

Staff Governance

**Qualitative Evidence
and
Mandatory Statistics**

Guidance notes

2004/2005

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1 Introduction

Along with financial and clinical governance, staff governance is the third component of the governance framework within which NHS Boards and Special Health Boards are required to operate. This means that Boards are equally accountable for how they behave as employers as well as their existing accountability for finance and clinical matters. Boards are expected to demonstrate that they are exemplary employers.

The specific staff governance requirements are defined in the Staff Governance Standard (<http://www.show.scot.nhs.uk/sehd/publications/DC20020208sgss.pdf>), and the process for measuring NHS organisations' progress against this standard is set out in the staff governance self-assessment audit tool (SAAT) (<http://www.scotland.gov.uk/library5/health/saat.pdf>). This tool is based on auditing both qualitative evidence and mandatory statistics (see section 2 below).

This document supports the process of auditing staff governance by:

- ◆ introducing a new data collection form on which NHS organisations are required to submit a subset of the mandatory statistics;
- ◆ providing guidance on how to use this form; and
- ◆ including other information used by auditors as part of this process.

Depending on your role in this process you may only want to refer to some parts of this guidance. However, without duplicating the Standard and the SAAT, this document pulls together all of the information around qualitative evidence and mandatory statistics into one document, in order to give NHS organisations and auditors an overview of the whole process, and a greater understanding of each others' roles.

2 Responsibilities

2.1 NHS employers' responsibilities

NHS employers are responsible for ensuring staff governance is appropriate in their organisation and for providing the evidence to demonstrate accountability. The Staff Governance Committee members will need basic evidence in order to inform their judgements as they provide a Statement of Internal Control as part of the Board's annual account process. The evidence will be both qualitative and statistical and it is likely to come from a range of (mainly) HR and Finance sources, so a co-ordinated effort will be required. While it may not be feasible to bring together all the evidence centrally, management must provide a clear audit trail so that sources are readily accessible.

2.2 Auditors' responsibilities

Auditors are responsible for providing independent assurance that the SAAT process is robust and that actions plans are delivering the desired effects. To do this, they need ready access to the evidence that the Board has cited in support of its self-assessment and action plans. Auditors will have access to an HRF representative who will provide advice on issues arising from the evidence such as clarifying definitions.

3 Timescales

This table summarises the timeframe for achieving each stage of the process.

Timeframe	Activity	Who
Ongoing	Collecting data and monitoring action plan	NHS employer
Sept - Dec	Collating information and evidence, including <ul style="list-style-type: none"> ◆ measuring progress against previous action plan; and ◆ identifying how to update action plan 	NHS employer
Jan - early Mar	Reviewing information and evidence to assess <ul style="list-style-type: none"> ◆ progress against current action plan; and ◆ process for completing next action plan, and whether action plan is owned and credible 	Auditor
Feb - Mar	Ensuring sign-off of action plan from SGC/APF	NHS employer
By 31 March	Submission of required information to SEHD	NHS employer
By 31 March	Submission of required information to Audit Scotland	Auditor

4 Qualitative evidence and mandatory statistics

4.1 Qualitative evidence (see Appendix 1)

Providing qualitative evidence should allow organisations to show continuous improvement in their management of staff governance issues. Where work on a particular aspect is not started or is at a very early stage, it is important that it is addressed in the action plan for the following year.

The external auditor will complete a summary of the audit review (attached at Appendix 5), based on this and the other information submitted.

4.2 Mandatory statistics (see Appendix 2)

4.2.1 General

As a minimum, all of the required statistics should already be being submitted to either the Area Partnership Forum (APF) or the Staff Governance Committee (SGC), depending on local arrangements. The timescales for reporting these are decided locally but it should be at least annually.

The purpose of these statistics is to highlight where management action might be required to ensure that staff governance objectives are met. This means that the statistics need to be capable of being presented not only for the Board as a whole but also for its constituent parts such as operating divisions.

In some cases, there is also a requirement to make a national return, for example, to ISD. These national returns are noted in the guidance.

The external auditor will check that a process is in place locally to provide these statistics to the APF/SGC and, where applicable, to the relevant national body.

Where work on a particular aspect is not started or is at a very early stage, it is important that it is addressed in the action plan for the following year.

4.2.2 Specific (Appendix 3)

A subset of the mandatory statistics has been identified for more detailed review, and a **data collection form** (using a Microsoft Excel spreadsheet) is attached at **Appendix 3** for all NHSScotland organisations to use when providing these statistics as part of the staff governance audit process. This form carries out all necessary calculations automatically, in order to ensure consistency across NHSScotland.

Guidance notes on how to use the data collection form are attached at **Appendix 4** to help with this process.

The external auditor will check the local arrangements for collecting, recording and using these datasets.

Appendix 1: Qualitative evidence

1 Well informed

Indicator: A communication strategy exists which was developed in partnership and identifies actions for implementation, monitoring and evaluation.

Qualitative evidence:

- ◆ Communications audit has been undertaken
- ◆ Records of those involved in the design implementation and evaluation of the audit including confirmation of a partnership approach
- ◆ Minutes from APF and Staff Governance Committee regarding discussion of communications audit
- ◆ Evidence of feedback to staff
- ◆ Evidence of associated training
- ◆ Evidence of associated actions, review dates and mechanism for review

2 Appropriately trained

Indicator: Adequately resourced local learning plans are in place which implement national strategies e.g. Occupational Health and Safety, Leadership and *Learning Together*. Learning plans should reflect the organisation's needs/goals and personal development plan outcomes, promoting a culture of life-long learning.

Qualitative evidence:

- ◆ A system-wide approach to required learning and development interventions, including:
 - Organisational process is in place for allocating its training budget to statutory, mandatory, professional and developmental activities
 - NHS Board sign-off of the local learning plan
 - Organisational strategy which aims to ensure that all staff have equity of access to CPD, as defined in the local learning plan
 - Mechanism is in place to evaluate the various staff groups level of uptake of learning and development intervention
 - Mechanism is in place to evaluate the impact of learning and development interventions on the delivery of service

3 Involved in decisions that affect them

Indicator: Local partnership arrangements with staff-side organisations are in place to ensure meaningful and timeous involvement in all service planning, redesign, policy and resourcing issues.

Qualitative evidence:

- ◆ Areas of major service change, e.g. pay modernisation:
 - Evidence of staff involvement in the change
 - Minutes of meetings detailing membership and progress of Project group/working groups
 - Partnership Forum Minutes identifying discussion
 - Evidence of further communication/consultation regarding the change
 - Evidence of awareness raising and training
 - Evidence of consideration of wider workforce issues including service planning/service redesign

4 Treated fairly & consistently

Indicator: Exemplary people management processes are in place which have been developed in partnership in order to ensure fair and consistent treatment of all staff.

Qualitative evidence:

- ◆ Evidence of staff involvement in the production of the policy including Partnership Forum and Staff Governance Committee minutes regarding PIN Guideline implementation and NHS Board sign-off
- ◆ Details of awareness raising
- ◆ Details of associated joint training
- ◆ Evidence of use of the policies
- ◆ Details of policy review

5 Safe working environment

Indicator: A resourced Occupational Health & Safety Strategy exists which reflects *Towards a Safer and Healthier Workplace* and the needs of the organisation. This will have been developed in partnership and will identify actions for implementation together with monitoring and evaluation criteria.

Qualitative evidence:

- ◆ Organisational approach to the Health and Safety Strategy implementation covering:
 - Management of stress in the workplace
 - Violence and aggression
 - Moving and Handling
 - Evidence of partnership involvement
 - Evidence of Health and Safety action plans
 - Minutes of Health and Safety Committee/Risk Management Board regarding the findings and subsequent action plans

Appendix 2: Mandatory statistics (all)

[Statistics highlighted below are those to be submitted using the data collection form attached at Appendix 3.]

1 Well informed

- ◆ Responses to specific questions from the most recent staff survey, i.e.:
 - 2.1 The organisation provides me with enough information to enable me to do my job well (agree strongly; agree; disagree; disagree strongly)
 - 2.5 If I want to put forward new ideas or suggestions for improvement, I know how to do so (agree strongly; agree; disagree; disagree strongly)
 - 2.6 I am confident my ideas or suggestions will be listened to (agree strongly; agree; disagree; disagree strongly)

2 Appropriately trained

- ◆ Numbers and percentage of staff with Personal Development Plans (PDPs)
- ◆ Responses to specific questions from the most recent staff survey, i.e.:
 - 3.2 I feel the organisation provides me with good training and development opportunities (agree strongly; agree; disagree; disagree strongly)
 - 3.7 Overall training and development has helped me do my job more effectively (agree strongly; agree; disagree; disagree strongly)
 - 3.11 I have a personal training and development plan (agree; disagree)
 - 3.17 If you have joined the organisation in the past 12 months, did you attend an induction programme? (yes/no)
 - 3.19 I received support for training and development opportunities (agree/disagree)

3 Involved in decisions that affect them

- ◆ Staff in post; by head count, whole time equivalent, age, gender, numbers registered and unregistered
- ◆ Information Statistics Division vacancy returns
- ◆ Responses to specific questions from the most recent staff survey, i.e.:
 - 4.6 If I had a concern about a decision, that affects me, I would raise it with:

site Partnership Forum	line manager
local/Trust Partnership Forum	senior manager
Area/Health System Partnership Forum	board member
staff-side representative	full-time officer
 - 4.8 I can influence what goes on in my work area as a whole (agree strongly; agree; disagree; disagree strongly)
 - 4.11 I am involved in the discussions/decisions on changes introduced in my work/department/team (agree strongly; agree; disagree; disagree strongly)

4 Treated fairly & consistently

- ◆ Bank and agency usage, (expressed in hours as a percentage of total hours worked per staff group) and costs
- ◆ Number of disciplinary matters and grievances that:
 - result in an action; and
 - result in no action taken
- ◆ Disputes
- ◆ Level of staff turnover
- ◆ Monitoring data required under *Fair for All*
- ◆ Number of temporary and fixed-term contracts and reasons
- ◆ Responses to specific questions from the most recent staff survey, i.e.:
 - 5.1 The organisation provides good support to help me balance work and home responsibilities (agree strongly; agree; disagree; disagree strongly)
 - 5.5 Are you currently being harassed or bullied (yes/no)
 - 5.8 Have you reported this? (yes/no)
 - 5.10 In the past 12 months I have felt discriminated against because of my:
 - staff group
 - level in the organisation
 - age
 - gender
 - part-time working
 - other, please specify
 - 5.13 Have you reported this? (yes/no)

5 Safe working environment

- ◆ Occupational Health and Safety minimum dataset (sickness absence element only)
- ◆ Responses to specific questions from the most recent staff survey, i.e.:
 - 6.1 The organisation provides a safe and secure working environment
 - 6.6 I feel the organisation deals effectively with:
 - stress
 - excessive workload
 - absenteeism
 - harassment and bullying
 - violence and aggression (from colleagues/other staff)
 - 6.9 Who was/were the attacker(s) aggressor(s):
 - more than one attacker
 - colleague
 - patient

- 6.11 If not why not?
nothing would happen
unaware of procedures
concern about being
labelled as a
troublemaker
- concerns about confidentiality
possible victimisation
time required to report
considered part of the job
other (please specify)
- 6.12 At present do you feel unduly stressed at work? (yes/no)

Appendix 3: Data collection form

In order to streamline the statistical data collection process, we have developed a standard Excel spreadsheet. This has been set up to minimise the input by Board staff and to ensure that all calculations are done consistently across NHSScotland. Excel is part of the Microsoft range and so local expertise should be readily available to assist those responsible for completing the data collection form.

A hard copy of this document is attached overleaf for information. However, you will need to complete it electronically. Please click on [master template 04-05.xls](#) to access the data collection form. Where you see a red triangle at the top right of a cell, this means that there is further information - simply point the mouse over it to access the information.

You should read the accompanying guidance before beginning to fill in the data collection form.

Appendix 4: Guidance for completing the data collection form

1 Introduction

These mandatory statistics are the absolute minimum needed by NHS organisations in order to manage services locally, as well as for national accountability purposes.

Calculations will be made automatically by the spreadsheet once data has been input, meaning that NHS organisations can input data, but cannot adjust how calculations will be made. If any information produces an anomaly or irregularity in the statistics, there is space to note this in the comment boxes provided.

IMPORTANT! Please use a separate data collection form for NHS area-wide plus sub-divisions as appropriate.

2 Understanding the format of the form

Cells to be filled in are on a white background. Other details are for your information: you cannot enter data or change functions in any other cells.

The standard Whitley staff groups have been chosen to represent all different pay areas within the NHS and to ensure consistency across NHSScotland. i.e.:

- ◆ Admin & Clerical (including the executive cohort and those on senior managers' pay)
- ◆ Ancillary
- ◆ Maintenance
- ◆ Medical and dental
- ◆ Nursing, midwifery and health visitors
- ◆ Pharmacists
- ◆ Professional and Technical (A)
- ◆ Professional and Technical (B)
- ◆ Scientific and professional

Headcount and WTE information should be readily available from you by Whitley staff group even if you use different staff groupings for local presentation. These staff groupings will be modified in future years to take account of pay modernisation.

IMPORTANT! If you calculate any of the requested figures differently, the Staff Governance Working Group would like to know how you do this and why. If your rationale is satisfactory and your approach agreed with other organisations, the Staff Governance Working Group may adopt it in future. Please enclose a full breakdown of the differently calculated figures and an explanation of your rationale on a separate sheet. Additionally, fill in the form as requested so that your data can be compared to other organisations.

IMPORTANT! Please check all automatically calculated figures against your own. If there are any discrepancies, give the correct figure and the reason why this is different in the comments box provided or on a separate sheet. Please inform [NAME and contact details] **immediately** if you encounter problems of this kind.

3 Filling in the form

The tables below provide guidance on how to input data into the form.

The **white cells** explain what information NHS employers need to input into the data collection form.

Shaded cells describe how the form will make automatic calculations once data have been input. If you want to check the calculations that are being done, look at the toolbar near the top of the screen that provides the formula for the cell in question.

1 Staff: WTE and headcount broken down into staff group	
C19:C28	Fill this in with the number (headcount) of people/staff employed in each staff group. This will be used to calculate figures elsewhere in the spreadsheet.
C18	This is the sum of C19:C28 (and is calculated automatically). This will give the total headcount for the whole organisation.
D18:D28	This will automatically calculate the percentage of staff which fall into each staff group. These cells are formatted as percentage cells.
E19:E28	Fill this in with the WTE staff within each staff group. This will be used to calculate figures elsewhere in the spreadsheet. NB: The WTE is particularly important for staff groups that work in shifts, as it gives a more accurate picture of the staffing levels.
E18	This is the sum of E19:E28 (calculated automatically). This gives the total WTE for the whole organisation.

2(a) Numbers (and percentage) of staff with a PDP as at [30/9/04] <ul style="list-style-type: none"> ◆ A requirement of the <i>Learning Together</i> strategy. ◆ Ensures that staff keep knowledge and skills up to date. ◆ There is a clear link between development and motivation, which can improve retention and reduce turnover. ◆ This means a continuously improving service. ◆ Definition of a PDP for these purposes: <ul style="list-style-type: none"> ○ current (i.e. for the financial year in which the statistics are being returned) ○ formally recorded in writing, in accordance with local processes for personal development planning. Local processes should meet the requirements of the PIN Guideline on Personal Development Planning and Review at a minimum. 	
C44:C53	For each staff group, fill in the number of staff who were included in the most recent staff survey. NB: It is unlikely that these figures will be identical to the headcount.
C43	This is the sum of C44:C53 (calculated automatically), and is the total number of staff that took part in the survey.
D44:D53	For each staff group, fill in the number of completed staff survey forms which were returned.
D43	This is the sum of D44:D53 (calculated automatically), and is the total number of staff survey forms returned.
E44:E53	From the staff survey forms returned, for each staff group, fill in the number of staff who have a completed PDP
E43	This is the sum of the total number of staff with a completed PDP
F43:F53	This is the percentage of staff who have a PDP, expressed as a percentage of the total number of staff and for each staff group (calculated automatically)

2(b) Central records of staff with a PDP as at [30/9/04]	
E64	Do you keep a central record of staff with PDPs? Type in Yes or No.
E66	If yes, fill in the total number of staff who have a completed PDP (this is the total for the organisation)

3 Bank and agency usage

- ◆ Can represent significant additional cost to organisation.
- ◆ Overuse can compromise continuity & quality of care.
- ◆ Usage can also reflect overall 'health' of organisation.
- ◆ Definitions:
 - Bank: organisational-run bank
 - Agency: external to organisation
- ◆ National return for these statistics: ISD(M)18 (annual data on use of agency nurses).

3(a) Bank usage, October [2003] - September [2004]

NB: It is presumed that monthly or weekly monitoring of bank usage takes place in all organisations.

C83:C92	For each staff group where bank and agency staff are used, fill in the WTE number of bank staff used. NB: This may mean a nil return for some of the staff groups if they do not use bank or agency staff. WTE is used to indicate what percentage of the entire staff group is made up of bank staff.
C82	This is the sum of C83:C92 (calculated automatically), and therefore the total bank staff (WTE) used.
D82:D92	This is the percentage of bank staff in each staff group (WTE, calculated automatically).
E83:E92	For each staff group, fill in the cost in £'s of the bank staff.
E82	This is the sum of E83:E92 (calculated automatically), the total cost for the organisation.

3(b) Agency usage, October [2003] - September [2004]

NB: This question is set out the same as 2B, with similar rationale.

C104:C113	For each staff group, fill in the WTE number of agency staff used. NB: WTE is used to indicate what percentage of the entire staff group is made up of agency staff.
C103	This is the sum of C104:C113 (calculated automatically), and therefore the total agency staff (WTE) used.
D103:D113	This is the percentage of agency staff in each staff group (WTE, calculated automatically).
E104:E112	For each staff group, fill in the cost in £'s of the agency staff.
E103	This is the sum of E104:E112 (calculated automatically), the total cost for the organisation.

4	<p>Staff turnover, October [2003] - September [2004]</p> <ul style="list-style-type: none"> ◆ Indicates the rate at which staff are leaving the organisation. ◆ Can represent significant cost to organisation due to additional recruitment and development requirements. ◆ Continuity and quality of care can be compromised. ◆ Level can also reflect overall 'health' of organisation. ◆ Turnover for these purposes excludes bank, agency, locums and training grade medical and dental staff.
C128:N137 C143:N152	<p>For each staff group, fill in the headcount of staff members in post on the dates indicated, i.e. the start and end of each month.</p> <p>IMPORTANT! Exclude bank, agency, locums and training grade medical and dental staff.</p> <p>NB: These figures are essential to produce an accurate monthly turnover figure. These figures show precisely which months have the highest and lowest turnover, allowing identification of any patterns.</p>
C127:N127 C142:N142	<p>This is the sum of all staff members in post on the dates indicated (calculated automatically). C127 is the sum of C128:C137, and so on.</p>
C158:L167	<p>For each staff group, fill in the headcount of staff members who have left the organisation, during each month.</p> <p>NB: These figures are also essential to produce an accurate monthly turnover figure.</p>
C172:L182	<p>This is the % turnover for each staff group by month. This is calculated automatically in the following way:</p> <ul style="list-style-type: none"> • Turnover = leavers / average number of staff within period of time • Average number of staff within period of time = (Staff in post at beginning of period + staff in post at end of period)/2
C186:C196	<p>This is the % turnover for each staff group for the year. This is calculated automatically in the same way as detailed above.</p>

5	<p>Temporary and fixed-term contracts as at [30/9/04]</p> <ul style="list-style-type: none"> ◆ Over-usage of temporary and fixed-term contracts can adversely affect staff morale due to lack of contract stability. ◆ Continuity and quality of service may be compromised. ◆ Definitions: <ul style="list-style-type: none"> ○ Temporary contract = open-ended temporary contract, i.e. where the end date may not be known (if covering sickness absence, for example) ○ Fixed-term contract = end date of contract, or reason for contract ending (e.g. substantive postholder returning from secondment) is specified at outset of contract ◆ National return for these statistics: MEL(1999)28
C210:C219	For each staff group, fill in the number of staff on temporary and fixed-term contracts as at [30/9/04].
C209	This is the total number of staff on temporary and fixed-term contracts, (calculated automatically).
D209:D219	This is the % of total staff that are on temporary and fixed-term contracts (calculated automatically).
E210:K219	<p>Fill this in with the number of staff that have left for the reasons detailed</p> <ol style="list-style-type: none"> 1 Organisational change 2 Maternity leave 3 Career break 4 Sabbatical/Secondment 5 Long-term sick leave 6 Research 7 Other (please specify in comments section) <p>NB: If there are different reasons recorded by the organisation, detail these and explain why they are recorded like this in the comments box provided.</p>
E209:K209	This is the total number of temporary and fixed-term contract staff for each reason, (calculated automatically).

6 Sickness absence, October [2003] - September [2004] <ul style="list-style-type: none"> ◆ PIN guideline on <i>Managing Health at Work</i> requires levels of sickness absence to be monitored. ◆ Sickness absence represents a significant cost to an organisation and can also reflect the overall 'health' of an organisation. ◆ National return for these statistics: ISD(M)39. 	
C241:C250	For each staff group, fill in the total hours of sickness absence, including occupational-related sickness absence. NB: pregnancy-related sickness absence should be counted, but not the maternity leave itself.
C240	This is the sum of C241:C250 (calculated automatically).
D241:D250	This is the average number of hours worked for each staff group (completed already per Whitley, e.g. 37 hours for A&C).
D240	This is the average of D241:D250 (calculated automatically).
E240:E250	This is the % sickness absence for each staff group, calculated automatically. The % is calculated by taking the number of hours of sickness absence divided by the average hours worked for each of the staff groups.

7 Numbers of disciplinary hearings and grievances as at [30/9/04] <ul style="list-style-type: none"> ◆ Number of disciplinaries and grievances uses resources and can also reflect overall management style and organisational culture. ◆ Definitions for these purposes: <ul style="list-style-type: none"> ○ Discipline: resolution of a problem via formal mechanism, as set out in the organisational disciplinary policy (usually initiated by manager) ○ Grievance: resolution of a problem via formal mechanism, as set out in the organisational grievance policy (usually initiated by a member of staff, relating to an issue concerning only that member of staff, as distinct from a collective grievance, resolved through the disputes procedure). 	
C263:C272	For each staff group, fill in the number of disciplinary hearings, including the executive cohort and those on senior managers' pay. Only provide information on issues for which disciplinary hearings have been convened, even if no action was taken. Do not include investigations if they have not resulted in a disciplinary hearing.
C262	This is the total disciplinary hearings for all staff (calculated automatically).
D262:D272	This is the % of disciplinary hearings for each staff group (calculated automatically).
E263:E272	For each staff group, fill in the number of grievances, including the executive cohort and those on senior managers' pay. Only provide data for grievances put in writing for which a panel is required to sit. Do not include informal issues that have been resolved without formal process.
E262	This is the total number of grievances for all staff (calculated automatically).
F262:F272	This is the % of grievances for each staff group (calculated automatically).

Appendix 5: Summary of audit review

This section contains documentation which will be used by auditors only, but is attached here for information.

Auditors will provide a report to [POC details] Audit Scotland by 31st March each year in accordance with the template set out in 5.1. This will include results from

- their review of qualitative evidence summarised in line with the proforma in section 5.2;
and
- their review of mandatory statistics summarised in line with the proforma in section 5.3.

5.1 Template for reporting

The auditor's report should cover the following areas.

Executive summary

Background

Include information around:

- ◆ definition & aims of staff governance;
- ◆ legal status;
- ◆ introduction to the SGS and the tools to support it (staff survey and the SAAT); and
- ◆ reporting requirements.

Audit objectives

The audit objectives are to validate the action plans of Boards and to provide independent assurance that across the whole organisation:

- ◆ the self assessment process is robust;
- ◆ the action plan is agreed and credible; and
- ◆ the action plan is being delivered (year-on-year).

Audit approach

Auditors should:

- ❶ **Explain the approach** e.g. interviews with key individuals / groups and examination of the portfolio of evidence submitted by the organisation. The review of evidence must include specific checks of
 - ◆ **qualitative evidence**, and this should be included as an appendix in line with the proforma given in 5.2. of this guide
 - ◆ **mandatory statistics**, and this should be included as an appendix in line with the proforma given in 5.3. of this guide
- ❷ **Outline the requirement to submit the detailed set of statistics** in line with sections 3 & 4 of this guide and include the results as an appendix.
- ❸ **Report on:**
 - ◆ progress against last year's action plan in terms of actions delivered and outcomes achieved;
 - ◆ how the self assessment process was undertaken this year; and
 - ◆ the updated action plan and supporting narrative.
- ❹ **Indicate whether the representative assigned from the Human Resources Forum (HRF) provided input to the process.**

Audit findings

- ❶ **Delivery of last year's action plans**
 - ◆ Were actions completed?
 - ◆ Did they have the desired effect?

- ② **Board approach to the SAAT process this year**
- ◆ What has been the scope of the self assessment process - who has been involved and how much of the organisation is covered in the SAAT responses, to what level?
 - ◆ What has been the approach to the SAAT - how was the exercise undertaken / how were people involved?
 - ◆ What kinds of evidence have been used to support the SAAT responses (e.g. include the results of the staff survey every 2nd year) and the resulting action plan?
- ③ **Management actions this year**
- ◆ Provide an updated action plan(s) produced by the [health board / operational unit(s)] as an appendix
 - ◆ outline the main issues.

Auditor assessment

Provide a statement along the following lines:

On the basis of my findings, my assessment is as follows¹:

- ◆ Last year's action plan **is being/is not** being delivered
- ◆ These actions **are/are not** resulting in the desired outcomes
- ◆ This year's self assessment process **has been/has not** been robust
- ◆ The updated action plan **is/is not** credible and owned
- ◆ The specified statistics **are/are not** available and **are/are not** produced in accordance with the SEHD instructions.

The contents of this management letter have been discussed with relevant officers to confirm factual accuracy.

The assistance and co-operation we received during the course of our audit is gratefully acknowledged.

Name of auditor
March 200X

¹ For each statement include any "qualification" you wish to make, e.g. explain any caveats or mitigating factors

5.2 Summary of audit review of qualitative indicators submissions - for 2004/05

Staff Governance Standard Reference	Available for auditor Yes / No	Comment
Well informed - Is the Communications Strategy starting to take effect? Check for:		
Communications audit undertaken		
Records of those involved in the design implementation and evaluation of the audit including confirmation of a partnership approach		
Minutes from APF and Staff Governance Committee regarding discussion of communications audit		
Evidence of feedback to staff		
Evidence of associated training		
Evidence of associated actions, review dates and mechanism for review		

Staff Governance Standard Reference	Available for auditor Yes / No	Comment
Appropriately trained - Is there an adequately resourced local learning plan that reflects the organisation's goals? Check for:		
The organisational process for allocating its training budget to statutory; mandatory; professional and developmental activities		
NHS Board sign off-of the local learning plan		
Organisational strategy which aims to ensure that all staff have equity of access to CPD, as defined in the local learning plan		
A mechanism in place to evaluate the various staff groups level of uptake of learning and development interventions		
A mechanism in place to evaluate the impact of learning and development interventions on the delivery of service		

Staff Governance Standard Reference	Available for auditor Yes / No	Comment
Involved in decisions that affect them - is there meaningful and timeous in all service planning, redesign, policy and resourcing issues? Check for:		
Staff involvement in the change		
Minutes of meetings detailing membership and progress of Project group / working groups		
Partnership Forum minutes identifying discussion		
Evidence of further communication / consultation regarding the change		
Evidence of awareness raising and training		
Evidence of consideration of wider workforce issues including service planning /service redesign		

Staff Governance Standard Reference	Available for auditor Yes / No	Comment
Treated fairly & consistently - are exemplary people management processes in place that ensure fair and consistent treatment of all staff? Check for:		
Evidence of staff involvement in the production of the policy including Partnership Forum and Staff Governance Committee minutes regarding PIN Guideline implementation and NHS Board sign-off		
Details of awareness raising		
Details of associated joint training		
Evidence of use of the policies		
Details of policy review		

Staff Governance Standard Reference	Available for auditor Yes / No	Comment
<p>Safe working environment - is there a resourced OH&S strategy that reflects <i>Towards a safer & Healthier Workplace</i> and the needs of the organisation? Check for:</p>		
<p>Evidence of health and safety strategy implementation including</p> <ul style="list-style-type: none"> ◆ management of stress in the workplace ◆ violence and aggression ◆ moving and handling ◆ evidence of partnership involvement ◆ evidence of health and safety action plans ◆ minutes of Health and Safety Committee/Risk Management Board regarding the findings and subsequent action plans 		

5.3 Mandatory statistics review

(1)	(2)	(3)	(4)
Statistical return	Submitted to: (e.g. ISD / SEHD / Local Partnership Forum or Staff Governance Committee	When (MMYY) due to be submitted	Comment on local arrangements for <ul style="list-style-type: none"> ◆ collecting ◆ recording ◆ using the statistics [This column only to be completed for highlighted stats]
Appropriately trained			
Numbers (& %) of staff with Personal Development Plans			
Involved in decisions that affect them			
Record of staff in post (headcount, WTE, age, gender, numbers registered & unregistered)			
Information Statistics Division vacancy returns			
Treated fairly & consistently			
Bank and Agency usage & costs			
Disciplinarys			
Disputes			
Grievances			
Staff turnover			
Temporary & fixed-term contracts			
Monitoring required under <i>Fair for All</i>			
Safe working environment			
Occupational Health and Safety minimum dataset: <ul style="list-style-type: none"> ◆ sickness absence 			