

## **STAFF GOVERNANCE COMMITTEE**

### **Report by Sarah Compton-Bishop, Committee Chair**

#### **The Board is asked to:**

- **Note** that the Staff Governance Committee met on Wednesday 8<sup>th</sup> March 2023 with attendance as noted below.
- **Approve** the report and agreed-on actions resulting from the review of the specific topics detailed below.

#### **Present:**

Sarah Compton-Bishop, Board Non-Executive Director (Chair)  
Jean Boardman, (Non-Executive) Vice Chair  
Elspeth Caithness, (Employee Director)  
Philip Macrae, (Non-Executive)  
Ann Clark, (Non-Executive)  
Kate Dumigan, (Staff side representative)  
Pam Dudek, (Chief Executive)  
Dawn Macdonald, (Staff side representative)  
Fiona Broderick, (Staff side representative)

#### **In Attendance:**

Fiona Hogg, (Director of People and Culture)  
Gaye Boyd, (Deputy Director of People)  
Bob Summers, (Head of OHS)  
David Park, (Interim Deputy Chief Executive)  
Katherine Sutton, (Chief Officer, Acute)  
Ruth Fry, (Head of Comms & Engagement)  
Jo McBain, (Director of AHP's)  
Heledd Cooper, (Director of Finance)  
Fiona Davies, (Chief Officer, A&BSCP)  
Helen Freeman, (Director of Medical Education)  
Jill Mitchell, (Interim Deputy Chief Officer, HHSCP)  
Karen Doonan, (Committee Administrator) (minutes)  
Nathan Ware, (Governance & Assurance Co-Ordinator)  
Ruth Daly, (Board Secretary)  
Gayle Macrae, (People Partner Corporate Services), Item 4  
Alan Wilson, (Director of Estates, Facilities & Capital Planning) Item 4  
Lori Pattison, (People Planning & Analytics Manager), Item 6.2  
Jennifer Swanson, (Head of Talent), Item 6.3

## **1 WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST**

The Chair welcomed everyone to the meeting. Apologies were received from B Donald, B Robertson, C Sinclair and P Cremin.

There were no declarations of interest.

## 2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

### 2.1 MINUTES OF MEETINGS HELD ON 11<sup>th</sup> January 2023

It was highlighted that whilst the minutes were accurate the top header date had not been updated.

Action: K Doonan to update the date on the minute.

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

### 2.2 ACTION PLAN

- Workforce plan – proposed a June and December joint session with APF, this is now added to workplan so will close from the action plan
- E-Health and accommodation challenges – this will remain on the action plan as discussions are still ongoing
- Whistleblowing reports – wanted to add more categories to the reports but there were no new cases in Q3 so this will remain open and roll forward to next quarter report
- Health & Safety – minutes are now on the agenda so this will close
- IPQR – captured all the comments from last session and will remain on the actions until the work is completed.

Committee Terms of Reference (ToR) is marked as amber, this was added after last committee meeting to keep a track of attendees to ensure attendance is maintained and for all of the meeting scheduled time, this will remain for next 3 meetings.

The Committee **Approved** the updates to the Action Plan.

### 2.3 COMMITTEE WORKPLAN and HOT TOPICS (Updated)

The Chair explained that the hot topics at the top of the document were a memory aid to make sure that they were noted and added to the agenda where required. This now runs through to the next financial year and other topics will appear as the year progresses.

The Committee:

- **Approved** the minutes of the meetings held on the 11<sup>th</sup> January 2023
- The Committee **Approved** the updates to the Action Plan.
- **Noted** the first version of the Staff Governance Committee Workplan 2023 to 2024

## 3 MATTERS ARISING NOT ON THE AGENDA

There were no matters arising.

#### 4 SPOTLIGHT SESSION – Estates

Presentation by Alan Wilson, Director of Estates and Facilities

A Wilson spoke to the presentation regarding the estates, facilities, and capital planning explaining the workforce profile of the departments 800 staff members; Sickness Absence statistics, reasons, and average numbers of days absent; Statutory & Mandatory training completion rates; Colleague Appraisal completion rate; and Directorate structures.

In discussion the following was raised:

- The Director for Estates and his team were commended on their work in making significant changes to areas including training and appraisals, and the supportive ethos which the presentation highlighted
- The Cyber Security training completion rate in the Statutory and Mandatory training for the directorate needs to be increased.
- B Summers advised the Health and Safety team can assist to improve the Injury and Fracture related Sickness Absences.
- Appraisals. The importance of appraisals was highlighted and should not be a box ticking exercise. It was agreed that appraisals should be in place for all staff members to provide them with guidance and support, not only with their job but other issues too. Further monitoring of appraisals is required to understand who is having appraisals, and to understand why some staff members are not.
- Mental Health Training. Suggesting Mental Health training being within core training for all staff. Enabling early triggers of Mental Health to be recognised so staff receive help sooner.
- Estates and Facilities Appraisal success should be used as a role model within NHS Highland to provide other department management teams with a good practice approach. Suggesting that it is included in leadership and management development training.
- Access to Intranet and NHS Highland systems. It was raised that not all members of staff in Argyll & Bute are able to access a computer, making access to policies, training, and other documents difficult for staff members. It was agreed that this issue needs to be addressed.

It was concluded that the work within Estates and Facilities team should be used as a case study for good practice within NHS Highland. The Chair explained it would be a useful learning tool to understand how Alan and his team overcame setbacks in their approach to change the way people management is prioritised in the Estates and Facilities directorate. Further work is required to provide organisation wide access to the Blueprint, it was suggested that a further update is provided at a future Staff Governance meeting.

**Action:** Add to action log for the Staff Governance meeting in six months' time to be provided with an update on how Estates have continued to use this work to improve compliance in people related areas.

## 5 ITEMS FOR REVIEW AND ASSURANCE

### 5.1 Area Partnership Forum minutes of the meeting held on the 28<sup>th</sup> October 2022, 9<sup>th</sup> December 2022, 17<sup>th</sup> February 2023

It was noted that the minutes of the 27<sup>th</sup> February 2023 had not been circulated with the papers and these would be taken to the next committee meeting.

The committee **noted** the minutes of the Forum **on the 28<sup>th</sup> October and 9<sup>th</sup> December**

### 5.2 Health and Safety Committee Minutes of the meeting held on 11<sup>th</sup> October and 13<sup>th</sup> December 2022

There were no questions or comments.

The Committee **noted** the minutes of meeting.

### 5.3 Annual Committee Assurance Review

Report from Fiona Hogg, Director of People and Culture

F Hogg explained that this report goes to the Audit Committee before going to the Board.

The Chair stated that the development sessions were very helpful in the understanding of the IPQR and that the report was a very comprehensive report. There were no questions.

The Committee **reviewed** the report and progress made and took **substantial** Assurance from the report.

### 5.4 Whistleblowing Q3 Report

Report from Fiona Hogg, Director of People and Culture

F Hogg stated that there were no new cases reported in Q3. The tables in the report are slightly out of date due to rechecking the dates of when the cases were closed, the chart was not able to be updated prior to the meeting but the case that was closed is included in the report.

There was to be further work on new categories to breakdown themes of cases, but as there were no new cases this was still to be actioned. There has been national work done on developing additional guidance to aid those who participate in the whistleblowing process, for managers, for colleagues and for HR colleagues and confidential contacts

which is the Guardian Service within NHS Highland. This will be published in April and there will further work done to share this widely.

In two of the cases the outcome was partially upheld, this means that there were learning outcomes from the cases and some improvements were made in respect of what was raised within the cases.

Discussions were had around the numbers in the report with it being noted that the numbers were quite low. Discussions were had around the supporting of and understanding of the Standards. It was noted that most of the cases were around patient safety concerns. It was also noted that the Guardian Service being used allowed for a sense of trust to build that other Boards did not have as they do not use the Guardian Service. There is more work to be done regarding the understanding of the Standards and how to take these forwards. National guidelines will be published in April and there will be further work to raise awareness of these along with some training.

The question was raised around how educational learning was being shared across the entire organisation and how we get assurance that this is happening. F Hogg stated that this could be looked at the next development session. This would allow for further conversation and discussion. Discussions were had around outcomes and whether the Guardian Service could incorporate this as part of their reporting as they are external.

The Chair asked questions on behalf of B Donald due to him being unable to attend the meeting in person. Discussions were had around the timescales involved in the whistleblowing journey. There was a feeling that there was more work to be done in respect of the guidance and the responsibilities and where they fell. B Donald was eager to have a workshop session that would discuss this further. F Hogg suggested looking at this in the June Development Joint Session. This would allow for more discussion and reflection as the national guidance would have been issued by then. This would allow conversations to be had and address the concerns that had been raised with a view to looking at what training could be implemented and what other procedures could be looked at.

It was highlighted that there was a need to build a culture of colleagues being able to raise concerns and feel safe in raising them. It is necessary to look across the entire organisation and have the right procedures in place to make the organisation a safe and supportive place to work. Discussions were had around staff engagement and having information available within staff communications to keep this to the forefront. The breadth and depth of work by B Donald was commended, and it was acknowledged that ongoing support would be required to maintain this momentum.

The Committee <b>reviewed</b> the report and took <b>Moderate Assurance</b> from the report
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## 5.5 Review of Corporate Risks

Report from Fiona Hogg, Director of People and Culture

F Hogg gave a verbal update on the strategic risks reviewed in 2022 and actions from this have been linked to the Annual Delivery Plan. Statutory Mandatory Training and Workforce were highlighted as two key areas to support culture change within NHS Highland. In recognition of the key areas two groups are currently being developed to be commissioned through the EDG; Statutory Mandatory Training Task and Finish Group taking forward audit actions, strategic management of risk and the outcomes from the Health and Safety Annual Report; A Workforce Group that will provide a whole organisation view of our workforce status and performance relating to the Health and

Care Staffing Act. Commissioning the two key area groups would enable visibility of the desired outcome and who needs to be involved.

The Committee reviewed the report and progress made and agreed to take **Moderate Assurance** on progress with mitigating our risks.

## 5.6 Annual Health and Safety Review

Report from Bob Summers, Head of OHS

F Hogg spoke to her presentation to provide an overview of the Health and Safety Annual Report, explaining the clear strategy for the next five years to build a mature and resilient safety culture, improve our risk management by enhancing our compliance and safe systems to protect colleagues and patients, reduce harm and enhance quality of services. The thirteen recommendations of the report, if accepted, will enable the appropriate framework, resource, infrastructure, and plans which can be integrated as the norm, supporting a successful shift in culture and competence. F Hogg provided a brief overview of the thirteen recommendations in the presentation expanding on the wide areas of the organisation that they cover. Following on from the report, it was explained that the next step for the report is to receive feedback from this committee, Health and Safety Committee, Executive Director Group (EDG) and then finalise the report. The Action Plan will be developed and owners for the recommendations will be agreed by the EDG, the EDG will also track the progress of the Action Plan quarterly.

The Chair asked for further guidance on prioritisation of tasks and monitoring governance from this committee's perspective regarding the plan. F Hogg explained that splitting down elements of the plan and alignment with the relevant people, alongside having metrics monitored through the performance management system will provide further insight. Presenting data at Staff Governance through the IPQR and dashboard enables key areas to be monitored on a committee-by-committee basis. It was suggested that a dedicated session could be put in place to talk through the metrics in more detail. B Summers explained that parts of the recommendations are in place, the resources need to be used more effectively. Suggesting a reform of systems to make them easier for operation colleagues in terms of HSE enforcement and compliance.

Discussions were had regarding the Violence and Aggression training within the organisation, and specifically within Argyll & Bute. It was noted that more accountability is needed to understand the issues around attendance of the training sessions and if required, adjusting changes needed to the practicalities of delivering it. Further discussion was had regarding the quality of care being delivered within the organisation and reviewing the Health and Safety system in place to support that.

It was raised that a priority for our leaders and managers should be to ensure the Health and Safety of staff, visitors, and patients. It was noted that the organisation needs to have the capacity to do this, and changes should be made to ensure that there is. A report through the Performance Management Framework was suggested to monitor the capacity and the effectiveness of the Health and Safety systems in the organisation. It was discussed that the Health and Safety Team manage the organisations compliance with legislation, working organisation wide with teams to ensure systems in place to comply with the legislation are effective and making any improvements if required.

**Action:** P Dudek to speak with EDG and their management teams to review Health and Safety systems within the organisation, to ensure there is capacity to prioritise Health and Safety effectively.

**Action:** S Compton-Bishop and F Hogg discuss how to bring back the finalised report for noting and add into the workplan to review this at the right point in time.

The Committee **reviewed** the report and took **Moderate Assurance** from the report

## 5.7 **NHS Highland's Equality Outcomes and Mainstreaming Progress Report**

Report by Gaye Boyd, Deputy Director of People

The Committee was advised that this report will come to the next meeting

## 6 **ITEMS FOR INFORMATION AND NOTING**

### 6.1 **People and Culture Governance Update**

Update from Fiona Hogg, Director of People and Culture

F Hogg explained that discussions and reviews were still ongoing to move forward with the agenda for People and Culture. It was noted that the two key areas were discussed in the Review of Corporate Risks section of the meeting. The discussions have progressed and moved away from being centrally driven towards locally driven to allow engagement and discussion in multiple forums and channels. The local discussions are being still being reviewed to ensure the correct approach is taken based on feedback. It was mentioned that there should be a more substantive update available for the next Staff Governance Committee meeting regarding the feedback, Workforce group and the Statutory Mandatory Training Task and Finish Group commissioning.

The Committee **Noted the Update** on progress with revising the approach and assurance for People and Culture going forward.

### 6.2 **IPQR and Workforce Report**

Report from Lori Pattison, People Planning and Analytics Manager

L Pattison provided a workforce report update explaining that although positive feedback has been received, data is still being improved for certain topics and working in partnership with finance to align systems to present the establishment gap. It was noted that discussions have been ongoing around performance metrics to ensure all data available is presentable and user friendly to help make informed decisions. L Pattison spoke to the presentation explaining that the data set in the report was captured in January 2023, providing further update on the Workforce Profile; Equality and Diversity; Vacancies; Turnover; Sickness Absence; Employee Relations and Staffing Supplementary. It was highlighted that vacancies on job train do not reflect establishment gaps and work is underway with finance to enable more accurate reporting; it is a key action for the Equality and Diversity data set for management to ask staff to update their protected characteristics to improve the quality of data held; Sickness Absences levels continue to increase.

L Pattison spoke to the IPQR report noting that it provides similar data as the workforce planning report regarding recruitment and sickness absence. F Hogg has provided narrative to the IPQR explaining the data presented within the report. It was highlighted that there is further work required for the exit survey, although it is now in the testing stage further modifications are being made.

The following points were raised in discussion:

- Improvement of the recruitment process period. Metrics are available for each stage of the recruitment process. Further discussions are required to identify the relevant metrics and use them to review make improvements to the speed of the recruitment process.
- Access to Data. It was noted that monitoring at which point the data is being used is not possible, but it is known who has access to the data and who requests access to certain sections of data. The Workforce planning team encourage the use of, engage with teams to use the date and attend SLTs.
- Workforce Planning and Financial Information. Continuous work in progress to align budgeted establishment data as the three-year financial plan will be achieved only if the workforce planning is based around the plan.
- Retirement. It was questioned how the organisation was supporting those who are continuing to work until the national retirement age when the average age of retirement in the organisation is reducing. The question was not able to be answered within the meeting, it was agreed that this was a question that required further thought away from the Staff Governance meeting.
- Redeployment. Redeployment data is currently being transitioning over to the employee relations dashboard.

The Committee **reviewed the content of the reports.**

### 6.3 Induction Update

Update from Jennifer Swanson, Head of Talent

J Swanson spoke to the presentation explaining that the induction pilots started in February 2022 lasting 10 weeks, the period could be extended depending on the number of attendees in the pilot period. The presentation highlighted:

- NHS Highland Induction Policy is being reviewed. Standards & timeline for the Induction and Statutory training have been amended.
- Learning Outcomes. In place to help staff members understand NHS Highlands services, strategies, culture, values, governance standards and where to access information if required.
- Format of the Welcome Session. Short videos from each of the Chief Officers to introduce their services.
- Feedback received so far as attendees have commented on the positive organisational culture they have observed so far. All of those who have provided feedback have expressed they would prefer the session to be held on teams.

**Action:** S Compton-Bishop to add the Induction Update to the workplan for Staff Governance for an update to be provided in a future meeting.

The Committee **noted** the update on progress with launching Corporate Induction



**6.4 Recruitment and Workforce Planning Audit Reports**  
Report from Fiona Hogg, Director of People and Culture

The Chair stated the reports did not need to be discussed in detail as they were scrutinised at the Audit Committee which occurred the day prior to the Staff Governance Committee meeting. The Chair asked a question on behalf of B Donald who questioned how the improvements found in the reports will be implemented and how Staff Governance will be provided with an oversight. F Hogg explained that certain actions will fall into the remit of the Workforce Group and EDG which will provide the Staff Governance committee with an appropriate level of oversight.

The Committee <b>noted</b> the report and associated actions
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**7 AOCB**

There was no further business discussed.

**8 Date of NEXT MEETING**

The next meeting of the Committee will take place on Wednesday 10<sup>th</sup> May 2023 **at 10.00 am on MS Teams.**

**8.1 Meeting dates for 2023**

28 June 23  
6 Sept 23  
8 Nov 23

**The meeting closed at 1.05pm**