

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

The Board is asked to:

- **Note** that the Staff Governance Committee met on Wednesday 11th May 2022 with attendance as noted below.
- **Note** 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, Vice Chair
Elspeth Caithness, Employee Director
Philip Macrae, Board Non-Executive Director
Kate Dumigan, Staff side Representative

In Attendance:

Fiona Hogg, Director of People and Culture
Gaye Boyd, Deputy Director of People
Karen Doonan, Committee Administrator
Ruth Fry, Head of Communications and Engagement
Louise Bussell, Interim Chief Officer, Community
Nathan Ware, Governance & Assurance Co-Ordinator
David Park, Deputy Chief Executive
David Garden, Director of Finance
Bob Summers, Head of Occupational Health & Safety
Ruth Daly, Board Secretary
Jo McBain, Director of AHP's
Lorraine Cowie, Head of Strategy and Transformation
Emma Pickard, External Culture Advisor
Boyd Peters, Medical Director
Gaye Macrae, People Partner

1 WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST

The Chair welcomed those present to the meeting and thanked them for attending.

Apologies were received from Bert Donald, Boyd Robertson, Etta Mackay & Fiona Davies, Heidi May, and Katherine Sutton.

David Park deputised for Pamela Dudek and Jo McBain deputised for Heidi May.

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 09 MARCH 2022

The Minute of Meeting held on 09 March was **Approved** and agreed as an accurate record after a slight amendment.

2.2 ACTION PLAN

An update on the progress made within the Action Plan was discussed.

The following points were proposed:

- **Actions 54, 56, 57 & 58 along with 60 and 61** – It was agreed that these actions would be closed as they will be combined with other items or have been picked up appropriately.
- **Action 31 Risk Management** – This was covered in the later risk agenda item.
- **Action 37** – Induction will be progressed as part of a move to mandatory corporate induction on day 1, which is currently being worked up.
- **Action 45** – Continuing to report into Staff Governance on progress to Stat/Man training completion.
- **Action 53** – Slight delay to data but proposals to address the outcomes discussed will be covered in June’s development session and July’s meeting.

The committee agreed with the update and were happy with the proposed closures.

2.3 REVIEW OF COMMITTEE WORKPLAN

It was advised that the Q4 Whistleblowing item will need to be moved to the next Staff Governance Committee meeting in July 2022 as the report was not ready for the meeting.

The Committee:

- **Approved** the minute
- **Considered** actions arising therefrom
- **Reviewed and Agreed** to the proposed updates to the Committee Action Plan
- **Reviewed** the Staff Governance Committee Workplan 2022 – 2023

3 MATTERS ARISING NOT ON THE AGENDA

There were no matters arising

4 SPOTLIGHT SESSION

Gayle Macrae spoke to her presentation about Corporate Services and invited feedback from her presentation. The Chair asked if the relative grade composition was a factor in the experience and needs of that team and asked if there were any thing that could be learned from this. G Macrae explained that they are trying to pull data from the surveys to identify patterns and work that is ongoing.

F Hogg stated that the ability to have access to online surveys, online training and to have regular team meetings does influence colleague experience and engagement and it is important to take this into account when using the data.

The Chair asked if there were certain people that would benefit more from the tools within the wellbeing strategy than others and was there any way to identify if people needed more support within the teams. After discussion it was noted that it was important to use the workforce planning process to ensure that people were being supported in the best way possible and appropriate resource was available to reduce pressure or to amend workloads. It was noted that some of the reporting line data that is currently there is not accurate and that a process of cleaning out the data from managers was required prior to going any further so that the reports generated were more accurate.

E Caithness stated that she had now identified staff from within Corporate Services who were missing from the partnership function and were being moved into her reporting line. This would now allow more balance in the forums and from this more information and feedback.

The Chair thanked G MacRae for her presentation and asked for further feedback from committee members as to the content of future spotlight sessions.

5 WELL INFORMED

5.1 Communications and Engagement Update

R Fry spoke to her report explaining that it covered an end of year review as well as what was going to happen in the coming year. A 3-year strategy was in place with actions to be completed.

For the year 2021/22, the following key outcomes were delivered:

- Reviewed structures
- Identified gaps in the team
- Looked at consistent channels and framework
- Recruited 2 new engagement team members
- Web tender completed and out to recruit for a Web Manager

Internally within the organisation the weekly roundup is now established as the place to go for information. There have been good advances made in relation to social media. Training is in place for staff. Progress has been made on the website.

Looking at year 2022/23 the focus is transformation and continuing the work already done. The focus will be on partnership working both internally to the organisation and externally.

- Working with public sector partners and other Boards to avoid any engagement fatigue.
- More training will be put in place to upskill colleagues and to make sure they have all the necessary skills for their communication and engagement responsibilities.
- Putting in place templates for communication plans and guides
- Looking at further media collaboration. There is a regular column in the local press, and this will be built upon. Focus needs to be on good news and the best way to provide this to local journalists. More engagement is made through broadcast media than the written word.

Discussions were had around social media and how it can be used to the best advantage possible. R Fry explained that one of the targets was to increase social media followers and a lot of work was done via social media to provide the relevant health information that was being sought by the public. Output media in video format provides more engagement than the written word. It is very important that output is planned so it just as important to identify what is not put out as what is put out.

J McBain asked if there was data that managers could provide to the comms team that would assist in responding to questions and comments from the public on social media. It was agreed this could allow some pressure to be taken off the comms team for by providing reasons for the change in services. To be followed up out with the meeting.

The Committee Agreed to accept moderate assurance on this item

Action: Ruth Fry to liaise with Systems Leadership team to develop a process to build proactive key lines on service changes.

5.2 Together We Care Strategy / A&B HSCP Strategy

L Cowie spoke to her presentation. It was noted that over a thousand responses were received and approximately 85% of those responses were from staff in respect of community or mental health. There is a need to have robust strategy actions and work has been done with Chief Officers and their teams so the actions reflect what will be delivered through the strategy. The Consultation process will see these actions go out to staff for their feedback. The plan is to have it very visible across the organisation in a few different ways to ensure maximum engagement.

F Hogg stated that there was still work to be done on the People Strategy elements, which is ongoing in the next couple of days, and it was important that the same language was used throughout, so that everything tied together and was consistent. There is also the Workforce Strategy and across all of it we are using some common themes and language to make sure that it is all aligned. This has allowed the strategy to evolve as a result of the engagement and feedback that has been received.

The Chair explained that there is also a Health and Social Care Strategy which exists for Argyll and Bute. Both strategies exist and it is important that we are clear on how the two strategies sit side by side, capturing the feedback from staff and patients in Argyll and Bute too. It is envisaged that in a future session both strategies will be brought back together in order that they align and that all staff responses are captured.

The subject of how managers see and work on this as a priority, whilst still addressing other urgent matters was discussed. It was noted clarity about what can and cannot be delivered is needed and this would involve various conversations between managers and their respective teams. The Annual Delivery Plan, the 3-year Workforce Plan and the Together We Care Strategy are all due to complete by the end of July, allowing them to align.

Discussions were had around being open and transparent with both patients and staff about our services as they are both employees and residents in most cases. F Hogg explained that often a failure to deliver was due to taking on too many tasks at once and it was important that what was set out addressed this. Being clear on what could and could not be done and remaining firm with this was part of the process that would have to be in place. Important that good assurance governance is in place and that actions were tracked to make sure they remain on target and risks and issues raised.

An update would come back to the committee soon, and it was hoped that the actions would be clearer along with the progress.

5.3 People Strategy and Plan – Approach & Timescales

5.4 Workforce Strategy and Planning Cycle

F Hogg presented 5.3 and 5.4 together as there is a clear link between both, so she had combined the presentation which would be uploaded to the TEAMS channel after the meeting.

Action: F Hogg to upload the presentation to TEAMS channel.

The full plan will be presented at the next committee meeting in July as part of the Together We care strategy.

The Committee Noted the updated position.

6 APPROPRIATELY TRAINED AND DEVELOPED

6.1 Statutory and Mandatory Audit & Root Cause outcome and plan

This had been discussed in the development session that took place prior to the meeting. There is significant action required to address the outcomes of this report. The risk is to be elevated to the risk register as a stand-alone risk. The draft risk will be sent to the Board in May.

It will be necessary to not only address the immediate issue and recommendations from the report, but also to look more broadly to address the barriers and culture and ensure that any improvements made can be sustained in the long term. The workplan referenced an oversight group which was discussed, alongside the need for individual, senior ownership for the improvement work.

It was confirmed that we need to check if there is an existing group that could be repurposed for this instead of creating another group and for clear terms of reference and roles and responsibilities, to ensure that information flows into the group and out to the teams and the actions that are requested by this group are taken forward. The group require to have a plan that can be updated and tracked.

There is a lot of concern about how to address the cultural challenges. and to have individual ownership of the responsibility, which is an ongoing discussion. There is a balance between the need for speed of movement and the work being practically completed. It was agreed this is a high priority and must be seen as such throughout the whole organisation.

The Committee **Reviewed** the update and took **Limited Assurance** from the report

7 INVOLVED IN DECISIONS

7.1 Area Partnership Forum verbal update of meeting held on 5 May 2022

There were no minutes currently due to the timing of the meeting. Good discussions were had at the forum, these minutes will be presented at the next meeting.

The Committee **Noted** the verbal update of the meeting on 05 May 2022.

7.2 IPQR

No IPQR was provided, as work is ongoing, and this will be discussed at the June development session and presented at the July committee meeting.

The Committee **noted** the update on this item.

7.3 Facility and Partnership Time Update

F Hogg spoke to the report. There is good progress with this, and a lot of work being done. E Caithness stated that once the Local Partnership Forums are up and running further work will be done. Work is ongoing in creating digital solutions in respect of tracking and monitoring staffside activity. We need to understand why people are not participating more and ensure our resource is targeted most effectively. Work in progress around the budget requirements. There is a need to review the amount of work that needs to be done and find new people to support, to address any burn out of the people involved already.

The Chair asked that a further update come back to the committee, and it was agreed that the September meeting would be a good time.

The Committee **noted** the update and **agreed** to accept a **moderate assurance** on this item.

Action: E Caithness to report back on progress to the September committee.

7.4 Healing Process Reports

F Hogg stated that they have heard the last hearings and the panel are writing their final report with the draft being available at the end of this week. This will be seen at the next Board meeting. This report will be available at the July committee meeting.

The Committee **noted** the update on this item

Action: Healing Process reports to be moved to July Workplan

8 TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED

8.1 Culture Oversight Group Minutes from meeting held on 28th March 2022

There is another meeting that is coming up and in the coming months, how Culture is overseen in relation to the wider People Programme oversight will be reviewed.

The Committee **Approved** the minute of the meeting on 28th March 2022.

8.2 Culture Update

F Hogg spoke to the report. The amber status is due to the unprecedented pressures within the system over the past few months. This is expected to move back to green in due course.

The Chair asked about Courageous Conversations and whether this would be picked back up again. There are two parts to this as it is not only giving feedback but also about receiving feedback and the receiving of feedback has not yet been covered. F Hogg stated that Courageous Conversations work was ongoing, development of an E-module was well underway. F Hogg stated that she would capture an action on the receiving side of Courageous Conversations.

E Caithness stated that although there was a lot of work ongoing, some individuals still reported feeling that there was no change in overall culture. Continual effort is required to ensure good conversations are taking place and to recognise that teams under pressure may experience relationship break down - perhaps this has been an opportunity that has been missed and further support could be given.

J McBain stated that there appeared still to be a sense of fear around challenging poor behaviour with people feeling that they will not be supported if they do challenge anything and may be accused themselves of behaving badly. It is important that all parties having the Courageous Conversations feel they are supported in having them.

The Chair asked if there was a point in time where the organisation again steps back to have a look at the work done and to see where it is moving forward and where still needs focus. F Hogg explained that over the next few months this should be addressed, with reviewed metrics and the move to the People programme approach. When the next I-

Matter survey closes in June, there will be further data that can be looked at with a view to addressing the gaps and taking more action.

The Committee is asked to **Note** the update and take Moderate assurance of the report

Action: F Hogg to investigate how receiving a Courageous Conversation might be covered in future learning.

9 PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENTS AND THE WIDER COMMUNITY

9.1 Minutes and assurance report from Health and Safety Committee 5 April 2022

The circulated minutes were **approved**.

The Committee **Approved** the minute of the meeting on 5 April 2022.

9.2 Whistleblowing update (Q4)

F Hogg explained that the report was not ready in time for this meeting, but it was on the agenda with the annual report for the next meeting.

The Committee **reviewed & approved** the update and took **moderate assurance** on this item.

9.3 Staff Governance Standard Monitoring Feedback

The Committee **noted** the letter and feedback from Scottish Government.

9.4 Risk Review – Strategic and Level 2 Registers

F Hogg stated that at the next meeting in July there will be an assurance report that is presented once more, she also confirmed that we will be drafting and proposing a strategic risk around Statutory and Mandatory Training to the board in May.

The Chair asked if there was a need to understand what is triggered before the risk is picked up on the level 2 registers. Is this something that perhaps should be looked at within a future development session.

Action: F Hogg to add a Risk development session to the planner and to look for space on the September or November session.

The Committee **noted** the update for this item.

10 AOCB

There was no further business discussed.

11 Date of NEXT MEETING

The next meeting of the Committee will take place on Wednesday 6th July at **10.00 am** on **MS Teams**.

The meeting closed at 1.30pm