

Approved at SGC on 14 February 2022

Chief Executive and Chairman's Office
Eglinton House
Ailsa Hospital
Ayr KA6 6AB

Staff Governance Committee
9.30 am 15 November 2021
MS Teams

Present: Mrs Margaret Anderson, Non-Executive Board Member (Chair)
Mr Adrian Carragher, Non-Executive Board Member
Dr Sukhomoy Das, Non-Executive Board Member
Mr Ewing Hope, Employee Director

Ex-officio Professor Hazel Borland, Interim Chief Executive Officer
Ms Sarah Bush, Staff Participation Lead
Ms Allina Das, Staff Participation Lead
Mr David Donaghey, Staff Participation Lead/RCPod
Mrs Sarah Leslie, Human Resources (HR) Director

In attendance: Mr Hugh Currie, Assistant Director for Occupational Health, Safety
& Risk Management
Mrs Kirstin Dickson, Director for Transformation and Sustainability
Mrs Lorna Kenmuir, Assistant HR Director - People Services
Mr Brian Lorimer, Human Resources Manager
Mrs Jennifer Wilson, Interim Nurse Director
Ms Pauline Sharp, Committee Secretary (minutes)

- | 1. Apologies and Welcome | Action |
|---|---------------|
| 1.1 Apologies for absence were noted from Mrs Bowie, Mrs Ewan and Councillor Brennan-Whitefield. | |
| 2. Declaration of Interest | |
| 2.1 The Committee was not advised of any declaration of interest. | |
| 3. Draft Minutes of the Meeting held on 3 August 2021 | |
| 3.1 The minutes were approved as an accurate record of the meeting conditional upon Item 15.1 being changed from Crombie to Crumley. | |
| 4. Matters Arising | |
| 4.1 The Committee noted the Action Log for previous meetings with all matters complete, on the current agenda or future agendas for updates. In particular note was taken of the Organisational | |

Culture update which would go to the Corporate Management Team (CMT) in January before coming to the SGC in February 2022.

Governance

5. Staff Governance and People Plan Assurance Reports

- 5.1 Ms Kirsti Dickson, Director for the Transformation and Sustainability Directorate provided a presentation (attached at appendix 1) to the SGC for their assurance. She advised they were a relatively small team of around 37 with 70% under 50 years of age and Band 5 and above. She discussed the responsibility of the Directorate for leading the development of the organisation's strategic direction and the range of areas covered.

Their sickness absence rates were reasonable although with a small team it did not take much to push numbers in the wrong direction. PDRs were up towards 92% but this included new individuals who were still to receive a PDR. They also manage to keep MAST to as close to 100% as possible.

Ms Dickson detailed the support provided to facilitate staff to work from home during COVID including equipment and ensuring they had the right working environment. They had adapted to using Teams for formal work conversations but also it had enabled general social conversations allowing people to stay connected. As a Directorate they had agreed working principles which reinforced good practice across the team. By doing this they had been able to deliver what normally had done but also found new ways of thinking and improvements. She considered the challenge was the uncertainty as to how long the new working practices would go on for but the intention was to further refine and get the best of both worlds.

They had a good response rate for iMatter and looked to get 100% completion for action plans. Teams would include regular conversations on actions to move these forward. She detailed the level of meetings conducted over the past 20 months including directorate meetings, senior team, 1:1s and Directorate Christmas team meeting.

As an example of good practice she detailed the process they had undertaken in the use of Value Management Approach at the earlier part of the year to help develop how CAMHS data was presented. The impact was that this allowed them to improve access to service data, helping colleagues to be more certain in their working practice on and what they were producing. This

had been really useful in how they collaborated with others and also improved what they produced for the organisation.

- 5.2 The discussion was opened out to the Committee. Members considered the whole organisation and other directorates could learn from the approach and good practice demonstrated by the Transformation & Sustainability Directorate over the pandemic and how they had successfully worked together including developing a hybrid approach. Mr Hope requested that in future detail on diversity and gender balance be included. Following questions raised by members Ms Dickson confirmed that as a directorate they had provided a safe space in the office for colleagues who did not have an adequate broadband and supported colleagues with IT problems. All of this, although time consuming, had reaffirmed colleagues of their part in the whole team and re-emphasised their freedom to speak up.

The Committee thanked Ms Dickson for her presentation and considered it provided a deeper and richer understanding of well organised distributed working practices.

The Committee was reassured by the work being done by the Transformation & Sustainability Directorate in support of the Staff Governance Standards and People Plan.

6. Committee Workplan

- 6.1. Mrs Leslie asked the Committee for their approval to take the SGC Workplan/Forward Planner to the People Strategy Steering Group and allow them to review the themes based work. She would then submit the revised plan to the SGC. All members were in agreement.

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Outcome: The Committee noted the updates detailed and assurances to be provided in the Staff Governance Committee Forward Planner for 2021/22 and looked forward to a revised 2022/23 edition.

7. People Plan 2020/21

- 7.1 Mrs Leslie provided a brief overview of the areas detailed in the Plan for improvement against the Develop objective. These included:
- **Staff appraisal - PDR + PDP Process** – Prior to Mr Burns leaving Mrs Leslie had held discussions about where the organisation was in terms of this target and embedding PDR learning. This included the importance of quality conversations, not just numbers and staff having an understanding of NHS Ayrshire & Arran 4 Pillars of

service, people, quality and finance. Through the CMT a refreshed simplified approach had been agreed with PDR champions being appointed to support colleagues work on their appraisals. It was vital each member had an opportunity once a year to sit with their manager, be thanked for work done and discussion had on support and training required to allow them to fulfil their role, with development time scheduled.

- **Training and Development – Corporate Induction –** Mrs Leslie confirmed she would keep the SGC updated with the reviewed and refreshed Corporate Induction programme. Currently there was a high level of recruitment but the Induction process was considered vital to welcome and embed in the person the principles that every colleague mattered and emphasise the way we work as an organisation. When it came to training needs there was a significant backlog for Violence and Aggression and Manual Handling.
- **MAST –** Mrs Leslie provided assurance due attention was being given to these modules and detailed the work being done to ensure these were completed eg Fire Safety and Infection Control.
- **Effective Leadership and Management –** Through work done by Mrs Crumley new leaders had been recruited, they were being supported in a number of ways in order to have the capacity to provide wrap around support for staff. She also noted the significant work being done by Wellbeing Champions.

Mrs Leslie advised the CMT were kept up to date with developments and the SGC would be advised of these at a future meeting.

- 7.2 Professor Borland considered it was a very important document and even more so over the past 20 months with staff stepping up and showing great flexibility in what they were asked to do. She thought it provided clarity on how much the organisation valued staff and that it supported them in their development.

Outcome: The Committee noted and were assured by the work being done in relation to the Develop theme within the People Plan.

8. Area Partnership Forum (APF) update

- 8.1 Mr Hope informed the Committee the APF had met on two occasions since the last SGC, on 6 September and 9 November

2021. Despite a reduced agenda agreed to ensure members could utilise their time on competing demands and due to serious pressure on the whole system all APF work had been completed. Mr Hope highlighted a number of points including the Full Capacity Protocol, where due to demands, the decision had been made by the Senior Management Team to put additional patients into wards. Mr Hope had met and had in-depth discussions with AP staffside when there had been the opportunity. Previously this could have been a matter of major conflict, was not a desired place for services but staff had supported the decision demonstrating the supportive working practices established since the beginning of the pandemic. An excellent presentation had been provided on the complexities of Trauma Informed Practice and the need for further discussion, all dependent on service needs. On Annual Leave buy back and carry forward the APF had agreed the need for sound governance around the process and that all staff should be encouraged to fully utilise their Annual Leave to ensure they got rest and relaxation away from a pressurised work place. Governance on these arrangements would be presented at a future APF.

- 8.2 Professor Borland emphasised the clear ambition of NHS Ayrshire & Arran for Care and Health staff to take their annual leave especially in light of the level of worry and anxiety experienced by staff over the past 20 months. The APF recognised this was incredibly difficult in key areas but that it acknowledged the importance of staff taking their annual leave.

Outcome: The Committee noted the update from the APF and the reassurance that NHS Ayrshire & Arran were progressively supporting staff during remobilisation.

9. Strategic Risk Register

- 9.1 Mr Currie provided an overview of the current situation with risk management activity and the latest version of the Staff Governance Strategic Risk Register for the SGC approval. He advised it was a more detailed report which included details on how the board managed COVID 19 specific risks. The report had already been to the Risk and Resilience Scrutiny and Assurance Group on 28 October 2021 as part of its development. Appendix 2 detailed the Governance Committee Risk Allocation with Table 4 providing detail on the risk allocated to the SGC.
- 9.2 Professor Borland expressed her appreciation for the level of detail provided in the report and considered it was a key element in providing transparency in the decision making process and reasons for the movement of COVID 19 Risks. On Objective 5 “Ensure a fully resourced and competent team to meet the

requirements of an integrated risk management function” and Objective 6 “Ensure a suitable and sufficient monitoring process is in place” Mr Hope asked for an update on the current position regarding staff who did not have use of IT systems. Mr Currie advised they had just appointed a new Risk Manager whose objective was to address how to get the message out across the whole organisation. An updated training template would come to future APF and SGC meetings providing more information for assurance.

9.3 Mrs Leslie also thanked Mr Currie for what she considered was a very important document in providing NHS Board members assurance on the level of seriousness that NHS Ayrshire & Arran gave to risks. She noted that workforce remained a significant risk and they were working on alternative workforce planning to ensure there was flexibility in support of service provision. Two of the main risks Mrs Leslie highlighted were:

- The number of retirements for medical staff with a key crunch point of 2025 in NHS Scotland. Professor Borland had commissioned a scoping process for NHS Ayrshire & Arran to provide clarity on key and support roles that would be affected. This would, therefore, allow solutions to be built into the system.
- Challenging staff attendance position across NHS Scotland with NHS Ayrshire & Arran prioritising absence management at Director level. This was being focussed on by ensuring staff had the relative support and leadership and that managers had the tools to help staff get back to work quickly.

The SGC acknowledged the absence figures came on the background of staff showing signs of fatigue from the challenging demands of the previous 20 months and that the well-being of staff and support to help them recover well should be the priority.

9.4 Mrs Anderson wished to note her gratitude for all NHS Ayrshire & Arran staff who over the past 20 months had shown a dedication and resourcefulness in going the extra mile. Mrs Leslie had provided her with a 3 page document detailing examples of this including a number of staff nurses who had been 28 weeks pregnant and had opted to contribute to the Staff Hub rather than take special leave. The Staff Hub had been vital in providing 7 day support to the organisation on COVID advice, arranging testing and recording absence on SSTs. Mrs Anderson asked for the report to be circulated to all members for their information. **PS**

It was agreed for Professor Borland, Mrs Leslie and Mr Hope to meet out with the SGC to discuss ways of acknowledging and

thanking staff for their dedication and support over the COVID pandemic period.

HB,
SL+EH

Outcome: The Committee were assured with the work being done to manage the strategic risks under the governance of the SGC and approved the latest version of the Strategic Risk Register.

Key Updates

10. Whistleblowing

- 10.1 Mrs Wilson provided a summary of the key points from the Whistleblowing Quarter 2 (July-September 2021) Report. She pointed out that the numbers were incredibly small, with the total being two, therefore, percentages would not necessarily provide a true perspective. Of the two concerns received in Quarter 2 one of the concerns was initially reviewed at Stage 1 but then escalated to Stage 2. One was closed within 52 days and one was ongoing. It was important to note that one concern raised in Quarter 1 remained open with this investigation taking time to conclude to ensure it was appropriately investigated. Mrs Wilson assured the SGC extensions had been agreed with the person raising the concern. The report also provided a breakdown by Service with 1 from Acute and 1 covering North and South Ayrshire Health and Social Care Partnerships. Whistleblowing themes, trends and patterns were detailed helping to identify any shared root causes and progress learning and improvement in a targeted manner. These would allow a deep dive providing understanding into the trends and as a learning organisation allow improvements to be made. Since the implementation of the Whistleblowing process in April 2021 Mrs Wilson considered staff awareness and engagement had been very positive with 1751 staff and 407 managers have accessed the training. The Whistleblowing Oversight Group continued to meet and was an extremely valuable group to ensure NHS Ayrshire & Arran had the best process possible. She thanked Mrs Shona McCulloch and Mrs Karen Callaghan for their support and that Dr Das had been invaluable in supporting the implementation and taking the process forward.
- 10.2 Dr Das noted that although the numbers may be small they still provided confidence in the process. He emphasised it was an evolving process including importantly capturing trends, allowing learning to be implemented but as an organisation they were moving in the right direction. He noted the importance of comparing with data from other complaint processes including Human Resources to provide a full picture. Mrs Leslie thanked Mrs Wilson for taking over the implementation of the Whistleblowing process, to Professor Borland for the foundation

work and Dr Das for his experience providing a maturity. She considered that if NHS Ayrshire & Arran were truly committed to being a learning organisation that each concern told a story and provided a temperature for the organisation allowing an important lesson to learn from and improve on. Mr Hope asked that his concern regarding the agreement of a process for anonymous whistleblowing concerns, which do not sit within the standard, be detailed. Professor Borland advised this had been discussed at the last Whistleblowing Oversight Group and that Mrs McCulloch was keeping a log of all concerns and themes raised to ensure none were lost and all could be investigated. Any anonymous complainants were being supported to be confident to engage with the Whistleblowing process. Quarter 3 Report would be submitted to the February 2022 SGC.

Outcome: The Committee noted the current performance for whistleblowing concerns received and supported NHS Ayrshire & Arran's process going forward.

11. Internal Audit Reports

11.1 HR Grievance and Disciplinary Arrangements

Mrs Leslie summed up the main points from the report advising that it provided detail from the review of HR Grievance/Disciplinary Arrangements carried out by the Board's internal auditor. The recommendations were detailed including management response with all having been completed. In regard to the Learning and Lessons learned action work had been done through the Employer Relations Group with Mrs Kenmuir ensuring learning from the Whistleblowing or Grievance processes was embedded and parties involved, including wider teams, were supported. Due to the challenge of the manual system they were experiencing difficulty extracting training numbers regarding the training action. Work was being done to use greater functionality from LearnPro to identify and record training thereby providing robust records. Discussions were ongoing on the Once for Scotland policy training and ensuring Managers were trained in all standards and policies. Dr Das advised he was encouraged to see the actions which had been taken behind the scenes during the pandemic in progressing particularly grievances and personal development.

Outcome: The Committee were assured that all audit recommendations were being completed timeously.

12. Exit Feedback Questionnaires

12.1 Mr Leslie thanked Mr Craig Lean for pulling together the paper linking in to the Retain stream under organisation improvement.

At the August SGC there had been a request for an update on the organisational use of the Exit Survey to allow an understanding of why people leave. The Exit Survey was currently utilised via SmartSurvey an online portal which provided anonymised data. From the very small number completed certain patterns were identified eg a cluster of retirees viewed NHS Ayrshire & Arran as a good employer and would recommend them as an employer to others. A number had negative perceptions of NHS Ayrshire & Arran as an employer with this being due to their particular experience. Due to the low uptake rate for the Exit Survey and to provide assurance to the SGC and NHS Board it had been decided to change the Exit Survey process splitting it into dedicated sections eg something bespoke for retirees in order to capture their experience through their lens. This would help monitor an employee's journey from induction to leaving and ensure as an organisation we are getting it right of everyone every time. Mrs Leslie would take the proposals to the CMT to review, refresh and relaunch in order to ensure completeness of staff experience intelligence and resultant material impact upon organisational turnover. SGC to be updated at future meeting.

12.2 The Committee considered this a very important document, noted the low numbers and, therefore, the inability to draw firm conclusions. Discussion followed and included the following themes:

- Responsibility of organisation to ensure they were considered an attractive employer.
- Did staff not engage as they considered NHS Ayrshire & Arran or the wider NHS were not a listening?
- Was there an understanding of the number of staff who noted their disillusionment and of their workload or fatigue?
- Possibility of learning from other NHS Board's Exit Survey processes.
- Importance of process being triggered from a central point when an employee gave their notice to finish their employment.
- How to ensure staff felt it was a valuable process and that their contributions would make a difference to their team and future employees.

- Professor Borland noted the importance of the APF working with Mrs Leslie to develop new processes. Mr Hope advised the APF would be happy to support.
- Could a paper evaluation be available for staff?
- Comparison of information from the iMatter Survey with the Exit Survey to identify and pick up from trends.

Mrs Leslie thanked all for their feedback and that it was vital to gain leavers participation before any conclusions could be drawn. She also emphasised the need for compassion in light of the high number of staff feeling fatigued.

Outcome: The Committee noted and endorsed the work being done in relation to the exit survey.

Items for Information

13. Employee Relations Report

- 13.1 The report provided Employee Relations activity with 38 cases underway as of the end of Quarter 2 on 30 September 2021. Extensions had been agreed where essential but work was monitored and ongoing to ensure processes were followed. Mr Hope raised his concern regarding the number of cases in excess of 12 months, the anxiety this would cause the individual and confirmation they would be supported during the extended process. Mrs Leslie and Mrs Kenmuir assured the Committee that the team were working to reduce the time, make sure appropriate actions were taken and that the individual was kept in touch with and up-to-date.

Outcome: The Committee considered and noted the Employee Relations position in the Quarter 2 Report.

Governance Arrangements/Reporting to NHS Board

14. Risk issues to be reported to the Risk and Resilience Scrutiny and Assurance Group (RRSAG)

- 14.1 The Committee agreed there were no risks currently that required to be reported to the RRSAG.

Outcome: The Committee had not identified any risks they wished to be reported to the RRSAG but agreed two they would monitor.

15. Key issues to report to the NHS Board

15.1 The Committee agreed to highlight the following key issues from the current discussions, using the template provided, at the next NHS Board on 29 November 2021:

- Strategic Risk Register – Robust report providing helpful clear audit trail for Governance Committees and shift in a number of COVID-19 risks.
- APF – Importance of partnership working and the continued functioning of APF during the pandemic. APF acknowledgement of difficult working climate and support for Management.
- Whistleblowing Quarter 2 Report – evolving process.

Outcome: The Committee agreed the key issues to be reported to the next NHS Board summarising the SGC discussions.

16. Any Other Competent Business

16.1 The Committee agreed the proposed meeting dates for 2022/23.

16.2 Mrs Leslie expressed formal thanks to the secretarial support of Ms Sharp and Mrs Simmons, to Mrs Sheila Rosher and Mrs Ann Crumley and all staff who enable her to organise the SGC and fulfil her role. She also thanked Mrs Anderson for taking over the reins from Mr John Rainey as Chair of the Committee.

Mrs Anderson endorsed the sentiments and thanked Mrs Leslie also for her support in her first role as Chair of a Governance Committee.

17. Date of Next Meeting

Monday 14 February 2022 at 2.00 pm, MS Teams



Chair:

Date: 14 February 2022