

Approved at SGC 09 May 2023

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

**Staff Governance Committee**  
**2 pm Monday 13 February 2023**  
**Hybrid – MS Teams and Room 1, Eglinton House, Ailsa Hospital**

**Present:** Mrs Margaret Anderson, Non-Executive Board Member (Chair)  
Mrs Lesley Bowie, NHS Board Chair  
Mr Ewing Hope, 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  
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  
Dr Crawford McGuffie, Medical Director  
Mr Derek Lindsay, Finance Director  
Mrs Lynne McNiven, Director of Public Health  
Mrs Elaine Savory, Equality & Diversity Adviser  
Mr Brian Lorimer, HR Manager  
Mrs Shona McCulloch, Head of Corporate Governance  
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 Mr Adrian Carragher. |               |
| <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 01 November 2022.</b>                                       |               |
| 3.1 The Committee approved the minutes of the meeting held on 01 November 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 Public Health**

Mrs Lynne McNiven provided a presentation giving assurance on the work being done within Public Health (PH). Overall the Directorate has around 315 staff which is a significant increase since the pandemic. This increase in the number of staff provided an opportunity on how to manage the PH teams and the Workforce Development Group reconvened in 2022, supporting colleagues coming into the directorate and attracting people to work in Ayrshire and Arran.

Year to date sickness absence is 3.46% which is an increase from 2021/22. PDR compliance is currently 16% and MAST completion rate for all modules is 83%.

- 5.1.2 Areas of best practice highlighted in the presentation included:
- Workforce Development – action plan created which will include actions to support and facilitate ongoing learning and development of PH staff. This group will consider the implications of the recently published National Workforce Strategy for Health & Social Care as they relate to PH.
  - Public Health Practitioner Registration Scheme – this scheme provides access to professional registration for PH practitioners and has continued throughout the pandemic. NHS Board areas have worked collaboratively throughout the course of the year to support Cohort 5 to complete their portfolio. Assessor input to this cohort, as well as facilitation of portfolio support sessions have continued and were supported by our PH staff.
  - Vaccination programme – a governance process was established at pace to ensure that all staff were competent to deliver vaccinations as part of the Covid-19 vaccination programme. This required continuous monitoring due to patient group directions (PGDs) being updated on a frequent basis and the diverse workforce utilised to deliver the scale of the programme, including retirees and independent contractors.

In response to requests to expedite delivery of the Covid-19 vaccination programme within a 6-week period

(Nov/Dec 21), an accelerated programme of recruitment was undertaken. This accelerated process was agreed by the Covid-19 Clinical Governance Group.

- Staff wellbeing – regular 1:1 meetings and annual appraisals have continued and MAST compliance is reviewed by line managers. Line managers are also implementing the Stress Talking Toolkit across the department. Mrs McNiven has also arranged monthly ‘Ask Me Anything’ sessions which have gone down very well so far.

5.1.3 Mrs McNiven described the implementation of 60% distributed working and how the Directorate Leadership Team (DLT) considered how best to achieve a standardised approach for staff returning to office based working with the continued option of working at home when necessary. It was agreed by the DLT that a working structure of 3 core ‘in office’ working days and 2 optional days that could be worked at home, if required, would be put in place.

A booking system was developed to ensure everyone had access to a workstation while on site. Feedback received indicated that the majority of staff were happy coming into the office 60% of the time and that staff enjoyed the flexibility of working from home focusing on complex work while coming into the office allowed them to keep connected to the team and current situations.

5.1.4 The discussion was opened out to the committee with all members thanking Mrs McNiven for an excellent presentation. Mrs Bowie noted there were many positive aspects to the paper, in particular the approach taken to implement distributed working. Mrs Bowie also highlighted the Ayrshire Public Health Academy and wondered if this could be developed to use externally and to broaden the parameters to encompass all areas within the Health Board and not limit the focus to Public Health roles.

Mrs Leslie noted the rapid increase in workforce during the pandemic and highlighted the collaborative style of working with other areas including Occupational Health was a great success story for the directorate. Mr Hope agreed and noted that Staff Side had been involved in all meetings as the department was flexed up and down and this has strengthened partnership working and built relationships and confidence in each other.

**Outcome: The Committee noted and were assured by the work being done in relation to the Public Health directorate.**

### 5.2.1 Finance

Mr Lindsay provided a presentation giving assurance on the work being done within the Finance Directorate. Overall the Directorate has 99 staff which includes remote based staff all over Scotland who are managed by the National Finance Systems Manager, Colin White on behalf of NHS Scotland.

Sickness absence has increased to 5.8% from 2.63% in 2021/22. There was also an increase in staff turnover at 11.17% due to 10 staff retiring. PDR completed reviews is currently 37% and MAST compliance is 79% over all modules. There is a focus on PDR and MAST completion and they are building in annual PDR reviews to improve the compliance.

### 5.2.2 Other points highlighted included:

- Between March-June 2019, 12 finance staff from A&A (were the first cohort in Scotland along with NSS and Lothian) to complete a 4 month training programme in finance business partnering. All staff found it very useful and relevant and it led to a restructuring of the management accounting function.
- During January 2022 the management accounts function stood down from its normal functions to assist in the wider organisation due to high Covid absences in front line services. The engagement and recruiting of volunteers required early and clear communication – staff were well informed and treated with dignity and respect.
- Succession planning to allow smooth transition is facilitated by having qualified in-house staff capable, willing and ready to step up. Some staff are undertaking accounting qualifications with us as part of the business partner training as we develop our workforce from within.

### 5.2.3 The discussion was opened out to the committee and Mr Lindsay was thanked for his presentation. Dr Das mentioned the Diversity figures with 19.2% of the workforce 'not known'. Mrs Leslie explained that diversity self-declarations are optional and colleagues may not want to complete the question. Mrs Leslie noted there is some work to be done to encourage completion of the declaration to ensure we are fulfilling our duties. It was agreed this should be raised at the Corporate Equalities Committee to promote diversity declaration completion.

Mrs Anderson noted the Maternity absence figures are presented and wondered if we should also be highlighting Paternity absence figures going forward. There is a code on SSTS for Parental Leave therefore Paternity absence figures should also be tabled.

**Outcome: The Committee noted and were assured by the work being done in relation to the Finance directorate. It was agreed to table Paternity absence figures going forward.**

## **6. Terms of Reference (ToR) Annual Review**

- 6.1 The SGC reviewed and endorsed the SGC TOR to be presented to the NHS Board for their approval without any additions or changes.

**Outcome: The Committee approved the SGC Terms of Reference without any changes.**

## **7. Committee Workplan**

- 7.1 The Committee noted the Forward Planner for each meeting of the SGC through to their February 2024 meeting.

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

## **8. Staff Governance Monitoring**

- 8.1 Mrs Leslie advised our annual return to the Scottish Government was submitted within the deadline. Due to the continued Government pressures, there has been no feedback received on our submission. It is expected we will receive feedback in March therefore it will be tabled at the next SGC meeting in May.

**Outcome: The Committee noted the delay in receiving feedback.**

## **9. Area Partnership Forum Update**

- 9.1 Ms Burden and Mr Ewing provided an overview of the highlights from the APF meetings held on 14 November 2022 and 23 January 2023.

**Band 4 employees** – progress made with service reform and we are in the process of recruiting 50 staff at Band 4 to help support Band 5 registered nurses. This is seen as a positive step forward as we upskill our own staff. Mr Ewing noted he was grateful to the committee for the support in moving forward.

**Organisational position** – update received from the Chief Executive that the acute sites remained under exceptional pressures. Whole system interventions commenced in November where NHS staff worked alongside H&SCP colleagues to maintain patient flow.

**Planned Care recovery** – paper presented on planned care recovery and it was noted our national access funding had been reduced due to the challenging financial position.

**National Care Service** – noted that Eddie Fraser, the CEO of East Ayrshire Council is a member of the national care service at SG level and provides updates to the joint meetings of Council and Health Chief Executives.

**MAST Compliance** – update on MAST compliance received. Work has been undertaken on the Fire Safety module and currently a communication is being developed to promote fire safety, highlighting that this is a statutory requirement. The APF noted the current levels of compliance and agreed the need to encourage staff to complete their outstanding MAST.

**Band 2/3 review** – work is ongoing in this area and a process is being developed in the event of any disputes.

**Job Evaluation process** – modified process however still experiencing long delays. New panel training has commenced in hopes this will alleviate some of the pressures.

**Paid as if at Work** – all concerns raised by staff have been considered and this piece of work was coming to an end.

9.2 Mrs Leslie advised there had been a significant increase in Job Evaluation requests and that cancellation of panels due to lack of staff has also contributed to the backlog. Mrs Leslie also noted plans by the Job Evaluation team to develop generic standard job descriptions for posts which should further reduce the amount of requests being received.

9.3 Dr Das was concerned that the Band 4 staff would not be regulated by the NMC therefore how could patient safety be secured. It was advised that the Band 4 staff would not be undertaking clinical work which was part of registrant roles but would be additional support to wards.

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

## **10. Strategic Risk Register**

10.1 Mr Currie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group on 20 January 2023. Mr Currie assured the Committee that all Risks were in date and were appropriately reviewed.

10.2 Mrs Bowie raised concern around Corporate Risk 357 (Compliance – Mandatory and Statutory Training) which is

categorised as 'tolerate'. Given the focus on and the importance of the Fire Safety and Infection Control modules, the Committee felt the status required to be updated to 'treat'.

Mr Currie assured members that there were focussed action plans in place with regards to the Fire Safety and Infection Control modules. The Chief Executive provided assurance that all Business Continuity Plans have been reviewed recently and that fire evacuation was included in these reviews and that we should be comfortable that staff know how to evacuate safely.

The Committee asked that the responsible directors review the existing provision for MAST, identify new controls that can help improve the performance and provide assurance that the responsible directors can demonstrate that they are actively seeking improved performance in their areas.

- 10.3 Mrs Crumley noted she had been working with Women & Children directorate and the service managers have been incorporating protected time for staff to complete their MAST training when planning rotas. This has led to a significant improvement in completion of all MAST modules and PDR compliance. The Chief Nurse is now making additional improvement for community based staff.

**Outcome: The Committee were assured with the work being done to manage the strategic risks with a focus on areas identified during the HIS inspection and requested the MAST compliance status is upgraded to 'treat'.**

### **Key Updates**

## **11. Whistleblowing Quarterly Report**

- 11.1 Mrs McCulloch provided an update on Whistleblowing for Q3 October – December 2022.

Three concerns were received, one of which was received anonymously linked to South Ayrshire Health & Social Care Partnership (SAHCP). Although the anonymous concern could not be managed through the whistleblowing process, the concerns raised will be investigated following the principles of the Whistleblowing Standards and following local guidance.

- 11.2 Feedback surveys are issued for those raising concerns on completion of investigations. Feedback provided will be reported in future reports where this can be shared without compromising confidentiality. Mrs McCulloch agreed to link with Mr Currie's team for advice on how to report this feedback.

**SMcC**

- 11.3 Whistleblowing continues to be highlighted to new staff as part of Corporate Induction and to newly appointed managers and leaders during training sessions. It also continues to be mandatory for all management level staff, supervisors and line managers to complete the eLearning Whistleblowing Turas module. To date, 52% of line managers and senior managers have completed the appropriate modules which is an increase of 25% from the previous quarter.
- 11.4 A review of our Confidential Contacts and local processes was completed and submitted to the NHS Board in November 2022 where draft paperwork was approved. The process for appointing Confidential Contacts is being managed through Lorna Kenmuir. There will be an interview process for interested candidates and it is hoped to broad interest throughout the organisation.
- 11.5 Further Speak Up sessions are currently being planned as it was felt the face to face sessions were useful. There is also a plan to relaunch the Speak Up advocates to raise awareness of who they are and make sure staff know who to contact.

Dr Das noted that where patient safety was at risk, immediate action is taken to minimise this risk while the whistleblowing concerns are investigated.

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

## **12. Internal Audit Reports**

### **12.1 Recruitment**

This review aligns with Risk 764 from the Strategic Risk Register – Patient Experience / Outcome – Registrant Workforce Supply and Capacity. The objective of the audit is to evaluate the adequacy of internal controls in place around Recruitment, in particular the resourcing of and the overcoming of challenges which impact on efficient working.

Grant Thornton are the external company who are conducting the audit and they are currently ahead of trajectory for completion. Mrs Leslie noted we are expecting a number of recommendations and will welcome the findings when they are available. The outcome of the report will be shared with CMT and will be tabled at the next SGC meeting in May.



## 12.2 Culture

This review aligns with Risk 743 from the Strategic Risk Register – Adverse Publicity / Reputation – Inform, Communicate and Engage with Stakeholders (Staff and Public) to Deliver Services. The object of the audit is to evaluate the adequacy of internal controls in place around Organisational Culture.

Mrs Crumley noted she personally welcomed the internal audit at this time and advised that Grant Thornton had been helpful in gathering analysis and assisting with the draft paper on Organisational Culture.

Mrs Crumley also advised that she was in receipt of the advisory review report and has to submit comments by 22 February 2023. The updated paper will be brought to the next SGC meeting in May.

## 13. Equality & Diversity

13.1 The Committee received an update from Elaine Savory on the activities of the Corporate Equalities Structure (Corporate Equalities Committee and Equalities Implementation Group) and the projects driven forward by the Equality and Diversity Team during 2021-22.

13.2 In accordance with the Equalities Act 2010 (Specific Duties) (Scotland) Regulations 2012, the team will be publishing their suite of equalities reports in April 2023. These reports will be presented to the CMT in February and to the Board in March for approval prior to publication.

An action plan has been developed to drive forward work to integrate equalities into how NHS Ayrshire and Arran conduct the functions.

13.3 Celebrating Diversity events are planned for June 2023 to bring staff together to raise awareness and support for staff and to ensure continued inclusion promotion.

The Committee thanked Mrs Savory for her efforts and praised the very positive paper and the work being done by the team.

**Outcome: The Committee members were encouraged by all the work being undertaken by the team**

## 14.0 Employability

14.1 The Committee received an update on the Employability work that has been progressed during 2022/23.

NHS Ayrshire and Arran's Employability Strategy was approved via the Corporate Management Team at the end of 2021/22 and the Employability Steering Group was established in July 2021 which has wide representation across all areas.

- 14.2 **Kickstart** was a UK wide Government initiative delivered in 2022 to place young people aged 16-24 into a paid work placement for 6 months. NHS Ayrshire and Arran place 17 young people into various roles within the organisation and 2 of the young people who completed Kickstart were successful in gaining roles within our organisation.
- 14.3 **Project Search** is a transition to work programme committed to transforming the lives of young adults with a learning disability and autism, or both. This work was paused in 2020 in response to the pandemic but was relaunched in September 2022. 8 interns have been recruited and are due to graduate in June 2023.
- 14.4 **Modern Apprenticeships** have been promoted and encouraged across a wide range of clinical and non-clinical service. There are currently 2 service areas, Medical Records and Public Health, who are keen to employ a Business and Administration Modern Apprentice.
- 14.5 **Career Fairs and Engagement with Schools and Colleges** – there has been attendance at various secondary school careers events so far in 2023 and there are plans to attend all 4 Ayrshire College campuses in February, all 7 Ayrshire Job Centres in February and the Ayrshire Futures event at Ayr Racecourse which is an event for all young people, teachers, parents and carers in South Ayrshire.

The Committee thanked Mrs Crumley for her very informative and positive paper. Cllr Lyons advised he had recently visited Ayr College and noted that none of the students in the classrooms had received information on careers within the NHS at school. The Director of Education and the college are supportive of NHS staff going into schools to provide information on various roles within the organisation. Mrs Crumley noted that a start has been made on this work and her Employability Lead would link in with Cllr Lyons.

**AC**

## **15.0 Medical Appraisal and Revalidation**

- 15.1 Dr McGuffie detailed the requirement of licensed doctors to maintain their licence by undertaking annual appraisal and 5 year validation. The paper provided information on the governance structure, challenges for Dental Services, secondary care and

completion figures. Due to the pandemic, audits for 2019/20, 2020-21 and 2021/22 were not carried out.

Mrs Leslie noted the tremendous achievement in appraisal compliance and recognised the team performance. In order to assist increasing the organisation's appraisal performance, Dr McGuffie agreed to share the process adopted in the medical directorate for appraisal completion with the other directors.

**CMcG**

**Outcome: The Committee noted the report and the assurance it provided.**

### **Items for Information**

#### **16. Employee Relations Report**

16.1 **Employee Relations Report – Q3 2022/2023** – Read and noted by the Committee.

**Outcome: The Committee noted the Q3 2022/2023 report.**

### **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 that MAST compliance should be highlighted.

**Outcome: The Committee noted MAST compliance should be highlighted.**

#### **18. Key issues to report to the NHS Board**

18.1 The Committee agreed to highlight the following key issues from the current discussions, using the template provided, at the next NHS Board on 28 March 2023:

1. MAST compliance and risks associated.
2. Employability work – good progress being made.
3. Equality & Diversity work – good progress being made.

#### **19. Any Other Competent Business**

19.1 There was no further business.

#### **20. Date of Next Meeting**

**Tuesday 09 May 2023 at 2.00 pm, MS Teams**

Chair ..... Ewing Hooper ..... Date ....9<sup>th</sup> May 2023.....