

NHSGGC SGC(M)18/03  
Minutes: 35 - 51

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the  
NHS Greater Glasgow and Clyde  
Staff Governance Committee  
held in the Boardroom, JB Russell House,  
Gartnavel Royal Hospital, Great Western Road, Glasgow,  
on Tuesday 7 August 2018**

**PRESENT**

Ms M Brown (in the Chair)

Mrs D McErlean (Co-Chair)      Mrs R Sweeney

**IN ATTENDANCE**

|                    |   |
|--------------------|---|
| Dr J Armstrong     | Medical Director, NHSGGC (Item 41)                            |
| Ms S Barnatt       | Head of People & Change, West Dunbartonshire HSCP (Item 37.2) |
| Mr J Best          | Interim Chief Officer, Acute Services                         |
| Dr L de Caestecker | Director of Public Health (Item 37.1)                         |
| Mr G Capstick      | Area Partnership Forum Staff Side Secretary                   |
| Ms B Culshaw       | Chief Officer, West Dunbartonshire HSCP                       |
| Mrs L Delgado      | Area Partnership Forum Staff Side Secretary                   |
| Dr L Donaldson     | Director of Medical Education (Item 41)                       |
| Ms J Erdman        | Head of Equality and Human Rights                             |
| Mr K Fleming       | Head of Health and Safety                                     |
| Mrs D Hudson       | Staff Governance Co-ordinator/iMatter Op Lead                 |
| Mrs CA Keogh       | People & Change Manager, Corporate Services (Item 37.1)       |
| Mrs L Lauder       | Head of People & Change, Organisational Effectiveness         |
| Mrs A MacPherson   | Director of Human Resources and Organisational Development    |
| Mr A McLaws        | Director of Corporate Communications (Item 42)                |
| Ms D McCrone       | West Dunbartonshire HSCP Staff Side (Item 37.2)               |
| Mr J Pender        | Workforce Planning and Analytics Manager (Item 43)            |
| Ms E Vanhegan      | Head of Corporate Governance and Admin (Item 49)              |

**35. WELCOME AND APOLOGIES**

**ACTION BY**

The Chair opened the meeting by welcoming Dr Linda de Caestecker, Director of Public Health, and Mrs CarolAnne Keogh, People & Change Manager, Corporate Services, who were in attendance to provide an update on the application of the Staff Governance Standard in the Public Health Directorate. Ms Beth Culshaw, Chief Officer, Ms Diana McCrone, Staff Side, and Ms Serena Barnatt, Head of People and Change, West Dunbartonshire HSCP, were also present to provide the Committee with a presentation on the application of the Staff Governance Standard.

Mr Jonathan Pender, Dr Lindsay Donaldson, Mr Ally McLaws, and Ms Elaine Vanhegan were present to speak to specific agenda items.

Apologies for absence were intimated on behalf of Ms Frances Carmichael, Councillor Jim Clocherty, Ms Jeanette Donnelly, Mrs Jane Grant, Ms Margaret McCarthy, Mr Andrew McCready and Councillor Sheila Mehan.

Ms Brown noted that due to the number of apologies, the meeting was not quorate, therefore items for approval could only be noted, and would be carried forward for approval to the November 2018 meeting of the Committee.

NOTED

**36. DECLARATIONS OF INTEREST**

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

NOTED

**37. PRESENTATIONS – Local Compliance with Staff Governance Standard**

**37.1 Presentation by Public Health Directorate**

The Staff Governance Committee received copies of the Public Health Staff Governance Action Plan.

Dr Linda de Caestecker, Director of Public Health, supported by CarolAnne Keogh, People & Change Manager, Corporate Services, gave a presentation which described their Staff Governance structures and provided an update on absence, KSF, iMatter, fire safety training and induction metrics. It was noted that the 50% induction completion within Public Health related to just one member of staff who was currently on leave, and would complete on their return. Dr de Caestecker also outlined the achievements, challenges and priorities highlighted in the Public Health Directorate Staff Governance Action Plan.

The case study provided described the Public Health Administration Review. Dr de Caestecker explained the approach which had been taken and the staff side engagement which had all contributed to the successful conclusion of the review.

Following discussion, the Chair thanked Dr de Caestecker and Mrs Keogh for providing the Committee with an informative presentation and was pleased to note that the Directorate now has a modern apprentice in their team. The Directorate was commended on excellent iMatter, attendance management and Statutory and Mandatory training outcomes. The responses from the Dignity At Work survey were less positive but the continued focus on tackling issues and making improvements in this area was encouraging. It was also noted that the Directorate had successfully integrated the Equality and Human Rights team over the past year.

NOTED

**37.2 Presentation by West Dunbartonshire HSCP**

A copy of the West Dunbartonshire HSCP Action Plan had been circulated to the Committee in advance.

Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, supported by Serena

Barnatt, Head of People and Change and Diana McCrone, Staff Side, presented to the Committee. Ms Culshaw updated on the Staff Governance structures and the current attendance, KSF, iMatter, staff induction metrics and compliance with the Statutory and Mandatory training targets. The presentation also updated on achievements and challenges within West Dunbartonshire HSCP.

The West Dunbartonshire HSCP case study highlighted the focused training provided to managers and staff within in-patient mental health services in order to reduce sickness absence rates.

A short video was also shown, which had been jointly developed with in-patient services in Vale of Leven. The video featured a range of staff in different roles and demonstrated the improvements to patient care and services achieved through integrated working.

After a brief discussion, the Chair thanked Ms Culshaw, Ms Barnatt and Ms McCrone for providing a detailed and helpful presentation. The Committee recognised the work undertaken to support and improve sickness absence levels within the in-patient mental health service teams. Whilst iMatter this year had produced lower response rates than before, it was noted that work was ongoing to encourage action plan completion, recognising managers were engaged with the process and that this was the first year the full HSCP, including all Local Authority teams, were included.

NOTED

**38. MINUTES**

The Minutes of the Staff Governance Committee meeting held on Tuesday 1 May 2018 NHS GC SGC(M)18/02 were noted, however could not be approved at this meeting. These would be submitted to the November meeting of the Staff Governance Committee for review and approval.

L Lauder

NOTED

**39. ROLLING ACTION LIST**

The Employee Director had circulated the Rolling Action List (Paper 18/29).

Mrs McErlean provided a brief update on items which were not on the current Agenda and highlighted those which had been actioned and were now marked as completed.

NOTED

#### 40. MATTERS ARISING FROM THE MINUTES

##### 40.1 Healthy Working Lives – Mental Health Update

The Occupational Health Service Manager had circulated a paper on mental health support for staff, following review of the Healthy Working Lives staff survey results (Paper 18/30). The Head of Health and Safety presented the paper.

A recent review of the Occupational Health service data taken from a sample of management referrals, identified that 24% of referrals related to stress/anxiety/depression or other psychiatric illnesses, as coded in the absence system. A breakdown of referrals is provided below:

Work related – 344  
Non Work related – 674  
Combination of work and non-work - 380

The report described the information available to staff on HR Connect relating to stress management, including details of in-house training, the stress policy and associated risk assessments, and the counselling service, all of which can provide support to those staff who have disclosed a mental health condition.

Positive staff feedback to date suggests that the move to in-house counselling services has been successful and there is now a short waiting list to access this service. A review is underway to determine if the current provision is sufficient to meet demands.

A further update will be brought to a future meeting of the Committee.

R Wall

##### NOTED

##### 40.2 Fire Safety Training

A verbal update was provided by the Interim Chief Officer, Acute Services on Fire Safety training.

Mr Best confirmed that a paper had been submitted to the Corporate Management Team for review which proposed changes to the current Fire Safety Policy including annual fire training for all staff instead of every two years as is current NHSGGC practice. The paper also recommends evacuation training for all ward and clinic based staff and the identification of a fire safety champion for all clinical areas.

In respect of Fire Safety Training compliance, 81.8% of staff had completed the fire safety module within Acute Services, compared to 83.6% across NHSGGC. Named lists of individuals who had not completed the module can be provided to managers to support performance management.

The Committee were pleased to note the substantial progress and reinforced that this improvement must be sustained going forward.

It was noted that in future reports Fire Safety training updates would be incorporated

L Lauder

in the quarterly NHSGGC Statutory and Mandatory training updates.

NOTED

**41. MEDICAL EDUCATION**

The Medical Director had circulated a paper providing an update on the recent GMC visits and associated reports (Paper 18/31).

Dr Armstrong highlighted three particular areas for comment. These were the recent General Medical Council (GMC) visit to Inverclyde Royal Hospital (IRH), the enhanced monitoring status of medical services at the Queen Elizabeth University Hospital, and the application of enhanced monitoring by the GMC at the Princess Royal Maternity Hospital (PRMH). Dr Donaldson provided further information on each area as follows.

Although many positive aspects had been highlighted after the recent GMC visit to IRH, long standing issues with recruitment mean that there are still training gaps and development work is underway to address these issues and create a more attractive environment for trainees.

A visit in February 2018 to General Medicine at the Queen Elizabeth University Hospital acknowledged a number of improvements although work continues and a follow up visit is planned for 2019.

An action plan is in place to remove the enhanced monitoring status of the PRMH and updates will be provided to the Committee at future meetings

**J Armstrong**

Dr Donaldson highlighted general concern in relation to retention of trainees beyond Foundation Year 1 and noted that further measures and incentives were required to encourage trainees to remain in Glasgow for the full duration of their training.

The Chair thanked Dr Armstrong and Dr Donaldson for their detailed and informative update to the Committee.

NOTED

**42. STAFF GOVERNANCE WORKPLAN: WELL INFORMED**

The Director of Human Resources and Organisational Development had circulated the Staff Governance Workplan 2018/19 (Paper 18/32). The update would focus on the Well Informed strand of the Staff Governance Standard.

The Director of Human Resources & Organisational Development provided a general overview and then handed over to Mr Ally McLaws, Director of Communications. Mr McLaws gave a comprehensive overview of the work underway to improve communications with all employees and emphasised the wide range of methods available and utilised.

Evidence and feedback suggest that social media and other electronic communication methods create good engagement, with some groups of staff however the use of printed copy was still relevant in certain circumstances.

Going forward, the Communications Team plan to upload all staff communications in one place, perhaps through the NHSGGC website. Following a discussion relating to the risks of sensitive data on the website, Mr McLaws confirmed that the Communications Team screen all data uploaded for viewing to minimise any risks to the Board.

The Committee thanked Mr McLaws for his detailed overview and were encouraged by the work being taken forward.

Mrs Sweeney asked for an update on progress with the development and refresh of the NHSGGC Culture framework which is part of the treated fairly and consistently strand of the Staff Governance Action Plan. Mrs MacPherson confirmed that this would be brought to the November meeting.

**A MacPherson**

NOTED

**43. WORKFORCE STATISTICS**

The Head of People and Change, Organisational Effectiveness, had circulated Paper 18/33 which provided Workforce Statistics for the quarter ending June 2018.

Mr Jonathan Pender, Workforce Planning and Analytics Manager, spoke to the workforce dataset, HR Activity, and workforce equality information and highlighted points of interest.

The Committee were asked to note the information provided on NHSGGC recruitment timelines as requested at a previous Staff Governance Committee meeting. The average length of time to recruit in NHSGGC is nine weeks, after the removal of exceptional and hard to fill posts. Work continues to reduce this recognising that managerial actions also contribute to the timelines. The Committee requested the addition of internal recruitment KPIs to the timeline information to help identify where targets were met, and where improvements were required.

**J Pender**

Following some discussion Mr Pender agreed to review the presentation of the Employee Relations data to make comparisons between timeframes more straightforward.

**J Pender**

NOTED

**44. STATUTORY AND MANDATORY TRAINING REPORT**

The Head of People and Change, Organisational Effectiveness, had circulated a paper on Statutory and Mandatory Training (Paper 18/34).

The paper provided overall Board compliance for each of the nine Statutory and Mandatory topics, and a breakdown by Directorate/HSCP. It was noted that the biggest improvement had been in fire safety training although still falling short of the 90% target set for the end of June 2018.

Mrs Lauder highlighted the next phase of the Statutory and Mandatory training

review which focuses on developing clear guidance for services and managers.

The Committee appreciated the work undertaken to date, however, Mrs Sweeney raised concern regarding the lack of completion of Statutory and Mandatory training at appraisal. Mrs Sweeney queried how the Statutory and Mandatory training and performance was being addressed through appraisal. Mrs. MacPherson outlined the different appraisal routes for different staff groups.

The Chair thanked Mrs Lauder for the report, and confirmed that whilst there were still ongoing concerns, this issue was now central to the NHS Board objectives and welcomed the continued rigour to improve and sustain the Board's position.

NOTED

**45. AREA PARTNERSHIP FORUM REPORT**

The Employee Director had circulated the Area Partnership Forum Report and minutes of the meetings of the Forum held on 21 February 2018, 28 March 2018 and 25 April 2018 (Paper 18/35).

Mrs McErlean updated on recent issues discussed by the Area Partnership Forum including Financial Improvement planning, the Moving Forward Together programme, the Mental Health Strategy, Board Objectives, the Culture Framework, Dignity at Work & iMatter, the Carer Positive survey and Long Service Awards. The Forum continues to support and work in partnership in many groups and have discussed that this does require considerable time and commitment to attend and add value to the work of the groups.

The Forum is also involved in a large and varied range of projects/issues including the review of Information Governance policies, GDPR, eESS implementation and TURAS appraisal.

NOTED

**46. RELEASE POTENTIAL REPORT**

The Head of Equality and Human Rights had circulated Paper 18/36 updating on the work of the Staff Disability and LGBT+ forums, and the establishment of a BME forum.

Ms Jackie Erdman updated the Committee on a number of events which Disability Forum members had been involved in including an NHSGGC event to celebrate UN World Disabilities day which is planned for later this year.

Four recent focus groups had been held to establish the level of interest in an NHSGGC BME forum and the responses from participants were very positive, highlighting some particular concerns around the culture and attitudes displayed by some employees in the workplace towards BME colleagues. It was agreed therefore to establish a BME staff forum and to develop an action plan and approaches which will address some of these issues. Ms Erdman will report back on progress to the Staff Governance Committee.

J Erdman

To date, the LGBT+ forum has been virtual, but membership has grown significantly since promotion of the forum at Pride. During Pride, members of the Equality and Human Rights team worked to promote NHSGGC as an inclusive employer.

Ms Erdman reported that the NHSGGC Endowments Committee approved the purchase of 10,000 rainbow lanyards, which were now on order.

The Chair thanked Ms Erdman for her positive update in relation to the Staff Disability, LGBT+ and BME forums.

NOTED

**47. HEALTH AND SAFETY REPORT**

The Head of Health and Safety had circulated two papers relating to an update on the Health and Safety Compliance Action plan, following the PwC Audit Report; and an update on the Health and Safety Executive Implementation Plan (Papers 18/37 and 18/38).

Health and Safety Compliance Action Plan update (Paper 18/37)

Mr Fleming highlighted the issues to be considered, including the process for conducting RIDDOR investigations, the timely reporting of such incidents on Datix, and the development of Standard Operating Procedures (SOPs) for RIDDOR.

Mr Fleming asked the Committee to note the internal Action Plan which outlined the progress to date on the above actions.

Mrs MacPherson confirmed that the PwC Audit report had been presented to both the Audit Committee and the Staff Governance Committee in line with agreed process, and in recognition of the workforce implications of some of the actions.

Health and Safety Executive Implementation Plan update (Paper 18/38)

Mr Fleming provided an update on the Health and Safety Executive Implementation Plan which has been in place since February 2017, identifying the outstanding 'high risk' areas as Moving and Handling, Management of Sharps and Medical Staff training.

Mr Fleming is working with Dr Donaldson, Director of Medical Education, to ensure that all doctors in training have access to LearnPro to facilitate completion of the training modules.

It was agreed that a further update would be provided at the next meeting.

**K Fleming**

The Chair thanked Mr Fleming for the continued progress in these areas, and for his detailed report.

NOTED

**48. TURAS APPRAISAL**

It was agreed that this agenda item would be deferred until the next meeting in November, however Committee members should note the paper circulated (Paper 18/39).

L Lauder

NOTED

**49. REMUNERATION COMMITTEE REMIT**

The Head of Board Administration and Corporate Governance had circulated a paper on the revised remit of the Remuneration Committee (Paper 18/40).

Ms Vanhegan highlighted the three changes made to the remit, namely:

- Ensuring implementation and maintenance of the electronic performance management system TURAS Appraisal for the Executive and Senior Manger cohorts;
- Ms Vanhegan's job title change; and
- A change to the way feedback from the Remuneration Committee is provided to the Staff Governance Committee.

Committee members were invited to provide feedback to Ms Vanhegan though asked to note that the final version would have to come to the November meeting for final approval.

L Lauder

NOTED

**50. REMUNERATION COMMITTEE MEETING 11 JULY 2018**

The Employee Director provided a brief update on decisions taken at the recent Remuneration Committee on 11 July 2018.

The Remuneration Committee discussed a report on the use of TURAS appraisal for Executive and Senior Managers and approved the assimilation of a group of senior managers to Agenda for Change arrangements to ensure consistency and reflect equal pay for work of equal value. The Committee also approved the Chief Executive's 2017/18 performance appraisal.

NOTED

**51. DATE & TIME OF NEXT MEETING**

The next meeting of the Staff Governance Committee would be on Tuesday 6 November 2018 at 1.30 pm in the Boardroom, JB Russell House, Gartnavel Royal Hospital.

The meeting ended at 5.00 pm.