

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	 NHS Highland na Gàidhealtachd
DRAFT MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	05 November 2024 at 10.00 am	

Present:

Ann Clark, Chair
 Philip MacRae, Vice Chair
 Bert Donald, Whistleblowing Champion
 Claire Laurie, Staffside Representative
 Dawn MacDonald, Staffside Representative
 Steve Walsh, Non-Executive

In Attendance:

Gareth Adkins, Director of People and Culture
 Tim Allison, Director of Public Health
 Evan Beswick (12 noon onwards)
 Gaye Boyd, Deputy Director of People
 Sarah Compton Bishop, Board Chair
 Heledd Cooper, Director of Finance
 Ruth Daly, Board Secretary
 Ruth Fry, Head of Comms and Engagement
 Mike Hayward, Deputy Chief Officer, Acute
 Arlene Johnstone, Head of Service (Health and Social Care)
 Richard MacDonald, Director of Estates, Facilities and Capital Planning
 David Park, Deputy Chief Executive
 Lianne Swann, Records Management Assistant (minutes)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Elspeth Caithness and Fiona Davies.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 03 September 2024

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

2.2 ACTION PLAN

The Committee

- **Noted** the latest version of the committee Action Plan and
- **Agreed** to the proposed closure of noted actions.

2.3 COMMITTEE WORKPLAN 2024-2025

The Committee **Noted** the Workplan as circulated.

3 MATTERS ARISING

3.1 Recruitment – Vacancy Time to Fill

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People drew attention to a request for a fuller report on the time taken to fill vacancies at the July meeting. On 31 May 2024 the data confirmed the average time to fill vacancies for NHS Highland was over 130 days which was above the NHS Scotland KPI of 116 days. Since this time, further work had been carried out and the time to fill vacancies was now sitting at 118 days average. The many factors affecting meeting the KPI target were highlighted including the number of applications, staff sickness and annual leave, time taken to receive occupational health and other clearances, as well as the interview process itself. Several initiatives were currently underway to address the delays such as reviewing the period for references and a review of the structure within People Services.

The Director of People and Culture shared data analysis on information taken from the JobTrain system. The data showed the spread in variation in time taken to fill vacancies over the last year with the median time to fill being under 100 days, well within the KPI. Data could be generated to give better analysis of the outlier job groups where most delays were experienced. This would assist in targeting future focus and suggested that a review of the recruitment model may not be necessary. It would also help identify when a discretionary approach might be helpful in accepting only one reference rather than two.

During discussion Committee members welcomed the report and the more detailed analysis, and raised the following issues:

- Bert Donald thanked the team for the work they were doing and recognised that this would be an ongoing piece of work to make sustained improvements.
- Philip Macrae asked if there was an opportunity to use pools of successful candidates for anticipated vacancies, particularly for roles with higher volume turnover. The Director of People and Culture confirmed that there was talent pooling available in Job Train, although there were some challenges of using this feature effectively. This was a feature that had not been used to date but was being considered for adult social care and care home staff.
- Steve Walsh asked if there was any seasonality to the numbers of recruitment exercises and whether there were any roles which took excessive time to fill. He also welcomed the approach to the waiver of two references and asked how frequently this was used. It was confirmed that any seasonally affected issue was likely more a reflection of system pressures on recruiting managers. There was a tendency to experience challenges with securing two references for some entry level job roles although there could be numerous impacts on this.
- Sarah Compton Bishop queried how the organisation was keeping engaged with applicants, and how we mitigate associated risks. It was advised that a proactive approach will minimise delays and enable us to address many of the elements that are causing delays to the overall process.

In addition to these questions, the following supplementary comments were made:

- David Park sought clarification on the number of files raised in the system and asked if it would be possible to understand how long each stage of the process took. Further discussion would take place outwith the meeting to offer clarification of the files raised. It was confirmed that the Jobtrain system does not automatically record time stamps on completion of each element of the process so it is prone to human error and results in difficulties generating reliable data on stages in the process.
- Mike Hayward welcomed the recent exercise to garner service user feedback and sought an opportunity for operational teams to understand how their engagement with the system might be impacting on the flow of the process.

Following discussion, the Chair welcomed the report as a good example of quality improvement work, and a good example of seeing data in a different way to identify improvement actions. She asked for the Committee's thanks to be conveyed to the teams involved. While acknowledging moderate assurance was relevant at this stage, assuming improvements could be sustained, substantial assurance would be appropriate in future.

The Committee **Noted** the content of the report and took **Moderate assurance**.

4. **Spotlight Session – Public Health**

Presentation by Tim Allison, Director of Public Health

The Director of Public Health delivered a presentation clarifying at the outset that Public Health staff in Argyll and Bute were managed within the health and social care partnership rather than through the Public Health team. They were, however, professionally accountable through the Director of Public Health. His directorate had a headcount of 123 persons which included Argyll and Bute staff but not vaccination staff. He went on to outline the following staffing profile areas: job grades, age and sex profiles, working hours, low absence statistics, statman training and appraisal compliance rates, together with an organogram of the directorate structure.

Absence figures were low with 1.58% sickness being recorded over the last six months which compared favourably against the organisation's average of 4.5%. Regular monthly meetings of the whole directorate were held to which approximately 70-80 persons attended. Statman training compliance was relatively high with violence and aggression training being an outlier. Colleague appraisals were also high, particularly in Argyll and Bute with a 93% completion rate.

During discussion the following queries were raised:

- Dawn Macdonald welcomed the low sickness absence levels and the priority given to implementing the parental and special leave policies. Responding to a specific question, the Director of Public Health clarified that sickness absence figures shown in his presentation did not include annual leave.
- Bert Donald welcomed the details shared with the committee, particularly the high rate of appraisal completions and the positive culture demonstrated by the monthly directorate meetings. He asked for the Director's view on the value of the monthly meetings and what awareness raising had been undertaken for the speak up service and whistleblowing. The Director advised that monthly meetings were important to generate a sense of inclusion and acknowledged they could only go part way to creating this. Good culture was created through a mixture of factors. Since the pandemic many staff were working both from home and in the office and it was important to ensure they could maintain connections and that opportunities to maintain face to face interaction continued to be prioritised. Argyll and Bute staff held face to face meetings frequently to counter the fact they are working across a dispersed geography. Presentations had been received from the guardian service at monthly meetings, and mental health champions had been identified.
- Steve Walsh sought further information about factors that had contributed to the very favourable staffing data. In response, the Director reiterated that success was based on a mixture of factors. Careers in Public Health attract applicants with a positive and healthy outlook and encouraged a developmental and educational culture for all levels of staff. Professional backgrounds encourage professional development and the appraisal culture. Strong managerial abilities were important, and this would remain an area of focus for the future.

Ann Clark asked a general question whether special leave included suspensions. The Director of Public Health confirmed that the special leave data referred to matters such as supporting relatives and compassionate leave. He was not aware of any special leave in his directorate relating to suspensions. Responding to the wider question, the Director of People and Culture confirmed that suspensions would not be classed as special leave. Management of suspensions remained robust with executive level oversight forming an integral part and a small number of suspensions considered in the last year.

Thereafter, the Committee thanked Tim Allison and **Noted** the presentation.

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 Integrated Performance and Quality Report (IPQR) and Staff Governance Metrics

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture provided a brief overview of the circulated report highlighting data on time taken to fill vacancies, staff turnover, recording of the reasons for absence and how the recently produced internal audit report would identify improvement actions, sickness absence, the Health and Wellbeing strategy, and an improvement plan for appraisals and advice to staff using the Turas system.

During discussion the following queries were asked:

- Bert Donald highlighted the longstanding requirement for improvements in appraisal completion and statman training rates. He enquired why progress had not been demonstrated despite effort being directed to this area. The Director of People and Culture commented that the appraisals improvement plan had been launched recently and the aim was to get first tier management completed. It would be necessary to give the improvement work time to take effect and review in six months' time. Regarding statman training, there was a plan next year to focus effort on improving compliance on individual topics. Protected learning time was a non-pay element of the pay deal from last year and it was acknowledged that system pressures impacted completion rates.
- Bert Donald also sought clarification on the comment in the report that People Services teams worked closely with managers on sickness absence.
- Dawn MacDonald highlighted that Unison had been made aware that, while secondments were expected to be for short time periods, there were instances of secondments lasting several years. It was clear that managers were not applying the policy correctly and this could be a contributing factor in higher sickness absences. Allied to this was the protracted time taken for investigations to be completed which further increased sickness absences due to stress at work. The Director of People and Culture referenced previous discussions on secondments and that data on this was not included in the IPQR. He offered to discuss this out of the meeting with staffside. In terms of investigations caseloads, regular monthly meetings were held to deal with ongoing cases. It was a priority to conclude the outstanding protracted cases, and it was noted that progress can be delayed when staff go off sick.
- Ann Clark highlighted that the adult social care job family was an outlier on some of the metrics within the Community Directorate disaggregated data. Arlene Johnstone commented that work pressures were likely the reason for this. Ann Clark asked for an update on this from the Chief Officer to be included in the metrics report to the next meeting of the Committee for assurances on actions being taken.
- Ann Clark welcomed the 20% improvement in PDP completion at Caithness General Hospital and enquired how this had been achieved. Mike Hayward welcomed the progress that had been achieved recently and confirmed that a new approach had been introduced by newly recruited managers, including visual reminders for teams on wards and robust leadership. It was intended that this should now become the standard approach.

The Committee **Noted** the content of the report, took moderate **assurance** from it and **Agreed** that further assurance be brought to the next meeting on the Adult Social Care metrics.

5.2 Whistleblowing Q2 Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture advised that over the period 1 July-30 September 2024 there were no new whistleblowing cases raised. One case remained open and under investigation and one concern remained under discussion with the individual to agree the best

way forward. Three cases were closed during the reporting period. Brief summaries of the cases were included in the report and discussions had been held at the Area Partnership Forum on the governance arrangements. Sharing learning had been discussed also at the Partnership Forum and the Annual Whistleblowing Report included the learning outcomes.

Prior to discussion, the Director of People and Culture confirmed that once a case was closed draft reports were shared with complainants to reach agreement on the outcomes. This report would outline the next steps and recourse to Independent National Whistleblower's Office (INWO) where appropriate. It was important to ensure details that could identify individuals were excluded from the report for confidentiality purposes. He also confirmed that escalated cases involving clinical issues would be considered by a short life working group and learning and outcomes fed into the local clinical governance systems to provide assurance that matters were being progressed.

During discussion the following areas were discussed:

- Dawn MacDonald asked why cases were considered 'closed' even if they continued to be investigated by INWO. The Director of People and Culture confirmed that cases re-opened by INWO for their own reviews were not considered NHS Highland cases. Further details of this were included in the annual report.
- Dawn MacDonald also queried how clinical and care learning could be communicated arising from cases that were upheld. Evidence of such learning and monitoring would provide confidence to individuals who took the decision to whistleblow. Some whistleblowing cases arose due to issues being input to the Datix system where no action had taken place. This was a matter of the effectiveness of standard clinical governance processes. David Park commented that the principle of confidentiality was important to allow people to raise concerns. He queried if, with the permission of the whistleblower, information could be released from upheld cases where risks were identified. The Director of People and Culture acknowledged the difficult balance to be struck in terms of confidentiality and what can be fed back to people. NHS Highland shared as much information as possible in accordance with processes. It would be for INWO to determine whether processes had been followed in this regard. He also advised that the standards were silent on the protection of witnesses. While complainants might be agreeable to the release of some information, others involved in the process still required to be protected.
- Bert Donald welcomed the debate and constructive comments made. He reiterated the challenges between striking the right balance between confidentiality and learning. This was being discussed at a national level and he recognised that in some cases whistleblowing was a last option when other routes had failed. It was important to keep in focus the purpose of the Whistleblowing standards and that patient care and safety were central to this.
- Philip Macrae asked whether the ongoing investigation referred to in the paper preceded the last quarter, if so it was unclear when it started. The Director of People and Culture confirmed that this case was from an earlier quarter in the year and he shared concerns that it should move to conclusion.

The Chair welcomed the discussion and revisions made to the report in response of comments from a previous meeting, which had increased transparency. She suggested that the Committee should now await future quarterly reports to monitor and identify the effectiveness of these developments. The Clinical Governance Committee was the appropriate governance route to address concerns about the effectiveness of other routes for staff to raise concerns about patient safety such as datix. When considering the reasons why the whistleblowing policy was used, it was important to bear in mind the fact that there was a small number of whistleblowing cases.

The Committee Noted the content of the report and took Moderate assurance it provided confidence and compliance with legislation, policy and Board objectives noting the ongoing challenges faced with timescales due to the complexity of cases and investigations.
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5.3 People and Culture Portfolio Board Update

Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture spoke to the circulated report which provided an update on the work of the Portfolio Board and relevant governance structure. A review was being undertaken of the membership of the Board and its relevant feed-in groups to avoid duplication. The assurance report showed good progress had been made across all groups apart from the Workforce Transformation and Planning group, which was currently on hold to allow consideration of its optimum set-up, and the Corporate Learning and Development group was currently being established.

The Chair asked members to consider whether the portfolio was sufficiently well represented in this Committee's Workplan.

The Committee:

- **Noted** the content of the report and took **Moderate assurance**.
- **Agreed** to consider the portfolio's representation within the Committee Workplan and provide feedback at the next meeting.

5.4 Health and Wellbeing Strategy

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People advised that the circulated Strategy was hoped to be launched in January after a slight delay with Medical Illustration.

In discussion:

- In response to the query around how the strategy would be evaluated, it was noted that the action plan was currently being refined and the evaluation proposal would follow in due course. The Director of People and Culture further advised that the use of the Logic model of evaluation to assess the effectiveness of the organisational inputs seemed most sensible owing to the difficulties of evaluating the multifactorial outputs of Health and Wellbeing as a whole.
- It was noted that a Mental Health and Wellbeing subgroup had also been established, with a refreshed approach to psychological support for staff.
- The importance of highlighting, at launch, the incorporation of feedback into the strategy was noted along with a suggestion to introduce the strategy which acknowledged system pressures.
- Whilst the strategy had been finalised, there was a suggestion made around the inclusion of the working environment when considering pressures. However, it was also noted that the steering group had established the need for this strategy to have a positive focus in order to foster hope within the workforce.

The Committee Noted the content of the report and took Substantial assurance .
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5.5 iMatter High Level Results and Plans

Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture spoke to the circulated paper and highlighted that the results had largely stabilised over the years, with a clear differentiation in response rates and engagement indices between national and territorial boards. The importance of the weighted values was highlighted as crucial for understanding performance and it was noted that the organisation was focused on the lower scoring areas, categorised as 'Monitor to Further Improve'. Efforts to gather further insights from staff were ongoing. It was also clarified that the results for the additional questions around being able to raise concerns (bottom of page 83/ top of page 84) was incorrect as the analysis did not consider changes to the survey answer options.

In discussion:

- There was concern around the lack of information that could be gleaned from the survey owing to the stabilisation of results over the years. This was being looked at nationally and the importance of gathering qualitative data to fully understand the situation locally, which was being done through staff engagement, was also highlighted. The need to monitor whether teams were following up survey results with action plans was also stressed.
- In response to the query around how to improve Board visibility, it was suggested that there was no clear answer but that questions should continue to be asked of staff to establish what would make a difference. It was further noted that visibility was not limited to physical visits and could incorporate several communication routes. There were further reflections that visibility of Board members was potentially less important to staff than visibility of management at a local level. It was hoped that the qualitative data being gathered through staff engagement would provide insight.
- A review of the Engagement Results would be brought to a future meeting.

The Committee:

- **Noted** the content of the report and took **Moderate assurance**.
- **Agreed** to receive a review of the Engagement Results at a future meeting.

5.6 Strategic Risk Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated review paper, noting the Protected Learning Time group had been established in relation to Risk 632, and level two risks would be updated by the next committee meeting.

In discussion a point was raised around whether the 'very high' risk rating was still appropriate for items which have been on the list for some time, such as Risk 1056, which related to Statman Training. While this was outside the remit of this committee, it was acknowledged as something to be considered offline, with internal audit suggested as a possible solution.

The Committee **Noted** the report and took **moderate** assurance from:

- the review and refresh of the people and culture strategic risks
- plan to review level 2 people and culture risk management

5.7 Staff Governance Monitoring Scottish Government Letter Update

Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture provided a verbal update, advising that the Employee Director was currently on leave. Agreement was yet to be reached with Staff-side on approval of the return report to Scottish Government, with several issues requiring further exploration, particularly around actions to be included. The Staff Governance Monitoring approach was under review and contributions had been sought through a short-life working group to refine this process. There was an emphasis on continuous improvement as opposed to uniformly high standards and assurance processes remained a priority to ensure good governance, challenging performance where necessary. Discussions around this would continue outside of the committee.

The Committee **Noted** the update.

5.8 Blueprint for Good Governance Improvement Plan Update

Report by Ruth Daly, Board Secretary

The Board had received its first full year progress report on the Blueprint improvement plan in July this year. Informal oversight was being given to the eight outstanding actions on the original plan. The report provided a progress update on the work being undertaken to the areas specifically relating to staff governance committee; namely work underway with the following:

- the Culture Oversight Group

- phase 2 of the leadership and development programme
- staff engagement work
- establishment of the People and Culture Portfolio Board.

The full suite of strategic programmes was now in place and ongoing work would be routinely reported through portfolio updates, ADP updates and performance reporting. The actions relating to this Committee's remit were therefore proposed to be deemed completed.

During discussion, the Director of People and Culture advised that the quality work referenced in the update related to work that would sit alongside development of a quality framework being undertaken by the Board Medical and Nurse Directors.

The Committee took **Significant** assurance on the progress achieved with the Blueprint for Good Governance Improvement Plan actions that related specifically to this Committee's remit and **Noted** that the outstanding items within the committee's remit were now to be recorded as complete.

6 ITEMS FOR INFORMATION AND NOTING

6.1 Area Partnership Forum update of meeting held on 16 August 2024 and 11 October 2024

The minutes were circulated, and the following was discussed:

- A concern was raised around the replacement of Datix as a reporting mechanism with In-Phase and the clinical and staff governance risks associated with this as no training has been offered around its use or implementation. In response, the Director of People and Culture acknowledged the lack of staff-side representation around the introduction of In-Phase and advised this had now been addressed and future projects would include staff-side representation at an early stage. Details around the implementation and training were being examined outside of this committee.
- It was noted that there had been a number of issues around staff-side engagement within the APF minutes and the Director of People and Culture assured the committee that the specific issues were being addressed outside of this committee with staffside and discussions around improving engagement in future would commence on the Employee Director's return from leave.

The Committee **Noted** the minutes.

6.2 Health and Safety Committee Minutes of meeting held on 15 August 2024

The Director of People and Culture spoke to the circulated minute, highlighting the newly added section for update to this committee, item 9.2. The committee had looked at the provision of Management of Violence and Aggression training across the organisation; there was ongoing work with Health and Safety Executive (HSE) on the recent Improvement Notice around a patient fatality; work on assurance reporting was progressing; and progress made within Mental Health and Learning Disability on Statutory Mandatory Training and Health and Safety Management Plans was commended. Regarding the Improvement Notice, a national working group was being set up to engage with HSE on their approach to prevention of suicide within a general setting, acknowledging the potential challenges involved with the implementation of expected guidelines.

In discussion:

- In relation to the improvement notice, there was some discussion around Places of Safety as a means of looking after people, however it was clarified that this was about the experience of people on general wards who also had mental health issues, and it was noted that there were clinical experts involved in the working group.
- Clarification was sought in relation to the remit of the Corporate Health and Safety Group, and it was confirmed that this was around Corporate Services and discussions

would be had offline with the Director of Estates, Facilities and Capital Planning around the most effective way forward.

The Committee **Noted** the minutes.

7 Any other Competent Business

No business was discussed under this item.

7.1 Review / Summary of meeting for Chair to highlight to the Board

- Successful improvement activity on Time to Fill.
- Whistleblowing Q2 Report discussion.
- Launch of Health and Wellbeing Strategy.

8. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 14th January at 10 am via Microsoft Teams.

9. Future Meeting Schedule

The Committee Noted the remaining meeting schedule for 2025 as follows:

4 March 2025
6 May 2025
1 July 2025
2 September 2025
4 November 2025

Meeting Ended at 12:50pm