

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	
DRAFT MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	09 July 2024 at 10.00 am	

Present:

Ann Clark, Chair
 Elspeth Caithness, Employee Director
 Bert Donald, Whistleblowing Champion
 Kate Dumigan, Staffside Representative
 Dawn MacDonald, Staffside Representative, (until 12.35pm)
 Philip MacRae, Vice Chair
 Steve Walsh, Non-Executive

In Attendance:

Gareth Adkins, Director of People and Culture
 Evan Beswick, Interim Chief Officer, Argyll and Bute Health and Social Care Partnership (until 12.35pm)
 Gaye Boyd, Deputy Director of People
 Rhiannon Boydell, Mid Ross District Manager
 Heledd Cooper, Director of Finance, (until 11.30am)
 Ruth Daly, Board Secretary
 Karen Doonan, Committee Administrator
 Ruth Fry, Head of Communications and Engagement (item 5.8)
 Richard MacDonald, Director of Estates, Facilities and Capital Planning
 Gayle Macrae, People Partner (item 5.9)
 Julie McAndrew, Guardian Service (item 5.10)
 Jo McBain, Director of Allied Health Professionals, (until 12.30pm)
 Derek McIlroy, Guardian Service (item 5.10)
 David Park, Deputy Chief Executive
 Katherine Sutton, Chief Officer, Acute

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Fiona Davies. Other apologies were received from Pam Cremin with Rhiannon Boydell deputising and Louise Bussell with Jo McBain deputising.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 07 MAY 2024

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

2.2 ACTION PLAN

The following actions were proposed for closure:

Action number 125 – Strategic Risk Register to be updated to reflect plans for appraisal and PDP improvement plan. Complete

Action number 121 - Short Life Working Group to develop proposal to refresh overall learning and development framework beyond corporate statutory mandatory training to include professional competencies and role of clinical and medical education. This would be covered in item 5.6 on the agenda.

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

2.3 COMMITTEE WORKPLAN

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

3 MATTERS ARISING

3.1 Staff Governance Monitoring Scottish Government Letter

NHS Highland had received a letter from Scottish Government indicating that the yearly Staff Governance Monitoring exercise would be paused, with no indication of when it would resume. It was suggested that the Director of People and Culture, Deputy Director of People and the Employee Director meet to discuss the work that would continue should the exercise be restarted in the future.

The Chair added that it would be important to include in the discussion whether the assurance originally provided as part of the process would be covered elsewhere in the existing Committee Workplan; it was confirmed an update would come back to committee in November.

Action: Director of People and Culture, Deputy Director People and Employee Director to meet offline to discuss and report back to committee in November.

The Committee **noted** the Staff Governance Monitoring Scottish Government Letter.

3.2 All Staff Communication – National Care Service and the Highland Council

Communication had been issued to all staff in relation to the change to the model of care that NHS Highland and the Highland Council delivered in partnership. The current Lead Agency Model would need to change based on the recent Government amendments to the National Care Service legislation and further discussion was ongoing with Highland Council to address this. It was recognised this would be a period of uncertainty and therefore regular communication would take place at every opportunity.

The Committee **noted** the update

4 Spotlight Session – Deputy Chief Executive (Transformation and e-health)

The Deputy Chief Executive spoke to the circulated presentation which covered three main areas, Strategy and Transformation (43 staff), e-Health (136 staff) and Resilience (two staff). He noted:

- The Strategy and Transformation team is divided into three areas, Transformation Programme Management, Performance which included analysis and data quality and

Safe Haven which was a small team that looked at supporting Healthcare Commissioning through service level agreements (SLAs) and securing services from other boards.

- E-Health are made up of 25 teams, the majority of which are employed in technical roles. Training and support is provided across the whole organisation including upgrading the systems within primary care.
- Staff turnover within the Strategy and Transformation team had been inflated due to a restructuring exercise.
- The I-Matter results over all three teams had a high response rate at 81% and an improvement plan would be put in place to address areas of concern highlighted in the survey results.
- Statutory/mandatory training compliance remained high in May at 95.9% within the Strategy and Transformation team and at 89.3% in e-Health. The 69% completion of Stay Safe Online by e-health colleagues had been discussed with the Head of e-Health.
- Professional development was a key focus within the teams, with project management qualifications being the most prominent.
- There are two staff within the Resilience team who support all of NHS Highland and the Argyll and Bute Health and Social Care Partnership providing specialist advice during major incidents and developing training events, workshops, and exercises both at a local and regional level.

The Whistleblowing champion sought clarity around how candidates for the Leadership Approach Training were identified. The Deputy Chief Executive noted training was dependent upon roles within the organisation, he confirmed it was important staff in supervisory and management roles were appropriately trained and developed in the soft skills, especially in areas of high technical ability.

The Deputy Chief Executive added that there was a major incident plan out for consultation with a plan to conduct a training event for Executive Directors to participate in.

The Chair sought clarity on the Personal Development Plan (PDP's) completion rate and whether that had any influence on staff development. The Deputy Chief Executive confirmed completion rates were around 40 - 50% but work was underway to increase this, initially focusing on senior managers completing the PDP process.

The Chair sought clarity around the Strategy and Transformation team turnover rate and why this was noted as high. The Deputy Chief Executive clarified the change in headcount had not been deliberate but as a result of turnover of staff and the appropriate structure was continually reviewed to ensure it best met the needs of the team and organisation. .

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 Statutory and Mandatory Training Improvement Plan

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture introduced the item highlighting the work done on identifying the barriers to staff achieving their statutory and mandatory training. Work was completed around accountability for managers to ensure they provide their teams adequate access to training. He also confirmed that an additional report from the Short Life Working Group with associated actions would come back to committee in November. It was noted work was underway around the non-pay element of the 2023-24 pay deal, specifically in relation to Protected Learning Time (PLT) which may impact on this work.

The Whistleblowing Champion sought clarity around whether the pandemic played a part in the need to address statutory and mandatory training or had it been a prevalent issue prior to the pandemic, The Director of People and Culture noted each Board had a different target completion rate and e-Learning was a challenge however the main challenges were with Moving and Handling and Violence and Aggression training due to the requirement of physical attendance coupled with the challenge of trainer availability. He suggested segregating the completion data further within the organisation to accurately identify the areas of most concern.

The Director of People and Culture added that we were now two years post-pandemic and there was a need to refocus and improve completion rates, he noted that appraisal rates were currently 27% which was extremely low, and work was underway to improve this going forward.

The Chair asked attendees whether the refreshed reporting approach was useful and how their teams were using the information to drive improvement; the Director of Finance noted the approach was helpful in identifying teams in her directorate that may require additional support completing their outstanding training and it helped reduce the time managers had to spend locating the data.

The Chair asked whether the impact of the work required to implement the non-pay elements of the latest settlement would continue to delay implementation of the action plan. The Director of People and Culture reiterated focus would remain on the Statutory and Mandatory Training plan actions alongside the reduction of the working week but noted the Band five/six adjustment work had just begun which would also require a significant level of resource to resolve.

The Committee noted the content of the report and took moderate assurance that the plan had continued to progress.
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5.2 Workforce and Equalities Monitoring Annual Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture introduced the paper and welcomed its publication, he provided some background to the legal requirement to publish and noted the assurance level was based on the requirement to publish the document to demonstrate data was being collected and used within the organisation to understand diversity within the workplace. However, he added NHS Highland would continue to work with the information gathered so the data could be used as intelligence to drive improvements within the organisation. The data would particularly inform the diversity and inclusion strategy to be developed this year, led by Gayle Macrae, author of the report.

During discussion the following was noted:

- Committee were pleased to see within the report that although the number of responses to the equalities monitoring of “prefer not to say” was high there was identification of ways to address that going forward. The committee’s attention was drawn to data in relation to protected characteristics within the recruitment processes and analysis evidenced the organisation was receiving a large number of applications from people with African / other origin. He also confirmed there was a disproportionately high number of overseas applications that caused shortlisting pressures as many applicants did not meet the minimum criteria.
- The Director of Allied Professionals sought clarity around the “prefer to not say” data and whether there was an industry wide standard and whether NHS Highland followed this. The Director of People and Culture stated the criteria for public sector organisations was usually more stringent compared to private sectors although he was unable to confirm whether an industry wide standard existed. He noted it was important mechanisms were also in place through which an organisation could understand the lived experience of staff with protected characteristics. The People Partner for HR Services advised that her experience in the private sector was it took a lot of work to improve response rates. She felt the importance of building trust with staff was key so they felt psychologically safe to engage with the process rather than select ‘prefer not to say’.
- Committee Members sought clarity around the levels of recruitment taking place and whether there were controls in place to ensure recruitment would adhere to the financial constraints faced by the organisation. Assurance was also requested that the implications of an ageing workforce was being addressed. The Director of People and Culture confirmed there were vacancy management processes in place to monitor recruitment practices. The Director of Finance highlighted services were continually evolving and it was about ensuring any recruitment was appropriate.

- The Chair sought assurance there would not be any inadvertent indirect discrimination as part of any longer-term transformation, particularly around the administrative cohort which had a particular age profile. The Director of People and Culture clarified work was underway to formulate an employability framework, which would look at what was in place with a view to moving towards a more sustainable way of working. An aging workforce was not uncommon as the retirement age was increasing. Organisational change policies would ensure people are supported to adapt to the new practices necessary to attract younger people or to move to different roles to retain their knowledge and experience within the organisation.

The Committee **agreed** to take **substantial assurance** and **noted** the content of the report and that it gives confidence of compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

5.3 Whistleblowing Annual Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture highlighted the low case numbers over the last year and noted it was difficult to draw substantive conclusions, however he added that any issues identified had been noted in the action plan.

Assurance was sought in relation to the recurrent themes within the report especially the non-adherence to timeframes and whether any further training had been put in place to address this. The Director of People and Culture confirmed the basic processes had been looked at, specifically around the lack of administrative support which had now been addressed, he also added that training for senior managers would address capacity issues within the process.

Committee members sought clarity around the low number of concerns reported and whether there was any indication of what these numbers meant in real terms to the organisation. The Director of People and Culture highlighted the role of the Guardian Services and noted this was a route taken when staff felt there was no other appropriate route to escalate their concern and suggested the low number of cases indicated this was working well.

Committee Members sought assurance around how issues raised could be addressed and improvements communicated to staff whilst retaining anonymity. The Director Allied Health Professionals agreed that given the small amount of cases it was challenging to provide that assurance but noted within her own directorate they utilised DATIX to log significant adverse events and the subsequent lessons learned which maintained the anonymity required and suggested this may be something that could be considered around Whistleblowing cases.

The Director of People and Culture explained that Clinical and Care Governance was a theme that would be looked at in more detail but recognised pressures within the system often added to a breakdown in communication and relationships, so it was important those pressures were recognised and dealt with.

The committee **noted** the content of the report and took **substantial** assurance based on the content and format of the annual whistleblowing report which demonstrated compliance with our reporting requirements under the standards

Comfort Break 11.35 am – 11.45 am

5.4 Guardian Annual Report

Report by the Guardian Service

The Director of People and Culture introduced D McIlroy and J McAndrew of the Guardian Service. He confirmed the report had made a number of recommendations which would be considered as appropriate by NHS Highland.

Committee welcomed the report and sought clarity around the level of assurance offered; The Deputy Director of People noted substantial assurance was provided in respect of the data contained within the report.

D Macdonald raised concerns around how staff understood the role of the Guardians and how this impacted on trade union work alongside whistleblowing, staff had expressed confusion around what the purpose of the Guardian service was. The Director of People and Culture explained that there had been a discussion around this at the Area Partnership Forum and work would continue with staffside to alleviate those concerns, however he acknowledged it remained challenging and additional clarity was required to ensure staff understood what process their concern would fall under. D Macdonald added that should a concern meet the whistleblowing standards then it should be treated as a whistleblowing complaint and not considered under early resolution. The Director of People and Culture clarified that the initial stage of the process was by definition 'Early Resolution' but acknowledged it may not be immediately clear and was something he had raised nationally.

The Whistleblowing Champion highlighted the need for appropriate communication with staff around Confidential Contacts but accepted there was confusion amongst staff as to whom to contact with concerns.

J McAndrew confirmed staff who raised issues were given information on the role of the Guardian Service but it was important to build trust so they were confident concerns could be raised anonymously and what support was available to them.

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

5.5 Strategic Risk Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated paper highlighting the Appraisal Improvement Plan had been added to the mitigating actions for Risk xxx as suggested previously by Steve Walsh.

The Committee took **moderate assurance** from:

- (a) the review and refresh of the people and culture strategic risks.
- (b) The plan to review level two people and culture risk management.

5.6 People and Culture Portfolio Board Update

Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture spoke to the circulated presentation and noted the various groups that fed into the People and Culture Portfolio Board. He highlighted the Culture Oversight group has had some membership changes, the Health and Wellbeing Group had been established and its strategy was out for consultation.

He also noted that the Corporate Learning Group would be in place shortly and would replace the statutory/mandatory training group and provide a link to the professional groups that oversee the training for the clinical professions. The Workforce Transformation and Planning Group not yet in place but work was underway to determine the best way forwards with workforce planning.

During discussion the following points were noted:

- The Employee Director noted that some of the groups had been established for some time and it was important that membership of the various groups was considered to avoid unnecessary duplication and where necessary the Terms of Reference (ToR's) and membership for each group were updated.
- The Chair queried whether future reports considered should be exception reports, rather than a detailed overview, given the volume of strategic areas that are already included

within other reports committee receive throughout the year she also referenced concerns around the red rating given to leadership and culture and low attendance at management development courses which were key to improve behaviours across the organisation. The Director of People and Culture confirmed that there would be more detailed reports at various points throughout the year and this report provided a high-level overview. Assurance was provided that the Leadership Development Programme is now in place and is 'self –service' at present. Work is ongoing to identify candidates to encourage uptake of this programme. The risk being raised was about resourcing in a small team.

The Committee is asked to **review** and take **moderate** assurance the workstreams that feed into the Portfolio Board is progressing

5.7 Health and Safety Annual Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and explained it had been included in the July Clinical Governance Committee meeting, he confirmed work had taken place around the reporting and assurance provided to the Health and Safety Committee. It was noted a three-year strategic plan was being worked on by the Head of Occupational Health and Safety, coupled with a 12-month improvement plan.

The Deputy Chief Executive acknowledged the level of work that had taken place to improve the structure around organisational Health and Safety and the governance mechanisms in place.

After discussion, the Committee **agreed** to take **moderate assurance** from the Health and Safety Annual Report.

5.8 Communications and Engagement Strategy and Action Plan

Report by Ruth Fry, Head of Communications and Engagement

The Director of People and Culture noted the communications team was a relatively small team which played a critical role within the organisation and the Strategy had been developed incorporating the resources available. It represented a pragmatic but ambitious strategy.

The Head of Communications and Engagement highlighted:

- This was a new three year strategy and work had been undertaken to identify organisational priorities and standard work within the team and these were included in the action plan.
- She confirmed an additional section had been added that clarified roles and responsibilities across the organisation as part of an internal audit recommendation.
- She noted the strategy had been issued for consultation both internally and externally to stakeholder partners and any feedback incorporated. Some feedback was received around patient communication and work was underway to incorporate this going forward.

P Macrae commended the Head of Communications and Engagement on the work done both on this strategy and the previous. The Chair sought clarity around the resource challenges faced within the Communications and Engagement team and whether these challenges posed a risk to NHS Highland. The Director of People and Culture acknowledged the challenges of delivering both core functions of the team and developing proactive campaigns and noted they were balanced within the proposed strategy. Appropriate processes had been incorporated to manage demand appropriately.

The Chair sought assurance around balancing different communication avenues, particularly around technological opportunities and how they could be used whilst equally preventing any exclusions those methods may create. The Head of Communications and Engagement explained that a lot of feedback received related to digital platforms and increasing their use in communicating messages appropriately. However whilst addressing people's preferences it was important to consider our accessibility obligations and ensure they were fulfilled.

The Committee **noted** the content of the report, **approved** the Strategy and took **moderate** assurance.

5.9 IPQR and Staff Governance Committee Metrics

Report by Gareth Adkins, Director of People and Culture

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

- Work was underway to address increased absence rates as part of the Value and Efficiency workstream. He also confirmed there was an audit taking place to review the Attendance Management Policy.
- The Vacancy Time to Fill continued to be a challenge and a significant number of applications were received from overseas applicants where many posts typically garnered over 200 applications causing extensive shortlisting delays. This was compounded by the fact some posts did not require professional registration therefore increasing the time required to review each application. These issues would be highlighted at the board. He noted that it may be that more applicants were being interviewed for posts than previously and work may be required to assist managers in being more critical at the shortlisting stage.

The Chair sought clarity around the next steps in relation to the challenges faced within the Vacancy Time to Fill area. It was agreed an update would come back to committee in November.

Action: Vacancy time to fill update to come back to committee in November.

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

6 ITEMS FOR INFORMATION AND NOTING

6.1 Area Partnership Forum update of meeting held on 21 June 2024.

It was noted the minutes would go to the next committee meeting.

7. Any other Competent Business

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

Vacancy Time to Fill would be highlighted to the Board

8. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 3 September 2024 at 10 am via Microsoft Teams.

9. 2024 Meeting Schedule

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

5 November.

Meeting Ended 12.55pm