance.
- We will develop our leaders to ensure they lead and manage with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients

3.4.2 Our People

Engaged Staff

- We will ensure our staff feels listened to and valued
- Our staff will be supported to take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to patients
- We will ensure each individual staff member is engaged in a process of personal and individual performance review and have an agreed personal development plan. The plan will highlight the individuals' strengths and the areas that they need to develop to ensure that they are confident, competent and knowledgeable in the role they are carrying out

High Performing Teams

- We will support our managers and staff to agree a team development plan that details ways of working together to deliver the outcomes we must deliver
- We will encourage teams to work together to develop specific, measureable and agreed goals, consistent with the organisational objectives and that optimise collaborative working where ever this is required
- This will be underpinned by strong visible transformational leadership, clear management arrangements, processes and relationships

3.5 Service Improvement

The delivery of safe, effective personal care within our services relies on our staff and meaningful and timely feedback on our services

3.5.1 Our Resources

- We will ensure that our staff have the knowledge, skills and experience to enable them to actively participate and contribute to a programme of continuous service improvement

3.5.2 Our Service Users

- We will actively seek feedback on our services to enable us to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people.

4. Workforce

4.1 The priorities for action in “Delivering a Workforce Plan for Tomorrows Workforce” will be achieved through:

- **Establishing a sustainable workforce** by agreeing new ways of delivering services and new ways of working; ensuring that people with the right skills, in the right numbers, are in the right jobs; promoting the health and well-being of the existing workforce and preparing them to meet future service needs.
- **Maintaining a capable workforce** by ensuring that all staff are appropriately trained and have access to learning and development to support the *Quality Ambitions* and *2020 Vision for Health and Social Care*.
- **Developing an integrated workforce** that is more joined-up across social care and primary and secondary health care

4.2 Workforce Demographics

The HSCP employs approximately 1,600 WTE staff across two employing authorities and within a number of occupation profiles. The review of the current workforce highlights that:

- 35% of the HSCP workforce is over 50 years old with the largest age band fall between 50 and 54 years of age and the number of staff eligible for retriial over the next 1-5 years poses a risk to future service delivery
- 2% of the total workforces are employed on Temporary contracts with Renfrewshire Council employing 15 staff (12.3wte) and Greater Glasgow and Clyde employing 31 staff (24.14wte)
- 80% of HSCP staff are female

It is noted that the resources which may be released by increased turnover of staff could also present opportunities for the redesign of existing team structures to create increased capacity under new integrated health and social care arrangements.

The current workforce profile is detailed in **Appendix 1**.

4.3 Staff Learning and Development

The HSCP is committed to ensuring staff have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services. Our Learning and Development Plan will detail our key priorities and demonstrate our commitment to continuous staff development

We will encourage staff to ensure they have the day to day knowledge and understanding that equip them to undertake their roles effectively. We also support staff to develop this more formally to pursue where relevant further academic or professional development. This will be targeted to further

enhance their current practice and may have the linked benefit to, improve career progression.

As service delivery changes new roles are likely to emerge that use the skill mix of existing staff in different ways. Staff may need to develop new skills and work across traditional boundaries; they may be working on a one-to-one basis with individuals. In doing so, staff can develop relationships and an understanding of the roles of colleagues in other sectors. Workforce leaders will need to consider a common language to ease barriers between services. Staff engaging with individuals will need skills in advocacy and co-production.

In respect of individual employees we support individual and team learning needs including:

- Induction for new staff - effective induction is vital to shape how a new staff member enters their new role. It should start before the staff member takes up post and continues after he or she moves into the service setting
- each new staff member will have an induction programme tailored specifically to his or her needs
- the statutory and mandatory training appropriate to job roles
- formal education leading to academic credit and SVQs
- clinical skills training – for all professions in clinical areas
- role development – new and changing services mean new and changing roles for staff, and we will support role changes with the right education;
- service-user safety and managing risk – we offer learning and education to help provide services that are safe and sound
- promoting equality and diversity – activity aimed at ensuring high-quality services are provided for all
- encouraging integrated working – supporting the development of new teams and new ways of working
- management and leadership – developing potential in this key area of service

4.4 Performance Review and Personal Development Plans (PDP)

All our staff will receive an annual performance review with their line manager and will be encouraged to consider their development and learning needs through the development of a performance development plan.

4.5 Professional Governance

A priority for training and development activity is the demands placed upon HSCP staff by registration requirements.

The HSCP will support our staff to gain the qualifications they require to become registered and the Post Registration Training (PRTL) and Continuous Professional Development (CPD) they require to undertake to remain so.

Appropriate professional frameworks underpinned by NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC) are in place to support national regulatory requirements across HSCP professional staff groups.

The RHSCP Quality, Care and Professional Governance Framework provide the context for professional governance for all staff through the Professional Executive Group.

Evidence of compliance with registration requirements is monitored and maintained through a performance database within Social Work and with individual services within health.

4.6 **Staff Practice and Governance**

The HSCP has been founded on a strong and consistent local track record for positive joint working between health and social care staff and services. The HSCP is currently shaping its Staff and Practice Governance Frameworks and will be establishing a Joint Staff Partnership Forum (SPF).

The NHS *Staff Governance Standard* is demonstrative of a proactive approach of trade unions and professional bodies and focuses on 5 priorities for staff:

- to be well informed
- appropriately trained
- involved in decisions which affect them
- treated fairly and consistent
- provided with an improved and safe working environment.

The Scottish Government's *Practice Governance Framework* (2011) for Local Authorities focuses on five key areas for staff being:

- risk, discretion and decision making
- self and self regulation
- developing knowledge and skills
- guidance consultation and supervision
- information sharing and joint working

These will provide a foundation for how the HSCP works and be key priorities in the development of a Staff Governance Action plan to ensure real participation and engagement with staff in how we work.

4.7 **Staff Wellbeing**

The HSCP recognises its responsibility for the health, safety and welfare of its employees and places responsibility on Managers to provide employees with a safe working environment, to encourage employees to adopt a healthy lifestyle, treat all employees in a responsible, caring, fair and consistent manner, recognise the highest standards of attendance and identify, reduce and prevent the causes of workplace ill health.

Both NHSGGC and Renfrewshire Council offer employees a range of facilities and well being initiatives such as an Occupational Health Service, Health and Safety advice, a Special Leave Scheme, advice on healthy eating; healthy

options in canteens and vending machines; smoking cessation support; access to counselling; physiotherapy; and stress risk assessments.

Both NHSGGC and Renfrewshire Council have achieved the Gold Award for Health Working Lives. We will continue this commitment to staff and consider how we take forward an application on behalf of the HSCP

4.8 Training for the Future

Historically Renfrewshire has provided a wide range of high quality, challenging and diverse *practice learning* experiences for students undergoing social work training.

Placements are managed through established partnership arrangements between the West of Scotland Learning Network and other Educational Establishments. These relationships have produced mutual benefits for the students and staff who have had the opportunity to supervise and aid the development of student's understanding and practice.

Training opportunities such as apprenticeships are proving successful in building workforce capacity. These opportunities are a useful way to support people working as personal assistants so they can develop the relevant skills and knowledge required to be effective in their roles. Apprenticeships allow for progression and encourage people to stay in the sector. As such, they are an important priority for the Government in supporting employers to attract people to these roles. These training structures have the potential to be used creatively to support integrated care and support.

4.9 Modern Apprenticeships

In March 2012 the NHSGGC Corporate Management Team approved the proposal to recruit 50 new Modern Apprentices.

The HSCP is supporting this initiative through Care and Administration Apprenticeships. A number (how many/) of Care Apprentices have already undertaken basic training and are now in work placements. Recruitment of Administration Apprentices is underway and the department will continue to support a number of these trainees in a variety of settings.

4.10 Graduate Internships

We will continue to support the Graduate Interns programme to enable local graduates who have graduated from university in the last two years the chance to gain meaningful practical work experience relevant to their degree. We have recently supported 4 graduate interns who have gone on to successfully gain employment.

4.11 Schools Engagement and Work Experience Programmes

The schools engagement programme and school work experience placements are core activities which inform important career related choices

for school aged pupils while introducing the world of work. We will continue to develop this strand of our work.

4.12 Nursing Internships

Nursing and Midwifery Internships have been introduced by the Scottish Government to support transition into employment and to maximise the opportunity to build on the clinical experience gained by nurses and midwives students during their pre-registration programme. Coordinated nationally by NES, internships are available to newly qualified nurses and midwives to help consolidate and develop their clinical experience.

Internships are offered on a part-time (22.5hrs), fixed term for one year (or a proportion of that year). Internship requests for the NHSGGC area administrated by the NHSGGC central recruitment service.

4.13 Volunteering

Whilst NHS volunteering has traditionally been concentrated in hospital settings, there has been a significant shift to extend these opportunities within local communities.

Volunteering can be delivered directly through NHS Volunteering Services or in partnership with other organisations.

The HSCP is a signatory to the Renfrewshire Community Planning Partnership Volunteer Policy "Forward Together".

The partnership approach to working with the voluntary sector will help to co-ordinate activity and strengthen good working practices. Two sets of guidance have been developed to support partner organisations to work effectively with volunteers and voluntary groups.

Will continue to work with and support Engage Renfrewshire to develop a volunteer programme.

4.14 Peer Support

We will continue to encourage, promote and develop services which employ those people with a lived experience

5. Implementation, Monitoring & Review

5.1 Renfrewshire HSCP is committed to agreeing and delivering Workforce Plans in consultation with a wide range of stakeholders, including staff side partners, trade unions and professional organisations.

5.2 Implementation

With the strategy in place, a 3 year Organisational Development and Service Improvement Implementation Plan will be developed. The plan will include details on how we will deliver on the Strategy's 3 key objectives:

5.2.1 Development of a Healthy Organisational Culture:

- Develop the skills and behaviours required for working collaboratively and flexibly across primary and secondary care, and across health and social care.

5.2.2 Deliver a clear approach to Organisational Development and Service Improvement:

- Develop a capable workforce to ensure everyone has the skills needed to deliver safe, effective, person-centred care.
- Develop effective leadership and management ensuring leaders and managers at all levels and in all professions have the competences and skills to support the workforce through change.
- Develop a shared approach to quality improvement and skills/competence development across health and social care

5.2.3 Deliver a Workforce plan for Tomorrows Workforce:

- Develop an integrated workforce planning approach across the wider workforce with other partners.
- Develop a learning and development framework and career pathways taking account of prior learning, particularly for support workers
- Develop a Staff Governance Action Plan to ensure effective staff governance is in place and that staff are well informed, appropriately trained and sharing best practices and can influence and deliver services to the best of their ability.

5.3 Monitoring

This Implementation plan will be subject to regular progress monitoring and reporting in relation to key actions to the HSCP Senior Management Team as part of the overall and routine reporting on Strategic Plan commitments.

5.4 Review

The Organisational Development and Service Improvement Strategy will be subject to annual review and will therefore take account of future changes in corporate priorities and objectives; legislative and regulatory changes; and reflect ongoing changes to the profile of the HSCP workforce, their development needs and succession planning as services change in the future to meet service demand.

Appendix 1: Workforce Demographics

The HSCP employs approximately 1,600 WTE staff across two employing authorities and within a number of occupation profiles.

Age Profile

The main risk to service delivery in the HSCP across the next 5 to 10 years is the impact of the workforce age profile.

The HSCP Workforce age profile displays a number of workforce characteristics which are important in relation to our workforce planning processes:

- 35% of the HSCP workforce is over 50 years old with the largest age band falling
 - between 50 and 54 years of age;
 - 5% of the workforce are over 60 years old with some staff working beyond the “historic” retiral age of 65 and a small number working into their 70’s;
- The HSCP employs only a small number of staff under 20 years old;
- There is a greater tendency among Renfrewshire Council employees to work into their sixties and beyond than with NHS staff;
- Comparisons of the younger age bandings suggest that there is more opportunity for youth employment within Council services.

The Age profile has been recorded in a way to readily identify demarcations and is detailed below in tabular form to express the numbers and in Chart form to illustrate the percentage breakdown.

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew LHCP Total		As % of Available Workforce
	HeadCount	WTE	HeadCount	WTE	HeadCount	WTE	%
16-20	1	0.54	1	1.00	2	1.54	0.10%
21-30	61	53.35	105	92.34	166	145.69	9.21%
31-40	115	95.95	251	198.24	366	294.19	18.59%
41-50	177	146.70	456	367.94	633	514.64	32.52%
51-60	244	214.07	408	337.27	652	551.34	34.84%
61-65	41	32.31	44	32.04	85	64.35	4.07%
65+	9	5.55	8	5.33	17	10.88	0.69%
Total	648	548.47	1273	1034.16	1921	1582.63	

Table 1 - Age

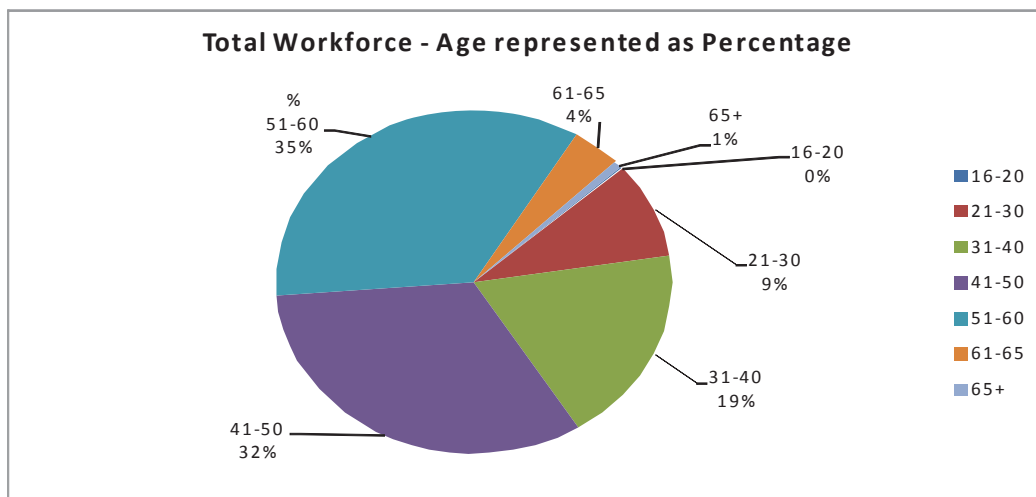


Chart 1 - Age

A leavers rate of 6.46% and 10.54% for staff in Hosted Services within NHS staff.

Mental Health, Addictions & Learning Disability Services

Within our NHS employed Mental Health/Addictions/Learning Disability Services workforce the issue of the ageing workforce is exacerbated by two additional factors:

- Mental Health Officer Status which allows some NHS staff members to retire at age 55 years with full pension benefits; and
- Changes to NHS pension provision.

Mental Health Officer (MHO) status applies to certain groups of staff who were members of the pension scheme prior to 1st April 1995 and is given in recognition of the nature of the difficult work undertaken by the staff member. MHO status affords NHS employed staff an earlier Normal Pension Age (NPA) of 55 rather than the age 60 NPA.

Under the new 2015 Pension scheme normal retiral age will increase in line with the state pension age for most NHS staff.

This means that most staff will see an increase in pension age from 66 years old as from October 2020 rising to 68 years old. However, those NHS staff within 10 years of current normal pension age are included in a protection scheme (which covers staff aged 45 years or over who have Mental Health Officer status).

Recent changes to the NHS pension scheme have introduced a protected period of 10 years for staff affected by these changes which will end in 2022. This effectively means that existing MHO staff within 10 years of their normal retiral age of 55 will continue to accrue pension benefits as normal until 2022.

Staff with MHO status remaining in the workforce beyond this will be required to comply with the retirement arrangements under the new scheme (including retiral age) and would potentially suffer detriment in relation to the age they are able to retire (i.e. they would lose the ability to retire at 55 and require to work until 67 years of age).

Given this, it is the Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are highly likely to do so.

The review of the age profile in the HSCP highlights that the number of staff eligible for retirement over the next 1-5 years poses a risk to service delivery although it must also be noted that the resources which may be released by increased turnover of staff could also present opportunities for the redesign of existing team structures to create increased capacity under new integrated health and social care arrangements.

Length of Service (LOS)

The LOS has been recorded in a way to readily identify demarcations in tabular form and in Chart form to illustrate the percentage breakdown.

The average LOS of NHS staff is 15 years and for Renfrewshire Council staff is 14 years. The average LOS across the HSCP is between 1-20 years.

Length of Service Banding	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew LHCP Total		As % of Available Workforce %
	Headcount	WTE	Headcount	WTE	Headcount	WTE	
Less than 5 years	178	144.73	371	295.06	549	439.79	27.79%
5-10 years	152	128.26	242	184.3	394	312.56	19.75%
11-20 years	204	172.24	397	321.65	601	493.89	31.21%
21-30 years	95	86	249	221.21	344	307.21	19.41%
31 years and above	19	17.24	14	11.94	33	29.18	1.84%
Total	648	548.47	1273	1034.16	1921	1582.63	

Table 2 Length of Service

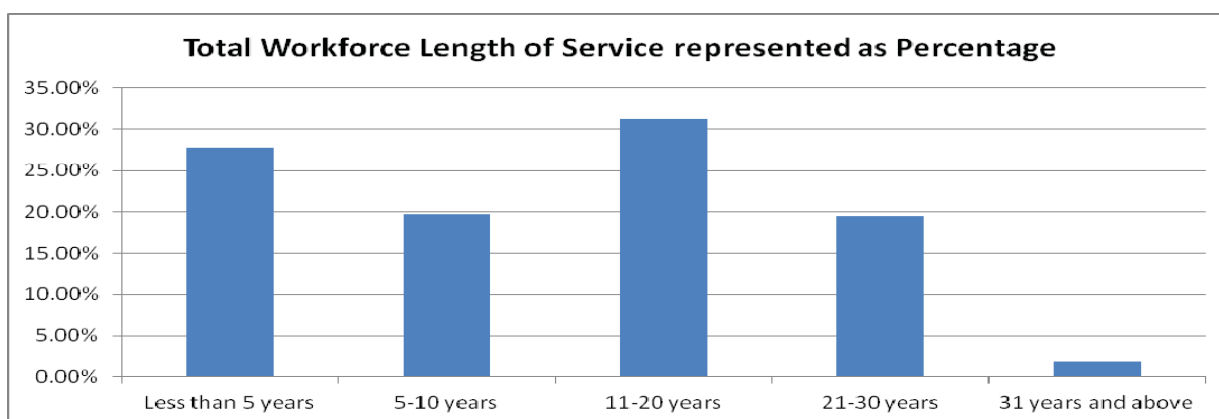


Chart 2 Length of Service

Salary Range

Salary ranges for staff across the HSCP reflects the wide diversity of roles within the services.

80% of Renfrewshire Council staff earns <£30,000 with 61% of NHS staff earning <£30,000.

77 Staff earning £40K+ within NHS belong to the Medical Job Family

Annual Salary Banding	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew LHCP Total		As % of Available Workforce %
	Headcount	WTE	Headcount	WTE	Headcount	WTE	
< £20,000	370	275.53	380	302.98	750	578.51	36.55%
>£20,000 : <£30,000	172	167.57	413	347.66	585	515.23	32.56%
>£30,000 : < £40,000	93	92.36	281	238.83	374	331.19	20.93%
> £40,000	13	13	199	144.69	212	157.69	9.96%
Total	648	548.46	1273	1034.16	1921	1582.62	

Table 3 Salary Range

Employment Status split by Gender

- 80% of the HSCP staff are female.
- NHS: 163 Males are full time out of a total of 210 (78%)
- NHS: 530 Females are full time out of a total of 1063 total (50%)
- Renfrewshire Council: 72 Males are full time out of a total of 122 (60%)
- Renfrewshire Council: 269 Females are full time out of a total of 566 (51%)
- 2% of the total workforces are employed on Temporary contracts with Renfrewshire Council employing 15 staff (12.3wte) and Greater Glasgow and Clyde employing 31 staff (24.14wte)

Fulltime / Partime split by Gender	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew HSCP Total		As % of Available Workforce %
	Headcount	WTE	Headcount	WTE	Headcount	WTE	
Female FT	257	257.53	530	530.00	787	787.53	49.76%
Female PT	269	181.93	533	317.88	802	499.81	31.58%
Male FT	72	72.00	163	163.00	235	235.00	14.85%
Male PT	50	37.00	47	23.28	97	60.28	3.81%
Total	648	548.46	1273	1034.16	1921	1582.62	

Table 4 Part Time / Fulltime status

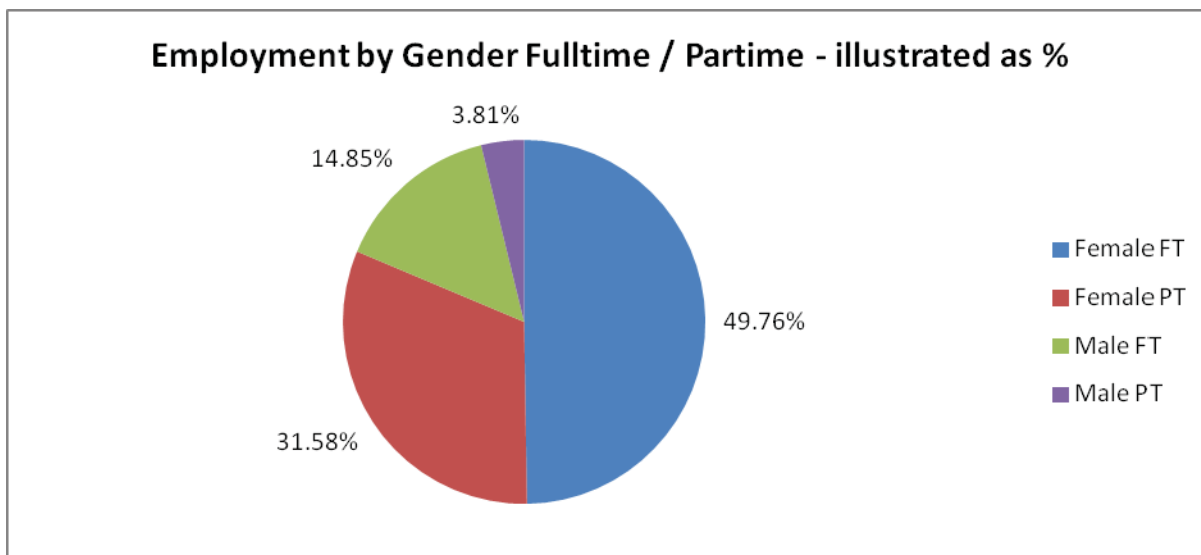


Chart 3 Part Time / Fulltime status

Occupational Breakdown

There is a wide range of staff profiles and roles within the HSCP. Staff profile can be initially determined in the following groups:

Occupation Profile	Renfrewshire Council Workforce Data		As % of Available Workforce
	Headcount	WTE	%
Administrative	50	43.79	7.98%
Frontline	462	378.98	69.10%
Professional Managerial	137	125.70	22.92%
Total	649	548.47	

Table 5a Renfrewshire Council Staff

Occupation Profile	NHS Workforce Data		As % of Available Workforce
	Headcount	WTE	%
Administrative Services	200	166.98	16.15%
Allied Health Profession	288	222.41	21.51%
Medical and Dental	77	39.17	3.79%
Nursing and Midwifery	620	546.81	52.87%
Other Therapeutic	43	35.50	3.43%
Support Services	37	15.29	191.13%
Executive	8	8.00	0.77%
Total	1273	1034.16	

Table 5b NHS Staff Groupings

Diversity Data

Disability

Disability	Renfrewshire Council Workforce Data		As % of Available Workforce
	Headcount	WTE	%
No	320	269.31	49.10%
Yes	30	26.82	4.89%
Prefer not answer / No Disclosure	298	252.34	46.01%
Total	648	548.47	

Table 6a Renfrewshire Staff Groupings

Disability	NHS Workforce Data		As % of Available Workforce
	Headcount	WTE	%
No	327	255.49	24.71%
Yes	7	6.31	0.61%
Prefer not answer / No Disclosure	939	772.36	74.68%
Total	1273	1034.16	

Table 6a NHS Staff Groupings

Ethnicity

Ethnicity	Renfrewshire Council Workforce Data		As % of Available Workforce
	Headcount	WTE	%
African - African Scottish or British	2	1.31	0.24%
Asian (Scot,Eng,Wel,Other) - Indian	1	1.00	0.18%
Black (Scot,Eng,Wel,Other) - African	2	1.54	0.28%
Black (Scot,Eng,Wel,Other) - Caribbean	1	1.00	0.18%
Other Ethnic background	1	1.00	0.18%
Prefer not to answer	388	329.25	60.03%
White - Eastern European (eg Polish)	1	1.00	0.18%
White - English	1	0.50	0.09%
White - English/Welsh/Scottish/N Irish	1	1.00	0.18%
White - Irish	2	2.00	0.36%
White - Other British	14	13.20	2.41%
White - Scottish	234	195.67	35.68%
Total	648	548.47	

Table 7a Renfrewshire Staff Groupings

Ethnicity	Renfrewshire Council Workforce Data		As % of Available Workforce %
	Headcount	WTE	
African	6	5.61	0.54%
Other Ethnic Background			0.00%
Any mixed background	2	1.80	0.17%
Chinese			0.00%
Caribbean			0.00%
Other Black			0.00%
Other Asian	1	1.00	0.10%
Bangladeshi			0.00%
Indian	11	9.05	0.88%
Pakistani			0.00%
Other White	42	32.20	3.11%
White British	102	78.10	7.55%
White Irish	14	13.10	1.27%
White Scottish	791	650.98	62.95%
No Disclosure	304	242.32	23.43%
Total	1273	1034.16	

Table 7b NHS Staff Groupings

Appendix 2: Staff Partnership Agreement#

Renfrewshire Health and Social Care Partnership

Staff Partnership Agreement

1. Introduction

It is recognised that staff, through their recognised Trade Unions and Professional Organisations, and Management are major stakeholders within Renfrewshire Health and Social Care Partnership and it is therefore in the interests of all stakeholders that these groups work closely together within a partnership process.

The purpose of this Agreement is to provide a framework for partnership working between the Health and Social Care Partnership (HSCP), the Trade Unions and Professional Organisations recognised within the Health Board, and the recognised Trade Unions within the Council that will secure the best possible measure of co-operation and agreement on matters of mutual concern, and which will promote the best interests of the HSCP and its staff.

It is not the intention of this agreement to cut across existing joint trade union and management structures that belong to staff as a result of being an employee of either the Council or the Health Board.

2. Partnership values

All parties to this Agreement are committed to ensuring that the following values, jointly agreed, are demonstrated in their day-to-day work and integrated into their partnership arrangements:

- Mutual trust, honesty and respect.
- Openness and transparency in communication.
- Consensus, co-operation and inclusion as the “best way”.
- Recognising and valuing the contribution of all parties.
- Recognising and valuing diversity within the workforce and the wider community.
- Recognising the right of stakeholders to be involved, informed and consulted.
- Recognising and respecting the responsibility of individuals to represent their constituency.
- Recognising the value in keeping language as simple as possible and avoiding the use of acronyms, foul or abusive language.
- The timely access and sharing of information.

3. Roles and responsibilities

Trade Unions/Professional Organisations recognise the HSCP’s responsibility to take action to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The HSCP recognises the Trade Unions/Professional Organisations’ role in representing the interests of their members within society and the wider community; and in improving terms/conditions of service, promoting health and safety at work, and employment security.

The success of partnership working must be measured against the improvements in decision making to produce enhanced outcomes. The signatories to this Agreement will demonstrate commitment to partnership working by ensuring early involvement in all processes regarding change such as for example services review or redesign, and the formulation and delivery of the Strategic Plan of the IJB.

4. Staff Partnership Forum Remit

The Staff Partnership Forum will be the forum where the HSCP and the recognised trade unions and professional organisations work together to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Staff Partnership Forum will be a powerful enabling force to:

- Inform thinking around priorities on health and social care issues,
- Inform and test delivery and the implementation in relation to strategic plans,
- Advise on workforce planning and development,
- Advise on the delivery of workforce governance, and
- Promote equality and diversity.

The Staff Partnership Forum will therefore participate in the wider strategic organisational objectives of the IJB and the three key areas of accountability (i.e. corporate governance, clinical governance, and workforce governance).

The Forum will provide formal reports to the IJB, and be empowered to initiate and sponsor work, in addition to receiving reports from work initiated elsewhere.

The Forum is **NOT** a terms and conditions negotiating body and will have direct links to the existing Board trade union and management structures of each parent organisation

5. Membership

The Forum will be a tripartite body composed of HSCP Management, the recognised trade unions of the Council, and the recognised trade unions and professional organisations of the Health Board.

The allocated seats for each Trade Union and Professional Organisation will be agreed by the nominated co chairs for Local Authority representatives and NHS representatives and may be variable due to availability.

- HSCP Management – HSCP Chief Officer, Heads of Service; Human Resources representatives 2 - GG&C NHS and Renfrewshire Council
- Council Trade Unions – UNISON; GMB; Unite
- Health Trade Unions – UNISON (4 seats), Royal College of Nursing (3 seats), Unite (3 seats), British Medical Association (2 seats)
- One seat per other organisation recognised by the NHS or Local Authority at a United Kingdom level (e.g. NHS Staff Council).

Staff Side Delegates

Delegates of the staff side will be appropriate accredited lay representatives of a recognised trade union or professional organisation within either the Council or the Health Board. Time off with pay shall be granted to lay representatives for attendance at Forum and associated meetings. (If a representative ceases to be a member of his/her trade union/professional organisation, then he/she will immediately cease to be a member of the forum, and an appropriate replacement will be appointed by the relevant organisation.)

Substitutes

In the event of a member of the Forum being unable to attend any meeting, the constituency represented by the member will be entitled to appoint a substitute to attend the meeting. As a matter of principle, any substitute attending the Forum should be fully briefed by their constituency before attending the meeting.

Vacancies

If a vacancy arises, a new member will be appointed by the organisation that the previous member represented.

Full Time Officers

Full time officers of the recognised organisations shall be able to attend as 'ex-officio' members of the Forum.

Joint Chairs

In accordance with the principles of partnership working the Forum will appoint three Joint Chairs: one being the HSCP Chief Officer (or nominated deputy), one being a lay delegate of the Council Trade Unions, and one being a lay delegate of the Health Trade Unions and Professional Organisations.

The staff side Chair(s) will be elected for an initial term of office of 4 years the trade unions will have staff representation respectively from the Council and the Health Board on the Integrated Joint Board.

Joint Secretaries

The three Joint Chairs will be supported by three Joint Secretaries with one from each of the three constituencies

The three Joint Chairs will be provided secretariat support from the Health and Social Care Partnership.

Staff side elections

The election of staff side officers of the Forum (Chairs and secretaries) will be the sole responsibility of lay delegates, or their substitutes, directly appointed to the Forum to represent their trade union/professional organisation.

Invitees

With the agreement of the Joint Chairs, the Forum may invite any persons whose special knowledge would be of assistance to attend and speak at its meetings.

6. Frequency of Meetings, Notice, and Papers

The Forum will meet at least 6 times a year.

Notice will be given at least seven working days prior to any meeting with an agenda of the meeting and any supporting papers being circulated with the notice.

The Forum will be supported by a secretariat, comprising the Joint Chairs and joint secretaries plus the secretariat support, which will be responsible for agreeing meeting agendas and ensuring the production of any appropriate supporting papers.

It is recognised that discussions are best conducted in an environment where there is a full and timely exchange of information relevant to the matter discussed. The HSCP agrees to adopt an open policy towards the early release of information necessary for the conduct of discussions.

The Forum may form issue-specific short-life working groups to discuss and analyse evidence, and/or issues with significant implications for staff or a particular group of staff within the HSCP

7. Quorum

The quorum for the Forum will be two management and four staff side representatives. The four staff side representatives should at a minimum have at least one being from the Council and one from the Health Board. In circumstances where the Partnership Forum is inquorate the option will be given to proceed or defer the whole agenda or specific items on the basis that any decision would subject to ratification at the next quorate meeting.

8. Reaching agreement

The Forum will provide a process for discussion, exchange of information, and consultation between Management of the HSCP, the Trade Unions and Professional Organisations representing Health Staff in relation to service redesign and ongoing service improvement

9 Reporting relationships

The Forum will provide formal reports to the Integrated Joint Board on at least an annual basis. In addition, the Forum will link with the recognised trade union forums of both the Health Board and the Council.

10 Health and Safety

It is recognised that health and safety at work is governed by specific laws and regulations that place a duty on both the Health Board and the Council as employers. Therefore the Health and Safety Committee of the HSCP will be responsible for the development of a comprehensive system to meet the regulatory requirements in compliance within the Health and Safety Policies of both the Health Board and the Council.

9. Communication

The issue of communication in securing participation in partnership working and of its outcomes achieved is crucial. In addition to the joint development of a communication strategy around partnership, the Forum, through the Secretariat, will be responsible for communications on all issues considered in partnership to be conveyed jointly on a partnership basis.

10. Review

The Agreement will be subject to review **annually** on 1st April of each year.