

STAFF GOVERNANCE COMMITTEE
Report by Sarah Compton-Bishop, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Tuesday 1 September 2020 with attendance as noted below.
- **Note** the report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Sarah Compton-Bishop, Board Non-Executive Director (Chair)
James Brander, Board Non-Executive Director
Albert Donald, Board Non-Executive Director
Etta Mackay, Staff Side Representative

In Attendance:

Tim Allison, Director of Public Health
Gaye Boyd, Deputy Director of Human Resources
Elspeth Caithness, Staff Side Representative
Ruth Daly, Board Secretary
Jane Fowler, Head of HR (Argyll and Bute)
Fiona Hogg, Director of Human Resources and Organisational Development
Sharon Hammell, Head of Communications
Joanna MacDonald, Chief Officer (Argyll & Bute) (from 10.45am)
Brian Mitchell, Committee Administrator
David Park, Chief Officer
Donald Peterkin, Data Protection Officer (from 11.25am)
Dr Boyd Peters, Medical Director
Emma Pickard, External Culture Advisor
Donna Smith, Associate Director of Planning, Performance and Improvement
Bob Summers, Head of Occupational Health and Safety
Katherine Sutton, Chief Officer (Acute)

Apologies:

Paul Hawkins, Chief Executive
Louise McInnes, Risk Manager
Adam Palmer, Employee Director

AGENDA ITEMS

- **Appointment of Vice Chair**
- **Assurance Report from Meeting held on 21 July 2020**
- **Spotlight Session – Argyll and Bute**
- **Communication and Engagement Update**
- **Induction, Statutory and Mandatory Training**
- **Developing Managers and Teams**
- **Integrated Performance Report**
- **Workforce Report**
- **NHS Highland Remobilisation Plan**
- **Draft Minute from Highland Partnership Forum Meeting on 24 July 2020**
- **Safe Information Handling Training**
- **Culture Programme Update**
- **Risk Management and Corporate Risk Progress**
- **Feedback from Health and Safety Committee Meeting on 24 August 2020**
- **AOCB**

DATE OF NEXT MEETING

The next meeting will be held on Tuesday 3 November 2020.

1 WELCOME AND DECLARATIONS OF INTEREST

There were no Declarations of Interest.

The Chair advised she had canvassed J Boardman in relation to the position of Vice-Chair, J Brander also having previously intimated an interest in undertaking the role of Joint Vice-Chair should this be helpful to her. Subsequent discussion had established J Boardman was interested in taking the role on a sole basis as there was no issue with this being undertaken remotely when required.

After discussion, the Committee Agreed J Boardman be appointed Committee Vice Chair.

2 ASSURANCE REPORT FROM MEETING HELD ON 21 JULY 2020

There had been circulated a draft Assurance Report from the meeting on 21 July 2020

The Committee Approved the circulated draft Assurance Report.

3 MATTERS ARISING NOT ON THE AGENDA

3.1 Workforce Report

F Hogg advised that Workforce reports would continue to be provided to the Committee in addition to the Integrated Performance Report (IPR), with the IPR gradually including more items over the coming months. However, the IPR will never cover all of the metrics in the Workforce report so both will come to this Committee.

3.2 Raising Concerns Communication

F Hogg advised a poster was being developed in association with the Communications Team and would be available for the next meeting.

The Committee Noted the updates provided.

4 COMMUNICATION AND ENGAGEMENT UPDATE

S Hammell spoke to the circulated report providing an update on key internal and external NHS Highland and Argyll and Bute communications and engagement activity from 1 March to 18 August 2020. It was noted since March 2020 the focus of the Communications and Engagement Team had been to ensure colleagues and the public were kept up to date with national guidance to keep themselves and others safe. Specific updates were provided as follows:

- Participation in numerous Covid-related local and national fora. Sharing learning, influencing content/timing of national campaigns, developing joint communications and optimising the use of national assets by tailoring these for NHS Highland use.
- The overall volume of internal communication activity had increased, with colleague feedback indicating updates from Silver Command had been welcomed. However the volume and content of All Colleague emails had been felt to be overwhelming for some and not always relevant to their roles. As a result, an Intranet nugget had been

developed as a colleague information repository, launched in March and refreshed in June 2020.

- From March 2020, there had been numerous communications relating to establishment of the Healing Process and launch of the Employee Assistance programme. There had been communication around the results of the Argyll and Bute Survey, associated apologies and their action plan along with information on how to participate in engagement sessions and signposting of support resource.
- Wellbeing Wednesday communication had been launched in May, supported by an intranet nugget for Health and Wellbeing. Promotional material had been issued in relation to the launch of the Guardian Services in August 2020.
- An “Ask Me Anything” one hour Teams meeting engagement approach had been launched, hosted by Senior Executives, with all staff invited to participate. An update on the first session by P Dudek was provided. F Hogg would host the September 2020 session. Sessions were recorded and made available for later viewing. D Park advised consideration would be given to establishing a forward programme. The Chair welcomed an approach that sought to capture relevant response data relating to culture.
- Revised NHS Highland Media and Social Media Policies were launched on 18 August 2020, and promoted to colleagues to help support them at a time of changing use of social and other media.
- During the reporting period, NHS Highland had responded to 431 media enquiries, a 42% increase over the same period the previous year and some 102 proactive media releases. Much social media activity utilised national campaign assets from Scottish Government and Public Health Scotland. Social media presence was increased over this period.

After discussion, the Committee Noted the updated position.

5 LEARNING AND DEVELOPMENT

5.1 Induction, Statutory and Mandatory Training

F Hogg spoke to the circulated report, updating on the activity and compliance in relation to the local target of 90% for completion of statutory and mandatory training across NHS Highland as well as the wider induction approach. Reported compliance remained below target, with the organisation having introduced a more structured approach to Induction activity and an induction portal in the previous year. The Highland Partnership Forum had recently approved both an Induction and Mandatory Training Policy, with a Mandatory Training Matrix also having been introduced. Communication with managers and staff on these Policies had increased interest in compliance levels. Future reporting would be within the Integrated Performance Report submitted to all NHS Board Governance Committees.

The circulated report included performance reports relating to compliance rates for new starts and in relation to mandatory training. The former had indicated a peak of induction training following introduction of the portal in January 2020, with reported 50% compliance rate as at July 2020. For Mandatory training, the overall compliance rate across most areas remained 20% below the expected target however in relation to Fire Safety this dropped to 30% below the expected rate. A new fire safety video for learning was accessible via LearnPro.

It was stated compliance rates for practical training (moving and handling, violence and aggression/restraint handling) was a significant organisational risk and required urgent intervention. A plan to increase face to face and online compliance was being developed and worked on by EDG and the Nursing, Midwifery and Allied Health Professions NMAHP leadership team, with issues relating to the release of colleagues and levels of non-

attendance, recognised. Additional capacity would be required to address the backlog and this was being put in place.

It was stated that overall there had been a number of challenges in relation to the release of colleagues for training, and the prioritisation of training activity, with particular reference to high risk practical training elements. Operational and professional leaders would be required to mitigate relevant risk and urgently address the current training backlog, beginning with those staff members whose training was most out of date or had the highest risk exposure. The Health and Safety Team would work to create additional capacity to address any backlog however this had to be supported by management to ensure success. Cancellations for Mandatory training should only happen in the event of unplanned leave.

There followed discussion, during which there was concern expressed in relation to the level of induction training uptake in particular. F Hogg confirmed this was recognised and advised the Culture Advisor for NHS Highland was conducting a review of the existing recruitment processes and this link to induction would be added into the scope. K Sutton emphasised the need for clear guidance in this area in addition to ensuring consistency of refresher training activity, with F Hogg advising further consideration would be given to appropriate signposting arrangements. She stated relevant managers should be taking a proactive role in ensuring staff were meeting all relevant training needs.

B Summers confirmed a plan had been developed to improve high risk, practical training compliance. Training provision levels were being increased however the backlog remained significant. He urged greater focus on Moving and Handling training with the view being expressed new starts should not be permitted to commence their employment until such time as all training requirements had been fulfilled. A number of practical suggestions, including improved and timely performance reporting to individual teams were discussed, and whilst then need for this was recognised it was also emphasised that individual colleagues and managers had to recognise their own role in ensuring they had fulfilled all relevant training requirements as the system allowed them to view this via Learnpro. It was agreed that clear language must be used to reinforce the responsibilities of individual and line managers in ensuring the necessary training is completely timeously.

J Brander went on to highlight low compliance in relation to staff appraisal activity, this representing a key strand in ensuring training standards were met. In response, F Hogg confirmed this matter was being discussed at national level in relation to staff on Agenda for Change Terms and Conditions.

ACTION: Improvement Plan to developed and brought to the next meeting - **F Hogg**

Following discussion, the Committee:

- **Noted** the relevant compliance rate performance and stated organisational risk.
- **Agreed** an Improvement Plan be developed and brought to the next meeting.

6 SPOTLIGHT SESSION

J Macdonald gave a presentation to members, providing a spotlight on Staff Governance matters within the Argyll and Bute Health and Social Care Partnership. Updates were provided in relation to the following:

- Culture – stating this informed both attitude and ability toward transformation activity, there were a number of areas of current focus including partnership working, taking forward the 100 day improvement plan and introduction of regular communications. Virtual coffee sessions had been introduced, a culture meeting was to take place later

that day and number of Courageous Conversations training sessions had been held to date. Frontline staff had engaged positively.

- Recruitment – a weekly workforce management approach had been introduced with a view to developing a five year recruitment plan including targeted marketing approaches where necessary. There was a defined aim of reducing reliance on locum GPs in area.
- Remobilisation and Models of Care – much of this activity was tied to that in relation to recruitment and promotion of a positive culture.
- Redeployment – advised robust updated guidance for managers and associated documentation in place, with absence having noted to have decreased during the Covid period. Working with Argyll and Bute Council in relation to the safe return of staff to buildings. Anecdotal evidence suggested some staff members had been more productive whilst working from home.
- Statutory and Mandatory Training – activity underway to review Policies, staff requirements and responsibilities. Considered anomalous that all temporary and bank staff were fully trained prior to commencing employment however the same did not apply to internal staff. The use of online training modules had increased during Covid and this would likely be maintained moving forward.

J Fowler took the opportunity to highlight there were two employers operating in Argyll and Bute, with an integrated workforce in many service areas. She stated trust in, and valuing of, staff was key and as such progress was being made in relation to reducing the number temporary positions within the Partnership. It was positive that some 30 members of staff had volunteered to join the Argyll and Bute Culture Group. The overall level of sickness absence in area was encouraging. The Chair thanked those presenting on the day.

During discussion, members welcomed the presentation content and noted how matters relating to culture, values and trust had influenced compliance and performance across a range of areas. B Donald took the opportunity to ask if the arrangements for temporary/bank staff were similarly in place across NHS Highland and was advised this was the case.

E Caithness suggested there was learning for North Highland with regard to staff engagement and supporting staff to have their voice heard. J Fowler emphasised that staff experience was varied across the Argyll and Bute areas and stated there would be merit in seeking to better understand that feedback. A questionnaire was being developed in relation to home working, the results of which would be used to help inform activity to support staff into the future. On this point, it was stated NHS Board approval would be required prior to action being taken, emphasising that working from home was not a default position. F Hogg advised National HR Directors were further considering the issue of home working, recognising the position varied across NHS Boards and between individual staff members. It was felt overarching national level guidance may help frame the relevant discussion. It was further noted G Boyd and B Summers were on the national Home Working Group.

After discussion, the Committee Noted the matters highlighted by the spotlight session.

J Fowler left the meeting at 11.30am.

7 LEARNING AND DEVELOPMENT

7.1 Developing Managers and Teams

F Hogg spoke to the circulated report providing an update on progress against activity being taken forward as part of the Culture Programme plans in relation to the development of a portal for new managers and leaders, and the separate elements of Managing Courageous Conversations. The Manager portal was ready for launch and given it's applicability to all staff would be the subject of appropriate communication activity. In North Highland Courageous Conversations training roll out is focussed initially on supervisors, managers

and professional leads, but will be coming later for all staff members, and has already been started in Argyll & Bute. An online version of the training is in development to support this. Discussions with HR and Staffside on issues with disciplinary, grievance and bullying cases had identified a number of areas for improvement relating to having good conversations on difficult actions. F Hogg stated there would be shared learning taken from for the whole organisation.

The Chair referenced previous discussion, in relation to those managers who had been in post for some time, and sought an update on how they would be reached given that the new portal would be aimed at those new to leadership and management roles. She suggested the Intranet site, as currently configured could be improved to improve ease of access to applicable resource. F Hogg advised there was suite of existing support resources for all managers and the portal should be promoted to all managers on launch not just those who were new. B Donald further raised the matter of Statutory and Mandatory training completion by long serving managers and was advised this was to be monitored by the Senior Leadership Team, who would also seek to lead by example in this areas.

After discussion, the Committee Noted the updated position.

8 PARTNERSHIP, WORKFORCE AND ORGANISATIONAL CHANGE

8.1 Integrated Performance Report

D Smith spoke to the circulated report, updating members in relation to development of the Integrated Performance Report and advising the latest iteration took a cross system view of performance and had a particular focus on the Remobilisation Plan targets, reflecting NHS Highland performance in the context of remobilisation and the ongoing presence of Covid19. The monthly report would incorporate elements relating to Quality Outcomes, Operational Outcomes, Finance and Staff Governance. There had also been circulated the associated Performance Scorecard detailing performance against National Standards and Key Performance Indicators agreed by the NHS Board pre-Covid to ensure appropriate ongoing surveillance of the situation when considered against the historic targets. Key changes and challenges in meeting the Remobilisation Plan, to July 2020, were outlined in relation to 4 hour performance, Urgent Suspected Cancer Referrals, Cancer Waiting Times, New Outpatients, SAB and Clostridium Difficile Infection activity. Overall, plans were well developed and were being implemented to recover Board performance across the whole system and reported through the weekly Performance Recovery Board chaired by the Chief Executive. D Smith went on to advise the Performance Report would also be submitted to Governance Committees, with future versions to include detail relating to Adult Social Care, Freedom of Information data, Resilience Standards etc. The Chair confirmed there was to be a Development Session of the NHS Board to take Non-Executive members through the revised reporting arrangements in more detail.

F Hogg advised that whilst the Staff Governance elements of the Performance Report would be enhanced over time there would still be a requirement for production of the existing Workforce Report. B Summers suggested the further inclusion of a series of Health and Safety Indicators and there was general agreement as to this point. B Donald queried the inclusion of data relating to the actions taken in relation to Adverse Events and was advised that would be considered by the Clinical Governance Committee. On the matter of wider reporting, Dr Peters emphasised there was a comprehensive range of activity that underpinned the Integrated Performance Report which in itself sought to provide a summary of direction of performance. The Report was still being developed and over time would also include relevant trend analysis data. The Clinical Governance Committee and relevant Quality and Patient Safety Groups continued to monitor performance data at that time.

After discussion, the Committee:

- **Noted** the position in relation to continued development of the NHS Highland Integrated Performance Report.
- **Noted** the role of the new Performance Recovery Board.
- **Agreed** the continued need for consideration of a Workforce Report.

8.2 Workforce Report

G Boyd spoke to the circulated report providing relevant Workforce data as at 30 June 2020, with particular focus on recruitment and redeployment. It was reported that overall recruitment activity was down and likely to remain at this level for a period unless staff turnover significantly increased. It was noted turnover had decreased since April 2020. There had been a continued increase in the use of Fixed term Contracts, with tight management required in relation to the same with a view to ensuring these did not become permanent or lead to an increase in redeployment numbers.

In relation to redeployment, there were 60 employees from North Highland and 27 employees from Argyll & Bute reported as displaced. On the secondary register there were 26 employees in Argyll & Bute and 12 in North Highland. Actions from the recent audit on redeployment were being progressed and monitoring was being provided through the Organisational Change Oversight Board. The Organisational Change Policy was being reviewed and updated by a partnership short life working group. The Director of Human Resources had requested oversight of any outcome from a formal process that recommended redeployment, before that was confirmed, given that redeployment was unlikely to be appropriate in issues of conduct or bullying. It was important to ensure that all vacancies were considered for those on redeployment and where necessary training plans are agreed with individuals to ensure they are easily matched into an appropriate role. The forthcoming external People Processes Review would also consider redeployment activity.

The Chair welcomed the increased level of detail being provided to members and urged development of an appropriate process relating to those on long term redeployment. In response to the point raised, G Boyd advised not all staff on redeployment were at work although the majority would be. F Hogg stated aspects relating to redeployment would require a twin track process that sought to identify individuals at an early stage, managed role changes in an appropriate manner and was taken forward in a formally managed way.

During discussion, the matter of age profile was raised and members were advised this would be taken forward by the re-initialised Working Longer Group. There was an external review of the relevant People Processes and this would seek to build on work already undertaken in this area, including by Public Health. It was emphasised that NHS Highland carried some 600 plus vacancies as at the date of this meeting.

After discussion, the Committee:

- **Noted** the contents of the report and the areas for improvement.
- **Agreed** the need for a detailed review of long term redeployment issues.
- **Agreed** the focus for the next meeting be in relation to staff appraisal activity.

8.3 NHS Highland Remobilisation Plan

There had been circulated a report outlining the process and next steps in the delivery of the NHS Highland Remobilisation Plan, the Plan having also been circulated to members. F Hogg advised that the plan was to develop a single page summary of the Plan, highlighting

relevant key messages. On the point raised, it was advised each of the relevant Workstream areas operated according to a relevant Project Initiation Document (PID), the detail of which can be cascaded where necessary and help inform individual staff member objectives.

The Committee otherwise Noted the NHS Highland Remobilisation Plan.

D Smith left the meeting at 12.20pm

8.4 Draft Minute of Meeting of the Highland Partnership Forum held on 24 July 2020

There had been circulated draft Minute of Meeting of the Highland Partnership Forum held on 24 July 2020.

The Committee Noted the circulated draft Minute, without comment.

9 POLICIES, TERMS AND CONDITIONS, DIVERSITY AND INCLUSION, VALUES AND CULTURE

9.1 Safe Information Handling Training

D Peterkin spoke to the circulated report which outlined a recommendation from the Information Commissioner Officer (ICO) that data protection refresher training should take place annually and certainly no later than every two years. It was noted the NHS Highland required staff renew their data protection training every three years. As context, D Peterkin advised that NHS Highland data breaches had, in all but one case, been the result of human error. The frequency of training was regularly raised by the ICO and it was stated that data breaches presented not only a financial risk to the organisation but also a reputational risk.

There followed discussion, during which the view was expressed that a two year refresher programme would be more easily achieved rather than the setting of an unrealistic target of one year. F Hogg stated that access to information was part of the daily routine for the majority of NHS Highland staff, the training module itself was not onerous to complete, and as such there should be an expectation that this be completed on an annual basis. The final decision in relation to this matter would be taken by the Executive Director Group (EDG).

Discussion then moved on to the broader issue of Training and Development activity, with the view expressed NHS Highland should not deviate from national guidance, including for refresher training. It was stated relevant training activity should be considered as investing in people more generally and staff given the time to complete the same. B Summers emphasised the need for all NHS Highland staff training to be risk-based at this time.

After discussion, the Committee:

- **Noted** the update provided.
- **Agreed** to advise the Executive Director Group the Committee favoured a move to a refresher training frequency requirement of every two years, or preferably annually.

9.2 Culture Programme Update

E Pickard spoke to the circulated report which indicated the Culture Programme and Oversight Board had recently proposed changes to its programme structure and governance

arrangements to improve delivery focus and facilitate staff involvement. The main issues and associated recommendations related to the following four key themes:

- Culture Programme structure and priorities – recommend a collaborative prioritisation exercise with members of the current Culture Board with a view to co-producing a set of Culture priorities. Plans and resources would be structured around these activities. The exercise would be facilitated by the External Culture Advisor.
- Structure and membership of the Culture Oversight Group – in order to create a tighter focus on progress and outcomes, and improve the quality of discussion and debate a smaller membership had been proposed with effect from the September 2020 meeting. In order to facilitate such change an extraordinary meeting of the Culture Board would be held, the purpose of which would be to review and approve the Culture priorities resulting from the prioritisation exercise. Members would be invited to lead or participate in activities, with the Group then re-formed with the revised membership. The Committee were invited to endorse this approach.
- Progress – progress was reported as being made in relation to the Recruitment Review, People Processes, and on Diagnostic and root-cause analysis activity. On the latter point, proposed terms of reference were being developed by the External Culture Advisor and members of the Whistle-blowing Group although this would require wider colleague and management involvement/oversight.
- Partnership working and concerns – following meeting with key Unions, a dedicated meeting of the Highland Partnership Forum had been held with a view to better understanding Staffside concerns relating to cases of ongoing bullying and poor behaviour, as well as key trade union lead reps meeting with the Director of HR and Deputy Director to further understand the current situation. The first of two associated workshop events, dedicated to improving partnership working had been held, with the second scheduled for 18 September. Anticipated outcomes from the workshop would include an agreed set of partnership priorities and associated delivery resources; clarity on the roles of Staffside, Human Resources and Management; recommendations on changes to existing governance arrangements and ways of working; and recommendations on changes to Staffside resource allocation.

During discussion, the need for root-cause analysis activity was acknowledged given this was a continuing area being raised by staff. F Hogg stated this was a key strand of the current listening process and would facilitate a drawing of the line, enabling matters to then be taken forward. She added that partnership working should be core to all activity, with the Culture Programme Board seeking to support that but not lead it.

After discussion, the Committee:

- **Noted** the update on current Culture Programme activity.
- **Agreed to Endorse** the direction of travel outlined in relation to the four key themes identified.

S Hammell left the meeting at 12.45pm.

10 HEALTH, SAEFTY AND WELLBEING, ABSENCE AND WHISTLEBLOWING

10.1 Risk Management and Corporate Risk Progress

F Hogg spoke to the circulated report providing an update on progress with embedding Risk Management across NHS Highland as well as progress on the Corporate Risk Register, which is now called the Board Assurance Framework. It was reported the procedures for risk management required to be revised following an internal audit review in relation to the same. An update on Operational Risk Registers relating to statutory and mandatory training was to be provided to the next meeting, as these should be at a level to be escalated to the Board

Assurance Framework given the position in relation to compliance. It was stated a robust risk management process would enable risks relating to the workforce to be identified and managed, with assurance for these risks provided by the Staff Governance Committee and, where appropriate, the Clinical Governance Committee. There had also been circulated a more detailed update in relation to the Board Assurance Framework and relevant extracts relating to Staff Governance.

The Committee:

- **Noted** the updates provided in relation to progress with embedding Risk Management and on the Board Assurance Framework.
- **Noted** the requirement to review the operational risk registers relating to Statutory and Mandatory training compliance and ensure the risk is moved up to the Board Assurance Framework.

10.2 Feedback from Health and Safety Committee Meeting held on 24 August 2020

B Summers advised that revised Health and Safety Committee Terms of Reference and membership had been established with effect from the meeting held on 24 August, making this more strategic in nature and reflective of the new organisational structure within NHS Highland. In addition to these changes it was reported that Acute, Community and Corporate Health and Safety Groups would be established alongside the Argyll and Bute IJB Health and Safety Group. He stated relevant reporting requirements in relation to Governance Committees had all to be identified and better defined.

The Chair took the opportunity to state the Committee was required to take and give assurance that relevant Health and Safety matters were being appropriately considered and further that relevant risks were being appropriately managed. Committee arrangements for the escalation of relevant risks would require further consideration. F Hogg advised the Health and Safety Committee would meet every two months, with the associated Minutes submitted to this Committee for scrutiny. A summary report would be provided where the Minute was not available for circulation. She stated the meeting on 24 August had been well attended and had facilitated good discussion. The robust processes introduced at lower level would help to ensure appropriate escalation of relevant matters. B Summers added he was to update the existing Health and Safety Policy to reflect the recent changes and would keep this under review moving forward.

The Committee:

- **Noted** the update from the meeting held on 24 August 2020.
- **Noted** the existing Health and Safety Policy would be reviewed and updated.

11 AOCB

There were no matters discussed in relation to this Item.

12 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Tuesday 3 November at 10.00am** in the **Board Room, Assynt House, Inverness.**

The meeting closed at 12.55pm