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
MINUTE of MEETING of the **STAFF GOVERNANCE COMMITTEE**	**7 May 2024 at 10.00 am**	

Present:

Ann Clark, (Chair)
Elspeth Caithness, (Employee Director)
Bert Donald, (Whistleblowing Champion)
Fiona Davies, (Chief Executive)
Kate Dumigan, (Staffside Representative)
Dawn MacDonald, (Staffside Representative)
Philip MacRae, (Vice Chair)
Steve Walsh, (Non-Executive)
Alison Fraser, (Staffside Representative)

In Attendance.

Gareth Adkins, (Director of People and Culture)
Gaye Boyd, (Deputy Director of People)
Jo McBain, (Director of Allied Health Professionals)
David Park, (Deputy Chief Executive)
Heledd Cooper, (Director of Finance)
Richard MacDonald, (Director of Estates, Facilities and Capital Planning)
Pamela Cremin, (Chief Officer - Highland Health and Social Care)
Ruth Fry, (Head of Communications and Engagement)
Mike Hayward, (Deputy Chief Officer – Acute)
Bryan McKellar, (Whole System Transformation Manager)
Ruth Daly, (Board Secretary)
Natalie Booth, (Board Governance Assistant)

1   WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. No apologies were received from Committee members. Other apologies were received from Tim Allison and Katherine Sutton, with Mike Hayward deputising.

1.2 Declarations of Interest

There were no declarations of interest.

2   ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 05 MARCH 2024

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

2.2   ACTION PLAN

The following actions were proposed for closure:

- 108 - Report at later stage on engagement with workforce on maternity process.
- 118 - Whistleblowing and Speaking up Action Plan – included on the meeting agenda for May meeting.
- 123 - Health and Care (Staffing) (Scotland) Act 2019 – ways for Clinical Governance and Staff Governance Committees to work together to address appropriate assurance of implementation.

The Director of People and Culture noted an additional action that needed to be added to the action plan; Strategic Risk Register to be updated to reflect plans for appraisal and PDP improvement Plan.

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

2.3 COMMITTEE WORKPLAN

The Chair noted further clarity on the assurance reporting and communication for the Annual Delivery Plan implementation was required and advised this would be discussed in item 4.2 on the agenda.

The Committee **noted** the Committee Workplan for 2024-2025.

3 MATTERS ARISING NOT ON THE AGENDA

No matters arising were discussed.

4 ITEMS FOR REVIEW AND ASSURANCE

4.1 IPQR Report & Staff Governance Committee Metrics
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture highlighted the "time to fill" data within the report and work was underway to determine if the model in place was suitable as the data indicated an increase in this metric and confirmed a variety of alternative models were being considered.

It was noted within the report that:

- Work was underway to identify the areas that were experiencing the highest rate of absence; this included an effort to reduce the number of non-identified absences being reported.
- An onboarding survey was carried out between March and December 2023 for newly recruited employees, this had a completion rate of 29% with the feedback being very positive. An exit survey was also completed but the response rate was not as high which resulted in little data being available.
- Work continued around improving statutory/mandatory training compliance, and appraisal completion improvements were one of the key priorities this year.

Committee Members expressed concern around the non-identified absence data and sought clarity on how an absence could be recorded but remain unidentified. They also noted the exit interview process did not appear to be done in partnership so asked whether staff side were involved going forward.

Concern was raised at the level of stress and anxiety being reported and whether further work could be done to identify the causes. Issues with the Early Resolution process being prolonged and not completed in a reasonable timeline as managers were awaiting guidance from People Services were referenced as a possible contributing factor.

Concern was expressed that time to fill metrics had worsened over two committee cycles. Assurance was sought that additional vacancy management processes were not a contributory factor.

The Director of People and Culture outlined the "time to fill" process that was in place, highlighting that there were weekly management meetings in different areas which was an added control in response to the current financial position. He noted the self-service model makes it easier for applicants to apply but caused an increase in workload for recruiting managers. In response to feedback from recruiting managers discussions were underway around other models that could be used.

The Director of People and Culture confirmed that around 75% of absences were being recorded accurately and work had begun to address the 25% where the reason has not been recorded. In response to the concerns around stress being a factor in absence rates he noted work was underway to refresh the Stress Management Policy. He also noted there were various mechanisms in place to support staff who are experiencing stress and anxiety.

The Director of People and Culture stated the concerns around exit interviews would be picked up offline and reviewed to gain further insight. Committee Members sought clarity around the target set for staff turnover and whether this was a positive figure. It was noted that this was a self-imposed target but it could be reviewed in more detail in future reports to gain further perspective.

Committee Members raised concerns around the low uptake of online people management process training for managers and suggested making the training mandatory could be the answer. The Director of People & Culture stated that there were several conflicting priorities within the organisation so it was important to have the right guidance in place for managers. He also confirmed that work was underway to support managers, many of whom were new in post therefore it was important to ensure that they had the correct skillset to manage their teams effectively.

The Chair asked if it were possible for committee to receive further information around the management structure especially for non-executive directors. This would help clarify the number of staff with people management responsibilities who were expected to implement the Once for Scotland Policies.

Committee Members were concerned that the targets set for appraisal completion were too high and suggested interim targets to encourage appropriate completion and maintain morale similar to what had been put in place for statutory and mandatory training; it was agreed this was something that could be considered.

Committee agreed to take moderate assurance from the report with the Chair highlighting that there would be a future development session taking place that would review the data presented to Committee and allow some in-depth consideration of areas of escalation.

> The Committee **noted** the report and took **moderate assurance**.

4.2 Annual Delivery Plan and Financial Plan
Report by Lorraine Cowie, Head of Strategy and Transformation

The Director of People and Culture introduced the circulated report and confirmed it had been to the Area Partnership Forum and would go to the Area Clinical Forum for further discussion. He also noted there had been initial feedback from Scottish Government, but the plans had still not been agreed.

The presentation of the financial plan highlighted:

- In response to the letter received from Scottish Government in December 2023 there was an assumption that there would be no financial uplift for 2024/25.

- There is no impact of the pay negotiations included as this has not been finalised by Scottish Government.
- There were some additional allocations yet to be received, it is expected that these would be lower than previous years.
- There are inflation assumptions within the plan, these have been high over recent years, but the assumption is that these will reduce incrementally, and the same assumptions were used by all Boards and relate to for example, medication costs and energy prices.
- The Adult Social Care gap is assumed to be closed but there were ongoing discussions with Highland Council around this. Argyll & Bute is assumed to have reached balance through a cost reduction/improvement programme. The Director of Finance also explained that Scottish Government have set a brokerage cap of £28.5 million for 2024/25 meaning a reduction of £83.4 million is required to achieve that.
- The approach to meeting the financial targets set includes the value and efficiency programme to achieve 3% savings, a further programme of 'choices' around service redesign and transformation, building in slippage on allocations known to be likely and various smaller adjustments.
- The approach to meeting the adult social care gap in North Highland would have to include looking at raising income as well as reducing costs. Highland Council have indicated that non-recurring transformation funding to support NHS Highland in reducing the costs associated with Adult Social Care may be available.
- It was noted that one of the highest cost drivers was supplementary staffing and work was underway to look at service redesign to reduce the reliance on supplementary staffing.
- The capital programme will be considerably impacted by the pause on major projects.
- The plan was not yet approved by Scottish Government.

It was noted that the Annual Delivery Plan (ADP) covered 2024/25 and the Medium-Term plan (MTP) covered 2026/27. Highlighted within the presentation was:

- The value and efficiency structure, which would enable NHS Highland to reach the savings required. This was key to the work required to maintain services and was aligned with the Together We Care Strategy.
- Argyll & Bute are in their final year of their strategic plan and have identified actions which would allow them to progress into their next plan.
- The value and efficiency work streams were overseen by the Value and Efficiency Accountability Group whilst the Strategic Design programmes were overseen by the Strategic Transformation Assurance Group.
- The ADP and MTP sets out how we will deliver the outcomes in Together We Care sustainably within our available financial and people resources. Of particular relevance for the Committee will be the People and Culture sections of the plans.

The Director of People and Culture noted late circulation of the plan and that there would be future opportunities to review the People and Culture elements of the plan however the content would be familiar to Committee members.

The Chair sought clarity on what was being asked of committee in respect of the paper presented. The Director of People and Culture confirmed committee were asked to note the draft Plan and that discussions had taken place at Area Partnership Forum and take assurance we've committed to partnership working and will continue to engage with the Forum on redesign projects with organisational change implications.

The Employee Director highlighted the local partnership forums and requested that this was the route taken for partnership working, in these forums staff feedback could be raised and escalated to APF as necessary. There was a concern raised around the resources for these forums as activity around organisational change increases. Also highlighted were delays with communication reaching staff. In discussion it was noted that work was underway to ensure communication and the local forums were functioning correctly. Staffside also need to be involved in groups discussing strategic redesign choices.

The Chair highlighted concerns around the level of organisational change required, just to achieve the 3% savings. The Director of People and Culture clarified the 3% should be considered business as usual where departments are looking at saving opportunities on a yearly basis and not require organisational change.

Staff side raised concerns around the organisational change process, including understanding of what constitutes 'organisational change and a lack of awareness in some situations of a process being implemented, highlighting that staff side involvement from an earlier stage would prevent the process from becoming an unpleasant one for all involved. There was a commitment to work together to improve the process.

On a further question about the level of supplementary staffing reduction required to achieve 3% savings it was clarified that the detail of how this could be achieved was still being worked up. An example of modelling a reduction in the use of agency staff and moving to using only bank staff was given showing a cost saving projection of £6 million. It was noted that terminology was key to avoid confusion, therefore a "target" was not to be confused with a plan. The Director of People and Culture added that whilst the savings in supplementary staffing could be made, it needs to be deliverable and take into account any associated clinical and other risks.

> The Committee:
> (a) **Noted** the draft ADP/MTP and financial plan
> (b) **agreed** how we would work in partnership to respond to the feedback from Scottish Government in delivering the finalised plans
> (c) took **Moderate assurance** from the report

Comfort Break 11.30 – 11.40am

4.3 Staff Engagement Plan
Report by Ruth Fry, Head of Communications and Engagement

The Director of People and Culture introduced the report and confirmed this piece of work was led by the Head of Communications and Engagement through the Culture Oversight Group, it was highlighted:

- The Listening and Learning work had been built upon and will now be an annual cycle of work with focus groups to gain qualitive data.
- Some recurrent key themes had been identified through the iMatter survey and these would be discussed in the focus groups, the virtual sessions would start next week with face-to-face sessions scheduled for early autumn. The Head of Communications and Engagement advised the survey would close on 1 December 2024 in the hope an action plan would be shared at the Culture Oversight Group in February 2025.
- Communications have been issued through the weekly roundup around these focus groups and the Head of Communications and Engagement encouraged committee members to share as widely as possible.

The Chief Executive gave her support to the focus groups and the pro-active stance taken, there had been more opportunities to engage with staff post pandemic physically by travelling to parts of the organisation.

Committee Members sought clarity around how the data from the focus groups would be used to support staff. It was confirmed the data would form part of a report that would go to the Culture Oversight Group for inclusion in an action plan.

> The Committee **noted** the report and took **moderate assurance**.

4.4 Whistleblowing Q4 Report
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report, and it was highlighted that there were three new cases raised in the quarter; he noted that one monitored referral remained open with no contact from the individual and one is progressing to a whistleblowing investigation.

He noted that the process can be complex, with a large volume of data to consider which made it challenging to meet the Whistleblowing standards and complete an in-depth investigation.

Committee Members sought clarity on the level of contact the Board Whistleblowing Champion had overall with staff who had concerns. The Board Whistleblowing Champion advised that there had been an increase in staff approaching him which had taken place from around October 2023 but this was often in relation to cases under investigation; he clarified that some of the other contacts did not meet the Whistleblowing criteria and were more accurately defined as management/cultural issues.

The Committee:

(a) took **moderate assurance** from the report and;
(b) **Noted** the report provides confidence of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

4.5   Whistleblowing / Speaking up Action Plan
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and confirmed it was an update on the previous action plan presented to committee. It was highlighted that:

- The majority of actions are now complete, there were two outstanding. One in relation to tracking organisational actions arising from cases which would be addressed ensuring issues were appropriately aligned to the right governance structure; many of those cases were around patient safety/governance related and would be dealt with through those processes. The second in relation to review the future of the confidential contacts service.
- The Confidential contact service was discussed at APF with strong views from staff side confirming they felt the current Guardian Service setup was not providing the best value for money. The Director of People and Culture confirmed that the preferred option of staffside was likely to be to move forward with an in-house confidential contact service independent from HR/People Services. The Guardian Service contract is due for renewal in July and it was likely an extension would be required while the options for an inhouse service were explored.

It was clarified that the purpose of highlighting staffside views to the Board at this stage is to allow any concerns to be identified early in the process. It was confirmed that if an issue raised with the Whistleblowing Champion is not considered to be 'whistleblowing' in accordance with the standards, staff are directed to other possible routes to have their issue resolved.

The importance of ensuring sufficient time for consideration of future options by all stakeholders and the Board as well as a smooth transition to any new arrangements was emphasised by Committee members.

The Committee:

(a) took moderate assurance from the report, confirming progress had been made in strengthening our approach to whistleblowing standards and speaking up but there were still challenges meeting the timescales set out in the standards
(b) noted staff side views on the Guardian service and the future of the contract which would be highlighted to the board.

4.6 Strategic Risk Review
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and queried whether Risk 632 (Culture across NHS Highland) required re-evaluation due to the work that had taken place over the last few months, he noted that this could be discussed in more detail at the next committee meeting.

The Director of People and Culture also mentioned it would be worthwhile to pause and re-evaluate the ratings regularly at future committees to ensure they are an accurate reflection of the current context and situation.

Committee Members suggested the level of assurance should be reduced from moderate to limited as some of the cultural group meetings had been cancelled due to staff availability but the Director of People and Culture confirmed the revised dates had been agreed and work was underway to address and mitigate the risks identified therefore he felt moderate assurance was appropriate.

The Committee took **moderate assurance** from:
 (a) the review and refresh of the people and culture strategic risks
 (b) plan to review level two people and culture risk management

4.7 Health & Wellbeing Strategy
Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture commended the team for the amount of work that had been done on this strategy.

The Deputy Director or People highlighted:

- This was the final draft strategy which covers the next three years and is currently out for consultation which ends mid-May with comments and feedback from this being collated and reviewed with a view to release the final strategy document in the summer months.
- A note of the previous work is included in the appendix of the document and shows the support which is now available to staff.
- The Health & Wellbeing group has been meeting since last October and work was ongoing to produce an action plan to ensure all commitments in the strategy can be met.

Committee Members provided positive feedback on the strategy and noted how all the elements of staff support across the organisation were brought into one document. It was noted that High Life Highland (North Highland) and Live Argyll (Argyll & Bute) had been approached with a view to promoting their services further.

 The Chair asked whether data is held on the number of employees who work from home. It was confirmed there was a national policy around best practice to enable an employee to work from home. However, it was important to recognise that some roles in the organisation could

not support home working. The Director of People and Culture advised it was important that equity was maintained.

Committee Members welcomed the sections within the report on environmental factors, leadership in relation to staff health and wellbeing and queried whether the workforce metrics would be used as a base line or whether other base line metrics would be used going forward. The Director of People suggested that qualitative feedback from staff about what support is offered to them should be the focus in the first instance.

> After discussion, the Committee took **moderate assurance.**

4.8 Staff Governance Monitoring Feedback - Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People spoke to the circulated report and confirmed that it contained the feedback from the 2022-23 submission; she also confirmed that there had been no questionnaire or process clearly defined for 2023-24 from Scottish Government. She also advised that the report is split into two distinct areas, one detailing what went well and the other indicating where the required improvement areas were.

The Chair sought clarity on the iMatter results and subsequent creation of action plans as it appeared NHS Highland had the lowest proportion created in the eight-week period. The Deputy Director of People confirmed a snapshot of the action plans was provided but the completion rate data was unavailable, but the process would be promoted when the survey launches this month to encourage teams to create and complete their appropriate action plan.

> The Committee **discussed** the content of the report and took **substantial assurance**.

4.9 Blueprint for Good Governance
Report by Ruth Daly, Board Secretary

The Board Secretary spoke to the circulated report and confirmed Committee last received a report in November 2023, she confirmed there were 17 actions in the plan overall and the Staff Governance committee is overseeing three of those actions which were:

- Creating a clear thread of organisational culture and ethos.
- Refining the transition of the culture and learning.
- Progress of staff engagement programme.

The report provides an update on the actions, indicating some good progress whilst noting ongoing activity would be required to embed the leadership and culture framework as business as usual. The Board Secretary confirmed a report will go to the Board in July covering the progress of all 17 actions.

> The Committee took **moderate assurance** on the progress achieved with the Blueprint for Good Governance Improvement Plan actions

5.

5.1 Area Partnership Forum update of meeting held on 19 April 2024.

It was noted the minutes were in the combined papers file and were not issued as an individual item.

The committee **Noted** the minutes of the Area Partnership Forum held on 19 April 2024.

5.2 Health and Safety Committee summary report of meetings held on 20 February 2024 and 2 April 2024

The Chair sought clarity around the change from a minute to a summary report for this committee. The Director of People and Culture confirmed that it formed part of a wider review around whether a minute or summary report may be more appropriate dependant on the type of meeting being held. He advised the summary report presented captured all the points and key actions from the meeting.

The Chair sought clarification on the Terms of Reference review for the Health & Safety Committee and whether the committee was able to approve its own revisions to the Terms of Reference. The Director of People and Culture confirmed he'd clarify this offline.

The Chair asked for clarity on Item 3.1 as it indicated NHS Highland was the only Board not to have something in place. The Director of People and Culture clarified this referred to Lone Working and other Boards had an automated system of checking in and checking out for those who work alone, however these are challenging to implement effectively. NHS Highland has appropriate policies in place.

In relation to whether the summary format would be sufficient for assurance purposes bearing in mind previous Internal Audit recommendations regarding recording of scrutiny and challenge, this would be considered off-line.

The Committee **noted** the summary reports of the Health and Safety Committee held on 20 February and 2 April 2024.

6. Any other Competent Business

None

6.1 Review / summary of meeting for Chair to highlight to Board.

The Chair noted that the following would be highlighted to the Board:

- The staff side views on the Guardian Service
- The Health and Wellbeing Strategy

7. Date and Time of Next Meeting
The next meeting is scheduled for Tuesday 9 July at 10 am via TEAMS.

8. 2024 Meeting Schedule

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

9 July
3 September
5 November.

Meeting Ended 12.55 pm