

Approved by SGC on 4 November 2020

Staff Governance Committee
9.30 am, Tuesday 29th September 2020
Via MS Teams

- Present:** Mr Ewing Hope, Employee Director (*Chair*)
Mrs Margaret Anderson, Non-Executive Board Member
Mrs Lesley Bowie, NHS Board Chair
Mr Adrian Carragher, Non-Executive Board Member
Cllr Douglas Reid, Non-Executive Board Member
- Ex-officio** Mr John Burns, Chief Executive
Ms Sarah Bush, Staff Participation Lead
Ms Allina Das, Staff Participation Lead
Mr David Donaghey, Staff Participation Lead/COP (College of Podiatry) Representative
Mrs Frances Ewan, Staff Participation Lead
Mrs Sarah Leslie, Human Resources (HR) Director
- In attendance:** Mrs Ann Crumley, Assistant HR Director
Mr Hugh Currie, Head of Occupational Health & Safety
Mr Tim Eltringham, Director of South Ayrshire Health and Social Care Partnership (*for item 5*)
Dr Phil Hodkinson, Associate Medical Director (*for items 18.1 / 18.2*)
Mrs Lorna Kenmuir, Assistant HR Director - People Services
Mrs Susan Simmons, Executive Assistant (minutes)

1. Welcome and apologies for absence

Mr Hope welcomed all to the meeting. Apologies were noted from Cllr Laura Brennan-Whitefield and Mr John Rainey.

2. Declarations of interest

No declarations of interest were received.

3. Draft minutes of meeting

3.1 *Draft minutes of the meeting held on 11th February 2020*

The minutes were approved as an accurate record of the meeting.

3.2 *Draft minutes of the meeting held on 10th August 2020*

The minutes were approved as an accurate record of the meeting.

4. Matters arising

4.1 *Needlestick reviews*

Mr Currie advised that further progress had been made with the implementation plan since the paper had been produced. In Quarter 4, 2019/20, there had been 22 needlestick injuries, making a total of 93 for the whole of 2019/20; a reduction from 113 in 2019/19. The downward trend had continued into 2020/21, with 11 injuries in the first six months.

There had been five instances of inappropriate disposal of needlesticks in Quarter 4 2019/20 and two instances to date in 2020/21. Further work continued to be done with the service on the root causes of and contributory factors to inappropriate disposals.

NHS Ayrshire & Arran had one of the highest uptakes of safer devices within NHSScotland and continued to take this approach wherever possible. No additional safety devices had been implemented during the pandemic; however training via e-learning remained available for staff as and when required.

4.2 *Distributed working*

Mrs Leslie shared the commission for distributed working within NHS Ayrshire & Arran, which was being led by Digital Services and Human Resources. Since March 2020, the number of staff able to work in a flexible way had scaled up to around 3,500. There was now an opportunity to reflect on feedback received from this new way of working and to consider how best to support staff to work flexibly, balancing face to face and digital interactions, and providing services from an appropriate location which would maximise efficient and effective service provision. A technical group had been established to develop a work plan for consideration through the Board's governance structures.

Mr Burns advised that the commission was set within the context of Caring for Ayrshire, sustainability and community wealth building. The technical group would, therefore, consider staff working from a community base, or home, or a blend of sites as required. Aspects such as reduction of carbon footprint and maximum use of technology would be part of this approach, although there would still be an emphasis on working as a team.

Where staff were working from home, the framework would consider ergonomic issues in support of Health & Safety legislation, and staff would be asked to discuss with their manager where any improvements to the home working environment were required.

The commission represented a fundamental change in ways of working and that the newer elements such as psychological safety and community wealth building, would be spotlighted and developed as the thinking around this programme of work matured.

Members noted the report.

5. Staff Governance and People Plan Assurance Reports

Mr Eltringham acknowledged that 2019/20 had been a year of transition of the South Ayrshire Health & Social Care Partnership, following a difficult financial year in 2018/19. Progress had been made to strengthen staffing and financial governance, with the appointment of a new Chief Finance Officer, and a new Chief Social Work Officer.

The Partnership had achieved a good iMatter engagement score in 2019 and continued to encourage the development of action plans to support team improvements.

Improvement activity within the Partnership was recorded through Turas, and the PDR process had been strengthened to improve the connection between the Partnership's objectives and individual action plans.

Mrs Leslie commended the work done by the Partnership to refocus PDR conversations around the four pillars of Service, People, Finance and Quality, and she confirmed that there was an intent to scale up this approach within NHS Ayrshire & Arran.

Mr Eltringham advised that there had been positive engagement within the Staff Partnership Forum and consideration was being given as to how to build on this going forward. Following discussions at the Forum, there had been a commitment to improve communications at all levels of the organisation. Over the last few months, productive virtual meetings had been held with small groups of managers, which had proved valuable in developing connections between colleagues from various disciplines. Some colleagues had also created video blogs, which had helped to share information and improve general awareness of challenges and good practice within specific areas.

Mr Hope confirmed that there had been significant progress on the Staff Partnership agenda within the Partnership, and he welcomed the successful initiatives to develop effective engagement mechanisms within the Partnership.

Mrs Anderson enquired about the possibility of introducing six-monthly comparators to demonstrate progress within the Directorates, rather than having a focus on performance results. Mr Burns confirmed that the organisation had an ambition to embed team ownership and accountability as part of 'Daring to Succeed'. He would discuss with Mrs Leslie outwith the meeting how to capture the connection between working differently and the resulting performance, and what the key indicators for this might be, so that this could be reported to the Committee in the future.

Action – Mr Burns / Mrs Leslie

6. COVID-19 update on Mobilisation and Caring for Ayrshire

Mr Burns advised that he had committed to review how the organisation would focus on staff wellbeing beyond March 2021, taking account of the powerful wellbeing interventions which had been established over the last six months.

From the staffing perspective, it would be important for the organisation to be able to respond flexibly to changes in demand for Test and Protect services, and plans were being stress tested to ensure that future targets could be met. Lessons learned from organisational experience in responding to mobilisation and remobilisation would inform this thinking.

In response to a question from Mr Carragher, Mr Burns confirmed that due consideration was being given to balancing service staffing requirements with the need to prioritise Test and Protect. Test and Protect involved staff from many different departments and work was ongoing to identify whether these staff could be retained by the Test and Protect service and for how long. Collectively, 27 members of staff had been identified to provide core and surge capacity, and a further 50 members of staff were being trained. Test and Protect rotas were being populated on a monthly basis and were kept under review in case further staff needed to be deployed beyond the core staff.

Mr Hope stated that he was grateful for the commendable level of engagement with staff side around staff deployment connected with the pandemic.

Ms Das agreed that there had been good partnership working by Senior Management Teams and staff side to ensure that the organisation was able to retain services while being responsive to COVID-19. She further confirmed that the Board's wellbeing suites had been welcomed by staff and were being used to good effect.

In terms of Caring for Ayrshire, Mr Burns proposed the adoption of a bolder approach to engaging across the system, which would expand on the Extreme Team approach of bringing together diverse thinking within a small group to problem solve and identify new ways of working. This approach was in line with the Staff Governance Standard requirement to involve staff in decisions which would affect them. A Caring for Ayrshire Strategic Advisory Group was being established to oversee this. Mr Burns confirmed that, in view of the current pressures caused by the pandemic, he had taken a range of views to ensure that colleagues were comfortable with taking forward this agenda at this time.

Members thanked Mr Burns for his report.

7. Social Distancing

Mr Currie reported that the organisation had undertaken workplace risk assessments and individual risk assessments to ensure the right conditions to achieve social distancing requirements.

A Task and Finish Group had been established with representation from across the organisation to oversee the work programme within NHS and Health & Social Care Partnerships premises. Volunteers had been trained to carry out the risk

assessments and Responsible Officers had been appointed in each area to ensure that these were completed appropriately and to recommend on an ongoing basis any modifications that might be required. The assurances provided by the Responsible Officers had enabled the Chief Executive to sign off COVID-19 Secure statements for each building.

The identified actions from the risk assessments had been recorded and were reviewed regularly by the Emergency Management Team (EMT). Audits were currently being undertaken on the effectiveness of the implementation of the risk assessments and the Chief Executive had undertaken walkrounds within the main hospital sites, which had helped to highlight the importance of this.

Social distancing would be an important part of the Board's remobilisation plan as services were brought back on line, and further reports on this would be made to EMT.

Mr Carragher asked how the Board might continue to engage with staff and enable challenge of any non-compliance around social distancing.

Mr Currie confirmed that there were clear mitigation measures in place within certain patient areas and these had been well drilled with staff. However, to address the small minority of staff who may not realise the importance of complying with social distancing requirements outwith these specific areas, the Chief Executive and Directors continued to reinforce consistent messages around social distancing through their teams and regular communications were issued to staff about social distancing. Mr Currie confirmed that staff had been receptive to this and compliance levels were generally good.

Mrs Leslie suggested that stronger links could be made within staff communications to the Board's values of Safe, Caring and Respectful, to remind staff why it was important to comply with social distancing requirements. Members agreed that this would be helpful and asked that Mrs Leslie and Mr Currie review how to reinforce this within staff communications and support colleagues who wished to challenge any inappropriate behaviours.

Action – Mrs Leslie / Mr Currie

8. Update and review of Human Resources procedures

8.1 Recruitment and PVG

Members noted the temporary variations which had been put in place for recruitment procedures to enable the Board to fast track recruitment and to conclude Disclosure Scotland and other pre-employment checks safely and with the appropriate governance. No further contingency measures had been required to assist in this.

Mr Hope confirmed that staff side had been fully involved in and supportive of the new arrangements.

8.2 iMatter

Mrs Crumley reminded members that, although Run 1 of iMatter had concluded at the end of February, the programme had then been included within the national pause of non-essential services and would be reinstated in 2021.

As an interim arrangement for 2020, a national pulse survey had been issued to staff. NHS Ayrshire & Arran had achieved a 48% response rate, excluding paper copy returns, which had been commended by the national team. SMS had been used for the first time for a national survey, in an effort to move away from paper copies, and this had proved successful, particularly within Community based teams.

The full summary report for the Board and Directorate reports would be received towards the end of October and would be reported back to the Area Partnership Forum and Staff Governance Committee. The outcomes would be analysed to identify actions for the coming year. Good news stories had been actively sought and collated and four examples would be submitted for inclusion in the national pulse survey report.

8.3 Corporate Induction

Mrs Crumley advised that, as part of the new recruitment process, the Corporate Induction process had been refreshed for both standard employments and for additional staff employed to support the pandemic.

Since March 2020, a reduced, half-day programme had been delivered, with 15 delegates per session, and with a maximum of five programmes taking place in a single week. Delegates had been required to complete their MAST modules from home prior to attending Corporate Induction. It was anticipated that the new arrangements would continue at least until the end of November. Feedback from delegates on the shortened programme had been very positive.

It was considered timely to carry out a full review of Corporate Induction to ensure the incorporation of key messages around Caring for Ayrshire and psychological safety, together with stronger promotion of the Board's values and a greater emphasis on local induction. It was proposed to develop a handbook that new employees could refer back to, following their induction.

Members welcomed the report and noted that the proposals for the new Corporate Induction programme would be submitted through the Board's governance structure.

8.4 Once for Scotland Policy implementation

Mrs Leslie advised that, following the co-delivery of Phase 1 'Once for Scotland' policies, the decision had been taken nationally to defer Phase 2. Once this programme was re-started, the Board would replicate the soft launch, training programme and publication to staff that had been used to deliver Phase 1.

9. Culture Commission

Mr Burns advised of the re-start of the Board's culture commission, which had been paused since March 2020, and which would ensure that the Board's culture remained fit for purpose.

The Extreme Team taking forward this work included a range of stakeholders from across the Board, including staff side representation. The group would be tasked with making connections between the existing Board values developed by staff and current thinking around, for example, trauma informed training, psychological safety, 'radical' kindness and national programmes such as 'Civility Saves Lives', and with embedding these elements within the Board's culture. Therefore, the review would not start from first principles but would build on the existing strong culture to create a refreshed framework which would support the Board's aspirations to become an exemplar employer. When the review was complete, there would be a focus on sharing the outputs at departmental level and highlighting areas of good practice.

Members acknowledged the importance of this work and looked forward to receiving the outputs of the review.

10. PDR and Turas implementation

Mrs Crumley advised that, despite the significant efforts to improve PDR participation within the Board, which had included additional RAG reports and Directorate trajectories to focus on particular areas of concern, participation rates remained disappointingly low. There remained anecdotal reports of unnecessary focus on the process and electronic recording system rather than the conversation between staff and their manager.

A discussion paper would be submitted to CMT on how local ownership of the PDR process might be improved through adoption of the 'four pillars' model of the South Ayrshire Health & Social Care Partnership, which had been very successful in increasing participation. The proposal to CMT would also include a case study on the Values Management Approach being led by the Interim Deputy Nurse Director.

Following the discussion at CMT, Directors would be given accountability to work with their team leaders to choose their own areas of focus and to use the example of the case study as a new approach to discuss individual objectives and embed PDR in a way that would best fit with their teams.

To address any concerns managers might have relating to the use of Turas, a brief guide would be made available. Mrs Crumley highlighted that the most important part of the electronic process was completion of the discussion summary, which records what had gone well for the staff member during the year, and what support would be needed in the future.

It was anticipated that the new approach would be rolled out by the end of October 2020 and Directors would be asked to report back in six months on the engagement with their teams and progress with using the values management approach within their areas.

Mr Burns advised that this would be a whole system approach which would tip the balance towards the Board's culture and values, rather than focusing on performance, and which would position PDR within the context of the People Plan, Caring for Ayrshire and staff wellbeing.

Mr Burns confirmed that, in addition to discussions at CMT, he would welcome staff side input for the proposals either through APF discussions or alternative opportunities.

Members welcomed the change of focus and it was suggested that the development of virtual communications over the past few months may have normalised more regular and informal communications between staff and managers, which could assist with this new approach to PDR. The use of more appropriate and relevant language to engage staff within the PDR process was also welcomed.

11. Black Asian and Minority Ethnic (BAME) Network

Mrs Leslie introduced a proposal to establish a BAME network for NHS Ayrshire & Arran. She advised that, in addition to positive initiatives relating to disability and LGBT issues, the Board's Corporate Equalities Group was currently being reinvigorated to formulate a work plan and strengthen governance routes. However, recent months had brought a sharp focus on health outcomes for BAME staff and it would be timely to reactivate pre-COVID-19 work to create opportunities for BAME staff to share their staff experience and any concerns or challenges they may have.

The Chief Executive would host virtual sessions in November, supported by the HR Director, to provide a forum for discussion with BAME staff, and to gauge interest in establishing a network. This would assist in ensuring that the Board's processes and approaches were appropriate and helpful for BAME staff and that the Board was both fulfilling its equality duties in relation to staff with protected characteristics and would be able to take account of equality impacts in its future workforce plans.

Members indicated their support for the proposals.

12. Staff Governance Committee Terms of Reference

Mrs Leslie advised that she had reviewed the Committee's Terms of Reference with the Chair. She drew members' attention to paragraph 8.1 of the Terms of Reference, which described the Committee's role in relation to the Board's culture:

“The role of the Staff Governance Committee is to support and maintain a culture within the health system where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration. It will ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored.”

Members confirmed their agreement to adopt the Terms of Reference.

It was agreed to revise the order of agenda items so allow Dr Hodkinson to attend another commitment.

18. Audit reports

18.1 Medical workforce planning arrangements

Dr Hodkinson highlighted the need to ensure robust workforce planning which would support medical staff at all levels within the organisation. There were complexities around service delivery which could result in workforce gaps and it was important to strive towards a single service for Ayrshire & Arran and to appoint the right individuals to provide a quality service to local citizens.

To support this ambition, the Medical Director was leading a programme of work across all specialities, which included peer support and a development programme for new Consultants.

Members commended the initiatives in support of recruiting and retaining medical staff and thanked Dr Hodkinson for the update against actions in the audit report.

18.2 Consultant job planning

Dr Hodkinson acknowledged that the Board had experienced historical challenges around job planning in terms of consistency and transparency. Job planning had been paused for six months due to the pandemic but work had now commenced with Allocate to look at team service planning.

Through this initiative, Finance and HR would assist medical management in reviewing and identifying solutions to areas of particular pressure, and consideration would be given to different ways of working. Work was now starting on some of the complexities of this and the BMA had agreed to assist in the provision of training on service planning with clinicians and Clinical Directors to take this forward.

Members welcomed the change of focus from systems issues towards team service planning and the aspiration towards an optimum service model within each area. Members confirmed that they would welcome an update on progress at a future meeting.

13. Staff Governance Committee forward planner

Mrs Leslie confirmed that she had discussed the forward planner with the Committee Chair and that this was intended as a dynamic document which could flex to include additional topics as required.

Mr Burns suggested that the planner include future updates on medical workforce job planning and the culture commission, from discussions at today's meeting.

Members endorsed these suggestions for inclusion.

14. People Strategy and People Plan 2020/21

Mrs Leslie reminded members that the People Strategy had been developed in 2015 and that it was timely to review and refresh the Strategy. Feedback had been received from the People Strategy Steering Group and Corporate Management Team on the draft document and enhancements would be made to reflect the integrated workforce and recent programmes of work such as 'Caring for Ayrshire'. It was intended to bring the final draft of the Strategy to the Committee's next meeting for ratification and to influence future work plans.

Members noted the report.

15. Area Partnership Forum report

Members noted the update from the Area Partnership Forum and acknowledged the recent improvements made to overcome previous quorum issues.

16. Employee Relations quarterly report

Mrs Kenmuir introduced the report, which provided a snapshot of employee relations cases from the end of 2019/20 and the first quarter of 2020/21. She advised that cases had been paused for twelve weeks during the pandemic. From July onwards, efforts had been made to review, identify and conclude any cases which were appropriate for early resolution, and this approach would continue.

New accommodation had been identified for hearings which would support social distancing and the HR staff who had been supporting the Hub had now returned to their usual roles, which would enable completion of those cases which had not yet been concluded.

Members acknowledged the impact that delays in progressing with cases can have on staff and thanked Mrs Kenmuir for her report.

17. Staff Governance Committee Annual Report

Members agreed to homologate the Annual Report which had been presented to the Board in August.

18. Audit reports (cont.)

18.2 Staff Rostering (Nursing)

As it had not been possible for representation from the Nurse Directorate to attend today's meeting, members were asked to feed back any comments on the audit report via the HR Director.

Action – all

18.3 Health & Safety Self Audit Management Review

Mr Currie advised that monthly measurement self-assessments were carried out to ensure that all departments were implementing elements of the Health & Safety manual. The audit of this process had resulted in one medium level recommendation, two low level recommendations and an advisory recommendation.

The self-assessments had been suspended due to the pandemic but the recommendations would be implemented as far as possible once the process had resumed.

Members noted the report.

19. Key issues to report to the NHS Board

Committee agreed to remit the drafting of the report to the Employee Director and HR Director and recommended that this should include inclusion of the work around Board culture, as it would be helpful to raise Board members' awareness of this at an early stage.

20. Any other competent business

No further business was raised for discussion.

21. Next meeting

The next meeting of the Committee would be held at 2.00 pm on Wednesday 4th November.