

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a>	
<b>MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE</b>	<b>Tuesday 5 March 2024 at 10.00 am</b>	

**Present:**

Ann Clark, (Chair)  
 Elspeth Caithness, (Employee Director)  
 Bert Donald, (Whistleblowing Champion)  
 Pamela Dudek, (Chief Executive)  
 Kate Dumigan, (Staffside Representative)  
 Claire Lawrie, (Staffside Representative)  
 Philip MacRae, (Vice Chair)  
 Steve Walsh, (Non-Executive)

**In Attendance.**

Gareth Adkins, (Director of People and Culture)  
 Gaye Boyd, (Deputy Director of People)  
 Louise Bussell, (Nurse Director)  
 Ruth Daly, (Board Secretary)  
 Fiona Davies, (Chief Officer, A & B HSCP)  
 David Park, (Deputy Chief Executive)  
 Bob Summers, Head of Occupational Health and Safety (item 3.1 only)  
 Katherine Sutton, (Chief Officer, Acute)  
 Karen Doonan (Board Committee Administrator)

**1 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. Apologies were received from Committee member, D MacDonald.

**1.2 Declarations of Interest**

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, but felt this was not necessary after completing the Objective Test.

**2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION**

**2.1 MINUTES OF MEETING HELD ON 16 January 2024**

The minutes were **Approved** and agreed as an accurate record.

**2.2 ACTION PLAN**

The following actions were proposed for closure:  
 120 – addition of Guardian Service Annual Report to 2024-25 Committee Workplan  
 125 – Committee Self-Assessment – inclusion of draft action plan on the agenda for this meeting.

The Committee **Agreed** to close actions proposed for closure.

## 2.3 COMMITTEE WORKPLAN

The Chair advised that there had been no further input to the Workplan from Committee members, and the document circulated was therefore a draft version for Committee's agreement.

The Director of People & Culture advised the workplan had been revised to ensure the Committee had clarity on the key assurance reports throughout the year. He drew particular attention to the addition of the Diversity and Inclusion Mainstream Report and Equality Outcomes, and an Annual Report on Learning and Organisational Development.

The Committee **Agreed** the draft Committee Workplan for 2024-2025.

## 3 MATTERS ARISING NOT ON THE AGENDA

### 3.1 Improvement Notices at New Craigs – Update

Bob Summers, Head of Occupational Health and Safety, joined the meeting for this item.

The Director of People & Culture spoke to the circulated paper and highlighted the following matters:

- There were complexities in terms of preventing ligature harm in any setting. There was therefore a requirement for regular review of our provisions.
- The risks associated with ligatures did not apply exclusively to Estates, but applied to a complex interaction of human factors and the way the organisation works.
- Work has been underway to address the improvement notice and to strengthen governance structures around the ligature review processes.
- A number of improvement actions had now been completed and there was close liaison with the Health & Safety Executive (HSE) in respect of timelines and implementation of changes.
- Development of management arrangements and safe systems of work were still outstanding and highlighted as a risk. This was a labour-intensive piece of work with staff needing to balance the pressure of looking after patients alongside risk assessing the environment.
- Executive oversight group meets monthly to ensure that the work is progressing to the timescales.

The Head of Occupational Health & Safety went on to explain the need to have the management structure matured and embedded within the New Craigs site itself along with places of safety. The removal of ligatures in the Morar Ward was underway and would be completed on time. The Director of People & Culture commended the Head of Occupational Health & Safety and his team on the work that was underway and had been done to date.

Board members queried if the ligature removal work was limited to New Craigs site itself or if this was a wider issue. The Director of People & Culture advised that any ligature point presented a risk, and this risk was dependent upon the patient and the setting.

Assurance was sought from Board members that the higher risks were being addressed and that staff were fully aware of the mitigation that was required. The Director of People & Culture advised that best practice was being followed (identifying risks) and there were various clinical care practices and a governance structure now in place. It was noted that it was important not to assume a risk within a setting as New Craigs was a site that was used by various patient groups and the risk may change depending upon the patient group involved.

The committee **reviewed** the report and agreed to take **moderate** assurance.

### 3.2 Statutory and Mandatory Compliance Improvement Plan Update

The Director of People and Culture spoke to the circulated report and highlighted:

- A short life working group (SWLG) had been set up following a previous review to identify key issues and challenges staff faced in accessing statutory/mandatory training and
- He confirmed that the assurance proposed related to progress against the agreed plan, rather than compliance data. Responsibility for improving compliance still sat with the respective Directors and managers.
- The new report had received positive feedback from colleagues on raising awareness and highlighted data quality issues to be addressed.
- Discussion had taken place with respect to the percentage targets within the organisation which currently sat at 95%. Any review to this would require Committee agreement.

The committee **reviewed** the report and took **moderate** assurance on the progress being made with the Improvement Plan.

## 4 SPOTLIGHT SESSION – People and Culture

The Director of People & Culture spoke to his presentation which set out the structure of the directorate and he gave a brief outline of the various functions and team structures within it. He drew particular attention to the Comms and Engagement Team's performance and provided an overview of the challenges faced by the People function. He went on to provide further details as follows:

- The workforce age and pay scale profile.
- Sickness absence was relatively high and the Director intended to undertake work to identify specific reasons for this and how to support teams and enhance resilience..
- Statutory/mandatory training compliance was relatively positive.
- The number of completed appraisals was low, this would be a priority for the coming year.
- The Leadership and Development programme would be relaunched in April
- The VIP Awards programme had been launched
- The Community engagement programme had been well progressed
- The People and Culture Portfolio Board had been established focussing on Health & Wellbeing, Diversity & Inclusion, Health & Care Staffing, Employability & Workforce Diversification, Workforce Optimisation, and Integrated Service Planning.

During discussion, the Chair asked for clarity in respect of digital solutions to some of the challenges that required to be addressed. The Director of People & Culture outlined two main elements. Firstly, there was a need to look at corporate business systems and he highlighted national work to integrate workforce and finance systems. Secondly, Robotic Process Automation was also being considered to identify repetitive tasks that could be undertaken digitally and thereby reduce the burden on staff and streamline processes.

Board members welcomed the high standard of work of the Communication & Engagement team.

The length of time taken to fill vacancies was highlighted as an improvement area. The Director of People & Culture advised that best practice was currently being demonstrated in Grampian. This might be due to additional resources received and retained during the pandemic. Enhanced support to managers by Recruitment Team members often resulted in smoother and speedier processes but this of course was labour intensive for the team. The model of delivery was undergoing thorough consideration. He also confirmed that the directorate's sickness absence underwent predictable seasonable fluctuations.

The Chief Executive acknowledged the work that the Directorate had underway and the leadership demonstrated by the Director of People and Culture since coming into post. This work would help address the challenges that were being faced by the organisation. It was noted

that historically there could be relational issues between HR staff and managers, but the presentation had outlined how this would be addressed.

The Committee thanked the Director of People and Culture for his presentation and **Noted** the update.

## 5 ITEMS FOR REVIEW AND ASSURANCE

### 5.1 IPQR Report & Staff Governance Committee Metrics

The Director of People and Culture spoke to the circulated IPQR report and advised that assurance did not relate specifically to the data but was instead focused on what should be done to improve performance against the metrics if required. He supported the recommendation that moderate assurance was being offered to the Committee.

Sickness absence remained above the national target and historical organisational averages. The long-term approach to reducing this was the development of the Health and Wellbeing Strategy. However, there had been an additional piece of work over the past few months, in response to a national requirement relating to Value and Efficiency. This work looked at targeted interventions to reduce sickness absence that could be reflected in the release of resources into either supplementary staffing or other system pressure. A project plan was in progress to identify and analyse organisational 'hotspots' from the data, focusing on areas with high numbers of staff, in order to understand the causes and how could they be addressed.

There was a plan in place to address Vacancy Time to Fill levels which would be reviewed as the data showed system deterioration. While the reason for the recent increase was unknown, it was suggested that availability of recruitment managers; the volume of recruitment; and delays due to queues forming were potential contributing factors.

Annual turnover was currently just under 9%: of which 30% was due to retirement; 28% was voluntary and 21% was categorised as 'other'. Work was underway to determine whether turnover levels were acceptable or if further work was required to address this.

Practical Training remained a challenge and the Statutory Mandatory Training group were looking at the barriers to improvements and how they could be removed.

Appraisal completion rate would be addressed through a targeted improvement approach.

During discussion the following points were raised:

- Board members queried whether exit interviews were carried out and, if so, where were they reported to. The Director of People and Culture and the Deputy Director for People confirmed that there could be timing issues in capturing exit interview information. It would be helpful to gain an understanding of how other Boards managed to capture this information well.
- E-Learning and Compliance was still being worked on as part of the improvement plan.
- Recorded absences continued to move in the right direction.
- Board members suggested Appraisal Completion should appear in the Risk Register Culture Management Plan and this was taken on board by the Director of People and Culture.

The committee **reviewed** the report and took **moderate** assurance.

### 5.2 Health and Care (Staffing) (Scotland) Act 2019

The Director of People and Culture spoke to the circulated report which looked at the implications of the Health and Care (Staffing) (Scotland) Act 2019. There had been a previous committee development session on this subject and the paper attempted to summarise this complex piece of legislation.

While the Act would come into force on 1 April 2024, implementation would follow a continuous improvement approach, which was recognised by both Scottish Government and Healthcare Improvement Scotland. The paper also looked at whether appropriate mechanisms and governance were in place to assess staffing on a day-to-day basis; the associated risks; and how they were managed. The final element of the implementation would look at using these assessments for short, medium, and long-term risk management and mitigation.

During discussion the following points were noted:

- The Chief Executive asked how this tied in with the Integrated Planning approach underway within the Acute sector. The Director of People and Culture confirmed it aligned very strongly and the need for integrated service planning was a critical part of the Act's implementation and would be the bedrock of reviewing and understanding the system which would evolve over time.
- The Chair sought clarity on whether anything was open to interpretation, leaving us vulnerable to enforcement action from organisations who might take a different view to the Scottish Government's continuous improvement approach. The Director of People and Culture confirmed that this had been raised as a risk to the National Health Care Staffing Programme Board. While it was unclear what Healthcare Improvement Scotland's role would be in the Act's enforcement, it was expected this would not commence until after the first round of reporting at the end of the year.
- The Chair asked what role the Committee would have in relation to social care staff in terms of the legislation. The Director of People and Culture advised there were two sections in the Act, one relating specifically to the NHS and the other to care providers. For Highland HSCP, NHS Highland would be expected to demonstrate compliance with duties that would otherwise have been the responsibility of the Council. The IJB would require to seek assurance from Argyll and Bute Council that they had discharged this particular duty. The details of this would be worked out in due course.
- The Chair sought clarity on who would provide professional advice to the Board in terms of integrated services in Highland. The Chief Executive confirmed that professional advice would be provided by the Chief Social Worker as this would still fall under the Council's statutory duties around safe models of care and a model of engagement would require to be determined. The Nurse Director highlighted there would be a similar challenge around health staff within the Highland HSCP.
- The Medical Director noted that there was a lack of clarity nationally around the role of Medical Directors and the challenge would be to define what was meant by safe staffing and benchmarking across boards. He also mentioned that the issue of safety be incorporated into the ongoing Integrated Service Plan.
- The Chair suggested offline discussions should look at ways for Clinical Governance and Staff Governance Committees to work together to address appropriate assurance of the Act's implementation.

The committee **reviewed** the report and took **moderate** assurance.

**Comfort Break 10:28am until 11:40am**

### 5.3 Strategic Risk Review

The Director of People and Culture spoke to the circulated Strategic Risk Review and advised that there had been no major changes to the risk statuses, but updates had been added in terms of today's meeting content. He confirmed that the register would be updated to include the Appraisal Improvement Plan. There was a commitment to move forward with the level 2 risks, but this was taking longer than anticipated due to capacity issues.

During discussion the following points were raised:

- Committee Members noted that on issues such as strategic workforce planning, partnership working and collaboration with partners outside of the NHS appeared to be missing and suggested it should be included. The Director of People and Culture agreed

but suggested it should be considered further as part of the Anchor Strategic plan as it was a cross cutting theme across the organisation.

- The Chair asked whether the risk register had been reviewed following the update to the Board risk appetite. The Medical Director suggested including the Board Risk Appetite Paper at a future meeting might be useful. A number of suggestions were made about how the Board risk appetite might be used. The Chair asked that Executives consider the issues further and agree a way forward to ensure consistency across Committees.

The committee **reviewed** the report and took **moderate** assurance.

#### 5.4 Workforce Policies Review

The Deputy Director of People spoke to the circulated report which provided detail and assurance that a framework and work plan was in place to develop, review and ratify policies.

It was confirmed that as Board responsibilities had changed over the past four years with the introduction of Once for Scotland policies, a request had been made to implement these rather than review and develop. It was noted that there were still 18 NHS Highland policies in place and work was ongoing to replace them.

The Director of People and Culture added that this is on the committee's workplan as an additional level of assurance, and it had been covered off in the Health and Safety Committee around some Health and Safety Policies.

Having reviewed the report, the Committee took **substantial** assurance.

#### 5.5 Whistleblowing Report Q3

The Director of People and Culture spoke to the circulated Whistleblowing Report and provided an update to the committee for Quarter 3. There had been no new cases and one case had been closed, leaving no outstanding cases under the Standards. There had been some cases raised with the Independent National Whistleblowing Officer (INWO) alongside a monitor referral from the INWO which remained under review and was challenging to resolve as the individual had left the organisation with no wish to maintain direct contact; contact was maintained only through their union. Attempts were being made to resolve the case and a decision on whether it was a whistleblowing concern had yet to be made. A further case was being actively managed and would potentially become a whistleblowing case; subsequent discussions would take place over the next few weeks.

During discussion the following points were raised:

- Committee Members asked whether there was any other intelligence which gave assurance that the low figures indicated the system was working well and not that it was defective. The Director of People and Culture reminded committee there was a suite of ways for staff to raise concerns and that success would involve some cases coming through whistleblowing as well as other business-as-usual routes. He also indicated that it may not present itself as a reduction of cases and assurance should be based on whether cases were dealt with efficiently when raised. It was also important to consider outcomes from closed cases and associated recommendations from INWO.
- Currently, the data indicated that recommendations, to date, had been around process as opposed to outcomes, and no outcomes had been challenged.
- The Whistleblowing Champion reported that from November 2023 to February 2024 he had received the highest numbers of approaches from staff to date. However, of these staff concerns, very few met the criteria for whistleblowing and the majority were HR or cultural issues that could be handled through business-as-usual routes.

Having reviewed the report, the Committee took **moderate** assurance.

#### 5.6 Appraisal and PDP Improvement Plan

The Director of People and Culture spoke to the circulated Appraisal and PDP Improvement Plan and updated the Committee with the proposal, which had been approved through both Executive Directors' Group and the APF, for a phased approach over the next year. The objective for next year was for all managers to have completed their appraisals and for this to inspire discussions with their teams. It would begin with Senior Management colleagues, and cascade through the organisation. There were still some details to be worked out including adding more structure to assist managers to identify leadership skills in their direct reports. The committee were asked to take moderate assurance that a plan was proposed and due to progress over the course of the year and endorse the approach.

The Chief Executive thanked the Director of People and Culture for the progress made and highlighted that it provided visibility in a valuable piece of work. The Chair echoed the comments and noted the plan's realistic and pragmatic approach. The Director of People and Culture reminded committee that implementation of the plan would be a challenging piece of work and success would require support from across the organisation.

Having reviewed the report the committee took **moderate** assurance.

## 6. COMMITTEE BUSINESS

### 6.1 Staff Governance Committee Annual Report

The Chair thanked those who had compiled the circulated draft report which was endorsed by the committee for forwarding to the Audit Committee.

The Committee **Endorsed** the Staff Governance Committee Annual Report 2023/24

### 6.2 Assurance Report on Committee Self-Assessment

The committee considered the circulated assurance report and related actions arising from it and agreed to take moderate assurance whilst these actions were being implemented.

The Committee **Approved** the proposed actions and took **moderate assurance**.

## 7. ITEMS FOR INFORMATION AND NOTING

### 7.1 Area Partnership Forum update of meeting held on 16 February 2024.

The committee **Noted** the minutes of the Area Partnership Forum held on 16 February 2024.

### 7.2 Health and Safety Committee minutes of meeting held on 20 February 2024

The Director of People and Culture confirmed the December meeting had been cancelled to allow for a workshop and work was underway across the operational units to review and strengthen, where required, the governance in relation to health and safety.

Assurance reports had been received from all areas apart from Highland Health and Social Care Partnership, however a report would be provided to committee at the next meeting on 2nd April.

The importance of ensuring reports were requested and produced on time was highlighted which included strengthening the assurance and governance structure for the Health and Safety Committee.

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The Committee **Noted** the update.

### 7.3 Staff Governance Standard Monitoring

The Deputy Director of People advised there had not been any update or timescale provided from Scottish Government for this item. The Director of People and Culture also assured the committee that whilst no official update had been received, conversations continued around the

Workforce Directorate to establish the future direction of travel and it was understood there would likely be a refresh of the Staff Governance Standards.

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The Committee **Noted** the position.

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## **8. Any other Competent Business**

### **8.1 Feedback for the Board**

The Chair sought feedback from the Committee around which items members would like to be raised at the Board Meeting at the end of March. While there were no items for requesting escalation, it was agreed the discussions around the following would be brought to the Board's attention:

- The Health and Care Staffing Act
- Risk Appetite and Strategic Risk
- Appraisals Progress

The Director of People and Culture suggested trialling the inclusion of a short summary from each Board Committee at Board meetings and this would be discussed at the Chairs Meeting next week.

## **9. Date and Time of Next Meeting**

The next meeting is scheduled for Wednesday 7 May at 10 am via TEAMS.

## **10. 2024 Meeting Schedule**

The Committee **noted** the meeting Schedule for 2024:

7 May  
9 July  
3 September  
5 November.

**Meeting Ended 12:16pm**