

Approved at SGC 13 February 2023

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

**Staff Governance Committee**  
**2 pm Monday 1 November 2022**  
**MS Teams**

- Present:** Mrs Margaret Anderson, Non-Executive Board Member (Chair)  
Mr Ewing Hope, Non-Executive Board Member  
Mr Adrian Carragher, Non-Executive Board Member  
Dr Sukhomoy Das, Non-Executive Board Member  
Councillor Lee Lyons, Non-Executive Board Member  
Councillor Douglas Reid, Non-Executive Board member
- Ex-officio** Ms Claire Burden, Chief Executive Officer  
Ms Allina Das, Staff Participation Lead  
Ms Kimberley Montgomery, Staff Participation Lead  
Mrs Sarah Leslie, Human Resources (HR) Director
- In attendance:** Mrs Ann Crumley, Assistant HR Director – Development  
Mr Hugh Currie, Assistant HR Director – Occupational Health,  
Safety and Risk Management  
Mrs Lorna Kenmuir, Assistant HR Director – People Services  
Mr Craig McArthur, Director of East Ayrshire Health and Social Care  
Partnership  
Ms Donna McNeill, HR Manager  
Ms Kim Sneddon, HR Advisor  
Mrs Lisa Davidson, Assistant Director of Public Health  
Mrs Shona McCulloch, Head of Corporate Governance  
Mr David Black, Learning & Development Manager  
Mrs Kirsty Symington (minutes)

- | <b>1. Apologies and Welcome</b>   | <b>Action</b> |
|---|---------------|
| 1.1 Apologies for absence were noted from Mrs Jenny Wilson, Mrs Frances Ewing and Dr Crawford McGuffie. |               |
| <b>2. Declaration of Interest</b>   |               |
| 2.1 The Committee was not advised of any declaration of interest.                                       |               |
| <b>3. Draft Minutes of the Meeting held on 8 August 2022.</b>   |               |
| 3.1 The Committee approved the minutes of the meeting held on 8 August 2022.                            |               |

#### **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.

#### **Governance**

#### **5. Directorate Assurance Report**

##### **5.1.1 East Ayrshire Health & Social Care Partnership**

Mr Craig McArthur and Ms Donna McNeill provided a presentation giving assurance on the work being done within the Directorate (please see appendix attached). Overall the Directorate has around 1484 staff with a year to date sickness absence rate of 4.22% which is below the current Board rate of 4.87%. Covid related absence has decreased from the 2020/21 rate of 2.93% to 2.45% in Quarter 1 2022/23. There has been a proactive focus in Promoting Attendance as part of the Right Sizing the Workforce plan and an absence improvement plan is to be produced in conjunction with HR Manager and the Partnership.

The PDR activity rate has slightly increased to 29% completed reviews as of August 2022 and there has been an active focus to promote PDR completion. MAST compliance is at 83% as of August 2022 which is above the Board average of 81% and again, there has been a focus to promote completion of MAST modules and increase compliance. Mr McArthur recognises there are areas for improvement and actions are in place in the PDR and MAST areas.

Other areas of best practice highlighted in the presentation included:

- Early Years Children and Families Health Visiting and School Nursing Teams – retention of workforce has been challenging over the past 3 years. A robust induction and mentorship plan for all new staff was developed and has been utilised over the past year. Feedback from staff and mentors has been very positive. Competency frameworks are currently being developed for all nursing families within the service.
- Workforce Wellbeing – a Wellbeing Recovery and Renewal Group was established in 2020 as part of the emergency response to Covid-19. A Wellbeing Coordinator was appointed in November 2020 to provide direct support to the HSCP workforce. Since April 2021 the Wellbeing Coordinator has completed 85 1:1 sessions with staff and helped facilitate 26 group sessions with

leaders and managers. Ongoing collaboration with EAC Healthy Working Lives has led to the delivery of a First Aid for Mental Health (FAMH) course and Applied Suicide Intervention Skills (ASIST) training with 144 staff completing FAMH course and 239 staff completing ASIST course.

- Staff Experience/Staff Engagement – strong partnership working as is evident at the Staff Partnership Forum which has good attendance from all managers, HR, Finance, Staff Side and Third and Independent Sectors. The iMatter response rate was 57% with an EEI score of 75%. Managers have been meeting with their teams to discuss, update and agree action plans following the release of iMatter results.

5.1.2 The discussion was opened out to the Committee with all members thanking Mr McArthur and Ms McNeill for an excellent presentation. Work around the strategy to boost youth employability was commended which included visiting schools, job fairs and colleges and creating attractive career paths for all roles, for example AHPs, nursing and social work. This has helped reduce the Partnership age profile. The Committee also noted the Staff Turnover Rate of 4.88% which was below the Board average of 5.52%. With the cost of living pressures, managers have been looking at different ways to retain staff including compressed working to reduce daily costs.

## 5.2 **Medical Directorate**

This item was deferred to a later meeting.

## 6. **Test and Protect: Presentation**

6.1.1 Members received a presentation from Mrs Lisa Davidson and Ms Kim Sneddon, who outlined the scale and timeframe of setting up the various teams which were required to help us through the pandemic. These teams included a Nursing Triage Team, Staff Results Hub, Community Test & Protect Team, Education Team, Testing Teams and a larger Vaccination Team. Numerous staff had to be recruited to assist with the pandemic and HR quickly advertised posts and ensured Disclosure Scotland checks were fast tracked. HR also assisted with draft job descriptions, recruitment and selection process for numerous posts.

When Government funding was no longer available from May 2022, a Test and Protect Workforce Transition Group was set up to lead the changes in workforce to ensure the Test & Protect staff were supported. A total of 181 colleagues were affected

with 58 on fixed term contracts, 23 on internal secondments, 21 on placement from their substantive posts due to ill health and 79 bank staff. Formal 1:1 meetings took place with staff who were on fixed term contracts, on secondment or on placement to clarify the position and explain what happened next.

All staff on secondment were supported to transition back to their substantive posts and staff who were on placement were supported into alternative meaningful work whilst their individual cases were managed under the attendance policy. 27 fixed term staff were successfully redeployed into posts within Ayrshire and Arran and 11 staff secured employment via the normal recruitment process. 10 staff secured employment outwith Ayrshire and Arran. Only 6 staff contracts were terminated, although this group of staff were colleagues who had previously retired from A&A.

- 6.1.2 The Committee thanked Mrs Davidson and Ms Sneddon for their presentation and commended the cross-team working throughout Ayrshire and Arran. Members noted the Change Oversight Group should be highlighted as an example of good working practice for the Board.

## **7. Staff Governance Committee Dates: 2023 – 2024**

- 7.1 The Committee noted the planned dates for future meetings throughout 2023 and into 2024. Mrs Leslie advised future meetings would be hybrid with a combination of face to face and via MS Teams.

## **8. People Plan 2022/23 – Develop Theme**

- 8.1 Mrs Ann Crumley highlighted the key items describing progress against the Develop objective and longer term actions to support NHS Ayrshire and Arran's ambition to be an exemplar employer. These included:

- Staff appraisal – completion of appraisals had been paused during the pandemic however there is a focus on improving the position. The latest figures show 25% completion overall for the Board.
- Corporate induction – the Corporate Induction Programme was presented to the CMT in August and the content of the half day programme was approved. Director slots will be delivered from January 2023 onwards to provide a corporate welcome at each monthly session.
- Organisational Development activity – OD support is provided on an ad hoc basis, subject to demand and to date, support has been provided to the Pharmacy Directorate Team, 4 x sessions on service prioritisation

within Women & Children's Directorate, 2 x culture sessions for Maternity & Neonates, bespoke sessions or Imagine Service, 2 x planned sessions for Infection Prevention & Control, development session for Pain Management Team and diagnostic stage of development for AMDs.

Hour long 'Develop Your Team' sessions are being delivered across all Directorates and HSCP's by the HR Managers to improve staff and manager's commitment and confidence in effectively using the TURAS system for recording of PDR information.

- 8.2 The Committee thanked Mrs Crumley for the update. Dr Das noted the links between PDR completion and what is required for revalidation purposes for registered staff could be made clearer. This would result in better recorded outcomes thereby increasing PDR compliance.

**Outcome: The Committee noted the report on actions against the "Develop" programme of work.**

## **9. Leadership and Management Development**

- 9.1 Mrs Crumley provided an update on taking forward Leadership and Management Development. All planned leadership and management development activity was paused in March 2020 in response to the Covid pandemic. Following discussions with the CEO and HRD, it was agreed to review all planned leadership and management development offerings and agree what would be delivered from September 2022 onwards, using a blended delivery approach of face to face and MS Teams.

An external review of OHRD recently concluded and one of the key recommendations was the urgent need for skills development for managers to help them to effectively manage their people with a focus on first line management training. In response to this, a full review of management development was undertaken with a summary of the main points below.

### Management Development

- Develop Your Team – hour long sessions providing simple tips and advice on PDR, MAST, iMatter etc
- Manager's Toolkit – currently under review, digital sessions should be available by January 2023
- Management Skills
- Health & Safety and Risk Management

### Leadership Development

- Newly Appointed Leaders Programme

- Induction to Leadership
- Band 7-8 Development
- Leadership 3
- Leading for the Future
- Bitesize Leadership Sessions
- Leadership in the West of Scotland
- Senior Manager Development
- Ayrshire Collaboration
- Compassionate Leadership
- Coaching for Change
- Access Coaching
- Leading to Change
- 360
- MBTI and DiSC Analysis

Feedback in virtual development activity delivered via MS Teams over the last year has been very positive. Managers have advised accessing 2 hour long sessions is much easier to commit to than traditional programmes.

**Outcome: Members welcomed the focus on developing first line managers in core management skills as a balance to leadership development.**

## **10. Mandatory and Statutory Training (MAST) Compliance**

- 10.1 Mr David Black provided an update on the current level of corporate MAST compliance for each module for all staff employed by NHS Ayrshire and Arran. The paper also outlined the work that is being undertaken to review corporate MAST topics.

It is the organisation's aim to achieve a minimum of 96% compliance for each of the established corporate MAST modules. Both Fire Safety and Infection Control remain the lowest, currently at 65% and it was noted that there has been little movement in those compliance levels over the past year.

New starts joining Ayrshire and Arran are encouraged to complete all Corporate MAST modules prior to attending Corporate Induction. The CMT has agreed that those staff will receive 4 hours' time in lieu, in discussion and agreement with their line manager. Given the nature of Bank Nursing, it was recognised that there would be challenges for them to achieve the mandatory and statutory training requirements and therefore will receive a payment of 4 hours at ordinary rate on completion. This arrangement is to be managed by the Nurse Bank team and became effective from 6<sup>th</sup> September 2022.

Following a review of the Corporate MAST modules and benchmarking against other Health Boards, a paper was taken to the CMT on 11<sup>th</sup> October outlining the position and the proposed recommendations were endorsed. The following modules will remain mandatory: Fire Safety; Infection Control; Moving & Handling A; Moving & Handling B; Management of Aggression; Safe Information Handling; IT Security; Equality & Diversity; Display Screen Equipment. It was also agreed that consideration would be given to merging the Child and Adult Protection modules to become one Public Protection module and pulling together Moving & Handling modules A&B and Management of Aggression to create one Occupational Health and Safety module.

- 10.2 Mrs Leslie recognised the work of the acute sector team and fire safety team in reference to the recommendations from the HIS report to improve the safety performance within CAU at University Hospital Crosshouse.

**Outcome: The Committee noted the update and work being undertaken to improve Corporate MAST compliance.**

## 11. Area Partnership Forum (APF) Update

- 11.1 Ms Burden provided an overview of the highlights from the APF held on 5 and 20 September 2022:

**Paid as if at Work (PAIAW)** – the APF was advised that there were meetings arranged to discuss the ongoing issues.

**National Care Service (NCS)** – the APF was informed the NCS was being launched and it was acknowledged this would cause major disruption across the entire health and care system and it would be closely monitored.

**NHS Ayrshire and Arran Workforce Plan** – update received on the draft workforce plan which gave details up until 2025. Noted the requirement for accommodation and support to the international recruits which is currently an issue. Ms Burden and Councillor Lyons to discuss accommodation outwith this meeting.

**CB / LL**

**MAST Compliance** – The APF noted concerns around Fire Safety and Infection Control compliance and it was agreed to encourage staff where possible to complete outstanding modules as soon as possible.

**iMatter** – The APF noted there had been a similar response rate (53%) to the previous year.

**Changes to Covid policies T&C** – the APF noted the updated terms and conditions in relation to Covid policies.

**Industrial Action** – the APF received an update on industrial action and business continuity plans and was advised that a series of meetings have been arranged to start the preparatory work for any potential action. It was also stressed that patient and staff safety would not be compromised.

**Memorial Event** – staff side raised the need for a memorial event to remember staff who had sadly died in service from Covid and its everlasting effects. Staff side also raised the need to create a hardship fund that staff can apply to as the cost of living crisis deepens. The APF agreed with the proposals.

**Outcome: The Committee noted the update from the APF**

## **12. Strategic Risk Register**

- 12.1 Mr Currie discussed highlights from the Risk and Resilience Scrutiny and Assurance Group (RARSAG) held on 21 October 2022. Appendix 1 detailed 7 Strategic risks on the Risk Register. Further into the paper in Appendix 2, more detail of the risks was included giving a timeline of actions taken to help provide a bit more understanding at a glance. Mr Currie wished to provide assurance to the SGC all these risks were discussed at RASAG and with each of the Directors in the run up to the meetings and they were well in focus going forward.

**Outcome: The Committee were assured with the work being done to manage the strategic risks under the governance of the SGC.**

### **Key Updates**

## **13. Whistleblowing Quarterly Report**

- 13.1 Mrs McCulloch advised that an anonymous Whistleblowing concern had been received to the CE in Quarter 2 and the matters raised were appropriate to be reviewed as whistleblowing. However, as anonymous concerns cannot be reviewed under the Standards or considered by the INWO, it was taken forward following the whistleblowing principles and investigated in line with the Standards. The anonymous concern would be recorded for management information purposes only. No other Whistleblowing concerns were received in Q2.
- 13.2 As no other concerns were received, Mrs McCulloch highlighted a few updates on recent Whistleblowing activity to support the standards including:



- Speak up week – engagement event to provide an opportunity to promote and celebrate speaking up.
- Training – proposed changes to the mandatory training requirements for completion of the Whistleblowing TURAS Modules was agreed at the SGC on 8 August 2022.
- Review of processes – a review of the Confidential Contacts and local processes is ongoing and will be shared as soon as it is available.
- Communication – information on the agreed changes to the mandatory training requirements has been disseminated through Daily Digest and eNews. It was also shared with the CMT to be sent to all managers within the organisation.

Dr Das commended Ms Karen Callaghan for her work during the Speak Up week where she engaged with staff at various locations across the organisation including Acute and HSCP sites.

**Outcome: The Committee noted the work undertaken and the current performance for Whistleblowing concerns received.**

## **14. Internal Audit Reports**

### **14.1 Consultant Job Planning**

Mrs Leslie discussed the audit findings from the Grant Thornton Internal Audit Report on Consultant Job Planning and advised on the progress made so far in implementing the actions required. The Audit findings, whilst acknowledging the Board's ambition to progress with the Allocate project, identified that there was no clear implementation plan, resource or governance arrangements in place to take forward the ambition. Mrs Leslie highlighted a few of the actions which had since been completed including:

- The appointment of a Project Lead
- Terms of Reference for the Project Implementation Team have been agreed
- Job Planning guidance has been revised and agreed via the JLNC
- A Project Implementation Plan is being developed and will be agreed via the implementation team

The Committee noted that job planning was a contractual requirement for all medical staff including Specialty Doctors and

Associate Specialists and should be taken forward by the Executive Medical Director to enforce.

**Outcome: The Committee members were reassured of the progress made in completing the recommendations.**

#### 14.2 **Grievance and Disciplinary Arrangements**

Mrs Kenmuir discussed the audit findings from the Grant Thornton Internal Audit Report on Grievance & Disciplinary arrangements and advised on the progress made so far in implementing the actions required. An action plan detailing the agreed actions and progress was noted and Mrs Kenmuir advised that several of the actions had been in place for some time.

These included:

- SOP for early resolution was agreed with team members in October 2021 and was implemented for new cases from November onwards.
- Review of Case record template outlining core information and Employee Relations summary checklist to ensure consistent case file records was completed in August 2021.
- Case peer group has been developed and meets quarterly to identify best practice and shared learning. The last review was held in October 2022.

The cost of investigations was discussed and it was agreed Mrs Kenmuir would raise at the next peer review meeting to work out the average cost for each case, starting with the average cost of a suspension in the first instance.

LK

**Outcome: The Committee members were reassured of the progress made in completing the recommendations.**

#### **Items for Information**

#### 15. **Employee Relations Report**

15.1 **Employee Relations Report – Q2 2022/2023** – Read and noted by the Committee.

**Outcome: The Committee noted the Q2 2022/2023 report.**

#### **Governance Arrangements/Reporting to NHS Board**

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

- 16.1 The Committee agreed that capacity planning in relation to Workforce International Recruitment and the challenges around accommodation and support should be highlighted.

**Outcome: The Committee noted accommodation for International Recruits should be highlighted.**

**17. Key issues to report to the NHS Board**

- 17.1 The Committee agreed to highlight the following key issues from the current discussions, using the template provided, at the next NHS Board on 28 November 2022:

1. Test & Protect presentation – areas of good practice.
2. Job Planning Improvement Requirements.
3. Pharmacy Directorate update – areas of good practice.

**18. Any Other Competent Business**

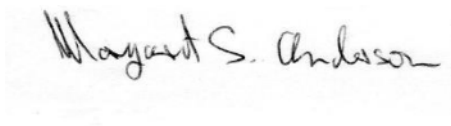
**18.1 O&HRD Review**

Mrs Leslie noted the O&HRD Review process was complete and initial feedback had been received. A first draft of the report is due by the end of the week which will be sent initially to the HR Team for comment.

- 18.2 Mrs Anderson extended her thanks to the Staff Governance Committee team and to all those who had taken part in the meetings throughout the year. Mrs Anderson also extended her personal thanks to Mrs Leslie for her support over the past year.

**19. Date of Next Meeting**

**Monday 13 February 2023 at 2.00 pm, MS Teams**



Chair

Date 13.02.2023