

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

**The Board is asked to:**

- **Note** that the Staff Governance Committee met on Tuesday 3 November 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)  
Jean Boardman, Board Non-Executive Director  
James Brander, Board Non-Executive Director  
Pamela Dudek, Chief Executive  
Albert Donald, Board Non-Executive Director  
Etta Mackay, Staff Side Representative  
Adam Palmer, Employee Director

**In Attendance:**

Gaye Boyd, Deputy Director of Human Resources  
Ruth Daly, Board Secretary  
Kayleigh Fraser, Committee Administrator  
Fiona Hogg, Director of Human Resources and Organisational Development  
Emma Pickard, External Culture Advisor  
Barbara Milne, Technical Accountant (Item 8.2)  
Bob Summers, Head of Occupational Health and Safety  
Boyd Robertson, NHS Highland Board Chair

**Apologies:**

Alexander Anderson

## **AGENDA ITEMS**

- **Assurance Report from Meeting held on 1 September 2020**
- **Spotlight Session – NMAHP**
- **Communication and Engagement Update**
- **Update on Approach to Statutory and Mandatory Training Compliance**
- **Integrated Performance Report**
- **Workforce Report**
- **iMatters / Everyone Matters Report**
- **Partnership Workshop Outcomes**
- **Feedback from Highland Partnership Forum Meeting on 9 October 2020**
- **Culture Programme Update**
- **Draft Code of Corporate Governance**
- **Risk Management and Corporate Risk Progress**
- **Update on the Implementation of Independent National Whistleblowing Standards**
- **AOCB**

## **DATE OF NEXT MEETING**

The next meeting will be held on 13 January 2021

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

Mr Alex Anderson had submitted his apology for the meeting.

There were no Declarations of Interest.

## **2 ASSURANCE REPORT FROM MEETING HELD ON 1 SEPTEMBER 2020**

There had been circulated a draft Assurance Report from the meeting on 1 September 2020 along with the rolling Action Plan for the Committee.

In relation to the Action Log it was noted that two actions (21 and 24) appeared similar and that the entries relating to communications to staff identifying the routes which could be taken to raise concerns and access support and also that a poster would be created. A poster had been drafted and colleagues were keen to ensure that all available routes for assistance could be clearly identified to avoid confusion. This would also be updated to include new information on the Guardian Service.

With respect to the outstanding action to receive an annual report from Medical Education (Action 14) it was agreed that this could perhaps be included at the same time as an update/presentation on Civility Saves Lives at either the January or March meeting. This was because Helen Freeman, our Director of Medical Education was also leading on that work. Further consideration of the Committee work plan would be necessary and inclusion of an annual report from Medical Education would be included in the work for the Committee to ensure good governance.

In relation to Action 26 – the need to create an improvement plan for Statutory and Mandatory Training, it was confirmed that a stepped approach would be undertaken. Clear targets and actions would be likely for the January meeting, following the discussion later on at this meeting.

<p><b>The Committee Approved</b> the circulated draft Assurance Report and the Action Log, subject to the comments raised during discussion.</p>
--

## **3 MATTERS ARISING NOT ON THE AGENDA**

### **Concerns raised from Argyll and Bute CAMHS**

The Chair confirmed that in relation to her role as Chair of this committee, along with Gaener Rodger, Chair of the Clinical Governance Committee, she had recently received a letter from tier 3 Staff in the Argyll and Bute CAHMS team. It was important for the Committee to be informed that the letter contained concerns relating to staff governance and culture. This matter had been shared with senior Executives and the Committee needed to be assured that elements relating to staff appraisals and being informed in decision making were being explored.

Fiona Hogg provided a brief update on actions taken, as this matter had already been raised with the organisation in August 2020 and a plan had been put in place by Joanna MacDonald, Chief Officer for Argyll & Bute HSCP, and Patricia Renfrew, Head of Service, was liaising with the team on this to address these issues raised.

A manager had now been appointed to lead on the review of the CAMHS service, there had been a significant delay in this stage, due to the need for ongoing conversations with those involved about who this should be and why they would be suitable and to agree the terms of reference. The Lead AHP for Argyll & Bute, Linda Currie was carrying this out and the issues raised about the process have now all been addressed.

On 12 October, Joanna wrote to those who sent the latest letter, to clarify the status of the investigation, to set out that this was targeted to report out by the end of November and to assure of the attention that the organisation was giving to addressing the challenges.

Pam Dudek also advised that she had spoken with these colleagues on a recent visit to Argyll & Bute and heard their concerns and it was agreed that a further meeting would be held in December to ensure that all parties were meeting the obligations. It would be important to ensure that PDPs and appropriate staff supervision should be part of the ongoing solution. Post-remobilisation discussions would need to focus on the recovery and performance of the CAMHS service throughout the organisation.

Bert Donald queried whether the Datix system was operating as it should. Fiona Hogg confirmed that the Datix system is being considered as the tool to report Whistleblowing cases, as part of the national standards and approach. However, it was important to stress that the usual channels should be used to seek assistance on behavioural concerns, rather than Datix. Bob Summers pointed out that the Datix system covers risk management, adverse events and complaints and operates as a reporting tool rather than one for communication. It was not the most effective system to use for matters such as this and further training on how the system should be used might be helpful. Boyd Robertson commented that there was a lack of clarity about what constituted Whistleblowing and further communication for all staff of the distinction between Whistleblowing and grievances would be helpful.

**The Committee Noted** the position and the update provided, and **Agreed** that further clarity and training for staff on the use of Datix and the nature of what is and isn't Whistleblowing should be taken forward.

#### 4 SPOTLIGHT SESSIONS - NMAHP

Heidi May shared a presentation with the Committee on the key workforce priorities for Nursing, Midwifery and Allied Health Professionals in NHS Highland. She focussed on workforce planning, workforce development and care standards. It was confirmed that the briefing for this item had not been received by Committee Members as it hadn't been submitted directly to Committee administrators, so this would be circulated after the meeting.

##### **Workforce Planning**

- The National Health and Care Staffing (Scotland) Act 2019 will be significant in ensuring adequate staffing levels and escalation. Implementation of the Act has been delayed by COVID. Nursing and midwifery staffing is most prepared to proceed with implementation, as the use of national validated establishment calculation tools is well embedded in these professions. All other professions including AHPs will require to develop validated establishment calculation tools over time. Standard work has been developed to ensure high standards of consistent practice – including ensuring that Partnership colleagues are fully engaged with the establishment setting process.
- The NMAHP Team are undertaking focused work on how to reduce reliance on supplementary staffing by ensuring correct staffing establishments are set and maximising the efficiency of the current workforce. Compliance with the Rostering Policy is improving and a reduction in supplementary staffing has been seen as a result. Electronic rostering was now being tested in Raigmore with a 3-year roll-out plan. It was anticipated that further savings could be created in year 2.
- North Highland organisational restructure had been a challenge for staff morale as changes were being made that would impact on staff jobs. Changes to the

professional NMAHP structure are taking place as a result of this organisational change which the Lead NMAHPs have been fully involved in designing.

- Significant recruitment challenges have previously been experienced particularly in midwifery and the supply of midwifery graduates through Robert Gordon's University has not met the Boards workforce requirements, following the change from Stirling University providing this course. A proposal for a shortened midwifery course was agreed and implemented and the first co-hort of graduates have been recruited. The course is running for a 2<sup>nd</sup> year but there is no agreement to recruit more students beyond this. The Government will review the course and make the decision about whether or not to continue it. Until a better supply from Robert Gordons University is achieved this shortened course is critical in securing enough midwives for NHS Highland and its discontinuations poses a significant risk to the Board.
- Out-reach to local schools had been particularly successful, encouraging pupils to experience the health environment and this needs to be taken forward as a normal part of the workforce planning process.

### **Workforce development**

- The NMC had recently updated its standards of practice resulting in change for mentors and students to achieve practice standards. There is particular pressure on practice placements due to the numbers of students and consideration is currently being given to whether care homes might be used for placements – especially from Scottish Ambulance students.
- As part of the national strategy for “Transforming Nursing Roles” there has been significant focus on developing the role of the Advanced Practitioner – for Nursing, Midwifery and AHPs. These roles are extraordinarily versatile and are being used increasingly to secure patient care delivery as part of service redesign and reconfiguration. These roles are popular with staff and create a great opportunity for career development.

### **Professional and Quality Care Standards**

- A review of the professional assurance framework for nursing, midwifery and AHPs is being undertaken.
- Work was underway on a number of nationally-led pieces of work such as ‘Excellence in Care, which is a care assurance framework for nursing midwifery and AHPs.
- A recent OPAH inspection in Cowal Community Hospital had received good feedback in terms of care standards, and had identified areas for improvement in relation to the way in which documentation was undertaken.
- The Cabinet Secretary had extended the role of the Nurse Director to have responsibility for standards of infection control in care homes, to support with staffing and to support with care standards, including private care homes.

During discussion, it was queried how statutory and mandatory training would be incorporated into workforce planning and rostering. It was confirmed that a 22.5% absence allowance is built into all establishments to account for staff training (and other absences) and compliance is monitored through the Professional Leadership Committee as well as the operational units. The e-rostering tools would also provide better visibility of statutory and mandatory training.

Safe staffing levels were becoming more of a challenge and assurance was sought that we have systems in place to monitor and ensure that this is achieved. It was confirmed that wards would be staffed to meet activity demand where ever possible but that COVID19 and winter pressures will place a significant strain on staff availability. NHS Highland is an isolated Board and has a limited pool of people from which it can recruit, and a limited pool of staff to provide supplementary staffing cover. It is anticipated that other staff groups would need to be mobilised to provide support and that flexible staffing approaches would need to

be secured. A formal escalation plan for staffing shortages or dilution of skill mix will be further developed.

Application of rostering had been variable across the organisation and so the potential improvements for the e-rostering would be welcomed. Establishment reviews were not proceeding as well as had been hoped – in relation to engagement of Partnership colleagues and Heidi May undertook to look into this matter and see it improved.

The Chair thanked Heidi May for her very full and informative presentation.

**The Committee Noted** the presentation and that the briefing would be provided to the Committee separately

## **5 COMMUNICATION AND ENGAGEMENT UPDATE**

Fiona Hogg introduced the circulated update report which had been provided by Sharon Hammell.

The Chair welcomed the update and acknowledged the current additional pressures on the Communications Team.

**The Committee Noted** the update and thanked the Communications Team for providing the information.

## **6 LEARNING AND DEVELOPMENT**

### **6.1 Update on Approach to Statutory and Mandatory Training Compliance**

F Hogg spoke to the circulated report, updating the Committee on compliance the target for which was 95%.

Moving and Handling, and Violence and Aggression training, were particularly difficult to deliver and were well below the 95% target. Only small increases had been noted despite ongoing efforts to address this problem over several years. It was important to consider whether the organisation had fundamentally removed or reduced the onus on individuals to keep informed, safe and fit to work or to practice. The overall situation represented a significant board level risk and there was a need to establish a plan to achieve the necessary targets. There was also a risk of potential legal action being taken by HSE in areas which are laid out in statute. Pressures on resource will always be present, however there was a need to consider how best to make large scale improvement to compliance levels.

Three actions were proposed:

- An amnesty period to ensure colleagues and managers had time to get their compliance up to date, followed by a zero-tolerance approach for those who are non-compliant. Discussion on how the amnesty periods would be implemented would be done in partnership.
- The Nurse Director was proposed as Executive Sponsor of this work to reflect that the largest areas to be improved and the most significant risks to colleagues and patients were in the NMAHP population. This would also help reduce the perception that the issue was a Health and Safety or HR issue.
- The risk levels on operational risk registers need to be increased and this needs to be on the Board Assurance Framework, ensuring there was oversight of the risks at Board level.

- Longer term cultural change was necessary too, through management up-skilling, and values and behaviours.

During discussion the following issues were raised:

- The matter would be discussed at the Highland Partnership Forum.
- The proposal for an amnesty followed by firm action was welcomed.
- As well as the individual responsibility to complete training, there was a managerial responsibility to ensure compliance and that staff have the opportunity to undertake the necessary training.
- Stat/man training should be part of a process that includes objective setting, PDP discussions and annual reviews to ensure continued conversations between colleagues and managers. We have a way to go on this.
- It was questioned whether there was sufficient capacity to deliver face to face training and support a short-life working group.
- There were concerns that the lowest performance was seen in the highest risk groups and the board needed to acknowledge the need for investment and a training venue for face to face training.
- Complying and ensuring training is kept up to date should be prioritised by the organisation at every level.
- Consideration was required to understand whether there were any risks to the organisation if anything should happen during the period of the amnesty.
- The Chief Executive made it clear that this was a significant issue that would be receiving her full attention and that of EDG. She noted that it was not for Health and Safety to be tasked with addressing this, it was for the organisational leadership to do so.
- The Chief Executive noted that this was a performance issue, in the same respect as waiting times and other targets, and so perhaps monitoring of this should be sitting under the aegis of the Performance Recovery Board as it represented a culturally driven high risk. The situation could not be resolved by the Committee and the proposals needed to be owned by the management team with partnership involvement, and overseen by the Performance Recovery Board.

**ACTION:** EDG to take this forward and create a plan and take forward keeping the Committee apprised of progress.

**Following discussion, the Committee:**

- **Noted** and **supported** the report.
- **Agreed** to explore reporting through the Performance Recovery Board with assurance and scrutiny on performance approach being available for the Committee henceforth.

**At this juncture, the Committee took a short break. The meeting reconvened at 12.00pm.**

## **7 PARTNERSHIP, WORKFORCE AND ORGANISATIONAL CHANGE**

### **7.1 Integrated Performance Report**

Pam Dudek introduced the circulated report, updating members in relation to development of this Integrated Performance Report (IPR). She advised that the report reflected NHS Highland performance in the context of remobilisation and the ongoing presence of Covid-19. 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.

F Hogg spoke to the progress in updating the Staff Governance section of the circulated report. There was a need to build a robust set of workforce data which required identifying the correct sources of data and key indicators. The hope was there would be additional indicators identified by the next iteration of the IPR required for the Board in January 2021 and that this would be an ongoing process over the next 12 months or so. Indicators would be sought that could track performance from report to report, rather than those which would remain static for long periods of time.

A question was raised in relation to SAERs meeting 26 week target. If timescales could not be met it was queried whether learning could be possible and it was unclear why there were lower attainment figures seen in Raigmore. However, it was noted that this was not a matter for this committee, it was for the Clinical Governance Committee, as the Staff Governance committee were only reviewing the information in that section of the report

#### **The Committee:**

- **Noted** the performance outcomes.
- **Noted** the progress in identifying data sources and key indicators for Staff Governance.

## **7.2 Workforce Report (incl. Spotlight on Redeployment)**

Gaye Boyd spoke to the circulated Workforce Report, confirming that the workforce data would align well with future data included in the IPR.

Gaye highlighted that there was an ongoing review of our key people processes, which included a review of redeployment. This would affect future reporting of redeployment figures to the Committee.

It was noted that there were 103 employees registered on redeployment in September, the increase had been expected due to organisational change in Argyll & Bute.

It was noted that there had been no change to funded wte posts, but a decrease of individuals in post was reported. Vacancies progressed through the HR function had decreased since April 2020, as a result of cost improvement, service redesign and also services being stood down during Covid. There was a decrease in staff turnover of 2% compared to the position at the same time in 2019. G Boyd confirmed sickness absence had decreased and recognised this may in part be due to Covid-19 related absence being recorded as special leave, which prior to testing being widely available meant that those with cold / flu symptoms would be self-isolating under Covid rules.

During discussion, Adam Palmer felt a change to the organisation change process was necessary, as this could take long periods of time to work through and in some cases, was not followed. He suggested that a broader and more proactive approach to retraining be looked at; and also being more proactive in creating different jobs for people having gone through the change process. It was further suggested that voluntary redundancy be looked at in a more systematic way where roles had been identified as no longer being required, although the Scottish Government position on this was quite clear. Gaye confirmed that the organisational change policy was currently being reviewed which would include further consideration of wider impacts where-ever changes were proposed. Pam suggested redeployment needed to be much more proactive and the language and process considered to ensure it was not seen as a bad thing, possibly describing it as a 'transform programme'

which seeks to match people with training and new opportunities as part of the change, not afterwards.

Further information would be available on the work being undertaken on redeployment in March 2021.

The Chair highlighted the increased number of bullying and harassment cases, suggesting that although an increase in cases was not necessarily positive, there could be potential links to improvements in staff feeling able to speak up. F Hogg echoed these views and noted that there had been a direct impact on cases being reported following the positive work to engage colleagues and talk about bullying within Argyll & Bute by the Chief Officer.

**ACTION:** Further update report on progress with the review of the Redeployment Strategy to come back to the Committee in March 2021 – **Chair / G Boyd**

**After discussion, the Committee:**

- **Noted** the content of the report and the areas for improvement.
- **Agreed** a further update on redeployment be tabled for the March 2021 agenda.

### **7.3 iMatter and Everyone Matters Reports**

F Hogg confirmed the full outputs from the Everyone Matters pulse survey would not be available until the end of November 2020. The iMatter survey in March did not meet the required response rate for a Board level report, only Directorate and Team level reports were available. A report would be produced to review the outcomes and to gauge what progress had been made and what actions were needed to further improve.

It was felt that the range of tools to understand staff experience did not give a full enough picture of the organisation as a whole. Work was ongoing to identify additional tools to provide a fuller picture to ensure there was a balanced representation as part of the priorities of the Culture Programme. P Dudek recognised the importance of using a feedback look to carry out interventions where there were difficulties with staff experience.

**Having considered and examined the details of the circulated report, the Committee:**

- **Noted** the iMatter 2020 response rates
- **Noted** the Everyone Matters 2020 response rates

### **7.4 Partnership Workshop Outcomes**

The Committee noted the previously circulated report. Emma Pickard highlighted key matters as follows:

- A set of 6 priorities for partnership to address had been identified as an outcome of the workshops. 4 of these were identical to those which had been identified as part of the people process review; therefore an action was taken to merge the work to prevent duplication.
- A priority which would remain within the remit of the partnership workshop was the management of facility and partnership time and a group was being set up to take the work forward.

The Chair requested that any matters concerning the Staff Governance Committee should be highlighted to be picked up at a future meeting.

**The Committee Noted** the Partnership Workshop Outcomes.

## **7.5 Feedback from Meeting of the Highland Partnership Forum held on 9 October 2020**

A Palmer confirmed the partnership meetings had been rescheduled to meet the reporting timescales for reporting into the Staff Governance Committee. This meeting would now take place around 2-4 weeks before the Staff Governance Committee, with the next meeting scheduled for 11<sup>th</sup> December.

**The Committee Noted** the feedback, without comment.

## **8 POLICIES, TERMS AND CONDITIONS, DIVERSITY AND INCLUSION, VALUES AND CULTURE**

### **8.1 Culture Programme Update**

Emma Pickard spoke to the circulated report detailing the position of the Culture Programme work, highlighting the following key issues:

- Groups were being created for 4 of the 6 priorities identified to take the work forward. The 2 remaining priorities would be discussed at the next meeting of the Culture Oversight Group.
- There were concerns with the resource available to carry out the work given the pressure on the organisation.

Boyd Robertson sought an update on the progress with the root cause analysis workstream. Emma confirmed the first meeting of the root cause analysis group had taken place the previous week. There had been constructive input from those in attendance and a follow up session was scheduled. Following this a report would be produced which outlined the lessons learned.

The Chair drew members' attention to the increased press activity regarding the culture in Argyll & Bute, in particular relating to Argyll & Bute Council staff in the HSCP. Pam Dudek assured members that discussions were taking place with Joanna MacDonald to gather a response and look at what additional work could be done in the area.

**The Committee Noted** the update on current Culture Programme activity.

### **8.2 Draft Code of Corporate Governance**

Ruth Daly confirmed the draft Code of Corporate Governance had been to the Board and other Governance Committees. The report contained various governance documents from across the organisation, including the standards of business conduct for staff. She confirmed once the final version of the document was available, it would be added to the intranet and internet for all staff to access.

**The Committee Noted** the draft Code of Corporate Governance.

## **9 HEALTH, SAEFTY AND WELLBEING, ABSENCE AND WHISTLEBLOWING**

## 9.1 Risk Management and Corporate Risk Progress

Members agreed that the risks relating to statutory and mandatory training should be elevated to the Board level. Closer consideration would be given to the risks relating to Staff Governance by the Chair and Fiona Hogg prior to the next meeting.

### **The Committee:**

- **Noted** the content of the report.
- **Agreed** to escalate the risk relating to statutory and mandatory training to the Board Assurance Framework.

## 9.2 Update on the Implementation of the Independent National Whistleblowing Standards

Fiona Hogg confirmed the standards would formally launch on 1<sup>st</sup> April 2021.

There had been discussion between Fiona, Gaye and the Independent National Whistleblowing Officer (INWO) and her team that morning and offers of support in the implementation of the policies and processes surrounding the standards were offered by NHS Highland. NHS Highland would be a “critical friend” to the process and be able to influence and shape some of the guidance.

The INWO will produce a national policy and training materials. Fiona noted that NHS Highland would bring together a small group to look at implementation of the standards on the organisation, including Bert Donald as the Non-Executive Whistleblowing Champion. Once the standards and policies were in place there would be dual reporting into Staff Governance and Clinical Governance Committees. There was a need to develop an understanding of the data which would be presented to the Committee for assurance, once clarity on the system to be used is given nationally.

The Chair noted the need to understand the definition of whistleblowing and ensure members of staff across the organisation were aware of this.

Bert Donald advised he had been carrying out similar work in NHS Grampian, as he also was their Whistleblowing Champion, and he had requested that the work could be shared with NHS Highland for learning, which had been agreed. He suggested it would be beneficial for the Board to have a development session to understand the standards and the responsibilities of the organisation, as well as work with the IJB in Argyll & Bute.

**The Committee Noted** the update on the Implementation of the Independent National Whistleblowing Standards.

## 10 AOCB

The Chair advised there had been discussion around staff recognition and suggested this item should be added to the work plan for the Committee for 2021. F Hogg advised there were vouchers received from Gleneagles which could be used for organisational recognition which would be taken through EDG and Highland Partnership Forum to develop a plan.

### 10.1 Meeting dates for 2021

Members noted the meeting schedule for 2021 as follows:

13 January 2021  
10 March 2021  
5 May 2021  
7 July 2021  
8 September 2021  
10 November 2021

Meetings would be held on Wednesdays at 10.00am

## **11 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 13 January at 10.00am** virtually on Teams.

**The meeting closed at 1.00pm**