

NHSGGC SGC(M)17/01

Minute: 01 - 21

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Staff Governance Committee
held in the Board Room, JB Russell House,
Gartnavel Royal Hospital
1055 Great Western Road, Glasgow
On Tuesday 7th February 2017, 1.30 pm**

PRESENT

Ms M Brown (in the chair)

Councillor M Devlin
Mrs D McErlean
Mrs R Sweeney

Mrs T McAuley OBE
Mr J Legg
Ms J Donnelly

IN ATTENDANCE

Mr J Best	Interim Chief Officer, Acute Services
Mr G Capstick	Area Partnership Forum Staff Side Secretary
Ms F Carmichael	Co-chair, Acute Services Partnership Forum
Ms J Erdman	Head of Inequalities
Mrs D Hudson	Staff Governance Co-ordinator
Mrs L Lauder	Head of People & Change, Organisational Effectiveness
Mrs S Leslie	Depute Director of Human Resources & Organisational Development
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms M McCarthy	Chair of Glasgow City HSCP Staff Partnership Forum
Mr K Redpath	Chief Officer, West Dunbartonshire HSCP

BY INVITATION

Dr J Armstrong	Medical Director
Dr L Donaldson	Director of Medical Education
Ms L Gregson	HR Business Partner, East Renfrewshire HSCP
Mrs B Howat	Head of People & Change, Corporate Services
Professor N Lannigan	Head of Pharmacy & Prescribing Support Unit
Ms J Murray	Chief Officer, East Renfrewshire HSCP

1. INTRODUCTORY REMARKS

Action

The Chair opened the meeting by welcoming Mr Jonathan Best in his role as Interim Chief Officer for Acute Services. Professor Norman Lannigan, Head of Pharmacy and Prescribing Support Unit and Mrs Bridget Howat, Head of People

and Change, Corporate Services, were in attendance for the presentation on the Medical Director Functions. Ms Julie Murray, Chief Officer, East Renfrewshire HSCP and Ms Lisa Gregson, HR Business Partner were also in attendance to provide an update on their service’s compliance with the Staff Governance Standard. Dr Lindsay Donaldson was present for the agenda item on Medical Education.

2. **APOLOGIES**

Apologies for absence were intimated from Ms L Delgado and Councillor A Lafferty.

NOTED

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

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

NOTED

4. **PRESENTATIONS**

Local Compliance with Staff Governance Standard

Presentation by East Renfrewshire Health and Social Care Partnership

The Staff Governance Committee received copies of the East Renfrewshire Health and Social Care Partnership Staff Governance Monitoring Framework 2016/17.

Ms Julie Murray, Chief Officer, East Renfrewshire Health and Social Care Partnership (HSCP) provided an overview of the Partnership and highlighted some changes to structures, namely, the transfer of Learning Disability Inpatient Services from Forensic Mental Health to East Renfrewshire HSCP.

The HSCP Staff Governance framework was described for information. Ms Murray confirmed that in 2006 the HSCP adopted the Staff Governance Standard for both health and social care staff. The HSCP has had a Joint Staff Forum (JSF) in place since 2015.

Ms Murray and Ms Gregson presented the East Renfrewshire Human Resources and Organisational Development workforce metrics, highlighting attendance management, KSF activity and bank usage as areas of interest. It was noted that bank usage in the Learning Disability service had reduced since the transfer from Forensic Mental Health.

KSF activity is a priority for action and figures are improving although one of the challenges is Local Authority managers’ lack of knowledge of the KSF

system.

Sickness absence figures in the Learning Disability Service are high at 8% but this is an improvement on the previous position of 14%. This is due to increased managerial focus on the issue.

Ms Murray summarised the outcomes from two recent staff surveys in East Renfrewshire, the NHS national survey in 2015 and the HSCP survey in 2016. Levels of engagement were good although completion rates for home care staff with no access to PCs remains a challenge.

Positive responses were noted from the staff survey in clarity of duties and responsibilities, worklife balance, and opportunities for learning and development. Areas for improvement included staff being consulted on changes in the workplace, staff views being heard and acted upon and IT systems requiring upgrade. Ms Murray confirmed that the situation in respect of IT had improved since the move to the new premises and this was reflected in staff morale.

Ms Murray reported that the iMatter survey was being welcomed in the HSCP as a tool for staff engagement and consultation.

Achievements and challenges from the Staff Governance action plan were highlighted. Achievements included an integrated Staff Governance Plan that takes into account NHS, Council & HSCP initiatives, and a local Staff Governance Working Group established with representatives from HSCP staff side, HR and managers from the NHS and the Council.

Challenges ahead were identified as continued service redesign and financial pressures, improving attendance & KSF figures, and the need for continued improvement in communication and engagement with staff.

The case study described a recent Staff Governance awareness session run to support HSCP staff with the requirements of the Staff Governance Standard and the actions set out in the HSCP Staff Governance action plan.

Ms Brown thanked Ms Murray and Ms Gregson for their helpful and clear presentation, and acknowledged the particular challenges associated with the hosted Learning Disability service.

Following questions from Mrs Sweeney, Ms Murray confirmed that 177 WTE staff transferred with the Learning Disability hosted service, based within 2 long stay units. The long term plan is to resettle staff and patients in two new assessment and treatment centres.

Presentation from Board Medical Directorate

The Staff Governance Committee received copies of the Medical Directorate Staff Governance Monitoring Framework 2016/17.

BOARD OFFICIAL – APPROVED AS A CORRECT RECORD

Dr Jennifer Armstrong, Medical Director, introduced Professor Norman Lannigan, Head of Pharmacy & Prescribing Support Unit, and Mrs Bridget Howat, Head of People & Change – Corporate Services, who were co-presenting.

The Staff Governance framework was described and it was noted that since the first iMatter run in 2016, the senior team had met every month to discuss Staff Governance issues and themes arising from iMatter. The Medical Directorate plan was an important focus for staff engagement and involvement activities.

Dr Armstrong presented the Medical Directorate Human Resources and Organisational Development workforce metrics, highlighting KSF completion rates and attendance management as challenges. The Pharmacy and Prescribing Support Unit (PPSU) is an absence hotspot and accounts for 75% of Directorate workforce so an action plan is underway to resolve this.

It was noted that iMatter has now run twice in the Board Medical Directorate and in the 2016 run the response rate was 75% and the Employee Engagement Index (EEI) score was 74%. The most positive responses were scored in the individual and team/line manager sections with the lowest scores in the organisation section. This trend was present in both iMatter runs.

Achievements and challenges within the Staff Governance Action Plan were highlighted. Achievements included a series of Organisational Development events within the Infection Prevention and Control service to clarify shared objectives and effective team working, the establishment of a Strategic Planning Group and a Quality Improvement Group in PPSU, and improvements in team working and communication in Research Management.

The Directorate continue to work on KSF/PDP compliance, absence management, staff engagement and improving the overall Board Medical Directorate EEI score in iMatter.

In terms of a case study, Professor Lannigan described the process which had been established for staff consultation and engagement on weekend working within the Royal Hospital for Children Preparative services. Staff identified that the workload undertaken over Saturday and Sunday, could be undertaken on Saturdays alone. It was agreed to pilot this way of working, and following a successful 3 month pilot, this approach was mainstreamed within the service.

Ms Brown thanked Dr Armstrong, Professor Lannigan and Mrs Howat for their presentation, welcoming the addition of the Board Medical Directorate to the presentation schedule.

Mr Best noted that the lower scores in the organisation section were a consistent feature of all the Acute iMatter returns and indeed the Boards. It was agreed that this outcome needs to be addressed across NHSGGC through Staff Governance Action Plans.

In conclusion, Mrs MacPherson confirmed that HR colleagues were preparing a standard format for the presentation of local Staff Governance Action Plans going forward. L Lauder

5. **MEDICAL EDUCATION REPORT**

Dr Armstrong introduced Dr Lindsay Donaldson who had recently been appointed to the position of Director of Medical Education.

The NHSGGC Medical Education Directorate aims to provide the highest quality of training to doctors in NHSGGC. In the year 2015/16 over 30 quality management visits had been undertaken by the Deanery. These were largely at the Queen Elizabeth University Hospital, the newest site in NHSGGC.

Dr Donaldson presented the Medical Education Risk Register and highlighted the areas of NHSGGC which were currently subject to General Medical Council enhanced monitoring and were working to improvement action plans. These are Medicine in the South Sector, Vale of Leven in Clyde, Paediatric Cardiology within Women and Children's, and the Beatson in Regional Services.

Radiology at Glasgow Royal Infirmary has been selected for a good practice visit and this will provide an opportunity to showcase excellent practice.

Ms Brown thanked Dr Donaldson for her report, and requested that the follow up report is supplemented by the addition of Red/Amber/Green ratings for the areas highlighted. L Donaldson

Mrs Sweeney asked how issues of patient safety were reviewed and actioned. Dr Donaldson confirmed that any issues raised were dealt with by her personally in discussion with the medical trainee in question, and appropriate actions taken. All seven issues raised in the previous year have been actioned and closed.

Following further discussion, it was agreed that the layout of the Medical Education report would be amended to reflect a more traditional risk register format. Dr Armstrong pointed out that the report summarised the position and that more detailed evidence of activity and progress was available on each risk area. L Donaldson

Ms Brown thanked Dr Armstrong and Dr Donaldson for their report.

6. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Staff Governance Committee held on Tuesday 15th November 2016 NHSGGC SGC(M) 16/04 were accepted as a correct record.

The following updates from the minutes were noted regarding Health and Safety:

Page 3 – An update on fire safety training, would be provided for the next SGC meeting by Mr Kenneth Fleming, Head of Health and Safety. K Fleming

Page 10 – Mrs MacPherson confirmed that the HSE visit was now scheduled for February 2017 and that Mr Fleming would provide further information on the outcome of this visit at the next meeting. K Fleming

NOTED

7. **MATTERS ARISING**

• **Whistleblowing Update**

It was noted that no further information had been received on the appointment of the National Whistleblowing Champion from the Scottish Government Health Directorate.

Ms Brown updated that work would continue within NHSGGC to promote and publicise Whistleblowing. Mrs Lauder agreed to check the timeline for the Whistleblowing message to be included in payslips. L Lauder

Ms Brown added she had recently reviewed current cases and would bring a summary to the next meeting. M Brown

NOTED

• **Report of the Short Life Working Group on Involved in Decisions**

Mr Best, Interim Chief Officer (Acute Services) had circulated a report on the output of the Short Life Working Group on Involved in Decisions (Paper 17/02).

This group had been commissioned by the Acute Partnership Forum following the National Staff Survey results in 2015 which showed poor results from the questions relating to Involved in Decisions.

The Short Life Working Group collected information on extant methods of communication in NHSGGC and commissioned the Public Involvement/Patient Experience Team to carry out a face to face audit of staff communication methods. The results from this survey demonstrated general satisfaction with current communications. An action plan was developed by the Short Life Working Group and a set of principles agreed and circulated to all services to facilitate and improve staff communications and engagement.

Mrs MacPherson noted that ongoing work to promote NHSGGC values as part of the Facing the Future Together programme would be refreshed to address some of the issues raised by the Involved in Decisions Working Group.

BOARD OFFICIAL – APPROVED AS A CORRECT RECORD

Mrs Sweeney noted that the action plan detailed in the report did not cover the whole Board but Mrs McErlean reassured that the good practice and principles identified by the Working Group would be shared throughout NHSGGC via the Area Partnership Forum.

NOTED

• **NHSGGC KSF Position – Update on Corporate Services**

Mrs Lauder had circulated an update, following the last Committee meeting, on the KSF position within Corporate Services (Paper 17/03). A further update was provided to Committee members at the meeting, showing the position at 31st January 2017.

Mrs Lauder updated that KSF performance was 72% for Corporate Services overall, showing a 4% improvement since October 2016. Some services have improved more markedly than others.

Mrs MacPherson explained that Human Resources had been through significant change in 2016, but that new teams were now fully embedded in the new structure. All HR teams had been set KSF targets and sustained improvement was underway.

Mr Redpath emphasised that the responsibility for KSF performance sat clearly with service directors and operational managers, and not HR colleagues. This was recognised by all present and it was noted that KSF performance was part of organisational performance reviews.

NOTED

8. **ROLLING ACTION LIST**

The Director of Human Resources and Organisational Development had circulated the Rolling Action List (Paper 17/04).

Mrs MacPherson noted that a more detailed update on the Staff Health Strategy would be provided at the next meeting. A MacPherson

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

NOTED

9. **PREPARATION FOR CULTURE SEMINAR**

Ms Brown updated on the establishment of a short life working group to address Board culture. Mrs MacPherson, Mrs McErlean, Mrs Sweeney and Mr Legg all indicated their willingness to participate in this group. The NHSGGC Board Chairman, John Brown, would also be a member.

Meeting dates would be circulated in due course.

A MacPherson

NOTED

10. **AREA PARTNERSHIP FORUM REPORT**

The Employee Director had circulated a report comprising the Area Partnership Forum Report and minutes from the meetings of the APF held on 21st September and 5th October 2016 (Paper 17/05).

Mrs McErlean highlighted some of the areas progressed by the Area Partnership Forum including the development of a ‘Working in Partnership’ presentation for the new managers induction workshop. It was noted that the iMatter Staff Side JOC anniversary was approaching. An action plan had been developed following a successful APF session on Finance.

Mr Legg requested a copy of the action plan be circulated to the Committee and it was agreed this would be included with the next Area Partnership Forum report. D McErlean

NOTED

11. **STAFF GOVERNANCE WORKPLAN**

The Director of Human Resource and Organisational Development circulated the updated NHSGGC Staff Governance Workplan (Paper 17/06).

The Workplan had been developed to bring together all the workstreams in 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 Appropriately Trained and Developed being the focus for this meeting.

Mrs MacPherson provided an update on the areas of work within the Appropriately Trained and Developed section of the Workplan. These included the detailed Learning & Education/OD plan; Induction; KSF progress and Aston team development.

Mr Legg expressed concern at the small number of NHSGGC employees under the age of 20 and enquired if the Modern Apprenticeship levy would impact on this figure. Mrs MacPherson confirmed that NHSGGC had a comprehensive Young Peoples Employment Plan in place, including a large Modern Apprentice programme and a wide range of employment access initiatives for young people. NHSGGC is currently assessing the likely impact of the MA levy on this programme of work.

Following a question from Mrs McAuley, Mrs MacPherson confirmed that the

BOARD OFFICIAL – APPROVED AS A CORRECT RECORD

SOAR process was the appraisal system for doctors in NHSGGC and the OLPM system was the senior manager performance management framework.

NOTED

12. **EVERYONE MATTERS IMPLEMENTATION PLAN 2017-18**

The Head of People & Change – Organisational Effectiveness, had circulated a paper which outlined an update on the Everyone Matters – 2020 Workforce Vision Implementation Plan 2017-18 (Paper 17/07).

Mrs Lauder confirmed that each year the Scottish Government provided new actions to be progressed in Boards, and details of the 2017-18 actions had been received in December 2016.

Work was underway to develop an NHSGGC action plan which would be brought to the Committee at the May meeting. L Lauder

NOTED

13. **NHSGGC WORKFORCE PLAN – ACTION PLAN UPDATE**

The Head of People & Change – Organisational Effectiveness had circulated a paper which gave an update on the NHSGGC Workforce Action Plan (Paper 17/08).

Mrs Lauder confirmed that the 2016/17 Workforce Plan had been published in August 2016, and work was now underway to develop the 2017/18 plan.

Mrs MacPherson noted that in addition to the HSCPs now being required to produce individual Workforce Plans, the Scottish Government Health Directorate have confirmed that they will be publishing a National Health and Social Care Workforce Plan later in 2017. Consultation is underway on the development of this plan.

Ms Brown thanks Mrs Lauder for the useful update on progress.

NOTED

14. **RESULTS FROM A FAIRER NHS STAFF SURVEY 2016**

A paper from the Head of Inequalities, setting out the results of a Fairer NHS Staff Survey 2016, (Paper 17/09) had been circulated to Committee members.

Ms Erdman outlined the main outcomes for the Fairer NHS Staff Survey 2016 and indicated that she was positive about the increased numbers of staff completing the survey, a rise of over 500 responses from the same survey in 2013.

BOARD OFFICIAL – APPROVED AS A CORRECT RECORD

There had been an increase in the number of staff disclosing a disability, wider awareness about the support available to managers and staff, and a new requirement to promote information to staff on their rights under the Equality Act 2010 in respect of work discrimination.

Plans are underway in NHSGGC and other Scottish Health Boards to establish a BME Forum. A virtual LGBT Forum is already in place.

Ms Brown thanked Ms Erdman for her report.

NOTED

15. **WORKFORCE STATISTICS**

The Head of People and Change, Organisational Effectiveness, had circulated the Workforce Statistics report (Paper 17/10).

Mrs Lauder advised that the Workforce Statistics report, produced on a quarterly basis, included a core workforce data set, HR Activity and Equality data.

The joint staff side and management Workforce Statistics Group oversee the workforce statistics report and work to continuously improve both the quality and presentation of the available data.

Additional information is currently being prepared on vacancies in NHSGGC, particularly in respect of progress from vacancy through to filling a post. This report will be available to the Committee as part of the next Workforce Statistics report. L Lauder

Mrs Sweeney asked if there was a vacancy factor built into budgets. Mrs MacPherson explained that a 22.5% planned absence assumption is built into nursing workforce models but no vacancy assumption is made across the workforce.

NOTED

16. **ANNUAL REVIEW OF STAFF GOVERNANCE COMMITTEE REMIT**

A paper from the Director of Human Resources and Organisational Development (Paper 17/11) enclosing the updated Staff Governance Committee remit and membership, had been circulated.

The Committee approved the remit and membership as presented. G Hardie

AGREED

17. **ANNUAL UPDATE ON AWARDS TO NHSGGC STAFF**

A report on staff awards and achievements had been circulated by the Head of People and Change, Organisational Effectiveness (Paper 17/12).

NOTED

18. **FACING THE FUTURE TOGETHER – UPDATE**

A paper from the Director of Human Resources and Organisational Development, (Paper 17/13) enclosing the Facing the Future Together Update, had been circulated for information.

NOTED

19. **ORGANISATIONAL DEVELOPMENT STRATEGIC FORUM MINUTES**

A paper from the Director of Human Resources and Organisational Development (Paper 17/14) enclosing the Organisational Development Strategic Forum minutes of 26 October 2016, had been circulated for information.

NOTED

20. **REMUNERATION COMMITTEE MINUTES**

A paper from the Director of Human Resources and Organisational Development (RSC(M)16/02) enclosing the Remuneration Committee minutes of 4th July 2016 was tabled at the meeting.

These were circulated, read and returned by Committee members.

NOTED

21. **DATE OF NEXT MEETING**

Ms Brown asked Committee members to note the change of date of the next meeting of the Staff Governance Committee.

The next meeting would be held on **Tuesday 23rd May 2017 at 1.30 pm**, Boardroom, JB Russell House, Gartnavel Royal Hospital.