

Approved at SGC 01 August 2024

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

**Staff Governance Committee**  
**9.30 am Monday 13 May 2024**  
**Room 1, Eglinton House, Ailsa Hospital**

**Present:** Mr Liam Gallacher, Non-Executive Board Member (Chair)  
Mr Ewing Hope, Non-Executive Board Member  
Dr Sukhomoy Das, Non-Executive Board Member  
Dr Tom Hopkins, Non-Executive Board Member  
Cllr Douglas Reid, Non-Executive Board Member

**Ex-officio** Ms Claire Burden, Chief Executive Officer  
Mrs Sarah Leslie, HR Director  
Mrs Allina Das, Staff Participation Lead  
Mrs Frances Ewan, Staff Participation Lead  
Ms Lorna Sim, Staff Participation Lead

**In attendance:** Mrs Jennifer Wilson, Executive Nurse Director  
Mr Derek Lindsay, Director of Finance  
Mr Craig McArthur, Director of East HSCP  
Mrs Lorna Kenmuir, Assistant HR Director – People Services  
Ms Donna McNeill, HR Manager  
Mr Craig Lean, Workforce Modernisation Manager  
Mr David Black, Learning & Development Manager  
Mrs Kirsty Symington (minutes)

- | <b>1.</b> | <b>Apologies and Welcome</b>                                                                                 | <b>Action</b> |
|-----------|--------------------------------------------------------------------------------------------------------------|---------------|
| 1.1       | Apologies for absence were noted from Mrs Lesley Bowie, Ms Sheila Rosher, Mr Hugh Currie and Cllr Lee Lyons. |               |
| <b>2.</b> | <b>Declaration of Interest</b>                                                                               |               |
| 2.1       | The Committee was not advised of any declaration of interest.                                                |               |
| <b>3.</b> | <b>Draft Minutes of the Meeting held on 12 February 2024.</b>                                                |               |
| 3.1       | The Committee approved the minutes of the meeting held on 12 February 2024.                                  |               |

#### **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 Finance**

- 5.1.1 Mr Derek Lindsay provided an update giving assurance on the work being done within the Finance Directorate. Overall, the Directorate has a headcount of 97 staff with at WTE of 92.42. Year to date sickness absence is 4.27% which is a reduction on the previous year.

Staff turnover slightly increased to 6.09% and PDR completion is currently 51%. iMatter response rate was 73% with an EEI score of 78%. MAST completion of all modules is currently 82%. The transactional functions in areas such as accounts payable are performed by lower banded staff while management accounting staff are at a higher level grade. 44.0% of staff are Band 2-4, 51.7% of staff are Band 5+ and 4.3% of staff are non-AfC.

- 5.1.2 Mr Lindsay noted four or five staff are currently studying for professional exams. For those staff in the transactional roles, the professional qualifications are not as relevant however there are payroll qualifications available. Mr Lindsay advised the Payroll department have an intense training programme and provide in-house training for staff.

- 5.1.3 A number of pension presentation sessions have been delivered to management accounts staff, payroll & accounts payable staff and to Union representatives which have been very well received.

- 5.1.4 Mr Lindsay highlighted the challenges for the Directorate and noted the 3% CRES target each year has reduced staff to a bare minimum. There is also an issue around service resilience if there are absences in key posts as there is little or no cover.

The Committee thanked Mr Lindsay for the update and noted the difficulty in succession planning. Mr Lindsay advised staff can only progress so far without professional qualifications and confirmed he encouraged staff to pursue their qualifications which in turn would help to build confidence and experience for staff.

Mr Hope raised a concern around the CRES savings and suggested the reduction of staff was creating a corporate risk and was therefore not efficient. Mr Lindsay noted they have to balance the risk in order to deliver the savings target for this year.

**Outcome: The Committee noted and were assured by the work being done in relation to the Finance Directorate.**

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

5.2.1 Mr McArthur provided an update giving assurance on the work being done within the East Ayrshire Health & Social Care Partnership (EAHSCP). Overall the Directorate has a headcount of 1223 with a WTE of 989.81. Mr McArthur noted that the headcount did not include Council employees and was solely made up of NHS employees. Year to date sickness absence was 5.12% which was an increase from the previous year. Staff turnover reduced to 7.77%. PDR compliance is currently 52% however Mr McArthur advised the Audit Performance Committee had a focus on PDR therefore expected compliance to increase. iMatter response rate was 64% with an EEI score of 77%. MAST compliance rate was 83%.

5.2.2 The introduction of a Single Point of Contact (SPOC) service by the Business Support Administration Team for the District Nursing Service was highlighted as an area of best practice.

The service was introduced in 2023 and introduced live calls for the District Nursing Service within EAHSCP. This allowed calls from patients, carers and partners to be answered during operational hours, providing a person centred approach and releasing time to care for District Nurses.

Mr McArthur noted that the number of repeat calls has reduced and on average, 361 care minutes per day are released back to District Nursing. Feedback has been very positive from both staff and service users.

5.2.3 The Primary Care Team were successful in bidding on behalf of the 3 HSCPs within NHS Ayrshire & Arran to be a Primary Care Improvement Phased Investment Programme Demonstrator site to work with NHS Health Improvement Scotland (HIS). They are now 1 of 4 demonstrator sites across Scotland to demonstrate what a model of full GMS Contract 2018 implementation of the MDT (focussing on Community Treatment and Care (CTAC) and Pharmacotherapy teams) can look like in General Practice.

Mr McArthur noted the work had stalled somewhat due to the Covid pandemic however things had progressed and they were further ahead compared with the rest of Scotland.

A 3 year trajectory was set to establish a sustainable pharmacotherapy service to every GP practice. Recent data indicates the Pharmacotherapy Team are delivering the majority of medicines reconciliations across all GP practices. Locality based hubs are in place to cover planned or unplanned leave to ensure work is not diverted back to GPs.

52 practices have full access to CTAC services with one practice not supportive, however there is ongoing dialogue with this GP practice. A recent audit indicated that 72% of CTAC activity was undertaken by CTAC staff therefore in order to provide a full task transfer, to include additional resilience, there is a requirement to increase the workforce and further review the skill mix of total workforce.

Significant progress has been made to roll out the 2018 GMS contract including all practices having access to Pharmacotherapy staff, access to all immunisations through Vaccine Transformation Programme, access to a Community Link Worker and all practices except 1 have access to a CTAC nurse / healthcare support worker.

- 5.2.4 Mr McArthur noted EAHSCP has strong staff partnership working which is evident at the Staff Partnership Forum which is always well attended.

Managers have kept staff engaged through regular contact and a greater use of technology (eg Teams) has allowed for staying in touch even when working from home to avoid staff becoming isolated.

The latest iteration of iMatter is due to commence and it is hoped there will be an increase in response rate with action plans formed to improve overall experience for staff.

The Committee thanked Mr McArthur for the comprehensive and positive update and were encouraged to note the team seems very integrated. Mr McArthur agreed and advised NHS and Council staff do not see themselves as separate teams. Members agreed it was very positive to be a demonstrator site and looked forward to the work progressing.

**Outcome: The Committee noted and were assured by the work being done in relation to the East HSCP.**

## **6. Committee Workplan**

- 6.1 The Committee approved the content of the Forward Planner for each meeting of the SGC through to their February 2025 meeting.

Members were reminded if they had any topics they wished to be included in the Forward Planner to let Mrs Symington know who would update the plan for approval.

**Outcome: The Committee approved the content of the workplan.**

## **7. Staff Governance Committee Annual Assurance Report and Self-Assessment**

- 7.1 Mrs Leslie 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. There had been some fluidity in the membership with Mrs Margaret Anderson standing down and Mr Ewing Hope chairing 3 out of 4 of the meetings as Vice Chair. The Committee welcomed Mr Liam Gallacher as the new Chair from May 2024 and Mrs Leslie wished to formally thank Mrs Anderson for her chairmanship and to Mr Hope and Mrs Lesley Bowie for chairing the Committee until Mr Gallacher was appointed.

The People Strategy was updated to reflect the Board's commitment to the people agenda over the next five years, to 2025, and included an Equality Impact Assessment.

Mrs Leslie extended her thanks to Mrs Jenny Wilson and Dr Sukhomoy Das for providing comprehensive updates from the Whistleblowing Oversight Group throughout the year.

The SGC priorities for 2023/24 included attendance management, Mandatory and Statutory Training, Personal Development and Review and workforce planning and registrant supply.

There was a slight discrepancy noted regarding the membership of the Committee against information contained in the Terms of Reference. The Monitoring Report has now been update to reflect the correct membership, as per the Terms of Reference.

**Outcome: The Committee approved the Annual Report and self-assessment for submission to the NHS Board, subject to the correction in membership detail.**

## **8. People Plan 2023/24 – ‘Attract’ Theme**

- 8.1 Mrs Leslie welcomed Mr Craig Lean to the meeting who highlighted the key items describing progress against the ‘Attract’ objective and longer term actions to support NHS Ayrshire & Arran’s ambition to be an exemplar employer. Mr Lean also tabled the Recruitment Plan for information which underpins the Attract theme.

### **A1 – Workforce Attraction**

- Recruitment Plan sets out approach to recruitment for 2023-26 across the themes of Recruitment Branding, Recruitment Effectiveness, Recruitment Experience and Employee Retention which encompasses the actions within the Attract theme
- Digital skills varies by role and it is incumbent on operational services as the authors of job descriptions to ensure relevant digital skills are reflected in job descriptions as appropriate
- Branding is a specific theme within the Recruitment Plan and good progress is being made in collaboration with Digital Engagement team to ensure we use social media and consistent branding & messaging to publicise A&A as an employer of choice

### **A2 – Maximising Workforce Supply**

- Clinical registrant supply is particularly challenging across NHS Scotland and the wider UK. Corporate Risk 764 distinctly flags the clinical registrant risk and the range of controls we are using to mitigate including role development & international recruitment
- Work programmes associated with Community Wealth Building and our position as an Anchor Organisation are contributory to increasing the diversity of our workforce and broadening employment opportunities for those not in employment and/or economically disadvantaged
- Working in close collaboration with local authority colleagues supporting programmes including youth employment, work experience and apprenticeships
- Work is currently underway in considering how we could potentially significantly expand our apprenticeships organisationally

### **A3 – Effective Workforce Planning**

- Workforce Planning & Improvement Group established with membership including medical, nursing, midwifery, AHPs and representatives from all 3 HSCTs

- SG currently reviewing our workforce planning guidance for requirements from 2025 when the current plan is due to expire
- Key Workforce Metrics report has been developed and is shared with CMT on quarterly basis
- Work underway by CES team to develop workforce dashboards via Power BI which will enable services to directly access demographic detail by job family without the need to request from CES team
- Workforce plans are developed as programmes/redesigns take place which are led by services with HR input

Mr Lean noted the progress made so far in relation to the Recruitment Plan which was encouraging, given the actions are being delivered with no additional funding.

- 8.2 Members thanked Mr Lean for the update and noted the challenges around attracting workforce who might not have previously considered A&A – it was agreed this was an important thread in our role as an Anchor organisation.

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

## 9. Area Partnership Forum Update

- 9.1 Ms Burden provided an overview of the highlights from the APF held on 18 March 2024:
- 9.2 **Critical Care Update** – 3 x Level 3 beds transferred from UHA to UHC and Medical High Care (MHC) moved from Combined Assessment Unit (CAU) at UHC into the space created by ICU to create an 8 bedded Level 2 Critical Care Unit (CCU) at UHA. Ms Burden expressed her thanks to the clinical teams for all the work undertaken to facilitate this change. There is a need to develop skills at UHA to ensure patients are appropriately cared for and an agreement has been made to transfer AHP resource from South HSCP to East HSCP as this will align against the transfer of the 3 critical care beds.

**Acute Restructure** – the last of the nursing posts are currently out for advert. The new structures will remain under review but it is expected everything will be in place by the summer.

**Pay Reform** – update on the 3 strands of the pay reform was provided. Ms Burden acknowledged it was a significant piece of work and expressed her thanks to all staff involved. Ms Burden noted her thanks to Mrs Leslie and team for implementing the 3 working sub groups, with plans in place against each strand.

**Covid Special Leave** – noted special leave has been removed and staff should follow normal sickness absence procedures. There is no requirement for reporting Covid.

**Anti-Racism Commitment** – Ms Burden is currently working with Public Health Scotland and NES to develop a corporate objective along with specific actions to support our commitment.

- 9.3 Mr Hope noted there had been delays in Boards receiving guidance around the Reduced Working Week and advised there are still issues around calculations for part time staff reduction and annual leave calculation. There are no resolutions as yet but discussions are ongoing.

A concern was also raised around the resources required for the Band 5 nursing review as additional Job Evaluation (JE) panels will be required in addition to normal JE work. Managers and staff side will be asked to release staff who are trained in JE and there are currently plans in place to train new panel members.

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

## **10. Strategic Risk Register**

- 10.1 Mrs Leslie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group on 19 April 2024. Mrs Leslie assured the Committee that there were four risks due for review during this period and two had been reviewed and updated. The risk management team are liaising with risk managers to ensure the other two risks are reviewed and updated at the earliest opportunity.
- 10.2 Mrs Leslie raised a concern that the Board had agreed to a trajectory of 0.5% reduction in sickness absence and felt this may be difficult to achieve, particularly with the removal of Covid Special Leave.

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

## **Key Updates**

## **11. Whistleblowing Quarterly Report**

- 11.1 Mrs Wilson provided an update on the Whistleblowing Report for Q4 January – March 2024.

Key updates from the report:



- 3 enquiry contact to the Speak Up mailbox. These individuals were seeking advice and support how to progress issues or concerns. The individuals were provided with guidance and put in touch with a Confidential Contact (CC).
- 1 whistleblowing contact to a Speak Up Advocate. The individual was provided with guidance and put in touch with a CC. The concerns related to staff conduct and patient care and were reviewed by the Whistleblowing Decision Team. On review it was agreed there were areas of patient care/safety which caused concern which were appropriate for the Whistleblowing Standards. As these related to a local authority care facility, it was agreed these concerns should be passed to the appropriate Health & Social Care Partnership for review. The concerns relating to the conduct of an NHS member of staff would be raised through HR processes.
- Improvement plans are monitored through the relevant department's governance group, with feedback on closure to the Whistleblowing Oversight Group.
- There was an increase of 3% in the number of managers completing the Turas Whistleblowing eLearning modules in Q4 following reminders in Daily Digest and eNews through February.
- Communications continue to be delivered across the organisation via Daily Digest, eNews and using 7-minute briefs which are very well received.

11.2 Dr Das commended the Whistleblowing team and advised the Committee he would welcome any questions or scrutiny from Members to be tabled at the Whistleblowing Oversight Group.

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

## **12. Equality & Diversity Workforce Data**

12.1 The Committee received an update on Equality & Diversity Workforce data. There is a 2-yearly requirement to formally report on equality & diversity and Mr Lean advised it is the intention to publish summary data on the intervening years which shows the characteristics of the workforce. The next formal reporting period, which includes equal pay reporting and analysis, will be published in 2025, covering calendar year 2024.

12.2 Members thanked Mr Lean for the report and there was a suggestion to prompt staff to update their details prior to the next data collection along with a guide on how to do this to ensure accurate results are reported. It was also suggested to advise

staff what the data is used for and how it is used, stressing that it isn't published as this might encourage more staff to update their details.

Mr Lean agreed to review national statistics as a benchmark across NHS Scotland.

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

### **13. Workforce Plan Update**

- 13.1 Mr Lean provided the Committee with an update on work being taken forward to deliver the actions within the Workforce Plan 2022-25.

As the majority of actions were either complete or were on track for completion, Mr Lean highlighted 2 actions which required focus.

- 13.2 A6 – relating to Consultant vacancies. This is a recognised national supply issue. There were 42.8WTE vacancies and 83% had been vacant for 6 months or more. Pressure areas highlighted were:

- Acute Medicine (UHA)
- General Medicine (UHA & UHC)
- Pathology (pan-Ayrshire service)
- Anaesthetics (UHA)
- Intensive Care Medicine (UHA)
- General Surgery (UHA)

Several avenues are being explored including advertising for locum Consultants via recruitment agency, recruitment drive planned for medical specialties from April – August, ICM review underway to explore options and specialist roles being explored for multiple specialties including dermatology and haematology.

- 13.3 R1 – manage our workforce numbers to ensure we operate within our funded financial establishment. Mr Lean advised a report is sent to Scottish Government on a fortnightly basis. Each acute hospital has wards open which have no budget and require to be staffed (often using agency) therefore will not be achievable until the unfunded beds are closed.

The Committee thanked Mr Lean for the update and it was noted that Ayrshire & Arran were a national outlier with regards to patient length of stay and this was directly linked to unfunded beds remaining open. This has been described as a local issue

and managers and staff in Acute services are working to reduce patient length of stay.

**Outcome: The Committee noted the update and were assured of the progress made in the Workforce Plan.**

#### **14. PDR Update**

- 14.1 Mrs Leslie welcomed Mr David Black to the meeting who provided an update on PDR compliance.

The Committee heard that current compliance rate is 41% which has remained static for the past few months. Ayrshire & Arran has a local target of 60% compliance however it was noted the national standard remains at 80% so there is still much to do as an organisation.

Mr Black advised Members that Aileen Boyd has produced a number of supporting resources for PDR and Turas appraisal process which are published on the PDR corporate Athena site. Guidance is available to all levels of staff in the PDR Document Library on Athena with practical hints and tips on how to conduct meaningful conversations with staff and how to ensure bare minimum information is recorded on the Turas appraisal system.

PDR is an operational risk which remains on the risk register. This is continually reviewed and updated on a quarterly basis setting out key actions and measures required of directors to mitigate risks associated with PDR.

The corporate actions which are to be delivered during 2024/25 are:

- To ensure this is embedded across our health and social care system, monthly compliance reporting to CMT and Directors will continue to be provided together with local Directorate / HSCP by sub department (cost centre) updates and RAG reports
- Directorates and HSCP will be required to monitor completed reviews via their local senior management team meetings and agree actions to ensure improved compliance and ensure managers build in protected time for PDR discussions

Mr Black advised the Committee that Aileen has been delivering a number of training sessions to managers via Teams and continues to issue guidelines on a monthly basis along with the current results.

- 14.2 The Committee thanked Mr Black for the update and noted PDR completion should be built into Protected Learning Time (PLT) when this is implemented which should help improve the figures. Members felt it was important the PDR discussions are meaningful and not just a 'tick-box' exercise.

Ms Burden noted that part of the introduction of the triumvirate structures in Acute was the requirement for improved PDR performance and this is being monitored on a monthly basis in triumvirate reviews.

The Committee noted PDR is included in planned management and leadership development sessions and that opportunities to align activities regarding professional registration and supporting evidence is utilised for both PDR and Registration.

**Outcome: The Committee noted the PRD activity and highlighted the achievement of Transformation and Sustainability and Infrastructure and Support Services where there is strong management support for PDR as areas of good practice.**

## **15. Employability Update**

- 15.1 The Committee received an update on the Employability work that has been progressed during 2023/24. The Employability Strategy closely aligns with our Workforce Strategy and defines four priority areas of focus:

- Enhanced experience opportunities
- Developing modern apprenticeships
- Social inclusion opportunities
- Equality & Diversity

The plan is reviewed and updated at each Employability Steering Group meeting to capture progress and identify measures of success.

- 15.2 The 8 defined areas of the Employability Strategy are:
- Step Into Business
  - Sector Based Work Academies
  - Ayrshire College Shadow Week
  - Project SEARCH
  - Apprenticeships
  - School/colleges careers information and events
  - Employability equality outcome support for young people, women and people with long term conditions, to experience improved health by enhancing opportunities for employment
  - Employability pre-employment work placements

Mr Black provided the Committee with updates on each of the defined areas.

- 15.3 Members noted that the Learning & Development team are committed to increasing apprenticeships across a range of services and are working effectively with local authority colleagues to ensure a collaborative approach to employability aligned to national and local priorities.

The Committee discussed the importance of Directorates and Health and Social Care Partnerships in implementing Apprenticeships and employability as part of their workforce attraction strategy.

With regard to apprenticeships, Mr Hope requested a breakdown for all groups of staff for 16yrs – 20yrs in order to determine what employment opportunities are offered to school leavers and in what role.

**Outcome: The Committee noted the progress being made in our Employability Strategy.**

#### **Items for Information**

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

- 16.1 **Q4 2023/2024** – Read and noted by the Committee.
- 16.2 **2023/2024 Annual Report** – Mrs Kenmuir briefly highlighted the Employee Relations Report for Year End 2023/24 with detail on overall ER activity (conduct, grievance, bullying and harassment), analysis by Directorate and outcomes.

The Committee were pleased to note the increase in the number of cases which were closed due to early resolution. This supports our commitment to openness and demonstrates a culture shift where managers and staff, supported by their HR Manager and Trade Unions, are having discussions about issues before they reach escalation to formal stage.

**Outcome: The Committee considered and noted the Employee Relations position in the Quarter 4 Report plus the Annual Report for 2023/2024.**

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

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

The Committee agreed to escalate the concern raised around our commitment to a trajectory of 0.5% reduction in sickness absence in light of the removal of Covid special leave.

**Outcome: The Committee agreed to escalate sickness absence concern to RARSAG.**

**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 21 May 2024:

1. Employability Strategy update
2. Employee Relations – Early Resolution
3. PDR Update

**Outcome: The Committee agreed the key updates to be reported at the next NHS Board meeting.**

**19. Any Other Competent Business**

19.1 Members were advised of the retirement of Mrs Ann Crumley, Assistant HR Director for Organisational Learning & Development. Mrs Leslie expressed her thanks to Mrs Crumley for her contributions to the Committee over the years. In addition, Ms Sheila Rosher is currently on phased retirement and will leave the organisation in August.

This has prompted the need for O&HRD to restructure the senior management team and work is underway for the team to go through a formal organisational change process.

**20. Date of Next Meeting**

**Thursday 01 August 2024 at 2pm, MS Teams**



Chair ..... Date .....01.08.24.....