HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS Highland**
DRAFT MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	**03 September 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
Elspeth Caithness, Employee Director
Steve Walsh, Non-Executive

In Attendance:

Gareth Adkins, Director of People and Culture
Gaye Boyd, Deputy Director of People, (from 11.05am)
Heledd Cooper, Director of Finance
Katherine Sutton, Chief Officer, Acute (from 11.16am)
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Ruth Daly, Board Secretary
Boyd Peters, Medical Director (Item 4)
Ruth Fry, Head of Communications and Engagement (item 5.6)
Karen Doonan, Committee Administrator

1   WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from committee members K Dumigan and F Davies. Other apologies were received from Kate Patience-Quate with I Barton deputising.

1.2 Declarations of Interest

There were no declarations of interest.

2   ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 09 July 2024

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

2.2 ACTION PLAN

Action 126 - IPQR Report and SGC metrics: The Director of People and Culture confirmed a template had been sent out to all Directors noting that all Personal Development Plans (PDP's) should be completed for their direct reports and the next layer down by December 2024 and more detail would come back to committee in due course.

Action: Director of People and Culture to bring back a further update on the PDP action plan to January meeting.

> The Committee **noted** the update and **agreed** an update on the PDP action plan would come to the January Committee under Matters Arising.

2.3 COMMITTEE WORKPLAN

> The Committee **noted** the Workplan.

3 MATTERS ARISING

There were no matters arising.

4 Spotlight Session – Medical Directorate
Presentation by Dr Boyd Peters, Medical Director

The Medical Director spoke to the circulated presentation and highlighted the following:

- The Medical Professional Leadership team comprised of eight senior managers with six reporting directly to the Medical Director, the remaining two have professional accountability for their respective areas to the Medical Director.
- The Research, Development and Innovation department have a total budget of £4 million which is allocated separately to NHS Highland's main budget allocations.
- The Medical Director noted that he is also responsible for the Risk portfolio which involved appropriate monitoring of controlled documents and other corporate risk factors alongside the Nursing and Allied Health Profession Quality Framework.

The Chair sought clarity around how the Medical Director was ensuring the Staff Governance Monitoring Standards were being met such as Statutory/Mandatory training, absence rates and Personal Development Plan (PDP) completion and how he was using those metrics to develop the staff within his directorate. The Medical Director confirmed that many of those particular metrics are managed operationally by the respective Chief Officers, but he regularly discussed those areas to assist in driving improvement.

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 spoke to the circulated report and highlighted the following:

- The report format had been reviewed and will now focus on key people metrics within each of the divisional areas such as Corporate Services, Acute and Community Health and Social Care Partnership to provide committee a regular view of overall performance.
- Aggregated absence rates had come down to 6% from 7.39% in January 2024, the Director of People and Culture noted it was important to focus on the underlying rate as higher absence in January was a common theme across all health boards.
- An attendance management audit was underway which would cover recorded absence reasons and adherence to the attendance management policy, he confirmed that some focused work would take place in areas experiencing a higher-than-average level of absence.
- The time to fill metric continued to present challenges and the Head of People Services and Resourcing had begun work identifying the core issues. Initial investigation appeared to indicate challenges around the volume of applications managers had to deal with, particularly around shortlisting coupled with enabling a more efficient and effective pre-employment stage and what needs to be done differently to achieve this.
- The violence and aggression training module performance had dipped slightly but this was due to a change in approach as the course was now applicable to all staff rather

than just corporate employees, statutory/mandatory training compliance had levelled out at roughly 70% and further work was required to drive the necessary improvements.

- Appraisal completion had increased slightly to 30.3% and an improvement plan was in place organisationally to continue to drive successful completion.

During discussion the following points were covered:

- Committee Members sought clarity around the sharp increase in turnover within social care in the Community Directorate from May 2024 and asked whether there had been any particular cause. The Director of People and Culture agreed he would raise this with the Chief Officer.
- The Employee Director highlighted the overall sickness absence metrics hadn't moved close to the national 4% target and indicated Belford Hospital appeared as a significant outlier. She suggested the information around how that's being managed and what support was being provided to managers to address this be added to the local partnership forum agendas.
- The Director of People and Culture agreed and reassured members the data would be shared to all forums more consistently moving forward. He suggested caution was taken to comparing percentage rates at Belford to other areas as the staffing groups are smaller and not a direct comparison but emphasised ownership of the data at a local level to understand what can be done differently.
- The Chair asked whether the Executive Director's Group (EDG) had considered the new data sets. The Director of People and Culture confirmed the data was looked at through the performance review structure however work was still required to determine the required frequency and level of scrutiny.
- The Chair drew attention to the Argyll and Bute Older Adult and Hospital Services team who had a significantly higher appraisal completion rate of 35% and suggested it may be appropriate to identify any learning that could be shared organisationally to help other areas increase their completion rate.
- The Chair noted the report confirmed the statutory/mandatory training programme had completed its six-month monitoring period and asked if an update would come to committee. The Director of People and Culture confirmed a final report would come to committee in due course.

The Chair reiterated the importance of having the appropriate people present who could provide committee with assurance based on the granular level of detail highlighted in the IPQR reports and took the opportunity to remind committee members there would be a development session in October covering data and metrics.

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

5.2 Whistleblowing Q1 Report
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the report, this was the first report for this year and covered the period from 1 April until 30th June. The report would go to Board before going to the Independent Whistleblowing Officer (INWO).

From the report it was highlighted:

- One case was raised in respect of service sustainability issues including long waiting lists. The concerns raised were upheld as they were already well known to the Board so the response focused on reporting progress with the action plan that had already been put in place. This case was now closed as there had been no further contact with the complainant for a substantial time.
- Similar concerns raised around another service in respect of sustainability issues. Meeting was held with complainant (who had been involved in Board discussions to resolve the sustainability issues) to discuss why the concern was raised through the whistleblowing standards with it being noted that the complainant wished the concern to be in the "public domain". As the concern was already known to the Board it was

- agreed with the complainant that regular updates from their manager would resolve the issue.
- The above cases raised issues about whether taking cases forward under the Whistleblowing standards was in the 'public interest' when detailed examination of the circumstances had already been undertaken and action agreed.
- Two monitored referrals with one closed due to lack of communication from the complainant.
- Four cases were under investigation with two of them able to be closed since the report was produced.
- Challenges in respect of timeframes to complete investigations had continued but work was progressing on these.

D Macdonald raised concerns that two issues raised through whistleblowing were already known to the Board and queried communications between the Board and staff. S Walsh highlighted his concern around the phrase "already well known to the Board", citing that this gave the impression that the Board were dismissive of the issues raised. The Director of People and Culture agreed that the wording in the report was not helpful. He noted that many Boards across Scotland were challenged in the managing of risk in the current climate of service pressures and that more cases would likely be raised relating to service sustainability issues. Both cases illustrated the importance of keeping staff informed about how their concerns were being addressed. D Macdonald raised a concern in relation to staff feeling listened to citing examples of where staff had tried various routes to highlight concerns and felt that no action was being taken. Staff were using the whistleblowing route as a last resort. The Director of People and Culture agreed that it was important that staff raising concerns saw evidence of work being done to address said risk. The Director of People and Culture explained that a working group had been formed to agree the governance route of both now closed cases, possibly through Clinical Governance Committee. In addition under the Whistleblowing process, a six-month review would take place to ensure that work had been progressed through the action plan.

The Chair queried why an issue raised could be against the public interest. The Director of People and Culture indicated that the guidance was not wholly clear and agreed to circulate to the Committee the wording from the Standards.

B Donald highlighted the challenge of arguing against an issue being in the public interest as most staff were coming forward through whistleblowing as a last resort. The Chair queried the resource issues involved in investigating a complex case that was already known to the Board as issues would already have been raised through the various committees that report to the Board. It was agreed that it was a very complex situation, and it was noted that the Board holds a heightened level of risk due to the financial and staffing challenges facing the organisation. The Director of People and Culture stressed that it was not the concerns themselves that were deemed not in the public interest, it was whether undertaking an investigation would add any value. In both cases an investigation would add limited value.

Action: The Director of People and Culture to bring back a further update on the monitoring of actions within the action plan as part of the next quarterly report.

Action – The Director of People and Culture to circulate to committee the wording of the Whistleblowing Standards regarding public interest.

> 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.

5.3   Culture Oversight Group Update
Verbal update by Gareth Adkins, Director of People and Culture

The Director of People and Culture confirmed there was a Culture Oversight Group meeting planned for week commencing 9th September 2024 to discuss a review of the terms of reference. He noted there had been some quoracy issues resulting in some meetings being cancelled. The group had been in place for some time, the context had changed, and work was underway to determine the future of the group alongside how best to progress its core purpose, ensuring the membership is accurately focused on that.

The Chair suggested it may be more appropriate to consider whether the Area Partnership Forum's agenda could cover the topics covered within the Culture Oversight Group rather than the need for a separate group. The Director of People and Culture agreed and highlighted duplication of meetings was a concern that was currently being addressed.

> The Committee **noted** the verbal update.

Comfort Break 11.35 am – 11.45 am

5.4   Health and Care Staffing Act Q1 Report
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and explained the report is a tool to evidence compliance with the Act to Scottish Government, however he added that no Board is expected to be 100% compliant at this stage. He added that it was generally split into three areas:

- What are NHS Highland's workforce planning approaches that could demonstrate what is required to deliver care to the level of quality and safety expected.
- On a day-to-day basis, how is NHS Highland fulfilling those responsibilities and how are the associated risks being managed.
- How are the short, medium, and long-term risks being addressed such as the reliance on supplementary staffing or issues with short term absence.

The Director of People and Culture confirmed there were several working groups in place in the different operational areas and both Health and Social Care Partnerships and Acute were reviewing their self-assessment to understand how well they comply currently and what we need to strengthen as an organisation.

During discussion the following points were covered:

- The Chair commended the extensive amount of work completed to get to this stage and acknowledged this would continue as the act was fully implemented.
- Staffside sought clarity on the escalation process for staff concerns about safe staffing levels and staffside representation on groups implementing the Act. It was important that reporting of concerns led to visible action and that this was communicated clearly.
- The Director of People and Culture confirmed there was a programme board in place which had professional, managerial and staffside representation to help address those concerns but it was important to identify how the requirements of the Act would work in practice which would take time. He added that concerns around competency levels when staff are asked to work outside their usual area should be escalated through the acute subgroup. However normal processes should ensure that professional advice is taken on the safety of measures to deal with staffing shortages.
- The Chair sought clarity around who was responsible for producing and providing the quarterly reports to Board. The Director of People and Culture confirmed the professional responsibility sat with the Nurse Director and Medical Director, but he was the Executive Lead for the corporate aspect which included the production of quarterly reports.

- The Employee Director highlighted it wasn't clear what each operational area has in place at the moment and suggested it was important communication with staffside was clear and oversight was provided around how the mechanisms for implementation of the Act were being working in practice. The Director of People and Culture agreed and confirmed implementation would be a process over a number of years., It was important to demonstrate what should already be taking place operationally in local areas is effective and subsequently help staff identify where the gaps in our processes are and what improvements are required. .
- The Chair sought clarity around staff delivering services delegated under the integration scheme in the Highland Council area and whether NHS Highland would have some responsibility around this; she also sought clarity on what the terms 'safe care' meant in practicality.
- The Director of People and Culture confirmed under the act the quarterly reporting was a Board requirement and NHS Highland would report on the health component of the partnership agreement. The requirements in relation to Care Homes and Care at Home staff were more light touch and exactly what would be expected under the Lead Agency arrangement was still being worked through. He also confirmed that 'safe care' was a module that sat within the health rostering system which enables recording of daily staffing levels alongside the mitigated risks however he noted this was not being fully rolled out at this stage due to double data entry concerns, but work was underway to resolve this issue.
- Committee Members sought clarity on whether social care staff were aware of the information as it was important communication was clear and understood. The Director of People and Culture confirmed this was part of the programme board's remit and social care representatives from the councils were part of the membership, but ultimately additional communication would be delivered by those respective members locally.

> The Committee **reviewed** and **scrutinised** the content of the report and took **moderate** 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 report and confirmed that all mitigating actions were in place and on track. The one area that had not progressed as hoped was the review of Level 2 risks. The report referenced the following:

- Risk 632 – Culture across NHS Highland: Phase two of the refreshed leadership and culture programme was underway, focusing on learning system and proposals for cohort training. Compliance data for statutory/mandatory training was now available for each operational area and an appraisal/PDP improvement plan had been launched.
- Risk 706 – Workforce Availability: A review of the recruitment model was required due to minimal progress; employability work was progressing well, and integrated service planning had improved the approach to workforce planning with a second cycle planned this year to refine the process.
- Risk 1056 – Statutory/Mandatory Training Compliance: The compliance data was now available for each operational area and committee consideration.

During discussion the following points were covered:

- The Director of People and Culture acknowledged that progress had been slow around the level two corporate risks and further work was required to provide a comprehensive overview of the risks held at this level which would come to committee in due course.
- The Chair sought clarity around the understandable resourcing challenge faced reviewing level two risks and suggested some could be covered in spotlight sessions as another avenue which could be explored to resolve the issue, she also asked whether there were any key risks to highlight with the delay in addressing level two corporate risks.

- The Director of People and Culture confirmed the key area that required focus was Health and Safety and acknowledged some progress had been made. A workshop had been held in the August meeting to focus on key compliance risks. He gave further detail of the work particularly around lone working practices, the control measures in place and any potential gaps that need addressed to ensure colleagues are safe.
- The Director of People and Culture assured committee that the risk remained low around not progressing the level two risks overall as many areas formed part of the improvement plans in place.
- The Chair sought clarity around risk 706 and what improvements had been made to the integrated service planning process particularly around the refinements required this year. The Director of People and Culture confirmed that there had been improvements in the workforce planning data sets, especially around each integrated areas funded establishment compared to their current establishment enabling a better understanding of what their workforce is against the current demand on the service. He added that the next phase was to obtain more granular detail which would facilitate better ward-based planning tools around bed availability and what the recommended workforce required was to operate safely.

> The Committee **noted** the content of the report and took **moderate assurance** from the review and refresh of the people and culture strategic risks and the plan to review level two people and culture risk management.

5.6 Communications and Engagement 6 Monthly Update

The Director of People and Culture highlighted there was a refreshed communications and engagement strategy in place and the report reflected this strategy. The Head of Communications and Engagement spoke to the report, and it was highlighted:

- The format of the report had been refreshed using the Standard Assurance Framework with BRAG (Blue, Red, Amber, Green) colour coding. Two actions were red and awaiting further support from National Services Scotland which were the Intranet Hub and the VIVA pilot and progress had been paused at this stage. All other actions continued to progress well.
- It was identified that more learning was required across the organisation around communications and what can be delivered for campaigns to ensure things weren't communicated without an adequate understanding of what was involved and how the information had been received.
- One noted success had been the recruitment campaign in Argyll and Bute alongside the fall's prevention campaign, more work had been done to move away from one way communication with a further review of future campaigns. The Head of Communications and Engagement regularly interacted with Senior Leadership Teams to ensure evaluation would be built into campaigns moving forward.

During discussion the following points were covered:

- The Chair commended the emphasis on evaluation of campaign requests noting this helped with resourcing for campaigns. She queried the omission of National Care Service (NCS) information from the report and sought clarity on when this would be included. She also queried the use of social media platforms by the organisation and specifically asked whether the use of the X platform would continue.
- The Director of People and Culture explained that communications in respect of NCS were taking place as and when there were updates as there was still a lack of detail on the proposals. He added that some of the work which had been paused did pose a risk, such as the Intranet Hub which had been escalated to the Chief Executive. The issues posed were being raised nationally.
- It was noted that on the X platform many of the followers were inactive, therefore the audience reach had diminished. As the platform was not as robustly regulated some of the content was no longer in alignment with NHS values. However, it was regularly reviewed as it was recognised the platform was the quickest way to reach the public with "live" updates about any necessary changes to service delivery.

- The Head of Communications and Engagement added that Facebook remained the largest platform with the furthest reach for regular communication. Other platforms were regularly reviewed but had not been identified as a suitable alternative to the platforms used.
- S Walsh commended the Head of Communication and Engagement on the work done in the falls prevention campaign and requested to discuss this further offline citing there was potentially further work that could be done in partnership with High Life Highland.

Action: S Walsh to meet with the Head of Communications and Engagement offline to discuss joint communication ventures.

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

6   ITEMS FOR INFORMATION AND NOTING

6.1   Area Partnership Forum update of meeting held on 21 June 2024 and the Draft minutes of 16 August 2024.

The Committee **noted** the minutes.

6.2   Health and Safety Committee Minutes of meeting held on 26 June 2024

The Director of People and Culture spoke to the circulated minutes and noted the committee had undertaken a significant review around governance alongside its overall function. He confirmed there was an updated workplan and each of the working groups would now provide an annual report to provide the committee with the appropriate assurance.

The Strategy and Improvement Plan was in the process of being agreed and would form the basis of the strategic work the committee would oversee alongside regular updates with a planned launch date of the financial year 2025/26.

The Chair sought clarity around the status of the ligature improvement plan and asked whether this was being reviewed at the Health and Safety Committee. The Director of People and Culture confirmed there was an executive oversight group in place alongside formal reporting to committee; progress against the ligature improvement plan was ongoing but there had been some challenges around the scheduling of work etc. however he was confident the timescales the Health and Safety Executive are expecting would be met.

He added that a separate working group had been established for the recent incident in Argyll and Bute, but it would be premature to draw any conclusions at the moment however it was being addressed appropriately and ultimately it linked to the governance and assurance piece of work underway.

7.   Any other Competent Business

There was no AOCB.

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

The Chair confirmed the Whistleblowing Report, and the Health and Care Staffing Act were items on the upcoming Board Meeting. She noted that the discussions relating to the IPQR would also be raised.

8.   Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 5 November 2024 at 10 am via Microsoft Teams.

9.   Future Meeting Schedule

The Committee **agreed** the meeting Schedule for 2025/26 and 2026/27.

10am
2025/26
14/01/2025
04/03/2025
06/05/2025
01/07/2025
02/09/2025
04/11/2025
13/01/2026
03/03/2026

10am
2026/27
05/05/2026
07/07/2026
01/09/2026
03/11/2026
12/01/2027
02/03/2027

Meeting Ended 12.27pm