MINUTES – Approved

Staff Governance Committee of Healthcare Improvement Scotland
01 May 2024, 10:00am, MS Teams

Present	In Attendance
Duncan Service, Committee Chair, Non-Executive Director	Aimie Littleallan, Partnership Representative
Michelle Rogers, Committee Vice- Chair, Non-Executive Director	Belinda Henshaw-Brunton, Staff Governance Associate/ Partnership Representative
Carole Wilkinson, HIS Chair	Angela Moodie, Director of Finance, Planning & Governance
Evelyn McPhail, Non-Executive Director	Ann Laing, Head of People & Workplace
Judith Kilbee, Non-Executive Director	Ann Gow, Deputy Chief Executive/Director of Nursing and Systems Improvement
Keith Charters, Non-Executive Director	Ben Hall, Head of Communications
Nicola Hanssen, Non-Executive Director	Caroline Craig, Associate Director of Healthcare Staffing
	Clare Morrison, Director of Community Engagement & Redesign
Committee Support	Laura Liddle, Associate Director of Workforce
Ruth Gebbie Committee Secretary (Minutes)	Lynda Nicholson, Head of Corporate Development
	Lynsey Cleland, Director of Quality Assurance & Regulation
Apologies	Paul McCauley, Risk Manager
Ann Gow, Deputy Chief Executive/Director of Nursing and Systems Improvement	Robbie Pearson, Chief Executive
Eddie Warde, Partnership Representative	Sandra Flannigan, Head of Organisational Development & Learning (O,D&L)
Kenny Crosbie, Partnership Representative	Simon Watson, Medical Director/Director of Safety
	Sybil Canavan, Director of Workforce
	Safa Qureshi, Head of Evidence & Digital

1.	**OPENING BUSINESS AND COMMITTEE GOVERNANCE**
1.1	**Welcome and Apologies for Absence**
	The Chair welcomed everyone to the meeting and apologies were noted as above.
1.2	**Declarations of Interest**
	There were no declarations of interest.
2.	**MINUTES OF PREVIOUS MEETING**
2.1	**Minutes of Staff Governance Committee held on 28 February 2024**
	Subject to the following amendments, the minutes of the meeting held on 28 February 2024 were accepted as an accurate record; on the attendance list, Aimie's surname should not be hyphenated, and Michelle's surname should be Rogers not Rodgers. Michelle is also listed as Chair rather than Vice- Chair. **Decision: The Committee approved the minutes subject to the amendments being made.** **Action: Amendments to be made.**
2.2	**Review of Action Register for Staff Governance Committee on 28 February 2024**
	The Committee reviewed the Action Point Register and noted that all actions were on track or were being discussed later in the agenda. **Decision: The Committee gained assurance from the progress with action points.**
3.	**COMMITTEE GOVERNANCE**
3.1	**Annual Report and Terms of Reference**

	The Committee reviewed the updated draft of the Annual Report and the following suggestions to the report were agreed:-
	a) Future actions should include Workforce Plan, One Team, and Flexible Working.
	b) No.6 summary- organisational change in CED and QAD is highlighted, iHub changes should also be listed as this had a significant impact on the staff involved.
	c) No.6(b) lists culture but culture is not listed in any of our committee papers. It was agreed that culture should be added to the Business Planning Schedule.
	Decision: The Committee agreed updates to the Annual Report. There were no changes proposed to the Terms of Reference.
	Action: Annual Report to be updated with suggestions and the final draft to be circulated for approval, prior to being presented at the June Board meeting. Culture to be added to the Business Planning Schedule.
3.2	**Business Planning Schedule**
	The Business Planning Schedule for 2024-25 was shared, and it was agreed during the discussion that the quarterly minutes for the Local Negotiating Committee (LMC) for our medical staff should now come to this meeting for the committee to have oversight of.
	Decision: The Committee approved the updates to the Business Planning Schedule.
	Action: Business Planning Schedule to be updated to incorporate the noted suggestion.
4.	**CORPORATE PLANS**
4.1	**Interim Workforce Plan**
	The Director of Workforce provided the Committee with a paper on the interim Workforce Plan, alongside a presentation. Directorates have provided detailed information on current issues and areas of focus for workforce arrangements, and this will be fed into the final Workforce Plan document.
	Whilst explaining the financial position, it was highlighted that the whole-time equivalents (w.t.e) as of March 2024 was 539.5 and during financial year 2024/25 this must be reduced to approximately 500, a reduction of 5%. This is a significant percentage for a small organisation, but this will be managed alongside a combination of measures, including staff turnover and an agile approach to project support.
	Other points highlighted included:
	a) Digital skills: activities around HIS Campus will be rolled out over the coming months and there has also been a particular focus on discussion with Partnership Forum (PF) colleagues, regarding the terminology around artificial intelligence (AI). A greater understanding about what that specifically means for us as an organisation, and potentially what it means for our staff in terms of any impact on roles and skills for the workforce going forward. We need to be clear on how we will use it.
	b) Flexible working arrangements: not only in terms of variability, but to be flexible around where and how we work, and about how resources can be shared.
	c) Partnership working/ staff governance and engagement: there are a range of processes in place in terms of the more traditional PF meetings but also good information coming from partnership representation at directorate level. It is therefore important to ensure that wraps around the workforce discussions that are happening. Our current activity needs to be reflected in the plan both now and going forward. We have completed organisational change within two directorates and some further service change is currently under discussion. There now follows a process of embedding and stability to make sure it is reflected.
	d) Project staff: there are project support roles that we want to look at, particularly around the HIS employee and the flexible workforce piece. We have three generic job titles; Project Officer, Senior Project Officer, and Programme Manager but they don't all do the same thing. We need to begin to examine the detail of that to understand the nuances, whilst building capacity to support directorates at a point where we do have gaps. This will be taken to the HIS Oversight Board as well the PF to progress.

	The following information was provided in response to questions from the Committee:
	e) The Director of Workforce advised that there are internal moves between Admin Officer and Project Officer posts, and we need to look at how we manage that. Some people see themselves as a Project Officer, whilst others see their role as specialised. We need to consider what consistent skills are needed and build upon this with specialised skills.
	f) The Director of Finance, Planning & Governance explained that in terms of the efficiency stream, we have a Microsoft365 (M365) licence to enable us to utilise a whole suite of tools. Some staff are accessing various apps such as Power Automate, BI and SharePoint but we can still go out with the M365 suite when needed. There was previously an issue with the number of M365 licences. We will report back to the next meeting about whether this has been resolved.
	g) HIS Chair added that it would be helpful if future iterations of the plan have a small but important section on partnership and partnership working, as that is linked to all the discussions we are having about culture. It is also an emerging issue in the wider NHS.
	h) HIS Chair also commented that it would be useful for the committee to make a judgement about the level of assurance from this committee. Moving forward as a board we want to see that in all the key papers that come to committees and to board.
	Decision: The Committee scrutinised the draft Workforce Plan and took moderate assurance from the update provided.
	Action: The Director of Workforce confirmed that the plan will be translated into a document (including directorate details and wider themes) and will be brought back to the meeting for consideration in August. The number of M365 licences will be confirmed.
4.2	**Organisational Change Review Update**
	The Director of Workforce provided the committee with an update on the work underway, in response to the immediate, short term and medium-term actions identified as part of the Organisational Change Review. The update firstly focussed on the immediate actions and the following was highlighted:-
	a) New directorate structures have been confirmed and are in place for Community Engagement and Systems Redesign and Quality Assurance and Redesign Directorates, with a focus on new team and line management responsibilities and new ways of working. Although some unfilled vacancies currently remain across both structures, all substantive employees are now confirmed in post.
	b) The Head of O,D&L met with representatives of both directorates to review the implementation of organisational change. Support is in place via HIS Campus and further information will become available via Personal Development & Wellbeing Reviews and Learning Needs Analysis to help identify any additional support required.
	c) Areas of success have been communicated in terms of organisational development by highlighting this on the Source and at All Staff Huddles. A briefing in the 'five minutes with' series will also be issued soon to further highlight successes.
	d) An external mediator from the Scottish Mediation Network has been identified to work with HIS, however the scope of the mediation will have to be worked on further, reflecting on the different experiences that individuals have had.
	e) The first meeting of the Organisational Oversight Board has been established and TORs are being developed by the Director of Workforce and Staff Governance Associate, A short life working group (SLWG) will monitor the delivery of actions.
	f) The policy and process refresh is in progress and will be taken forward by the PF Policy sub-group.
	In response to questions from the committee the following additional information was provided:-
	g) The purpose of the mediation is, learning and reestablishing where there might have been challenges in terms of working relationships. There will be further reflection on why it's needed and if still needed. In terms of team dynamics and team working, mediation will not replace the psychometric /team profiling work piece, it will be alongside it.
	h) The Head of O,D&L previously met with the Directors of CESR and QAR and next steps include ongoing work in relation to workforce planning and PDWR process.
	Decision: The Committee noted the update provided.

File Name: 20240105 SGC Minutes

Produced by: RG

Version: 1.0

Page: 3 of 6

Date: May 2024

Review date:

		Action: Organisational Review update to remain on the agenda for the next meeting and update on actions to be provided, including medium term actions. At next meeting it will be discussed whether we need further scrutiny of this item.
4.3	**National Boards Collaboration**	
	The Chief Executive provided the committee with a short verbal update around the National Boards Collaborative. The Collaborative was formed in 2016, and it has had, at times a difficult and challenging path in relation to finding a shared and common position on the things we need to work together on. There has however been some recent work done in relation to workshops about what we might be doing collectively as boards. HIS will continue to look at opportunities to work in collaboration with other national boards, where it is appropriate to do so.	
	Decision: The Committee noted the update provided.	
	Action: It was agreed that it was important for the item to remain on the agenda.	
4.4	**One Team**	
	The Chief Executive presented a One Team update to the committee and began by highlighting the strength and medical leadership point and explaining that this is a critical part of our strategy to ensure that we have agile, credible medical input and advice. HIS is now moving forward in a way which will comply with our requirements in clinical and care governance. Moving to a model that allows the whole organisation to benefit from that as a crucial part of this going forward.	
	Thanks was given to the Head of O,D&L for her continued hard work in relation to the HIS Campus, that is now gathering some momentum.	
	In terms of efficiency, the use of apps is crucial, as the M365 contract we have nationally is our fundamental partner, not as a programme, but as the infrastructure for NHS in Scotland. As a board we are not yet utilising the benefits of the full suite of apps and opportunities within M365, and we need to ensure that the whole potential is seized and realised within HIS.	
	The Medical Director and Director of Safety provided more information on the medical model in response to questions from the committee. HIS employ medical doctors in a range of functions across the organisation. The focus to date has been on support for improvement and assurance activities and not the full range of medical work. Exit interviews with doctors working in the improvement areas, have highlighted the positive culture and the ethos within HIS but have almost universally stated they felt underemployed, underutilised, and given that these are very senior people, the full range of their skills are not being deployed. The new model will address that.	
	We will shift away from a model where most of the doctors are employed in very specific programmes, working on very specific areas of improvement. Our doctors will be moved into job planning and we have begun recruiting to five of these posts at four wte's on a seconded basis. There are papers around that will be recirculated.	
	The Chief Executive concluded that the lesson and message regarding organisational change in 2023 was that 'organisational change' needs to be owned by the whole organisation and not exclusively within directorates as there are wider implications in securing our strategy and an organisation that is fit for purpose.	
	Decision: The Committee welcomed the update.	
	Actions: Medical model papers to be recirculated.	
5.	**WORKFORCE METRICS**	
5.1	**Pharmacy Revalidation**	
	The Medical Director and Director of Safety provided information to the committee to support the revalidation for pharmacists within HIS. The information provided, offered significant assurance that revalidation processes are in place. To work as a pharmacist within the UK, pharmacists must be registered with a General Pharmaceutical Council, and they must undergo an annual process of revalidation. It is essentially a reflection on practise and evidence of learning within the pharmacy profession. Furthermore, the Medical Director and Director of Safety provided assurance that the Chief Pharmacist checks the register to ensure everyone is revalidated and engaging with the process.	

	A further paper will be brought to the committee in due course around the appointment of the new Chief pharmacist. Interim arrangements for Chief Pharmacist will be put in place until recruitment activities have concluded. **Decision: The Committee gained assurance from the update.** **Action: A paper around Chief Pharmacist recruitment will be brought to the next meeting.**
6.	**VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION**
6.1	**iMatter**
	The Head of O,D&L provided the Committee with a presentation on the iMatter cycle, and the following was highlighted:- 　　a) iMatter is the national approach to enabling NHS boards to annually assess the staff experience against the staff governance standard and offers some comparative information to highlight both progress, and areas for improvement. 　　b) HIS are currently in the team confirmation stage and that runs until 17 May. This ensures that staff are listed within the correct teams. There is also a communications plan in place for raising staff awareness and this will take place prior to the launch of the survey on 20 May. 　　c) The survey will run until 10 June and being an electronic board, we will be able to access the reports the next day. Following on from the reports, team action plans will need to be uploaded to the system by 6 August. In the discussion that followed, the following information was provided:- 　　d) HIS Chair confirmed that as a board, iMatter doesn't meet their needs and that there are other tools that are used to assess performance and identify development needs. **Decision: The Committee welcomed the update provided.** **Action: The Committee Chair confirmed that this item would be discussed in further detail at the next meeting when the results would be available.**
7.	**STAFF GOVERNANCE STANDARDS**
7.1	**Staff Governance Monitoring and Action Plan**
	The Associate Director of Workforce provided a verbal update around the Staff Governance Monitoring and Action Plan to the committee. Feedback was received from the Directorate for Health Workforce on our 2022-23 return and recommendations for our future return for 2023-24 were highlighted. We haven't yet been made aware when the next return is due but when this is confirmed, we will inform the committee. A short life working group comprising of staff, trade unions representatives and Partnership Forum Representatives will then be set up to take the work forward. During discussion, the following was suggested and agreed:- 　　a) The Staff Governance Monitoring and Action Plan should be incorporated into the next development day. It would also be useful to have it included as part of the future masterclass on partnership working and in turn increase awareness for the wider HIS board. 　　b) It should be an integrated part of staff governance and a more in-depth discussion on how we focus on staff governance would be welcomed. **Decision: The Committee welcomed the update provided.** **Action: The Staff Governance Monitoring and Action Plan should be included in next development day and future partnership working masterclass.**
8.	**RISK MANAGEMENT**
8.1	**Risk Management/ Risk Register**
	The Risk Manager presented the risk update. He noted that risk had been a recurring theme across the agenda particularly the discussion around the workforce plan and that is central to the strategic risk that is out of appetite regarding workforce skills. 　　a) Due to organisational change, there are now three new risks on the Operational Plan Risk Register. Because various teams have come together under a new directorate, some of the new directorates are examining how they now manage their risks, as they were previously doing things differently. In terms of sight across the directorate and across the organisation these risks are best placed on the Operational Plan register.

	b) We are looking into how we identify what is in one way, perhaps a directorate level risk or a programme risk, but also balanced against the fact that if we have a lot of risks that are producing common things, is that something that we want to see at committee level and board level?
	c) In the discussion around levels of assurance, the Risk Manager commented that he had been looking at how to introduce levels of assurance in terms of the risk papers, this tends to be around how you are managing your risks and lot of that has to do with how your controls are working. We are now developing ways of testing the effectiveness of controls.
	Following discussion, additional information was provided as follows:-
	d) HIS Chair advised that there are two proposals for the agenda of the next Governance Chairs Committee: firstly, a discussion around levels of assurance and around the expectations of chairs of committees around this area. Secondly, the Quality & Performance Committee (QPC) carried out a particular exercise to identify the risks that pertain to their committee on the back of the discussions around independent healthcare and GGC issues and we have agreed that every committee needs to do that. At the next meeting of this committee, it would be helpful to provide a very short paper outlining this, so we're clear about what we think are the key risks for this committee and it helps, and in turn, focus attention.
	e) The Director of Finance, Planning & Governance commented that the risks had been updated and reviewed ,but that we will note the action to ensure that the commentary is covering that forward look aspect as well in the cover paper.
	f) The Risk Manager added that we had been focusing on the risks that were out of appetite but that an additional focus on updating the commentary narrative would be a good area for improvement.
	Decision: The Committee noted the update provided.
	Action: Going forward the risk commentary should include a forward look and a short paper to be provided on the key risks for the committee.
8.	**PAPERS FOR NOTING**
8.1	**Partnership Forum 3 Key Points**
	The key points and minutes were noted from the previous meetings.
9.	**CLOSING BUSINESS**
9.1	**Board Report 3 Key Points**
	The Committee agreed the three key points as follows: Interim Workforce Plan, future development day around culture and Pharmacy Revalidation.
9.2	**Feedback Session**
	Those in attendance commented that it was a good meeting with a high level of scrutiny. In addition, the clear lay out of the meeting book and additional reading material was also acknowledged.

Approved by: Duncan Service   Committee Chair
Date: 31/07/2024

Next meeting: 7 August 2024