NHS Ayrshire & Arran

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

Staff Governance Committee
2 pm Tuesday 09 May 2023
MS Teams

Present:	Mr Ewing Hope, Non-Executive Board Member (Chair) Mrs Lesley Bowie, NHS Board Chair Dr Sukhomoy Das, Non-Executive Board Member Councillor Lee Lyons, Non-Executive Board Member Councillor Douglas Reid, Non-Executive Board Member
Ex-officio	Ms Allina Das, Staff Participation Lead Mrs Frances Ewan, Staff Participation Lead
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 Ms Sheila Rosher, Assistant HR Director – Central Employment Services Ms Nicola Graham, Director of Infrastructure & Support Services Mr Tim Eltringham, Director of South Ayrshire Health & Social Care Partnership Mr Craig Lean, Workforce Modernisation Manager Ms Alison Potts, HR Manager Mrs Jennifer Wilson, Executive Nurse Director Councillor Christie Fisher, Non-Executive Board Member Mrs Kirsty Symington (minutes)

1.	**Apologies and Welcome**	**Action**

1.1   Apologies for absence were noted from Mrs Margaret Anderson, Mrs Sarah Leslie, Ms Claire Burden and Mr Adrian Carragher.

2.   Declaration of Interest

2.1   The Committee was not advised of any declaration of interest.

3.   Draft Minutes of the Meeting held on 13 February 2023.

3.1   The Committee approved the minutes of the meeting held on 13 February 2023.

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

Infrastructure & Support Services

5.1.1   Nicola Graham provided a presentation giving assurance on the work being done within Infrastructure & Support Services (ISS). Overall, the Directorate has around 1624 staff with 60% over 50yrs. 77% of the workforce are Band 2 – 4 and staff turnover is currently 10.98%.

Year to date sickness absence is 6.09% which is an increase from 2021/22. PDR compliance is currently 33% which is in line with the organisational figure and MAST compliance rate for all modules is 92%. Fire Safety Awareness and Infection Control remain the outliers at below 70% compliance.

Mrs Wilson noted the MAST compliance rate and asked how those figures were achieved. Ms Potts advised that there is a constant focus on MAST compliance and the managers use the LearnPro Scorecards, looking at each individual staff member. The managers are aware of what is required and expected and Ms Potts noted the Scorecard system has helped the focus.

5.1.2   Areas of best practice highlighted in the presentation included:
- Developing opportunities – retention and staff development. Ms Graham advised that the career path within Domestic Services has been improved through the ongoing introduction of Band 5 Domestic Manager roles. Previously, the career pathway involved Domestic Assistant (Band 2) to Domestic Supervisor (Band 3) to Hotel Services Manager – Domestic (Band 7). The introduction of Band 5 Domestic Manager posts provides significant operational benefits in addition to a better defined and realistic career path.

  The Clinical Support Services team recently required to recruit to a vacant Head of Service post. A decision was taken to provide an internal development opportunity post and this has been filled on an interim basis by one of the service managers – it is hoped this will build confidence of the existing member of staff who is fully supported in the role.

- Community Wealth Building – employment opportunities for local people. Ms Graham provided an update on some of the projects including:

  Kickstart – the Directorate provided opportunities for 16 of the Kickstart employees, 3 of which have gone on to secure full time roles within the Board
  Project Search – the Directorate previously actively engaged in project search, supporting young people with learning disabilities and additional support needs. This was paused during Covid and recommenced in 2023/24.
  Apprenticeships – scoping work has begun to undertake a comprehensive programme of foundation / modern / graduate apprenticeships across the Directorate.

5.1.3   Ms Graham highlighted some of the challenges faced by the Directorate including absence due to the ageing workforce and recruitment due to a high turnover of staff.

Mrs Bowie noted the high level of part time workforce and wondered if there was an opportunity to encourage staff to increase to full time hours to help alleviate the shortfalls. Ms Graham advised however that many of the staff prefer the flexibility of part time working and noted that previous adverts for full time roles resulted in much fewer applications.

Ms Potts advised that an audit is undertaken 2-3 times per year on bank staff who continually do extra hours with a view to offering permanent contracts.

Ms Graham described some of the measures being taken to manage the absence including offering rehabilitation posts, reasonable adjustments and providing Attendance Policy awareness sessions for managers. Ms Graham also highlighted one member of staff who is a Catering Assistant but is unable to return to that post therefore the staff member is completing the relevant modules on LearnPro and training to become a Nursing Assistant, which they are very much enjoying.

5.1.4   Staff turnover within the Directorate is currently at 10% which is mainly in the lower banded posts as staff progress into new roles within the Board or externally. This means recruitment and training is ongoing within the Directorate.

Ms Graham noted they struggle to recruit to specialist posts including in Capital Planning and Digital Services and are now using social media and linking to the apprenticeship programme to find other ways of recruiting to these posts.

Ms Graham noted that some of our posts sit at a lower grade than equivalent roles at other Boards making recruitment and retention difficult.

Action – Nicola Graham, Alison Potts and Staff Side Representative to look at specific posts and job descriptions to clarify the difference in bandings and bring to next meeting.

NG / AP

Outcome: The Committee noted and were assured by the work being done in Infrastructure & Support Services and particularly welcomed the work being done around Kickstart and the Apprenticeship programme.

5.2.1 **South Ayrshire Health & Social Care Partnership**

Mr Eltringham provided a presentation giving assurance on the work being done within the South Ayrshire Health & Social Care Partnership (SAHSCP). Overall the Partnership has 786 staff.

Sickness absence is currently 5.11% which is a slight reduction from 2021/22. There was also an increase in staff turnover at 9.99%. PDR completed reviews is currently 30% and MAST compliance is 92% over all modules.

Mr Eltringham noted they had recently recruited a member of staff to focus on sickness absence and that it was making a positive difference in the figures.

5.2.2 Following completion of the Workforce Plan compiled by SAHSCP, Mr Eltringham advised the Partnership had recently formed a Staff Governance group which will provide a solid foundation on building a workforce fit for the future. There are sub groups set up which are designed to achieve the outcomes to attract, train, retain and develop staff across all services. Progress indicators have been set and regular reporting against these will be presented to the Staff Governance group on a quarterly basis.

5.2.3 Mr Eltringham described the major challenge of recruiting increased resources to deliver care at home services. There was a fall over the Autumn from 10,000 to 6,000 hours per week in terms of capacity by the private sector for Care at Home which will take several years to recruit to build back up. The team are trying to recruit internally where they can.

Additional activity undertaken to mitigate these challenges include co-developed recruitment fairs; appointment of a recruitment administration assistant; a revised and flexible training & induction calendar as well as flexible contracts and attractive rates of pay.

Outcome: The Committee noted and were assured by the work being done in relation to the South Ayrshire Health & Social Care Partnership.

6.   Committee Workplan

6.1   The Committee noted the Forward Planner for each meeting of the SGC through to their May 2024 meeting.

Outcome: The Committee noted the current version of the workplan.

7.   Staff Governance Committee Annual Assurance Report and Self Assessment

7.1   Mrs Kenmuir thanked Mrs Symington for her assistance drafting the report setting out the key achievements of the SGC and providing assurance to the NHS Board the Committee were fulfilling their remit.

Following an internal audit into our Healthcare Governance arrangements, an action was agreed for all Governance Committees to complete an annual Assurance Mapping exercise and Reporting to the NHS Board exercise. It had been agreed to complete this as part of the Governance Committee annual reporting process and the SGC members noted the new templates for submission to the Board.

Director Assurance Reports were reintroduced following the pause due to the ongoing pandemic.   The SGC priorities for 2023/24 included attendance management, Mandatory and Statutory Training, Personal Development and Review and workforce planning and registrant supply.

Outcome: The Committee approved the Annual Report and self-assessment for submission to the NHS Board and acknowledged the new version of reports.

8.   Staff Governance Monitoring

8.1   Mrs Kenmuir referred to the letter received from Catriona Hetherington, Head of Staff Governance, Scottish Government and advised our annual return was submitted within the deadline.

Areas which worked well and could be shared as good practice included:
- Bitesize approach to digital led leadership and management development activity

- Financial Wellbeing Task & Finish Group
- Ethnic Minority Staff Network work with Datix experts to develop a pathway for appropriate reporting of bullying & harassment
- Seven minute brief about the Whistleblowing process
- Creating and sharing a QR code for easier access to the Whistleblowing page

Areas to feed into our SG plan and subsequent return for 2022/23 include:
- Key areas identified and progress on actions from the Staff Experience report
- Progress on the development of our Culture Plan
- Progress on our Health & Social Care Wellbeing programme
- Benefits realised from the 3 Staff Wellbeing Hubs at acute sites and ACH.

Outcome: The Committee noted the letter from the Scottish Government and acknowledged the areas to be incorporated into our Staff Governance Plan

9. **People Plan 2023/24**

9.1 Ms Rosher provided the Committee with assurance of work progressing in relation to the actions for the Attract theme within the People Plan. The volume of recruitment activity progressed by the Central Employment Services (CES) team has not abated and continues to run at approximately 145% above the equivalent recruitment levels pre-pandemic. Staffing within CES has remained at pre-pandemic levels which is challenging and unsustainable long term.

9.2 The Committee heard that the department are currently in the process of developing a recruitment strategy / plan which will outline our ambition to establish ourselves as a well-respected employer and to be seen as an employer of choice.

9.3 Ms Rosher advised that the team are currently liaising with the national team responsible for eESS and JobTrain to establish how they can link JobTrain with existing NHS Ayrshire and Arran Facebook and Twitter accounts, allowing them to share adverts on these social media platforms. Work is also underway by the national team to link JobTrain and LinkedIn so that all our vacancies will automatically be posted on LinkedIn.

Members were advised that there is a dedicated International Recruitment lead within the CES team who is supporting the recruitment of oversees nurses and AHPs. The feedback from

the first cohort of international recruits has been very positive. Funding has now been secured for a post to support International Medical Graduate recruits. The aim is to create a positive reputation with oversees candidates so that we can establish a pipeline of international recruits.

9.4   The first cohort of 8 international recruits (5 Radiographers and 3 nurses) have just completed the 3 month support programme and have moved out of NHSA&A accommodation in to their own privately rented accommodation in the local area. Feedback collated so far suggests they are happy and have been well supported for the first three months, both in terms of pastoral care and professionally in department/training. Next steps will be for them to welcome their families to Ayrshire which they all intend to do.

The next cohort expected in May consists of 6 nurses and 1 physiotherapist and they are due to arrive over the next couple of weeks. Nursing split is 4 UHA and 2 UHC. Everything is in place for their arrival including flights, accommodation and induction programme.

There are currently 7 nurses in process for the August cohort which it is hoped will increase and potentially include some AHPs.

9.5   Mrs Bowie welcomed the news that funding had been secured for a post which will offer support to the International Medical recruits and felt further discussion was required in terms of the capacity issue around recruitment in general. Ms Rosher noted that pre-pandemic the team were processing on average 850 posts however there were 3,330 posts processed in the last year which is a significant increase with no additional funding.

Ms Rosher also advised that comparable Boards were better resourced than Ayrshire and Arran however out of the 22 Boards, we are the 6th best performing Board in terms of the recruitment process timings.

Outcome: The Committee welcomed and noted the report on actions against the "Attract" programme of work.

10.   Area Partnership Forum update

10.1   Mr Hope provided the following highlights from the APF meeting held on 20 March 2023:

- Planned care and recovery – Debbie Kirk to attend future meetings to provide updates on progress

- Distributive working – guidance from STAC working group agreed and sent to SWAG. The APF received a presentation from Elaine Rae, CEO of the NHS Credit Union. It was agreed that Elaine Young would undertake to promote the Credit Union with Miriam Porte from Comms.

- Organisational update – system wide pressures continue and it was reported that high sickness absence and congestions in the system was playing a major part. Site occupancy remains over 100% at UHA & UHC and the CEO advised on workforce pressures in South Ayrshire in both care home and Care at Home packages, resulting in the highest delayed discharges in the system.

- Critical care – the CEO informed the forum on the decision taken by CMT on the way critical care was to be delivered in A&A, the main changes being that the current level 3 ICU beds at UHA being transferred to UHC – the main driver for this change being the difficulty in recruitment of medical staff. A steering group is to be convened to progress the proposals.

- Review of workforce solutions – the Nurse Director had commissioned a review in February 2020 analysing overall productivity and efficiency in the service. It was highlighted there has been a 100% increase in the use of bank staff and that induction for bank staff was done on block in the lecture theatres to accommodate numbers.

- MAST update – although there had been an increase in MAST compliance, Fire Safety and Infection Control remain outliers at 66%. The APF agreed to champion this work stream.

- National Treatment Centre – the NTC is expected to be operational by 2025 with full business case hopefully being presented to the Board in 2023. A detailed workforce plan incorporating staff recruitment, staff wellbeing and development will be included in the business case. The workforce plan has been agreed in principle by the Scottish Government workforce scrutiny group.

Outcome: The Committee noted the update from the APF.

11. **Strategic Risk Register**

11.1   Mr Currie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group on 21 April 2023. Mr Currie assured the Committee that all Risks were in date and were appropriately reviewed.

11.2   Mr Currie assured members that risk 357 relating to MAST compliance has been upgraded from 'tolerate' to 'treat' and has been escalated from Moderate to High. Mr Currie noted that part of the Directorate Assurance Reports should include what is being done in each area to improve MAST compliance.

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

Key Updates

12.   Whistleblowing Quarterly Report

12.1   Mrs Wilson provided an update on Whistleblowing for Q4 January – March 2023.

Two concerns were received, however one was not appropriate to be taken forward as Whistleblowing as it related to personal experience. This has now been passed to the HR team to progress through Once for Scotland workforce policies investigation process.

12.2   Members were advised it was worth noting that the concern which was taken forward as Whistleblowing is ongoing and due to the complexity of the concern, it is anticipated that the investigation will go beyond the 20 working day timescale. Mrs Wilson assured the Committee that the Whistleblower is aware of the need to extend the investigation period and is content with this.

12.3   Of the improvement plans remaining open from 2021-22, the actions are either in progress or complete and progress continues to be monitored through Directorate Governance routes with feedback on closure to the Whistleblowing Oversight Group. The Committee was advised that it was worth noting there was no data to share at this time for 2022-23 as the investigations opened in Q3 & Q4 are ongoing.

12.4   Whistleblowing continues to be highlighted to new staff as part of the Corporate Induction Programme and to newly appointed managers and leaders during training sessions.

12.5   The recruitment process for new Confidential Contacts is in progress with interviews planned for May 2023.

Dr Das welcomed the inclusion in the report of taking patient safety into consideration when Whistleblowing concerns were raised.

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

13.   Internal Audit Reports

Recruitment

13.1.1   Mrs Rosher highlighted the main outcomes from the Grant Thornton Internal Audit carried out between 1st January to 30th November 2022. The review is in alignment with Risk 764 from the Strategic Risk Register 'Patient Experience / Outcome – Registrant Workforce Supply and Capacity'.

13.1.2   The review received one medium, two low and one improvement rated findings with an overall assurance level of partial assurance with improvement required. The finding and recommendation in relation to the resource available to undertake recruitment is significant and presents the most critical risk currently facing the recruitment service at this time – all other findings within the audit are impacted by the level of workforce we have within our recruitment team.

As detailed within the management response, the CMT need to consider recruitment resource which will in turn directly influence the development of both the recruitment plan and the recruitment resource corporate risk. An action plan is currently being drafted which will be presented to CMT for funding.

13.2   **Culture**

13.2.1   Mrs Crumley highlighted the main outcomes from the Grant Thornton Internal Advisory Audit carried out between 1st January to 30th November 2022. The review and report are of an advisory nature as agreed with the Audit and Risk Committee therefore an overall assurance level or rating for the recommendations will not be provided.

Detailed observations have been provided and management have accepted the report and the majority of observations have been captured in the Culture Plan.

13.2.2   A Culture toolkit has been developed which is being presented to the Area Partnership Forum and People Strategy Steering Group

this month. The final draft and more detailed report will be presented to this Committee in August.

Consideration now needs to be given to implement the culture plan throughout the Directorates and HSCPs. Mrs Crumley advised this needs a coordinated approach to prioritise areas and agree what is required for each area and felt the establishment of a Culture Steering Group should take the direction and progress this piece of work, led by the CEO.

13.2.3 Mrs Bowie welcomed the plan and was in agreement with Mrs Crumley with the content and plan to establish a Culture Steering Group.

14.0   Promoting Attendance and Workforce Capacity Impact

14.1   Mr Lean provided the Committee with an update on the attendance position and wider associated factors which materially impact on the capacity of our workforce.

Workforce capacity continues to challenge the organisation, particularly when taken in association with our Acute sites operating beyond bed complement and with capacity rates often being excess of 100%.

Planned and unplanned absence are intrinsically linked, with planned leave being a material lever in the holistic consideration of the health, safety and wellbeing of our staff in terms of rest and recuperation, following the sustained intensity of post pandemic workload. Equally, it is imperative that there is a continued focus on supporting and addressing stress within the workplace, given that 'anxiety, stress, depression and other mental illness' continues to be the most prevalent reason for sickness absence.

14.2   Mr Lean noted the chart on page 2 which provided a summary of all organisational absence for both planned and unplanned leave. In September there was a change in how Covid related absence was recorded and was no longer classed as 'special leave' but was to be included in sickness absence figures. This change of categorisation of Covid absence is noticeable in the variation in rate of 'all other leave' which drops in September 2022 and the associated increase in sickness absence in the same period. This change in recording should be noted in the context of sickness absence in the subsequent charts that follow.

14.3   The nationally directed change of categorisation of Covid absence from September 2022 notably impacted on sickness absence rates. There was a fluctuation in both long and short term absence with a significant spike in December 2022. The

overall organisational sickness absence rate for financial year 2022/23 was 5.21%. By way of contrast to the pre-pandemic position, the absence rate for financial year 2019/20 was 4.42%.

14.4   Reasons for absence vary dependent on the duration of absence. For short term, the top 5 reasons account for 60.43% of short term absence and for long term the top 5 reasons account for 66.43% of long term absence. Anxiety, stress, depression and other mental illness (ASDOM) remains the most prevalent reason for absence, regardless of duration of absence, accounting for 25.71% of all organisational sickness absence.

14.5   National statistics on sickness absence rates for all Health Boards are published retrospectively and Mr Lean highlighted that NHS A&A had a lower rate than NHS Scotland and had the 4th lowest rate out of the 11 mainland territorial Health Boards. Mr Lean also noted that NHS A&A routinely perform in the top half of the table compared with other territorial Health Boards.

14.6   Work is currently underway in analysing the carry forward of annual leave requests into 2023/24. The Committee thanked Mr Lean for the report however raised concern with the carry forward requests when areas are already short staffed and wondered if there was an idea of numbers involved. Mr Lean advised the data is still being analysed however was aiming to have the information by the end of the month.

Outcome: The Committee noted the update on the Attendance Position and Impact on Workforce Capacity and requested an update on the carry forward requests at the next meeting.   **CL**

15.0   PDR / Value Management Approach (VMA)

15.1   Mrs Crumley provided an update on the current position with the core responsibility, included in the People Strategy, that all staff require to have an annual PDR. The primary purpose of PDR conversations was to build a psychologically safe space in which to reflect on how an individual was working and build on their strengths, to identify learning and development opportunities including digital skills, to review progress and to plan for future development.

PDR compliance remains low at 30% although this is a significant improvement from April 2022 which fell to 18% following the pandemic. Online training has been provided via MS Teams on an ad hoc basis for managers requesting local support – all training and guidance material include the promotion of a values management approach to PDR.

To increase the focus during 2022/23, the following corporate actions were identified to support improved PDRs:

- Resume monthly reporting to Directors and CMT;
- Keep it Simple communications to be reissued to Directors and reviewers;
- Deliver a series of Developing Your Team masterclasses via MS Teams;
- Continue to provide update reports to the People Strategy Steering Group, Staff Governance Committee and the Area Partnership Forum;
- Embed promotion of PDR in all planned leadership development.

15.2   To ensure the proposed corporate actions are delivered in 2023/24, the following recommendations were approved:

- Continue to provide monthly compliance reporting to CMT and Directors from 1st May 2023 together with local Directorate / HSCP updates and RAG reports
- Directorate and HSCPs to review PDRs via local senior management team meetings and agree actions to ensure improved compliance
- Managers to build in protected time for PDR discussions

Outcome: The Committee noted the current position and welcomed the proposed corporate actions to be delivered during 2023/24.

Items for Information

16.   Employee Relations Report

16.1   **Q4 2022/2023 –** Read and noted by the Committee.

16.2   **2022/2023 Annual Report** - Mrs Kenmuir briefly highlighted the Employee Relations Report for Year End 2022/23 with detail on overall ER activity (conduct, grievance, bullying and harassment), analysis by Directorate and outcomes.

Mr Hope raised concern around the Bullying and Harassment figures and noted that no cases were upheld and that this was a trend which had not changed. Mrs Kenmuir agreed to look into B&H in depth as a separate piece of work.   **LK**

Outcome: The Committee considered and noted the Employee Relations position in the Quarter 4 Report plus the Annual Report for 2022/2023.

Governance Arrangements/Reporting to NHS Board

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

17.1   The Committee agreed there were no risks requiring to be reported to the RRSAG.

Outcome: The Committee noted there were no risks they wished to be reported to the RRSAG.

18. **Key items to report to the NHS Board**

18.1   The Committee agreed to highlight the following key items from the current discussions, using the template provided, at the next NHS Board on 23 May 2023:

1. ISS Directorate Assurance Report – good progress being made.
2. PDR compliance rate – figures consistently low.
3. International Recruitment – positive feedback from first cohort.

19. **Any Other Competent Business**

19.1   There was no further business.

20. **Date of Next Meeting**

Monday 07 August 2023 at 2.00 pm, MS Teams

Chair .... _Ewing Hope_ .... Date ....7th August 2023..........