

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk 
AGREED MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	14 January 2025 at 10.00 am

Present:

Ann Clark, Chair
Philip MacRae, Vice Chair (until 11.55am)
Bert Donald, Whistleblowing Champion
Claire Laurie, Staffside Representative
Elsbeth Caithness, Employee Director
Alison Fraser, staffside Representative
Gavin Smith, Staffside Representative (from 10.25)
Kate Dumigan, Staffside Representative

In Attendance:

Arlene Johnstone, Head of Service of Mental Health, Learning Disabilities and Drug & Alcohol Recovery Services
David Park, Deputy Chief Executive
Evan Beswick, Chief Officer, Argyll and Bute Health and Social Care Partnership
Fiona Davies, Chief Executive
Gareth Adkins, Director of People and Culture
Gaye Boyd, Deputy Director of People
Heledd Cooper, Director of Finance
Janice Preston, Non-Executive Director
Katherine Sutton, Chief Officer, Acute
Louise Bussell, Director of Nursing
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Ruth Daly, Board Secretary
Ruth Fry, Head of Comms and Engagement
Sarah Compton Bishop, Board Chair
Simon Steer, Director of Adult Social Care

Karen Doonan, Committee Administrator (minutes)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Committee Members Dawn Macdonald and Steve Walsh.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 05 November 2024

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

2.2 ACTION PLAN

Action no 127 – Staff Governance Monitoring Letter Scottish Government, as an update on this was on today's agenda, this action was closed.

Action no 129 – PDP Improvement Action Plan – as a paper would come to the next committee in March, this action was closed.

Action no 130 - this would be discussed further under Agenda Item no 5.5

The Committee

- **Noted** the latest version of the committee Action Plan and
- **Agreed** to the proposed closure of noted actions.

2.3 COMMITTEE WORKPLAN 2024-2025

It was noted that for 2025 each of the workstreams within the People and Culture Portfolio Board would be highlighted allowing a more in-depth update provided to committee moving forward.

It was noted the committee self-assessment for this year would be done in the form of a survey. The Chair confirmed no development session would be held but a separate report would be brought to committee.

The Chair highlighted that the next committee meeting in March would see new committee members and a new Chair in place.

The Committee **Noted** the Workplan as circulated.

3 MATTERS ARISING

3.1 Staff Governance Monitoring Report

Verbal Update from Gareth Adkins, Director of People and Culture

The Director of People and Culture outlined the Staff Governance Monitoring process that had been in place until the start of 2024. This process had been paused by Scottish Government until November 2024 where a request for an assurance report had been received from Scottish Government, there had however been no detailed guidance on the submission required.

The Director of People and Culture explained that a report on the activity that had taken place was due to be provided to Scottish Government however some concerns had been raised by staff side members at the recent Area Partnership Forum (APF) and subsequently a meeting with staffside was due to take place prior to any submission and Scottish Government were aware.

Action: Director of People and Culture to provide an update at the next committee meeting

The Committee **noted** the update

3.2 PDP and Appraisal Action Plan

Verbal Update from Gareth Adkins, Director of People and Culture

The Director of People and Culture stated that a report would come to the next committee meeting.

The action plan agreed in 2024 was progressing with all those reporting into directors and their direct reports to have appraisals completed by end of December 2024. Progress against this target would be reported but it was evident that overall there has been no change in the data.

It had been discovered that around 2400 staff records had some activity within the last 12 months but had not been signed off fully. If this was addressed this could lead to around a 21% increase in compliance to 48%. Further instructions have been issued to assist managers in reviewing their staff's records and addressing any incomplete sign offs.

A different report is also being produced to enable reporting by management level in addition to the current reporting by operational area.

System pressures and the challenges facing managers such as those in nursing where the care of patients superseded releasing staff to complete appraisals was discussed. However it was noted that this did not explain the low completion rate of appraisals in areas which were non patient facing.

The Director of Finance raised a concern in respect of the recent reports citing that appraisals had been completed within the Corporate Directorate yet the figures in the reports had not reflected this. Work was ongoing to look at this at a deeper level to understand why this had occurred. The Deputy Chief Executive suggested looking at areas where appraisals had not been completed for a longer period than 12 months to identify any further risk and to provide support for managers in prioritising the completion of appraisals.

The Director of Nursing highlighted the need to be creative in finding solutions and highlighted the need for support for managers, as some managers had a higher number of appraisals to complete than others. She went on to raise a concern around the digital completion of appraisals highlighting the large number of appraisals sitting "open" on the system due to managers not realising that another "button" required to be pressed to close off the appraisal on the system.

The committee agreed on the importance of training of managers in the completion of appraisals and the need to communicate the correct way of closing off appraisals on the system. It was noted that communications to this end had recently been sent out to managers.

The Committee **noted** the update.

4. Spotlight Session – Estates

Presentation by Richard Macdonald, Director of Estates, Facilities and Capital Planning

The Director of Estates, Facilities and Capital Planning spoke to the circulated presentation and highlighted:

- Estates Operational Department – they were responsible for the day-to-day maintenance works and all statutory and mandatory maintenance.
- Facilities – included catering, porters and domestics which was the largest component department in the directorate and employed over 700 staff.
- Capital Planning – oversaw all capital projects and also managed property leases and small building works.

- Environment and Sustainability – they were responsible for all compliance aspects in terms of waste, environment and sustainability. They also supported the project and work groups across the directorate.
- Decontamination – They were responsible for the sterilisation of all theatre equipment and processed over two million items per year.
- It was noted that the directorate had over 758 permanent staff, 181 bank staff with most facilities staff employed at a Band 2 level. The age profile was generally within 50 to 60 years of age. Absence continued to be a challenge, particularly around sickness where it remained above the national average. However, many impacted had an increased physical work schedule than other staff with issues relating to muscular/skeletal followed by mental health issues.

Various initiatives had been put in place to support staff including regular staff engagement sessions with management and the placement of Mental Health First Aid workers. Staff had been made aware of other support measures such as Money Counts and the Employee Assistance Programme. Measures had been put in place to mitigate any long-term issues for staff working in places of high noise and/or vibration. A high number of absence reports had not identified the cause of the absence and work was underway to ensure managers recorded absence appropriately.

There had been challenges for staff in relation to Violence and Aggression training in whether they were patient facing or not however there was a new Violence and Aggression unit due to be rolled out and all staff were encouraged to complete this unit.

Within the directorate there were many staff who did not use a laptop or pc as part of their role which presented a challenge for completion of appraisals and work was ongoing to address this. The creation of workspace where staff could sit down with their manager to complete an appraisal was being reviewed along with an option of completing an appraisal on a handheld device. The issue of incomplete appraisals due to the manager not fully finalising the process had been identified and a communication had been issued to ensure managers completed appraisals correctly.

Upgrading of rest areas, vending machine accessibility and several other pieces of work had been implemented to improve staff welfare across the organisation. Staff accommodation continued to be upgraded annually with positive feedback received. Work had been done with Argyll and Bute colleagues as some discrepancies had been identified around working practices which had now been resolved.

A restructuring of the Operations Team was underway with some staff moving to the Capital Planning Team and it was unlikely there would be any redundancies. The recruitment and retention of skilled tradesmen had been addressed and moving forward upskilling of maintenance assistant staff would take place. It was confirmed the apprenticeship programme would be changed to further enhance the workforce.

Work to complete the hand over of staff from Robertson Facilities Management to NHS Highland was almost complete.

How staff were made aware of the whistleblowing service was queried by the Board Whistleblowing Champion and the Director of Estates, Facilities and Capital Planning advised communications were sent out via newsletters to staff about the service. As many staff worked shift patterns that saw no direct contact with their manager regular meetings had been organised to enable managers to brief their staff. It was noted that knowledge of the whistleblowing process and what staff need to do had helped to ensure issues were resolved at an early a stage as possible.

It was noted that the areas within the directorate who had the highest appraisal completion rate had set aside time to conduct these appropriately and a review of regular protected time would continue to aid this.

The Chair queried the involvement of staffside within the directorate given the previously mentioned changes planned. The Director of Estates, Facilities and Capital Planning confirmed there had been improvements, particularly around staffside being involved early in any process to help bolster partnership working.

The Committee **noted** the presentation.

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 People and Culture Portfolio Board Update

Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture spoke to the paper which was an oversight of the complete portfolio of ongoing work. Positive progress had been made across all the workstreams with some of the workstreams on the agenda for further discussion.

In the update it was highlighted:

- The Health and Wellbeing Strategy would go to the Board for final approval
- The Employability Strategy was on today's agenda for further discussion
- Health and Care Staffing Act was also on the agenda for discussion.
- Cultural Leadership – networks were being set up and there would be a Leadership Conference held in due course along with master classes.
- Corporate Learning and Development – a workshop had taken place just before Christmas, the name of this group would change to Board Learning and Development.
- There would be a workforce group set up within Acute with a group already set up within Argyll and Bute.

Work was progressing with a clearer direction of travel identified. Although there was a workstream with a RAG rating of Red within the paper, work was still ongoing with discussions involving management and staffside.

Committee Members sought clarity around the purpose of the Leadership Conference, The Director of People and Culture explained that the Leadership Conference was created to build networks and connections. He highlighted the benefits of existing networks and how sharing experiences strengthens them. The Deputy Director of People mentioned a paper on the conference, scheduled for Spring, might be presented at the next committee meeting.

Details on attendees, experience levels, and shared content were still being determined, with a future paper to address these points planned. It was noted that a one-size-fits-all solution isn't feasible, and further work was needed, but the networks are expected to include a diverse group of people.

A. Fraser asked about training for newly qualified or promoted managers and the implementation of a preceptorship program. The Director of People and Culture responded that a Leadership and Development brochure had been developed, with ongoing discussions about linking it to the induction program and various development pathways for non-clinical areas

The need to prioritise and to find balance within workloads was highlighted by the Chief Officer of Acute citing that the importance of this balance with delivering a public service. The Director of People and Culture agreed and it was noted that this also being discussed.

The Committee **Noted** the content of the report and took **Moderate** Assurance.

5.2 Health and Care Staffing Act Quarter Two Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and highlighted the scheduling of reports to maintain governance. Moderate assurance was requested for known gaps in systems and processes to ensure compliance with the Act, with plans in place to address these gaps.

As the first Annual Report was due in April, Quarter three and Quarter four reports would be presented together. It was noted that quarterly reporting showed little change and might be too frequent for meaningful updates, as highlighted to Health Care Scotland.

The Chair queried the Quarter two report, asking why Quarter Three RAG rating figures were included. The Director explained that the figures reflected the current period despite the report covering Quarter Two.

Feedback on the report's accessibility was welcomed. The Chair also queried the gaps in systems and the action plan's priorities. The Director provided examples of tools used in Acute and noted that tools in Community were more subjective, not identifying staffing levels needed for the workload. These limitations were recognised nationally, with ongoing efforts to address them.

The Committee **noted**:

- The requirements placed on the Board by the Act
 - **Moderate** assurance and the information provided in the paper and appendices
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The Committee Took a short break at 11.20am and returned at 11.30am

5.3 Statutory and Mandatory Training Improvement Action Plan

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People explained that a Short Life Working Group (SLWG) had been set up for a period of eight months. Within the report it was highlighted:

- The paper covered the 19 actions but two were amalgamated which left 18 actions.
- Of these actions nine of were completed by the time the SLWG ended leaving a balance of nine actions.
- One of these actions was with the national team with the remaining eight actions now themed.
- Some of the actions aligned with the Corporate Learning and Development Group (to be called the Board Learning and Development Group).
- Four of the actions related to updates of policies and these would go through the HR Subgroup and then to the Area Partnership Forum in due course.

The Chair asked if the outstanding actions would significantly impact completion rates or if the reasons for low completion rates were still unknown. The Deputy Director of People explained that reporting was part of the action plan, with all managers receiving the report. Statutory and Mandatory Training was reported to the APF and IPQR, which went to the Staff Governance Committee. Efforts were being made to improve compliance in each area, but the focus was currently on completing appraisals.

The Director of People and Culture explained that there were certain areas within the e-learning modules where compliance was higher than in others. Some had new modules released and this had affected the data collated. One of the lowest completion rates was "Staying Safe on Line" which was one of the longest modules and work was ongoing to look at the digestibility of training and ease of access.

The Board Chair queried the writing of the modules and whether they were nationally standardised or written in house and whether the content of the modules could be standardised. The Director of People and Culture explained that there was a National Working Group looking at the subject of modules with discussions of whether to have standard modules across all Boards but it was noted this was not always the best format to

deliver training. The Employee Director highlighted the non-pay agreement and how this could help address this issue, particularly around providing protected time however the issue became more complex in larger teams coupled with the requirement for individual staff members to book their own training.

The Director of People and Culture explained there was a risk associated with the ability to demonstrate valuing staff and supporting their learning, particularly around compliance with the staff governance standards. There was also an operational risk in the low levels of compliance however there were further discussions required around the content of the modules.

The Committee **noted** the content of the report and took **substantial** assurance.

5.4 Strategic Risk Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated paper and highlighted:

- Additional work was required to improve appraisal completion, particularly around those awaiting sign-off.
- The report contained the draft set of level 2 risks which were operational risks that applied to more than one area.
- The decision to start over with the risks identified had been taken as previous risks had become outdated.
- Many risks related to Health and Safety with a large number also relating to staff governance standards. Ownership of these risks sat with the People and Culture Portfolio Boards, APF and the Health and Safety Committee

It was noted that not all the risks had been rated yet but once rated the focus would be on the high and very high risks.

The Committee **noted** the content of the report and took **moderate** assurance from:

- The review and refresh of the people and culture strategic risks
- Plan to present the finalised level 2 people and culture risk to the next committee meeting.

5.5 Integrated Performance and Quality Report

Report by Gareth Adkins, Director of People and Culture

The Deputy Director of People spoke to the report highlighting that some changes had been made after discussion at the last committee meeting in October. It was noted:

- The "time to fill" KPI had reduced and was now sitting at 111.2 days
- Absence rates had levelled at 6%, this was a reduction of the previous rates of 7.39%
- E-learning completion had increased slightly to 69.9%
- Appraisals had reduced to 27.9%

The Board Chair sought clarity around addressing high "time to fill" percentages and what actions were being taken. The Deputy Director of People said work was underway to address outliers and improve recruitment in those areas. The Director of People and Culture added that efforts to create a detailed report and system triggers to identify process issues was being developed.

Committee Members highlighted the requirement for robust communication to alleviate concerns of those who had raised them but recognised caution may be required as those

with a negative experience may not recognise improvements. The Director of People and Culture suggested focusing on process issues and encouraging those with problems to contact the team for support however the data was regularly discussed in Local and Joint Partnership Forums.

The Head of Communication and Engagement suggested using case studies of hard-to-fill posts to help managers understand their part in the process and what adjustments were made to improve other teams' compliance.

The Chair sought clarity around the low completion rates within Adult Social Care and asked what had impacted these. The Director of Adult Social Care noted ongoing work to improve data accuracy, especially for smaller staff groups. Additional concerns around data accuracy were raised and the Director of People and Culture highlighted the overall staff figures were correct but the confusion may have arisen around what teams those staff were aligned with and suggested further discussions outside the committee.

The Chair raised concerns around the presentation of the data as the overall picture of the head count across the entire organisation was not clear. The Director of People and Culture agreed the report lacked detailed clarity and suggested that further discussion take place regarding the figures to determine focus points going forward.

Due to the concern around accuracy committee did not agree to close off the **action no 130** – Adult Social Care Metrics and agreed a report would come back to the next committee meeting.

Action: a further report on Adult Social Care metrics would come to the March 2025 committee

The Committee took **moderate assurance**, **noted** the content of the report and **agreed** a further report would come to the next committee meeting.

5.6 Equality, Diversity and Inclusion Strategy

Report by Gaye Boyd, Deputy Director of People and Culture

The Director of People and Culture introduced the Equality, Diversity and Inclusion (EDI) Strategy and the Equality Outcomes and thanked the team for all their hard work. He went on to explain that the strategy consultation process was due to close the next day. There was a requirement to publish this report every four years which was divided into two elements, the strategy and the outcomes as per the Equality Act.

The Deputy Director of People explained that this paper was the draft strategy with the final version coming to committee in March prior to it going to the Board for approval and launch in April.

The Board Chair queried anti racism and whether this was included within the strategy with the Director of People and Culture confirming that there was a section in the strategy which covered all protected characteristics and anti-racism was one of them. Sexual harassment was queried and whether this was captured in any way by the organisation. The Director of People and Culture explained that any incident of sexual harassment should be reported through the workforce policies route, the policies were currently being worked upon.

A Fraser queried Domestic Abuse and whether there was work done to provide safe spaces and conversations around how home life was for staff. It was noted that there was a Once for Scotland Policy that would be launched in the coming months. Discussions had also taken place with public health around understanding the needs and what support was required for the workforce.

The Committee **noted** the report and took **moderate** assurance.

5.6.1 Equality Outcomes

Report by Gaye Boyd, Deputy Director of People

This item was discussed as part of item 5.6

The Committee noted the content of the report and took moderate assurance.

5.7 Employability Strategy

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People explained that the Employability Strategy was one of the outcomes from the Annual Delivery Plan (ADP), an employability group had been formed and this paper was developed in said group. The paper addressed what was required to be done around employability programmes in relation to the workforce gaps and the workforce overall. The consultation process had opened in December and would close tomorrow. It was noted this work was completed alongside the Equality, Diversity and Inclusion (EDI) strategy.

It was confirmed that both finalised strategies would come to Staff Governance Committee in March it would be April before they would be launched if they were agreed at the Board Meeting. Career pathways and the ability to move more fluidly to other pathways in that may not be within their existing department and often people would come into a job in a non-registered role but decide to take a slightly different career route once they had gained experience. Also discussed was the recognition of prior learning and how this would benefit the organisation and prevent duplication of training.

It was also queried what support could be offered to those with learning disabilities; The Head of Mental Health, Learning Disabilities and Drug & Alcohol Recovery Services highlighted there was a vocational rehabilitation team within mental health services who could link into the work being done to ensure that people with learning disabilities would be employed by the organisation.

The Committee noted the content of the report and took moderate assurance.
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5.8 Annual Review of Staff Governance Committee Terms of Reference

Report by Ruth Daly, Board Secretary

The Chair highlighted the circulated report and confirmed a review of the Terms of Reference had been completed but nothing had been removed from the paper itself. There was a query around the status of the Employee Director with the suggestion that further discussion take place offline which was agreed by committee.

Action: Further discussion offline to take place around the position of the Employee Director within committee.

The Committee:

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| <ul style="list-style-type: none">• Agreed the revised Terms of Reference as shown in the appendix to the report and• Noted the revised ToR which will be submitted to the Audit Committee and the Board for approval in March 2025 and included in the updated Code of Corporate Governance thereafter. |
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6 ITEMS FOR INFORMATION AND NOTING

6.1 Area Partnership Forum update of meeting held on 13 December 2024

There were no additional comments.

6.2 Health and Safety Committee minutes of the meeting held on 1 October 2024

The Chair sought clarity around the Argyll and Bute element of the assurance report as it only provided limited assurance and heavily focused on estates and were committee aware of what plans were in place to improve the assurance level. The Director of People and Culture explained he had spoken with the Chief Officer and progress had been made around the content of their report alongside the completion of risk management plans and work was underway to address this so it was easier for managers to meet those expectations. The engagement of the Health and Safety Staffside reps was also under review and it was envisaged that they would do a walk around with senior management. This would allow for senior management to be more conscious of what was happening on the shop floor.

Alison Fraser raised the importance of staffside involvement in health and safety. The Director of People and Culture agreed that further work was needed to ensure health and safety reps were involved locally.

The Chair sought clarity around the Health and Safety Committee accepting the noted assurance levels provided as part of the Infection Control report and whether any of those were noted as limited. The Director of People and Culture advised that would be corrected as the report was not to provide the committee with assurance as this sat with the Clinical Governance Committee from a Governance perspective.

7 ANY OTHER COMPETENT BUSINESS

None

7.1 Review / Summary of meeting for Chair to highlight to the Board

Health and Safety working in partnership with Staffside work that was underway. The Chair noted the way that metrics were being presented to committee and the improvement work that was being focused upon. Also noted was the discussion around the work done to improve the PDP and appraisals.

8. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 4 March 2025 at 10 am via Microsoft Teams.

9. Future Meeting Schedule

The Committee **Noted** the remaining meeting schedule for 2025 as follows:

6 May 2025
1 July 2025
2 September 2025
4 November 2025

Meeting Ended at 12.50pm