

STAFF GOVERNANCE COMMITTEE

Report by Alasdair Lawton, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Tuesday 11 February 2020 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Alasdair Lawton, Board Non-Executive Director (Chair)
Jean Boardman, Board Non-Executive Director (Video Conference)
Gaye Boyd, Deputy Director of Human Resources
James Brander, Board Non-Executive Director
Elspeth Caithness, Staff Side Representative
Kevin Colclough,
Sarah Compton-Bishop, Board Non-Executive Director (Video Conference)
Paul Hawkins, Chief Executive
Fiona Hogg, Director of Human Resources
Stephen Loch, Lead Nurse for Workforce Planning and Development
Etta Mackay, Staff Side Representative
Adam Palmer, Employee Director
David Park, Chief Officer (Highland Partnership)
Stephen Loch, Lead Nurse for Workforce Planning and Development
Ann Pascoe, Board Non-Executive Director (Video Conference)

In Attendance:

Ruth Daly, Board Secretary
Leah Girdwood, Board Committee Administrator
Sharon Hammell, Head of Strategic Change and Engagement
Louise McInnes, Risk Manager (Item 4.4)
Caroline Morrison, Education, Learning and Development Manager
Lorna Munro, Internal Audit (Observer)

Apologies:

Alexander Anderson, Board Non-Executive Director
Ann Clark, Board Non-Executive Director
David Garden, Director of Finance
Joanna MacDonald, Chief Officer (Argyll & Bute)
Philip MacRae, Non-Executive Director
Boyd Robertson, Chairman
Gaener Rodger, Board Non-Executive Director
Paul Simmons, Learning & Development Facilitator

AGENDA ITEMS

- **NHS Highland Draft Assurance Map/Revised Staff Governance Committee Terms of Reference and Membership**
- **Assurance Report from Meeting held on 5 November 2019**
- **Culture Fit for the Future**
- **Development of Dignity at Work Project**
- **Progress on Apprenticeship Activity/Recruitment and Attraction Strategy**
- **Staff Appraisal and Pay Progression Considerations**
- **Workforce Report**
- **Scottish Government Workforce Planning Requirements**
- **Brexit Update**
- **Corporate Risks Report**
- **Staff Experience Report**
- **Statutory and Mandatory Training Update – Safe Information Handling**
- **NHS Highland Whistle Blowing - Update on Standards**
- **Improving Grievances Processes Proposal**
- **Draft Assurance Report from Health and Safety Committee held on 24 October 2019**
- **Draft Minute from Meeting of the Highland Partnership Forum held on 27 September 2019**
- **Dates of Future Meetings**

DATE OF NEXT MEETING

The next meeting will be held on Tuesday 21 April 2020.

1 WELCOME AND DECLARATIONS OF INTEREST

There were no Declarations of Interest.

1.2 NHS Highland Draft Assurance Map/Revised Staff Governance Committee Terms of Reference and Membership Considerations

R Daly presented the draft assurance map and confirmed assurance for Committee was placed within the HR and Organisational Development section. The requirement and guidance for the assurance map came from the Scottish Government handbook. The map would be a working document, presented to the Audit Committee in 6 monthly intervals. It was recognised the document was high level and did not name individual teams or staff members. R Daly welcomed further input or feedback on the document.

A Palmer suggested it would be beneficial for Staff Governance Committee if the section relevant to Staff Governance assurance could be extracted for presentation at future Committee meetings.

With regards to the draft Terms of Reference, F Hogg advised there had been a short-life working group set up for discussing and producing the draft. It was expected that a document with the Terms of Reference and revised approach would be ready to present to the Committee at the next meeting in April. The Committee agreed to wait until April for an update.

ACTION: Agreed to provide an extract of the Staff Governance assurances for future meetings – R Daly

ACTION: Noted an update on the Terms of Reference would be provided at the next meeting – F Hogg

The Committee

- **Considered** the NHS Highland Draft Assurance Map.
- **Noted** the progress with the revised Staff Governance Terms of Reference and Membership Considerations.

2 ASSURANCE REPORT FROM MEETING HELD ON 5 NOVEMBER 2019

There had been circulated draft Assurance Report from the meeting on 5 November 2019.

The Committee Approved the circulated draft Assurance Report.

3 MATTERS ARISING

3.1 Culture Fit for the Future

F Hogg advised an update on Culture Fit for the Future had been presented at the last Board and Board Development meetings. She noted that during the most recent visit of the Cabinet Secretary, emphasis had been placed on the importance of progressing with the healing process. Areas where additional support could be provided from Government were identified. It was hoped the process would be up and running by May 2020.

The Culture Programme Board was confirmed to be up and running. Interviews had taken place for the position of Chair of the Board. P Hawkins confirmed he would attend the next meeting. The Terms of Reference for the Board had been approved, and discussions were to follow regarding the purpose and focus of members.

A Palmer highlighted the need to move quickly to resolve older cases, advising the Cabinet Secretary believed the cases provided quick win opportunities for NHS Highland. He noted a visit was to follow from Gregor Smith on 18 February 2020 to check progress. F Hogg advised of ongoing discussions around outstanding cases and what could be done to continue to make progress. It was acknowledged that the 'Once for Scotland' policy could provide help with improving the process and this would be discussed at the next meeting of the Highland Partnership Forum.

After discussion, the Committee Noted the current position.

3.2 Development of Dignity at Work Project

NHS Highland was noted as one of the pilot Boards for the new Dignity at Work project for NHS Scotland. It was recognised that the current approach in place had not made any impact in Highland. F Hogg advised that a number of colleagues had attended the initial workshop for the project. E Caithness highlighted the benefit of attending the workshop. A Palmer advised the project was still in the first stages and further updates would be available in due course.

The Committee otherwise Noted the position.

3.3 Progress on Apprenticeship Activity/Recruitment and Attraction Strategy

S Hammell introduced the circulated report on the current position of the attraction, recruitment and retention strategy. NHS Highland's online recruitment was being assessed for areas of improvement. It was suggested there could be quick wins gained through enhancement of current online activity. Work was also underway with Highlands and Islands Enterprise, who had successful recruitment campaigns on LinkedIn, to improve NHS Highlands LinkedIn presence. The NHS Highland exit questionnaire was to be relaunched. The importance of the completion was highlighted; it was believed it could provide more comprehensive data around staff retention and allow improved responses to feedback. The importance of stakeholder engagement in the strategy was highlighted, identifying common challenges and opportunities in the Highland area and promoting the area as a great place to live and work. With regards to apprenticeships, the apprenticeship programme was to be optimised. A draft of the attraction, recruitment and retention strategy would be produced by the end of March 2020.

During discussion, J Brander highlighted the benefit of engaging with schools to encourage children to pursue careers with NHS Highland. He noted the success of a recent visit by pupils from Raigmore Primary to meet with NHS nurses to find out about nursing careers. He also noted the presence of NHS Highland at a Nairn Academy careers evening. S Loch had attended the event and agreed it was a success and should be built upon in the strategy going forward. K Colclough advised a team would be developed to work at careers events in Highland. In relation to apprenticeships, C Morrison confirmed there was work required to identify gaps with relevant education providers.

E Caithness suggested there should be greater focus on staff retention. She also suggested people were willing to come to the Highlands but required more information on the benefits of living and working here. S Hammell agreed to discuss the matter further out with Committee.

A Palmer stated there was improvement needed in gathering data from exit questionnaires. He also advised a survey had been completed on what contributed to enabling staff to work longer, which could provide further data on retention, noting the information gathered from both surveys should be linked together to aid formalisation of plans.

D Park recognised improvements could be made on movement of staff between departments and roles. He recognised there was competition for recruitment within NHS Highland. He also noted there was a gap in available data which could pinpoint skillsets or geographical areas which have particular risks related to recruitment.

Following discussion, the Committee Noted the update.

3.4 Staff Appraisal and Pay Progression Considerations

F Hogg provided an update on staff appraisal and pay progression, advising a Pay Appraisal Programme Board had been developed and the Terms of Reference confirmed. Focus had been on statutory and mandatory training. On the staff appraisal process, she recognised the need to create a process which would be easy for all staff and allow beneficial conversations to take place. She recognised there were similarities between roles across NHS Scotland and national generic objectives could be created to make the appraisal process even easier.

Paul Hawkins left the meeting at 10.50am

4 WORKFORCE

4.1 Workforce Report

G Boyd provided the Committee with an update, as at end November 2019. She highlighted a decrease in wte vacancy numbers which had been expected as the recruitment process had slowed down in October 2019. Bank and locum usage had remained consistent, and an increase was reported in agency usage. The number of fixed term contracts had increased slightly, with maternity cover being identified as the main reason for this. There had been no change in NHS Highland's job families, nursing and midwifery remained the highest percentage of the workforce. Staff turnover had continued to decrease. A summary of Occupation Health activity was provided and it was noted there had been a decrease in the total number of referrals since the August report. There had been an increase in sickness absence levels, with the highest percentage being from the North & West area. Capability and grievance remained the highest proportion of employee relations cases. The number of staff on the redeployment register continued to fluctuate. It was noted an audit was being undertaken into the redeployment process.

During discussion, A Pascoe queried supplementary staffing figures and whether there was a target figure. It was noted there was a buffer figure used for bank staff, so there would not be a target of zero. It was further noted supplementary staff were not used solely to cover vacancies.

S Compton-Bishop noted poor trends appeared in some of the data sets. She suggested culture improvements should be reducing workforce problems. F Hogg advised this was an ongoing area of concern, and that the main concerns from the report were in relation to long-term sickness levels. She noted the importance of keeping staff in work by managing relationships, especially in situations which have been caused by stress or unhappiness. There would likely be no reduction in sickness until problem areas had been worked through.

In relation to vacancy numbers, D Park queried whether there was a recruitment problem, or a lack of capacity to recruit due to problems with the process. G Boyd advised there was not currently a way to report accurately on the issue. The data presented how many people were

recruited. K Colclough noted the new Job Train system would give better data for reporting on this, but the data available was limited as the system had only recently been rolled out. He suggested a model report for the data expected from the system could be provided to the next meeting.

Etta Mackay queried whether there was an age profile available for the sickness absence numbers. She further noted there was no menopausal policy within NHS Highland. G Boyd advised a policy was being set up.

ACTION: Agreed a model report on Job Train data would be provided for the next meeting – **K Colclough**

The Committee

- **Noted** the content of the report
- **Noted** the areas that require further improvement

4.2 Scottish Government Workforce Planning Requirements – Projections and Annual Operational Plan Element (Incl Update on Health and Care (Staffing)(Scotland) Act

K Colclough provided an update on workforce planning. The NHS Highland plan had been published for 2019/20. The national workforce plan had also been published and would be presented for the next Committee meeting. The annual strategic plan for 2020/21 was still to be published, noted as being in the final stages. He advised a draft would be taken to the Highland Partnership Forum and a formal plan brought back for Staff Governance Committee in April. A new 3 year plan was to be published in 2021. The workforce chapter for the Annual Operating Plan had been drafted, and feedback from Scottish Government on this had been positive.

With regard to the Health and Care (Staffing)(Scotland) Act, S Loch advised there had been a lot of activity from a Nursing, Midwifery and Allied Health Professional perspective. There was work ongoing for set up of a Programme Board to ensure compliancy. He noted Scottish Government had since funded 1 wte nursing post. K Colclough highlighted the challenges for professions without a workload tool in place. He recognised the requirement to submit workforce projections to Scottish Government on an annual basis. A fully developed Clinical and Care Strategy was thought to provide a fuller idea of what these projections would be.

ACTION: Agreed to provide a fuller update on the matter to the April meeting – **K Colclough**

The Committee Noted the update

4.3 Brexit

G Boyd advised the internal group had stood down whilst awaiting further information on the matter. Scottish Government would be providing updates. NHS Highland were continuing to encourage staff to apply for resident status.

The Committee Noted the current position

4.4 Corporate Risks Report

L McInnes provided an update on the corporate risk register, and the corporate risk report which would be taken to all future meetings of Staff Governance Committee. She advised there was a review of the arrangements for risk management across the NHS Highland. The

Risk Management Steering Group were embedding the changes made to the risk management process and ensuring the process was aligned with management functions. There would be stronger links to governance groups for better visibility of risks. All corporate risks had been aligned to one of the Governance Committees. She stated training and further guidance would be provided on risk management and on the actions required with regards to risks.

During discussion, A Palmer noted that non-completion of PDPs had not been added as a risk. F Hogg advised this would be one to consider in the future but completion of PDPs was not mandatory which would cause a problem. She suggested how conversations were managed could be risk to be added. D Park highlighted the need to ensure an understanding of how risks could be removed from the register, noting clarity on this would be required. The Chair advised the document would be a working document, reviewed regularly. L McInnes added the project was still in phase one and further work was required, including how to remove risks.

The Committee Noted the content of the report	
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5 STAFF EXPERIENCE

5.1 Staff Experience Exception Report

C Morrison talked to the previously circulated report. She noted there were 4 primary work streams and an update was provided for each.

In relation to performance management, she advised there had been a review of the Mandatory Training and Induction Policies. The Induction Policy provided information on what is expected of new starts on their first day, first week and first 3 months in post. There was a need to address low compliance for the induction programme. A portal for corporate induction had been produced. The Chair highlighted the need for a balance between staff completing training and carrying out their routine workload. D Park added there was a requirement for compliance, and that the South & Mid team had made great progress with their compliance rates for training.

On modernising careers, C Morrison advised the number of apprenticeships had increased to 20, but it was recognised the figure needed to be maintained. She advised 10 of the modern apprenticeships contained management elements. Foundation apprenticeships had been piloted; however the apprentices would not be employed by NHS Highland. Graduate apprenticeships were noted to provide an opportunity to grow and develop existing staff. It was stated mandatory funding was given to training providers for more apprenticeships than were currently in employment. A tentative plan was in place to resolve this and maximise on the funding.

Leadership and Management development was being reviewed. A portal was in development for new leaders and managers, and had received positive feedback. Sessions on courageous conversations training were ongoing and demand for the sessions had been high. There were concerns with capacity around the training; however, it was thought it should be seen as mandatory for leadership roles.

On staff experience it was noted that completion of PDPs had been poor. Communication was required to highlight the importance of PDPs to staff. A set of national behaviours had been identified which tied in with the culture programme and PDPs.

With regards to iMatter it was noted managers were required to confirm their own teams to ensure information was recorded accurately on the system. 30% of teams had been

confirmed. Continued communication would be sent to managers. A Palmer highlighted to the Committee that an iMatter national comparison report was available and contained data that required attention. It was agreed this would be added to agenda for the next meeting.

ACTION: Agreed an update on the apprenticeships plan would be provided to the next meeting – **C Morrison**

ACTION: Agreed an update on completion of PDPs be provided to the next meeting – **C Morrison**

5.2 Statutory and Mandatory Training Update – Safe Information Handling

There was no discussion in relation to this Item.

After discussion, the Committee:

- **Considered** the content of the circulated report
- **Agreed** a further update was required for the next meeting

6 LOCAL AND NATIONAL POLICY IMPLEMENTATION (Incl. “Once for Scotland”)

6.1 NHS Highland Whistle Blowing – Update on Standards

F Hogg noted the ‘Once for Scotland’ programme looked at the whistleblowing policy and standards. A final version of the policy and standards would be ready and implemented by July 2020. She recognised the NHS Highland process needed to be compliant, and include primary care colleagues and contractors. A short-life working group had been set up to ensure all areas were sighted on the plan. She advised training was due to be issued. It was highlighted to the Committee that the whistleblowing policy was not intended to be a HR owned policy, as it concerns all areas of the organisation.

A Palmer advised there was a new Non-Executive Whistleblowing Champion who would be covering both NHS Highland and NHS Grampian, and would report into the Cabinet Secretary. A Palmer and G Boyd also highlighted they had been working on a pre-whistleblowing stage which would potentially be a raising concerns policy. This was to be raised at the HR Sub Group and the Highland Partnership Forum to ensure it’s requirement.

The Committee Noted the current position within NHS Highland relating to Whistle Blowing.

6.2 Improving Grievances Processes Proposal

A Palmer highlighted the need for an informal procedure which would enable concerns to be resolved before a formal procedure initiated. Part of the work had begun, with a training day for HR & Staffside representatives for the ‘Once for Scotland’ policies which were approved and would be implemented in March. G Boyd noted Highland had taken the opportunity for ‘Once for Scotland’ policies to link with ongoing culture changes.

The Committee Noted the updated position.

7 REPORTS FROM OTHER COMMITTEES

7.1 Draft Assurance Report from Health and Safety Committee – 24 October 2019

**7.2 Minute from Meeting of the Highland Partnership Forum – 27 September 2019
(Draft)**

The Committee otherwise Noted the circulated draft Minutes.

8 DATES OF FUTURE MEETINGS

The Committee **Agreed** the following meeting schedule for 2020:

21 April
1 September
3 November

9 AOCB

There were no matters discussed in relation to this Item.

10 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Tuesday 21 April at 9.00am** in the **Board Room, Assynt House, Inverness.**

The Meeting closed at 12.00pm