

Approved at SGC 14 November 2024

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

Staff Governance Committee
2 pm Thursday 01 August 2024
MS Teams

- 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
- Ex-officio** Ms Claire Burden, Chief Executive Officer
Mrs Sarah Leslie, HR Director
Mrs Frances Ewan, Staff Participation Lead
Ms Lorna Sim, Staff Participation Lead
Ms Linda Semple, Vice NHS Board Chair
- In attendance:** Mrs Jennifer Wilson, Executive Nurse Director
Mrs Lorna Kenmuir, Assistant HR Director – People Services
Mr Craig Lean, Workforce Modernisation Manager
Mr David Black, Learning & Development Manager
Mrs Lynne McNiven, Director of Public Health
Mr Alistair Reid, Director of Allied Health Professions
Mr Andy Gillies, Head of Spiritual Care, Staff Care and Person-Centred Care
Ms Tracy Scott, Staff Wellbeing Lead
Mrs Kirsty Symington (minutes)

- | | | Action |
|-----------|---|---------------|
| 1. | Apologies and Welcome | |
| 1.1 | Apologies for absence were noted from Mrs Lesley Bowie, Mrs Allina Das, Cllr Douglas Reid and Cllr Lee Lyons. | |
| 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 May 2024. | |
| 3.1 | The Committee approved the minutes of the meeting held on 13 May 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.

4.2 Employability Update – Apprenticeships

Following a request for a breakdown of all groups of staff for ages 16 – 20yrs in order to determine what opportunities are offered to school leavers, Mr David Black tabled a paper which provided the relevant information.

Mr Black advised that NHSA&A is linked into the Ayrshire Chamber of Commerce (Developing the Young Workforce Ayrshire) as the main point of contact with schools to organise work experience opportunities for young people aged between 16 and 20yrs as a potential route into employment. Mr Black also noted that young people who wish to obtain work experience in specific areas of health have contacted the department directly to help inform future decisions relating to their career.

Members welcomed the information and noted that it would be helpful if the information was cascaded to clinicians to avoid instances where friends and family arrive in departments directly for work experience without going through the Learning & Development office which poses several Health & Safety risks.

Governance

5. Directorate Assurance Report

5.1 North Ayrshire Health & Social Care Partnership

- 5.1.1 There had been a late request to defer this Assurance Report to a future meeting as the Director was unable to attend and was not able to provide a deputy to deliver the report.

The Committee noted disappointment that a deputy could not be found as the dates for the Assurance Reports are set well in advance and Directors are given plenty of notice when their reports are due.

5.2 Public Health

- 5.2.1 Mrs McNiven provided an update giving assurance on the work being done within Public Health. Overall the Directorate has a headcount of 228 with a WTE of 172.15. Mrs McNiven noted that the headcount had increased significantly since the pandemic. Year to date sickness absence was 2.09% which was a decrease from

the previous year. Staff turnover reduced to 11.98%. PDR compliance is currently 29%. iMatter response rate was 66% with an EEI score of 79%. MAST compliance rate was 79%.

Mrs McNiven acknowledged the low compliance rates for PDR and MAST and assured Members this was being addressed and taken forward with managers.

5.2.2 Mrs McNiven highlighted to the Committee the work being undertaken within Public Health with regards to Workforce Development including the establishment of the Public Health Workforce Development Group which is aligned to the National Workforce Strategy for Health and Social Care and Safe Staffing Act.

5.2.3 Career progression is encouraged and admin staff are provided with support to continue their education, not necessarily within Public Health. Staff are encouraged to undertake HNCs, degrees, masters degrees and beyond and regular topic based CPD sessions are arranged.

There are currently 4 Specialty Registrars in training via the UK Faculty of Public Health Specialty Registration and the team are developing a good name within the Registrar community. The Clinical Fellow has remained within A&A and is currently being supported through their CESR specialty registration.

5.2.4 Members were advised that Public Health is a large and complex department however managers ensure that regular 1:1's and annual appraisals are undertaken with staff. The Directorate has moved to an electronic annual leave recording system and audits are undertaken at the end of each financial year to ensure there is no carry forward other than by exception and in agreement from the line manager and PH Director.

5.2.5 Line managers are implementing the Stress Talking Toolkit across the Directorate along with the Safety Culture Cards. 'Ask Me Anything' sessions continue to be facilitated with the Director.

5.2.6 The Committee were pleased to note the success of the Modern Apprenticeship scheme, with the individual completing the SVQ Level 6 qualification and gaining permanent employment within NHS A&A. The department is in the process of recruiting a second Modern Apprentice.

The Directorate also provided a skills based work experience for a number of individuals who had experienced unemployment and successfully appointed a new team member into a permanent Band 2 role.

The Committee thanked Mrs McNiven for the comprehensive and positive update and advised it would be beneficial for Public Health to be represented at external career fairs to inform the public of some of the career paths available. There was also a suggestion for existing staff to have the opportunity of working within Public Health specialty areas.

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

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. People Plan 2024/25

- 7.1 Members were advised that the current iteration of the People Strategy was agreed and published towards the end of financial year 2020/21 which had a 5 year lifespan therefore the current plan's lifecycle will be to financial year 2025/26.

Against this backdrop, the Committee heard it would be pertinent for the review of the People Plan to cover the remaining lifespan during 2024/25 of the existing Strategy and potentially the first half of financial year 2025/26 as national and local direction is developed and issued.

It would additionally be an opportune juncture for the O&HRD Senior Management Team to more fundamentally review the intent and content of the People Plan more systematically and more broadly look at the wider suite of planning output.

Members were advised the content of the People Plan cross cuts with wider plans and creates unnecessary duplication. More effective cross referencing and connection of these plans would be assistive to delivery by O&HRD and the wider organisation making the planning landscape more accessible and logical to follow.

- 7.2. The Committee were asked to endorse the proposal for the development of the People Plan 2024/25, to consider and endorse in principle the proposition of aligning the suite of O&HRD strategy and plans in a complementary manner with aligned delivery

lifespans and to remit the O&HRD Senior Management Team to more fully develop the proposals for the wider planning considerations, engaging with relevant stakeholders.

- 7.3 Members thanked Mr Lean for the update and were assured that Scottish Government were made aware of our recruitment issues via multiple routes including Chief Exec, HR Director, nursing and medical national groups. In addition, Audit Scotland report on risks on an annual basis.

Outcome: The Committee approved the proposal for the development of the People Plan and to align the suite of reports in a complementary manner.

8. Organisational Culture

- 8.1 Mrs Leslie provided Members with a verbal update on Organisation Culture and noted that culture is a long standing commitment for the Board and work was ongoing on how to develop and imbed culture.
- 8.2 The CMT is working with the Chief Exec to develop a culture action plan for 2024/25 and will be fed back to this Committee in due course.

Outcome: The Committee noted the work being undertaken and will review the culture action plan at a future meeting.

9. People Plan 2024/25 – ‘Retain’ Theme

- 9.1 Mr Lean highlighted the key items describing progress against the Retain objective and the longer term actions to support NHS A&A's ambition to be an exemplar employer.

R1 – Well informed workforce

- Daily Digest, eNews and Stop Press releases and Daring to Succeed newsletter issued on a regular basis
- Effective communication is critical to the rollout of the Pay Reform programme to ensure all staff have awareness
- Trial took place changing the timing of Daily Digest from AM to PM however this was changed back to AM following consultation with staff
- Incremental increasing usage of Viva Engage and Microsoft Sway as mediums to improve online communication with staff

R4 – Listening & responding to staff feedback and staff experiences – newly appointed staff and staff leaving the Board

- A survey of new staff to be considered in the refresh of the People Plan against the context of iMatter which is well embedded within the organisation

- Central Employment Services team have introduced a new survey for those applicants for posts that have been shortlisted for interview in early 2024
- Leavers survey is generated via eESS with staff receiving an automated prompt 10 days prior to their end of employment date
- The last of the 3 iMatter team runs have concluded for 2024 and an overarching Board report will be available in due course

R5 – Treating staff fairly and consistently

- Values and behaviours are built into all recruitment & selection processes and prompted via Corporate Induction programme
- Within the new candidate experience survey there is a distinct question which asks respondents whether NHS A&A organisational values were shared and discussed at interview
- Phase 2 of Once for Scotland (OfS) Workforce Policies Programme was rolled out in November 2023 as per the timetable for all NHS Boards
- Consultation on Phase 3 policies took place in Q4 2023/24
- Ayrshire Achieves ceremony re-established, having been paused during the pandemic and took place in June 2024 with a live stream and updates shared on Instagram
- A suite of Leadership and Management Development learning opportunities have been launched

- 9.2 Mr Lean advised there was a relatively low return on the staff exit surveys. Members noted an instance whereby a member of staff resigned but did not receive the automated exit questionnaire.

Mrs Kenmuir advised the Committee that the HR team were happy to facilitate exit interviews for staff to provide feedback on their experience of working within A&A. Mrs Kenmuir advised Members she would remind the HR Team to offer exit interviews for any leavers within their areas of responsibility.

- 9.3 Mr Lean advised the Committee he had raised nationally the issue of staff with no pc access being able to receive and complete the exit questionnaire and would discuss further with Mrs Kenmuir.

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

10. Area Partnership Forum Update

- 10.1 Ms Burden provided an overview of the highlights from the APF held on 20 May 2024:

- Non-patient price increase 2024/25 – prices on selected items would require to increase by 3% in line with inflation. Price increases varied by product and supply chain and 3% was the lowest rate increase which could be held to ensure non-patient catering was not provided at a loss.
- Organisation update – meeting held with Board Chair, CEO, MD and DoN to listen to formal escalation of concerns from the Emergency Department (ED) in relation to harm to patients and staff due to excessive congestion from patients waiting for a bed. An Unscheduled Care Improvement Plan was devised and endorsed by hospital Site Directors. This plan is also dedicated to the decongestion of the hospital with all services. Regular meetings will take place to ensure feedback to the ED team and delivery on objectives.
- Band 5 Nursing Review – all Nursing Directors have been clear on the resource demand and discussions have commenced in relation to a plan for the review with further detail to be added when available. It is expected the majority of reviews will be completed within a 6-12mth period.
- Reduced Working Week (RWW) – frequently asked questions document is being updated continuously however the greatest concerns were in relation to part time members of staff as the RWW calculator was not yet in place and the need to ensure staff with 16hr contracts were not disadvantaged due to RWW.
- Protected Learning – working group are developing a standardised template to allow collation of relevant data reporting regarding MAST. The group continue to meet fortnightly to progress.
- Finance and CRES – external financial analysis company Veridian have been working with the Board and will use our data to consider areas of opportunity and focus following a 10 week funded programme.
- Anti-Racism commitment – the Board have been set a corporate objective to commit to the culture, wellbeing and an anti-racism objective. The APF supported the proposal for the creation of a short life working group to establish a clear anti-racism commitment for NHS A&A.
- Disabled parking facilities on A&A hospital sites – proposal for a scoping exercise to be carried out across 3 hospital sites at Ayr, Crosshouse and Irvine to ascertain the number of disabled parking spaces and the locations of these.

- 10.2 A further meeting of APF took place on 22nd July however the notes were not available in time for this meeting.

Outcome: The Committee noted the update from the APF

11. Strategic Risk Register

- 11.1 Mrs Leslie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) on 19 July 2024. Mrs Leslie advised the Committee that during this review period there were 2 risks which were due for review and although they are currently being reviewed, this was not able to be completed prior to presentation of the risk register at the RARSAG meeting and Mrs Leslie apologised to Members for the delay in reviewing these risks.

Mrs Leslie assured the Committee the risk owners and risk managers are working collaboratively to ensure a robust review of these risks is undertaken.

- 11.2 Risk ID219 (Promoting Attendance and Staff Wellbeing) – there has been engagement with services as part of the ADP and trajectory to reduce absence by 0.5%. In addition, Attendance will also form part of the internal audit programme.

Risk ID764 (Registrant workforce supply and capacity) – action has been taken to develop a proposed new risk on Medical Workforce supply and capacity, recognising the distinct challenges relating to medical workforce and already fragile services. Work is underway to develop agreed mitigations with specialties.

Risks ID351 (PDR process) and ID357 (MAST) are due for review in September.

- 11.3 Members raised concern around the 5th Governance Standard, namely to provide ‘improving and safe working environment’ and noted it was not routinely being reported on at this Committee. Members agreed that work was required to be undertaken to align reporting on staff safety and Mrs Wilson agreed to progress with the Director of Clinical Care and Governance. JW

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

12. Health and Care (Staffing) (Scotland) Act 2019

- 12.1 Mr Alistair Reid provided Members with a summary of NHS A&A’s progress against the duties of the Health and Care (Staffing) (Scotland) legislation in line with requirements for local reporting.

The Act came into effect on 1st April 2024 and is applicable to all clinical professional groups.

- 12.2 Effective application of the legislation aims to
- Improve standards and outcomes for service users
 - Take account of the particular needs, abilities, characteristics and circumstances of different service users
 - Respect the dignity and rights of service users
 - Take account of the views of staff and service users
 - Ensure the wellbeing of staff
 - Promote openness and transparency with staff and service users about decisions on staffing
 - Ensure efficient and effective allocation of staff
 - Promote multi-disciplinary services as appropriate
- 12.3 Members were advised of the several reporting expectations that must be complied with:
- High cost agency use – Boards to submit quarterly reports to Scottish Government to report on the number of occasions they have required to use agency workers who cost 150% or more than the cost of a substantive equivalent, the % cost of such and the reasons for this use
 - Executive Nurse Director, Medical Director and Director of Public Health require to report to the Board on a quarterly basis to outline the level of compliance against the legislation for the range of professional groups they have executive responsibility for
 - Health Boards to submit annual reports to Scottish Ministers at the end of each financial year to detail compliance with the Act, high cost agency use and any severe and recurrent risks
- 12.4 Compliance with the duties laid out under the Health and Care (Staffing) (Scotland) legislation will enable NHS A&A to determine the extent to which the current workforce configuration aligns to the delivery of safe, quality care and to identify any associated severe or recurring workforce risks.

Additionally, compliance requires an increased emphasis on openness and transparency, ensuring it is easy for staff to raise concerns around staffing levels or quality of care, and clear process to ensure that any colleague who raises such risk is informed as to any action or decision taken as a result.

Members thanked Mr Reid for the update and queried whether national workforce tools were being utilised in terms of reporting. The Committee were advised that the workforce tools are only one part of the legislation and that we are only mandated to report nationally on nursing. It was noted that although it is most easily

applied to inpatient areas, it was important that this applies to all staff groups including staff working in Outpatient areas.

Outcome: The Committee noted the update, including local progress being made and supported the content which will be submitted to the Board.

13. Framework for Spiritual Wellbeing 2024-29

- 13.1 The Committee welcomed Mr Andy Gillies who provided background on the proposed NHSA&A Framework for Spiritual Wellbeing 2024-29 which is the first of its kind in Scotland. It is intended to be presented to the Board in October 2024.

Members were advised that the Scottish Government (SG) have significantly broadened and defined both spiritual care as key aspect of health, and the obligations upon Health Boards in terms of service provision of Spiritual Care Services. In addition, SG have produced a framework which also has implications for social care.

- 13.2 The SG framework outlines 46 deliverables, a number of which are aimed at Health Boards, but also includes social care and professional leadership for spiritual care in Scotland.

There are 7 areas of focus detailed within the proposed local framework:

- Caring for staff
- Environment
- Community
- Hospital
- Education
- Intelligent Kindness
- Bereavement

- 13.3 Mr Gillies advised that NHSA&A currently does not have a bereavement specialist and it is the ambition to introduce a policy within the next 5 years. The Committee noted that there was bereavement support within Paediatrics and Mr Gilles confirmed the Chaplains are working with the team now.

- 13.4 The Committee commended Mr Gillies for the work in creating the framework and agreed the domains were appropriate. Members were happy to recommend the paper to be submitted to the Board in October for approval.

Outcome: The Committee supported the Framework which will be submitted to the Board.

Key Updates

14. Whistleblowing Annual and Quarterly Report

- 14.1 Mrs Wilson provided an update on the Whistleblowing Annual Report and for Q1 April – June 2024.

Key updates from the annual report:

- 15 contacts received via Confidential Contacts, Speak Up Advocates, SpeakUp mailbox and phone line
- 14 concerns not appropriate for Whistleblowing process and 1 concern investigated through Whistleblowing process
- 4 new Confidential Contacts in place
- 150 face to face contacts during Speak Up Week
- 65% of managers have completed online training
- 70% of staff know how to raise a concern

Members were advised that several areas of improvement had been identified and implemented following whistleblowing investigations. Following a benchmarking exercise against other territorial Boards 2022/23 annual reports, it was reassuring to note the number of Stage 1 & 2 concerns received by Boards of a comparable size are low which provided assurance that A&A were not an outlier.

A further Speak Up Week is planned for October 2024.

- 14.2 During Q1 2024/25, one concern was raised via the Speak Up mailbox. The complainant wished to remain anonymous and the concerns related to a Primary Care contractor. The concern was acknowledged by email and reassurance was given that should they decide to remain anonymous, the concerns would be highlighted to the Director responsible for Primary Care to be investigated.
- 14.3 An offer has been extended to Directors for a member of the Whistleblowing team to attend any upcoming directorate team meetings to provide an overview of the whistleblowing standards and to raise awareness among staff, with focus on any specific aspects of the process that may be of interest or concern.
- 14.4 The Committee thanked Mrs Wilson for the update and agreed it was a positive update and reinforced our open culture, showing trust and engagement with line managers. However it was felt the number of line managers completing the training modules required to improve.

Mrs Kenmuir assured Members that Whistleblowing is included in the management development programme and agreed to liaise with Mr Black to ensure the training figures being quoted is accurate.

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

15. Internal Audits

- 15.1 Mrs Wilson provided an update following a review of Staff Rostering which was carried out by the Board's Internal Auditor, however noted it would be more accurate to describe the audit as Acute Services Nursing Rostering at UHA & UHC.

Mrs Wilson welcomed the audit which highlighted areas of improvement and areas of good practice. Mrs Wilson noted that with the change in nursing leadership, many experienced nurses have left and we require to embed good rostering skills to newer staff.

- 15.2 The review identified 8 improvement actions, 4 of which related to improving the design of controls as opposed to identified weaknesses in control operation. The review received an overall audit rating of 'substantial improvement required'.

Mrs Wilson advised Members that many recommendations from the audit had already progressed and it was felt that the anticipated rollout of eRostering in March would be very beneficial.

The Committee were advised that following the implementation of the reduced working week as part of the pay reform deal from 2023/24, guidance was being revised around 12hr shift working to base shifts on a 37hr week which will eventually reduce to a 36hr working week.

Audit actions are to be completed by the end of the year therefore Mrs Wilson agreed to provide an update for the Committee in February 2025.

Outcome: The Committee were assured all audit recommendations were in progress and would receive an update in February 2025.

16. Staff Wellbeing

- 16.1 The Committee received an update from Tracy Scott, the Staff Wellbeing Lead, on the initiatives being progressed via the Staff Wellbeing Services and HR / Occ Health.

- 16.2 Staff Wellbeing Centres continue to be well utilised by staff as a protected and dedicated staff only space at all 3 hospitals. Staff are able to connect with the Staff Wellbeing Service who provide direct care to staff from the centres.

Staff Wellbeing App licence has been renewed for a further 2 years and has had over 1000 downloads. The Staff Support tile continues to be the most popular section of the app. A feedback survey is currently being developed for staff to evaluate the app's content and impact.

Viva Engage site continues to thrive with huge user interaction and connection with staff across the organisation. Information and messages are distributed to staff on a regular, if not a daily basis.

Staff Wellbeing regular newsletter continues to be disseminated to keep staff informed of the latest wellbeing updates and news.

Staff Wellbeing Service is currently developing a service information leaflet which can be distributed manually and electronically to help staff understand what the service offers with a similar leaflet being designed for Occupational Health.

World Wellbeing Week took place from 24th – 28th June with a variety of physical, mental and financial information / activities scheduled throughout the week which offered drop in and bookable sessions for staff to participate in. Staff engagement across the full week was low despite various and numerous communications and promotions.

- 16.3 Members thanked Ms Scott for the comprehensive update and welcomed the various initiatives being offered for staff. The Committee felt that competing demands on staff may have had an impact on the low numbers during World Wellbeing Week however noted the work being undertaken was to be commended.

Outcome: The Committee noted the update on the ongoing Staff Wellbeing initiatives.

17. Attendance Management

- 17.1 The Committee were provided with an update on the attendance management position for Q1 2024/25. All Boards had been asked to make a commitment to a reduction in sickness absence as part of their Delivery Plan and A&A have set a target of 0.5% reduction on our 2023/24 position which means we are seeking to achieve an outturn of 4.66% for this financial year.

Members were advised we were slightly above target in Q1 than in the preceding year but this could be attributed to the removal of Covid special leave in March 2024.

- 17.2 Anxiety, stress, depression / other psychiatric illness (ASDOM) remains the most prevalent reason for absence, accounting for 25.6% of absence in Q1. It is necessary to take steps to address

ASDOM absence and ensure line managers are aware of their role and responsibility in stress management within their teams.

- 17.3 Long term sickness absent management remains a key focus and there was a reduction in Q1 to 808 identified cases which accounted for 16.6% of the total absence. Ill health is leading to several staff terminating on grounds of ill health with 21 identified cases throughout Q1.
- 17.4 Members were pleased to note that A&A had the second lowest absence rate of territorial Boards during April 2024 and continues to remain below the national average for sickness absence.

Monthly training sessions are available for managers and new managers and the O&HRD team continue to work closely with managers, staff side, occupational health and staff wellbeing to reduce staff sickness absence rates.

Outcome: The Committee noted the current position.

Governance Arrangements/Reporting to NHS Board

18. Risk issues to be reported to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)

- 18.1 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.

19. Key items to report to the NHS Board

- 19.1 The Committee agreed to highlight the following key items from the current discussions, using the template provided, at the next NHS Board on 12 August 2024:

1. Updates on recent activities promoting staff wellbeing including various events and classes during the World Wellbeing Week in June and also the annual Whistleblowing Report which highlights and supports our commitment to a culture of openness.
2. Outcomes from the Staff Governance monitoring exercise for 2022/23.
3. Discussion about the 5th Governance Standard around Boards delivering an 'Improved and Safe Working Environment' and agreed work would be undertaken to align reporting on staff safety with a future update for November 2024.

4. Update on our attendance position and wider associated leave types which materially impacts on the capacity of our workforce for Q1 2024/25.

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

Items for Information

20. Staff Governance Monitoring Report

20.1 Read and noted by the Committee.

Outcome: The Committee noted the outcomes from 2022/23 monitoring and noted the decision to pause the Staff Governance Monitoring exercise for 2023/24 by Scottish Workforce and Staff Governance Committee (SWAG).

21. Remuneration Committee Update

21.1 Read and noted by the Committee

Outcome: The Committee noted the discussions from 24 July 2024 meeting.

22. Employee Relations Report

22.1 **Q1 2024/2025** – Read and noted by the Committee.

Outcome: The Committee considered and noted the Employee Relations position in the Quarter 1 Report.

23. Any Other Competent Business

23.1 There was no further business.

24. Date of Next Meeting

Thursday 14 November 2024 at 2pm, MS Teams

Chair  Date14.11.24.....