

NHSGGC SGC(M)16/04
Minute 56 - 76

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Staff Governance Committee
in the Board Room, JB Russell House,
Gartnavel Royal Hospital
1055 Great Western Road, Glasgow
On Tuesday 15 November 2016, at 1.00 pm**

PRESENT

Ms M Brown (in the chair)

Ms J Donnelly	Councillor A Lafferty
Mr J Legg	Mrs T McAuley
Mrs D McErlean	Mrs R Sweeney

IN ATTENDANCE

Mrs S Canavan	Depute Director of Human Resources & Organisational Development
Mr G Capstick	Area Partnership Forum Staff Side Secretary
Ms F Carmichael	Staff Side Chair, Acute Division Staff Partnership Forum
Ms L Delgado	Area Partnership Forum Staff Side Secretary
Mr K Fleming	Head of Health and Safety
Mrs G Hardie	HR Administrator, Organisational Effectiveness
Mrs D Hudson	Staff Governance Co-ordinator
Mrs L Lauder	Head of People & Change – Organisational Effectiveness
Mrs A MacPherson	Director of Human Resources & Organisational Development
Mr K Redpath	Chief Officer, West Dunbartonshire HSCP

BY INVITATION

Mr J Best	Director, North Sector, Acute Services Division (Item 59)
Professor P Knight	Deputy Responsible Officer & Director of Medical Education (Item 63)
Mr D Mann	Head of Organisational Development, FTFT (Item 66)
Ms D McCrone	Staff Side Chair, West Dunbartonshire HSCP (Item 59)

56. INTRODUCTORY REMARKS

Action

The Chair opened the meeting by welcoming the new staff side representatives Ms Delgado and Mrs McCarthy to the Staff Governance Committee. It was

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noted that Mrs McErlean was attending her first meeting as Employee Director.

Mr Jonathan Best, representing the Chief Officer, Acute Division, supported by Mrs Sybil Canavan, Depute Director of Human Resources and Organisational Development, was present to provide an update on the implementation of the Staff Governance Standard across the Acute Division. Mr Keith Redpath, Chief Officer, and Ms Diana McCrone, Staff Side Chair, West Dunbartonshire HSCP, were also in attendance to update the Committee on their implementation of the Staff Governance Standard.

In addition, Professor Paul Knight, Deputy Responsible Officer and Director of Medical Education, was in attendance to present the paper on Medical Revalidation on behalf of the Medical Director, and Mr Doug Mann, Head of Organisational Development FTFT, was present to speak to specific agenda items.

57. **APOLOGIES**

Apologies for absence were received from Mr G Archibald, Dr J Armstrong, Mr J Brown, Councillor M Devlin, Mrs M McCarthy, and Mr I Ritchie.

NOTED

58. **DECLARATIONS OF INTEREST(S)**

No declarations of interest were raised in relation to any of the agenda items to be discussed.

NOTED

59. **PRESENTATIONS: Compliance with Staff Governance Standard**

Acute Services Division

The Staff Governance Committee received copies of the Acute Services Division Staff Governance Monitoring Plan 2015/16.

Mr Jonathan Best, who was undertaking the presentation on behalf of the Chief Officer of the Acute Services Division, provided an overview of the Division's Staff Governance infrastructure. All Sectors and Service Directorates had Staff Partnership Fora in place as well as separate Health and Safety Fora. Workforce planning information was captured as part of the Board-wide plan and work had commenced on a medical workforce plan.

Mr Best reviewed the Human Resources & Organisational Development Workforce Metrics and highlighted progress towards specific targets including KSF which showed an improvement in performance since September 2015. Nevertheless, significant work was underway to improve performance particularly in those areas which had fallen below 60%. Sickness absence was

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also showing a slight improvement and various strands of work were underway to improve absence, with an increased focus on supporting staff back to work. In particular, improvements had been achieved in managing long term absences using the information provided by the Case Management System.

The Division was pleased to report a healthy response to the iMatter survey with response rates ranging from 54% to 72%. This is a marked improvement from the 29% achieved in the 2015 staff survey. Positive outcomes identified from the Staff Survey included employees being clear on their duties and responsibilities at work, staff reporting a high level of PDP activity which was above the Board average, and staff being happy to go the extra mile when required. Areas which require further work relate to the question which asks ‘When changes are made at work I am clear on how they will work out in practice’, on which staff reported that they were not always consulted at work, or were not confident that their ideas or suggestions would be listened to.

In relation to achievements and challenges arising from the Staff Governance Plan, iMatter had been launched and was rolling out across the Division. There was a continued focus on team working and embedding services in the new structures. The particular challenge for the Division is to ensure effective and meaningful communications with all employees in the context of constant change and service redesign and ongoing financial pressures.

Mr Best highlighted the work of the Involved in Decisions Short Life Working Group as a Case Study. The group had been set up in response to concerning outcomes from the Staff Survey. Working with staff side colleagues the working group have developed a set of principles for services to follow when planning communications, as well as an action plan for NHSGGC. Those principles are currently being shared and embedded at local level.

Ms Carmichael added to the update from the Short Life Working Group on Involved in Decisions advising that Public Engagement staff had visited sites and met with staff face to face and found this very worthwhile. The outputs of the Working Group had been highlighted to Scottish Government as good practice. It was agreed that it would be helpful for the Committee to have sight of the Working Group Report and Action Plan.

L Lauder

In response to a question from Councillor Lafferty regarding training for staff to deal with challenging behaviour, Mr Best advised that a number of training packages were available to acute staff on violence reduction and violence and aggression. This includes a three day intensive course which is available all year round for staff to access.

The Head of Health and Safety provided further detail on the types of training available and advised that there was a steady increase in patients with challenging behaviours in Acute settings and this increase was expected to continue due to the changing needs of patients.

Following a question from Mrs Sweeney, it was acknowledged that an

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improvement was required on Fire Safety training targets. This will be prioritised in liaison with the Facilities team who monitor and deliver this training. Mr Best advised that fire training was provided through eLearning and lectures from Fire Officers and, in addition, enhanced training on ward evacuation was provided.

The Chair thanked Mr Best for providing a helpful and informative presentation.

West Dunbartonshire Health and Social Care Partnership (HSCP)

The Staff Governance Committee received copies of the West Dunbartonshire HSCP Staff Governance and Practice Governance Monitoring Framework 2016/17.

Mr Keith Redpath, Chief Officer of West Dunbartonshire HSCP, presented an overview of the HSCP's Staff Governance infrastructure and in particular the fora in place for staff engagement. He reported that an integrated Staff Governance and Practice Framework has been in place since 2012 which covered all staff working in the HSCP. Mr Redpath also updated on staff recognition awards within the HSCP in the previous year.

Mr Redpath reviewed the HSCP HR and OD Workforce Metrics and highlighted plans which were in place to improve absence and eKSF targets. Specific action plans in place for areas where KSF targets were not being met and there was continued focus on improving long term absence.

The HSCP had achieved a 44% response rate to the 2015 staff survey and iMatter was currently being rolled out for health staff. There had been some concerns around implementing across the whole of the HSCP about which discussions were currently underway at national level. Areas of positive response from the Staff Survey included staff consistently stating they are clear on their duties and responsibilities and are willing to go the extra mile at work. The least positive response area related to employee perceptions on NHSGGC value statements and these being upheld locally in their service areas.

Mr Redpath then outlined achievements and challenges under each strand of the Staff Governance Standard.

Mr Redpath highlighted the development of the Integrated Palliative Care Programme as a Case Study. In order to improve palliative care for care home residents and within patients' homes, an education programme for all HSCP employees had been developed and implemented. Palliative link nurses had been established, and peer support sessions were provided. This had resulted in a total reshape of the Integrated service, improved feedback and outcomes, and the team gaining recognition by winning the Health and Social Care Integration Award at the 2015 Herald Society Awards.

Following a question from Mrs McAuley regarding professional registration,

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Mr Redpath advised that a process was in place locally to check the registration status of staff. This was recorded as amber in the Staff Governance Plan as there had been a change in the process within social care relating to regulation which had required amendment to the existing process.

Mrs MacPherson advised that at present there was no one overall system for recording professional registration, but this would be available when the new national workforce system (eESS) was fully implemented. A system for overseeing professional registration processes is in place and an NHSGGC workforce database has been developed to hold the relevant information.

Mrs McAuley asked about the development of workforce plans. Mrs MacPherson advised that the Board Workforce Plan is produced annually in line with Scottish Government requirements and that the plan included projections for one year. It was noted that NHSGGC also has local service plans in place and those plans inform the Board Plan and West Region plans. The Scottish Government Health Directorate is currently leading the development of a national workforce plan which will be based on a 3-5 year time frame.

Ms Brown thanked Mr Redpath and Ms McCrone for their presentation. She congratulated the HSCP on the innovative and high quality work which had led to visible improvements to services within the HSCP. She also commended the HSCP on the positive responses and high engagement levels evidenced by the Staff Survey.

The Chair suggested it would be helpful for the HSCP to share their achievements as good practice across NHSGGC. Mr Redpath advised he would be pleased to share their experiences.

NOTED

60. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Staff Governance Committee held on Tuesday 6 September 2016 (NHSGGC SGC(M)16/03) were accepted as a correct record.

NOTED

61. **MATTERS ARISING**

- **Whistleblowing Update**

Ms Brown, in her role as NHSGGC Whistleblowing Champion, advised that no further information had been forthcoming about the national Whistleblowing launch. A Whistleblowing process was already in place within NHSGGC and some initial work had been undertaken in preparation for the launch. Ms Brown would keep the Committee up to date with progress.

M Brown

- **Staff Governance Committee Annual Report to NHS Board**

The Director of Human Resources and Organisational Development had circulated the updated paper on the Annual Report to the NHS Board (Paper 16/43).

Mrs MacPherson advised that the report had been discussed at the last Staff Governance Committee meeting and comments had been requested. Following this the report has also been considered at the Area Partnership Forum and comments requested. The paper had been refined to reduce its size and was now commended to the Committee as the final version which will go forward to the NHS Board.

It was agreed that the Annual Report should now be submitted to the NHS Board. L Lauder

- **Disability Recruitment Statistics**

The Head of People and Change, Organisational Effectiveness, had circulated a paper on Disability Recruitment Statistics (Paper 16/44).

Mrs Lauder advised that there had been previous discussion at the Acute Services Committee and Staff Governance Committee regarding the level of successful applicants with a recorded disability, and it had been agreed that a full audit of the position should be undertaken.

The audit had taken place and in a change from previous practice, data collected through the Job Interview Guarantee Scheme had been included. As a result of this the data showed an improvement in the success rate of candidates declaring a disability. This has provided a more accurate picture of the overall position and JIG data would now be permanently added to the equal opportunities information to track the progress of candidates declaring a disability.

In addition, an audit of the recruitment and selection process was undertaken based on a sample of 20 posts. From that audit it was noted that 8% of candidates who declared a disability were appointed.

In conclusion, the recent audits indicate that there is no underlying bias in recruitment and selection processes which would disadvantage candidates declaring a disability. Nevertheless, there is no room for complacency and NHSGGC will continue to monitor the position through the regular workforce statistics collation.

Ms Brown welcomed the progress made in this area, including the ability to better analyse data and engage with colleagues through the Staff Disability Forum.

NOTED

62. STAFF GOVERNANCE COMMITTEE ROLLING ACTION LIST

The Director of Human Resources and Organisational Development had circulated the Rolling Action List (Paper 16/45).

The list provided a brief summary of outstanding actions from the Staff Governance Committee agenda. This would be updated for each meeting.

NOTED

63. MEDICAL REVALIDATION REPORT

The Medical Director had circulated the Medical Revalidation Annual Report for 2015/16 (Paper 16/46), which was presented by Professor Paul Knight, Deputy Responsible Officer and Director of Medical Education.

Professor Knight provided a brief outline of the background to the current appraisal process and advised that it had been agreed in February 2016 that the Staff Governance Committee should receive the annual report and information from the Health Improvement Scotland (HIS) Report on medical revalidation.

It was noted that during the first three years of revalidation implementation NHSGGC had successfully progressed the revalidation of around 3000 doctors. During the past 12 months changes within the Acute Division had presented challenges, however, additional support had been put in place, particularly for Clinical Fellows.

It was noted that the NHSGGC deferral rate for 2015/16 was 6%, compared to the national average of 15%.

The HIS report had commended the Board on the good infrastructure in place and the robust systems and quality assurance processes in place to support and sustain appraisal and medical revalidation. Professor Knight confirmed that some of the processes used within NHSGGC had been replicated by other Boards and it was noted that there were no action points for NHSGGC to deliver in the coming year.

The Chair thanked Professor Knight for the report and offered congratulations on achieving commendations from HIS and no action points for 2016/17.

NOTED

64. AREA PARTNERSHIP FORUM REPORT

The Employee Director had circulated the Area Partnership Forum Report (Paper 16/47) which included APF minutes of 6 July 2016 and 24 August 2016.

Mrs McErlean gave her first report as Employee Director and highlighted some

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of the areas considered by the Area Partnership Forum in 2016 including the Staff Stigma Campaign, the Financial Plan 2016/17 and 2017/18, the Proposed Approach to engagement on Service Changes, Modern Apprenticeships, the Case Management system, Contracts of Employment and Pensions Re-enrolment.

The APF and its sub-groups continued to be involved in a large and varied range of discussions on NHSGGC strategy and workforce, such as the Band 1 Review, implementation of eESS, the roll-out of Paid as if at Work, and Policy Development.

The Chair thanked Ms McErlean for her report and for the continuing input and engagement of the Area Partnership Forum in NHSGGC.

NOTED

65. **NHSGGC STAFF GOVERNANCE WORKPLAN – WELL INFORMED**

The Director of Human Resources and Organisational Development had circulated the updated Staff Governance Workplan (Paper 16/48).

The Workplan had been developed to bring together a number of workstreams within NHSGGC which were contributing to the achievement of the Staff Governance Standard. It had been agreed previously that it would be helpful to focus on a particular Staff Governance strand at each meeting, with Well Informed being the area of focus for this meeting.

Mrs MacPherson provided an update on each of the areas of work within the Well Informed section of the Workplan. These include the 2015 staff survey, the 2016 staff survey process, the continuous development of HR/OD performance matrix, the development of iMatter StaffNet page, and a review of equality and diversity data.

It was recognised that NHSGGC was a complex organisation with a huge number of staff and that there was a network of briefings and communications with staff in place, however, it was felt that the face to face discussion with line managers was one of the best communication tools.

Following a query from Mrs Sweeney, Mrs MacPherson advised that there was a standard format for iMatter reports which facilitated some comparison with the outcomes from the Staff Survey.

NOTED

66. **IMATTER PRESENTATION AND UPDATE**

The Head of Organisational Development, FTFT, had circulated a copy of the iMatter Board report (Paper 16/49). Mr Mann also circulated an example of a team report and provided the Committee with a presentation on implementation

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of iMatter within NHSGGC.

It was recognised that better engagement with staff could lead to higher staff morale and motivation, less absenteeism and stress, greater productivity and effectiveness and stronger financial management. Additionally, in a clinical context, better staff engagement is proven to deliver enhanced patient experience and outcomes.

The steps required to implement iMatter successfully within Board services/directorates was outlined and progress with implementation across NHSGGC to date was provided.

Mr Legg asked if there was comparator data available from other Scottish Boards on iMatter performance and it was confirmed that the NHS Scotland iMatter response rate was 66%. Within NHSGGC, the 2015 staff survey had achieved a 30% response rate overall and in iMatter a Board average of 61%.

Ms Donnelly queried whether staff within small teams could be guaranteed confidentiality when completing the survey, particularly if they were giving negative responses. Mr Mann advised that individuals could not be identified even within small teams.

Mrs McAuley queried if the action plans were monitored to ensure that actions were seen through to completion. Mrs MacPherson advised that Mrs Lauder, Head of People and Change, Organisational Effectiveness, led a small group who regularly check iMatter performance measures and ensure that any services who fall behind are contacted and supported. In addition, the Director of Human Resources and Organisational Development had access to the overarching Board report and is able to see any red areas.

It was noted that iMatter was reported as part of the Staff Governance Workplan and updates would continue to be provided.

NOTED

67. **NHSGGC KSF POSITION UPDATE**

The Head of People and Change, Organisational Effectiveness, had circulated the NHSGGC KSF Position Paper (Paper 16/50).

Mrs Lauder advised that there had been a small increase in compliance within NHSGGC since December 2015 of 3%, taking the total to 67%. It was disappointing to note, however, that the figures for Corporate Services in particular had reduced and it was agreed that Corporate areas would be prioritised in seeking performance improvement. An update would be brought to a future meeting. L Lauder

NOTED

68. **STAFF GOVERNANCE STANDARD ANNUAL MONITORING RETURN: SGHD RESPONSE TO SUBMISSION**

The NHSGGC Monitoring Return had been submitted in May 2016. A response has now been received from the Scottish Government Health Directorate giving feedback on the submission, which was positive overall, with a request to provide more detail in certain areas by 25 November 2016. A draft letter to SGHD had been included with the paper for consideration.

The Committee approved the draft letter which could now be submitted to L Lauder SGHD.

APPROVED

69. **HEALTH AND SAFETY REPORT**

The Head of Health and Safety, had circulated the Health and Safety Forum Report (Paper 16/51). The paper provided a brief summary of the key issues discussed at the Forum meeting on 18 July 2016.

It was reported that the Datix system had been upgraded to allow feedback to the reporter on what remedial actions had been taken and also that a paper on Alcohol and Substance testing would be taken to the Area Partnership Forum for consideration. It was also reported that the Incident Data Report for 2015/16 showed that health and safety incidents had decreased by 6% on the previous year

In addition, Mr Fleming advised that the Health and Safety Executive had indicated that they would be visiting NHSGGC on 15 and 16 January 2017, focusing on needlestick injury and sharps, skin health and patient falls. Work was underway to prepare for the visit.

Following a question from Mrs McAuley, Mr Fleming advised that a database had been created which identified the location of asbestos across the Board's premises, and a policy on management of asbestos was in place.

Ms Brown thanked the Head of Health and Safety for his report and looked forward to receiving an update on the Health and Safety Executive visit to NHSGGC.

NOTED

70. **STAFF HEALTH STRATEGY UPDATE**

The Director of Human Resources and Organisational Development had circulated the Staff Health Strategy Update (Paper 16/53).

It was noted that the previous version of the Staff Health Strategy had been extended for a year to enable a review of activity and to refresh the vision and

priorities.

Discussions had taken place with key stakeholders and the Staff Health Strategy Governance Group had been reformed. A new governance framework has been created and a draft set of five priorities had been developed. An event had taken place on 24 October 2016 with around 40 stakeholders where the five identified priorities were tested and agreed as the correct areas of focus for the next three years.

A detailed action plan would be finalised to support the agreed priorities, along with a communications plan. Mrs MacPherson advised that she would bring further updates to the Committee. A MacPherson

NOTED

71. WORKFORCE STATISTICS

The Head of People and Change, Organisational Effectiveness, had circulated the Workforce Statistics report (Paper 16/54).

Mrs Lauder advised that the Workforce Statistics report included a core workforce data set, HR Activity and Equality data. A joint staff side and management group has been convened to oversee the workforce statistics report and continuously improve the presentation and use of the data available.

From now, each report would highlight a particular issue and provide some analysis and narrative. The current report had a focus on the ageing workforce and information on pension uptake since pension auto enrolment.

NOTED

72. MEETING/PRESENTATION SCHEDULE 2017

A paper from the Head of People and Change, Organisational Effectiveness (Paper 16/55) enclosing the Staff Governance Committee meeting and presentation schedule for 2017, had been circulated for information.

It was noted that the proposed date of the May 2017 meeting had been moved from 2nd to 16th May. Dates were therefore agreed as:

- 7 February at 1.30 pm
- 16 May at 2.00 pm
- 1 August at 1.30 pm
- 7 November at 1.30 pm

An email would be issued confirming the schedule of meetings for 2017. G Hardie

NOTED

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73. STAFF GOVERNANCE COMMITTEE – UPDATED MEMBERSHIP

A paper from the Head of People and Change, Organisational Effectiveness (Paper 16/56) enclosing the updated Staff Governance Committee membership, had been circulated for information.

NOTED

74. FACING THE FUTURE TOGETHER – UPDATE

A paper from the Head of Organisational Development, Facing The Future Together, (Paper 16/57) enclosing the Facing the Future Together Update, had been circulated for information.

NOTED

75. ORGANISATIONAL DEVELOPMENT STRATEGIC FORUM MINUTES

A paper from the Director of Human Resources and Organisational Development (Paper 16/58) enclosing the Organisational Development Strategic Forum minutes of 19 July 2016, had been circulated for information.

NOTED

76. DATE OF NEXT MEETING

The next meeting of the Staff Governance Committee would be held on Tuesday 7 February 2017 at 1.30 pm, in the Board Room, JB Russell House, Gartnavel Royal Hospital.