NHS
Greater Glasgow and Clyde

NHS Greater Glasgow & Clyde	Paper No. 19/71
Meeting:	NHS GGC Board Meeting
Date of Meeting:	17th December 2019
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Director of Human Resources and Organisational Development

ANNUAL REPORT OF STAFF GOVERNANCE COMMITTEE 2018/2019

1. **Recommendation**

    1.1 The NHS Greater Glasgow and Clyde (GGC) Board is asked to note the Staff Governance Committee Annual Report for 2018-19.

2. **Purpose of Paper**

    2.1 The purpose of the paper is to provide assurance to the Board that there are adequate and effective systems of internal control in place, through the operation of the Staff Governance Committee, to ensure that NHS Greater Glasgow and Clyde (NHSGGC) meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ('the Standard').

3. **Key Issues to be considered**

    3.1 The attached report describes the purpose and composition of the Committee, the business items considered and key outcomes identified through the presentations heard by the Committee during 2018-19.

    3.2 The Board is asked to note in particular Section 2 which outlines the Staff Governance Workplan and related activity for 2018/19 which links to key Board strategies and objectives. The report also highlights the breadth of business undertaken by the Staff Governance Committee and within Section 3 outlines the service presentations to the Committee during 2018/19. These presentations provide valuable insight into identifying both opportunities for improvement and areas of best practice.

Any Patient Safety /Patient Experience Issues N/A

Any Financial Implications from this Paper N/A

Any Staffing Implications from this Paper The paper supports the delivery of the Staff Governance Standard

Any Equality Implications from this Paper N/A

Any Health Inequalities Implications from this Paper N/A

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome N/A

Highlight the Corporate Plan priorities to which your paper relates Better Workplace

Staff Governance Committee Co-chairs
27th November 2019

GREATER GLASGOW AND CLYDE NHS BOARD

ANNUAL REPORT OF STAFF GOVERNANCE COMMITTEE 2018/2019

1.   PURPOSE

1.1   In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfillment of this requirement.

2.   STAFF GOVERNANCE COMMITTEE

2.1   Purpose of Committee

2.1.1   The purpose of the Staff Governance Committee is to provide assurance to the Board that NHS Greater Glasgow and Clyde (NHSGGC) meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ('the Standard'). The Staff Governance Committee is a Standing Committee of the NHS Board.

2.1.2   The Committee seeks to ensure that staff governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for oversight of progress towards achievement of the Standard.

2.1.3   The Committee ensures that structures and policies are in place to provide assurance that all staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and,
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2.1.4   Each Health and Social Care Partnership, Acute Services and Corporate Directorates have their own staff governance arrangements and structure.   Compliance with the standards is monitored through the development and delivery of local action plans and through presentations, on a rotational basis, from the relevant Chief Officer/Director for each area to the Staff Governance Committee.

2.1.5   In addition to the above, NHSGGC compliance with Staff Governance

is scrutinised through a series of implementation plans and strategies, service presentations, policy review and regular NHSGGC Staff Governance work plan updates.

2.2 Composition

During the financial year ending 31 March 2019 membership of the Staff Governance Committee comprised:

Co-chairs

Ms M Brown (Joint Chair)
Mrs D McErlean (Joint Chair)

MEMBERSHIP

Mr A Cowan (Vice Chair) – appointed Vice Chair: August 2018
Councillor J Clocherty
Ms J Donnelly
Councillor S Mechan
Ms T McAulay – left committee: August 2018
Mrs R Sweeney

IN ATTENDANCE

Mrs A MacPherson, Director of Human Resources & Organisational Development
Mrs L Lauder, Head of People & Change, Organisational Effectiveness (left December 2018)
Ms B Howat, Head of People & Change – Corporate Services (from February 2019)
Ms S Leslie, Depute Director of Human Resources & Organisational Development
Ms B Culshaw, Chief Officer-West Dunbartonshire HSCP (representing HSCPs)
Mr J Best, Chief Officer (representing Acute Services)
Ms L Delgado, Area Partnership Forum Staff Side Secretary
Mr G Capstick, Area Partnership Forum Staff Side Secretary
Ms F Carmichael, Staff Side Chair, Acute Services Staff Partnership Forum
Ms M McCarthy, Staff Side Chair, Glasgow City HSCP Staff Partnership Forum
Mr A McCready, Staff Side Chair, Non City HSCP Staff Partnership Forum
Mrs D Hudson, Staff Governance Co-ordinator/iMatter Operational Lead

AS REQUIRED

Dr J Armstrong, Medical Director (or delegated representative)
Ms J Erdman, Head of Equality and Human Rights
Mr K Fleming, Head of Health and Safety

2.3   Meetings

2.3.1   The Committee met on four occasions during the period from 1 April 2018 to 31 March 2019 on the undernoted dates:

- 1 May 2018
- 7 August 2018
- 6 November 2018
- 5 February 2019

The attendance schedule is attached at Appendix 1.

2.3.2   All meetings of the Staff Governance Committee, excluding 7 August 2018, were quorate.

2.4   Business

2.4.1   The Committee considered both routine and specific work areas during the financial year 2018/2019. Outlined below are details of some of the key areas of work considered, along with a brief summary of each, whilst full details of all Committee business items considered are attached at Appendix 2.

2.4.2   The NHSGGC Staff Governance Workplan

2.4.2.1   The Committee reviewed the delivery of the five elements of the Staff Governance Standard through the integrated NHSGGC Staff Governance Workplan.

2.4.2.2   The workplan captures the Staff Governance related activity underway within NHSGGC during the financial year and cross references it to the appropriate strategy or plan. Activity is identified within each Staff Governance Standard, and the related Board Objective.

2.4.2.3   During 2018/19 the Staff Governance Workplan incorporated the following Board strategies and reports:

- Everyone Matters: 2020 Workforce Vision
- The iMatter continuous improvement tool outcomes
- The Board Workforce Equality Plan
- Attendance Management Audit Action Plan
- Moving Forward Together
- Staff Health and Wellbeing Strategy
- Health and Safety Plan

2.4.2.4   The full Workplan is circulated with the Staff Governance Committee papers and at each meeting members focus on one of the five Standards thus enabling a detailed discussion to take place on each Standard in turn. In 2018/19, the first meeting of the Staff Governance Committee considered the Annual Review of NHSGGC Staff Governance Workplan for submission to Scottish Government. In subsequent meetings the

Committee were provided with detailed updates in relation to the 'Well Informed', 'Appropriately Trained and Developed' and 'Involved in Decisions' strands.

2.4.2.5 The Committee were please to note that, of the 15 actions identified in the 2018/19 Workplan, 9 were complete, and 6 were to be carried forward to 2019/20.

2.4.3 Medical Education

2.4.3.1 During 2018 / 2019, the delivery of Medical Education within NHSGGC was quality controlled and improved through external and internal quality assurance processes. Striving for excellence in education and improving employment experience was a high priority area.

2.4.3.2 The experience of Doctors and Dentists in Training continued to be reviewed and has improved through regular monitoring of external reports. NHSGGC was part of the GMC National Review on Scotland and several initiatives were positively highlighted.

2.4.3.3 Whilst both Obstetrics and Gynaecology at the Princess Royal Maternity Unit and General Medicine at the Queen Elizabeth University Hospital (QEUH) remained on Enhanced Monitoring by the GMC, many points of good practice were noted and commended at the most recent visits. Particularly within the Princess Royal Maternity Unit, it was of note that trainees have always recognised clinical excellence within the unit.

2.4.3.4 There was clear recognition that significant progress had been made in relation to many of the recommendations set out in previous reports, and monitoring will continue with updates being provided to the Staff Governance Committee on further progress.

Postgraduate quality management and quality improvement

2.4.3.5 Within the academic year 2018/19, NHSGGC had 9 Deanery visits. Five of these visits had very positive feedback including Neonates and Medicine at RAH, Anaesthetics at GRI, Trauma and Orthopaedics at the QEUH; and cardiology at the QEUH. Managing the quality work stream was enhanced by the addition of a Quality Improvement Associate Director of Medical Education. The aspiration is to utilise quality improvement methodology within medical education and become proactive rather than reactive.

Widening Access to Medicine

2.4.3.6 NHSGGC has worked collaboratively with the University of Glasgow to ensure that anyone, with the ability and desire to do so, can access a career in medicine. To support this, a Widening Access programme of work was developed to bring together various strands of work, providing all students at each stage of secondary school with opportunities to access information around such a career, and to take part in practical experiences.

2.4.3.7 The strands of the programme included:

- Work Experience/Clinical Shadowing. S5/6 pupils (and school leavers)
- "Is Medicine for Me?" Event for S3 pupils considering medicine. (S3 pupils)
- Train the Trainers Evenings (for Science Technology Engineering Maths (STEM) teachers and Pastoral Support teachers)
- Clinician School Visits (S1/2 pupils)

These will be further developed and rolled out during 2019/20 and beyond.

2.4.4 Healthy Working Lives Award & Staff Health Strategy Update

2.4.4.1 The Board successfully retained the Healthy Working Lives Gold Award for 2018/19 in recognition of our ongoing commitment to improving the health, safety and wellbeing of employees.

2.4.4.2 Retention of the Healthy Working Lives Gold Award involves a number of groups across Acute Services and Partnerships who promote healthy living messages to our staff and support the delivery of the NHSGGC Staff Health Strategy. The groups have representation from clinical services, Facilities, Health and Safety, Human Resources and are supported by Occupational Health, Public Health and Health Improvement.

2.4.4.3 The NHSGGC Staff Health Strategy, launched in September 2017, is designed to maintain focus on good staff health and wellbeing. During 2018/19, the key actions outlined below were progressed through the Staff Health Strategy action plan. Priorities within the Strategy Action Plan included:

Carers – the Board will work to understand the impact on the workforce of caring responsibilities and identifies support required for staff

2.4.4.4 We distributed a survey during 2018/19 to seek feedback from staff around the information and support provided for staff with caring responsibilities in order to support our application for Carer Positive Accreditation, which is being progressed in 2019. The survey generated feedback from 475 members of staff. Further work is underway to review the outcomes of this survey and to identify additional actions to improve the support available.

Financial Inclusion – the Board will provide support to staff with financial difficulties by the provision of expert help and guidance

2.4.4.5 During 2018/19, we identified that over 200 staff accessed the Support and Information Service for money advice, and almost 100 attended poverty awareness training, identifying this as an area of increasing need within the Board.

2.4.4.6 A range of measures have therefore been taken to inform our employees, Human Resources, and Occupational Health staff, of the range of support

available for financial assistance, as well as planning the development of resources for managers on how to support and guide their staff. This work will continue in 2019/20.

Mental Health Awareness – the Board will continue to assess current levels of support and identifies any opportunities to reduce mental ill-health within the workforce

2.4.4.7 During 2018, a 12-month staff campaign on managing stress in the workplace was delivered which promoted the wide range of resources and interventions that have been adopted by the Board to reduce stress and support staff wellbeing. This included a wide-range of communications launched, Mentally Healthy line manager training sessions, which saw 190 managers attend and attendance of 169 staff at 8-week mindfulness courses.

2.4.4.8 Additional resources were developed and promoted throughout the Board included Mindfulness, the online Resilience Toolkit, and the Health and Safety Executive Risk Assessment Tool.

2.4.4.9 Furthermore, NHSGGC published a handy guide for managers in 2018, providing top tips on managing stress, which sits alongside the existing NHSGGC Mental Health & Wellbeing Policy.

2.4.4.10 Additional actions which were underway during 2018/19, and which will continue into 2019/20, are outlined below:

- o Delivery of mentally healthy line manager training by an external provider via Healthy Working Lives
- o Delivery of in-house training programme for managers on stress and mental health awareness. This training programme is now part of the main training calendar.
- o A mental health and wellbeing short life working group has been meeting to undertake a review of all supports in place and has produced an action plan to identify additional initiatives that will benefit our workforce

Measurements of success – the Board will measure the impact of the strategy on the workforce using agreed metrics

2.4.4.11 A range of measurements have been identified from Board initiatives already in place, such as iMatter, participation in staff health programmes for health and wellbeing, staff health needs and attendance management.

2.4.4.12 These measurements also support the understanding that the workplace has an important role in improving staff health, in promoting mental wellbeing and physical activity and in tackling health inequalities.

2.4.4.13 During 2018/19, we saw an increasing interest in mindfulness training, with over 500 staff attending taster sessions; over 200 staff accessing the Support and Information Service for money advice; over 3,000 staff

participating in health surveillance programmes and over 1,500 staff receiving lifestyle advice during Occupational Health consultations.

2.4.4.14 Measurement of how the activity within the Board supports staff health and wellbeing, considered through 2 questions within the iMatter questionnaire, has shown positive movement from 2017 to 2018. These measures will continue to be monitored to identify trends in access to staff health programmes and evaluate the benefits and outcomes.

2.4.5 Statutory and Mandatory training

2.4.5.1 During 2018/19, the Staff Governance Committee received updates in relation to Statutory and Mandatory Training compliance at each meeting, to enable transparency in its progress and to provide assurance of progress against the revised Framework from January 2018.

2.4.5.2 There are 9 modules which all NHSGGC staff are required to complete. These are available on the Statutory / Mandatory Training tab on Learnpro, the online learning system.

2.4.5.3 The compliance figures for all NHSGGC staff for the month ending March 2019 are detailed below.

Module	March 2019	(18th) April 2018
Equality and Diversity	81.7%	43.7%
Fire Safety	79.4%	78.7%
Health and Safety	87%	60.6%
Infection Control	80.9%	46.5%
Information Governance	78.9%	41.4%
Manual Handling	84%	54%
Public Protection	78.7%	30.2%
Security and Threat	75.7%	8.6%
Violence and Aggression	86.6%	58.8%

2.4.5.4 All topics showed an increase in compliance levels from April 2018 to the end of March 2019. The compliance target sits at 90%, therefore, whilst year on year improvement is welcomed, local leadership continues to be necessary to achieve this target in all areas.

2.4.5.5 There was particular focus on Fire Safety Training, in anticipation of a planned update to the Fire Safety Policy, new training module, and compliance timescales in early 2019.

2.4.5.6 The Committee appreciated the work undertaken throughout the Board during 2018/19 in relation to compliance. The Committees are continuing to monitor the variation in achieving SMT targets, this matter has now been incorporated into the NHS Board objectives and the Committee welcomed the continued effort to improve and sustain the Board's position.

2.4.5.7 The Staff Governance Committee will continue to receive updates in relation to the Statutory and Mandatory training compliance levels during

2019/20, in order to seek assurance of continued improvement in this area.

2.4.6   Culture Framework – '*A Better Workplace*^{*1}

2.4.6.1   During 2018/19, the development of the NHSGGC Culture Framework was progressed and updates provided to the Committee.

2.4.6.2   The purpose of developing [1]'*A Better Workplace*^{*1} was to establish a work place where NHSGGC staff are consistently able to give their best and have higher levels of satisfaction, resilience and wellbeing. The research is clear that this has a significant positive effect on patient care, care outcomes and financial performance. The Culture Framework for NHSGGC was agreed, based on this principle.

2.4.6.3   The Framework is based on the themes that were identified in the McLeod Report 'Engaging for Success'. These same themes were also used as a key input in the original development of iMatter for NHS Scotland.

2.4.6.4   The McLeod Report and other subsequent research established a clear link between cultures where staff are highly engaged with their organisation and the ability of these organisations to perform well and achieve their goals. Four common themes emerged from the successful organisations they studied:

- Clear and effective Organisational Messages (McLeod called this the organisation's 'Strategic Narrative')
- Engaged Managers
- Trust & Integrity
- Employee Voice

NHSGGC, during development and consultation of the Framework, added a fifth element:

- Sustaining Results

2.4.6.5   The framework (below) has been developed on this basis, and draws on early Board level discussions, research and evidence based findings from other organisations, as well as our own reflective learning from previous initiatives such as Facing the Future Together and On the Move.

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*1 – during 2019/20, this framework title changed and is now referred to as 'A Great Place to Work'

2.4.6.6 As the Framework was being developed, discussions to review and gather feedback took place with the Corporate Management Team, the Staff Governance Committee and the Area Partnership Forum. Additionally, a working group of managers, clinicians and staff side partners were engaged.

2.4.6.7 Through the Staff Governance Committee discussions, it was agreed that the culture framework will align with the NHS Scotland values, outlined below:

- o Care and compassion,
- o Dignity and respect,
- o Openness, honesty and responsibility,
- o Quality and teamwork

2.4.6.8 A high level plan has now been agreed, outlining detailed actions which will be progressed during 2019/20, shown below, to take NHSGGC towards the desired outcomes. The actions also emphasise translation by Directorates into their local plans and activity.

Priorities agreed for 2019-20	CMT Agreements for Action
1.Values Based Recruitment **Anticipated benefits/outcomes:** • We recruit employees who share and endorse organisational values. • Individuals' commitment to our values underpins career progression to future leadership roles • We grow the behaviours needed to deliver our vision at all levels of the organisation.	1. Directors will ensure all senior management and senior clinician appointments in their Directorates will be values based appointments. Using NHS Scotland guidance the recruitment services will support as appropriate.
2. Deliver on iMatter **Anticipated benefits/outcomes:** • Staff engaged with their roles, their colleagues and with their service or	2. The CMT will emphasise a focus on the *quality* of the process and the importance of team conversations that address local

Directorate • Higher levels of engagement correlate to better patient or service experience and outcomes • Lower levels of workplace stress and sickness absence • Higher levels of satisfaction at work. • If staff feel that the iMatter process is a significant help towards these outcomes then they will continue to participate in the process through choice.	issues and improvement opportunities. 3. Each Director/Chief Officer will ensure that their Line Managers are given full support and time to agree effective iMatter action plans with their staff that will actually deliver improvement in the outcomes described on the left. 4. Directors/Chief Officers will create space for "you said we did" communication.
3. Corporate Management Team members lead by example and champion employee wellbeing **Anticipated Benefits/Outcomes:** • CMT exemplify the organisational values and behaviours they agree • Staff at all levels of the organisation are clear on the values and behaviours the organisation expects • Staff see these consistently modelled by leaders across the organisation.	5. Through the CMT development programme discuss and agree our commitment to a shared vision and clear organisational values and how they will model these to the organisation. 6. Whilst encouraging staff to be flexible ensure staff work within the boundaries of reasonable work patterns.
4. Visibility of Senior Leaders **Anticipated Benefits/Outcomes:** • Senior leaders have "a finger on the pulse" of the organisation and its climate • Employees feel valued	7. Members of the CMT will undertake "walkabouts" and undertake, informal engagement sessions with staff and are visible with their support and thanks when key projects are delivered or development undertaken (e.g. Ready to Lead).
5. Staff involved in decisions which affect them **Anticipated Benefits/Outcomes:** • More effective delivery of service change and improvement. • Improved employee relations • Reduction in time to manage issues of change • A higher level of trust with staff at all levels • Staff feel more confident and willing to contribute to change when it happens.	8. The CMT will reinforce that all change management programmes must be done in partnership and be able to evidence that staff have been engaged at the earliest opportunity.

6. Deliver on Succession Planning & Career Development Anticipated benefits/outcomes: • Reduction in organisational risk associated with loss of senior management, clinical and/or hard to replace critical post holders • Vacancy ready successors are in place for critical posts. • Identification and development of talent is a core feature of performance and development processes • Staff feel confident they can plan a long term career with the organisation • Career development discussions and guidance are a feature of higher quality and effective PDPs.	9. All Directors/Chief Officers to establish succession plans for their directorate covering: - all CMT, Director and Directorate SMT roles; - known demographic or skill shortage "hotspots" - all roles identified in each Directorate as being difficult to recruit to and/or that present organisational risk if vacated. 10. Supported by Organisational Development, plans are prepared and delivered in each Directorate to raise awareness about career development and to ensure this becomes part of every PDP conversation.

2.4.7 Health & Safety Implementation Plan (in response to HSE Notification of Contravention report dated 27th April 2017)

2.4.7.1 Following the planned visit and report of the Health and Safety Executive (HSE) in February/March 2017, an action plan was created by NHSGGC. The action plan addressed important areas including patient falls, sharps safety and skin health and a number of NHSGGC documents had been revised or updated based on the discussions with the HSE.

2.4.7.2 A Working Group was established which met on a monthly basis to ensure the associated actions from the HSE report are progressed. The plan is updated on a monthly basis and circulated to all Chief Officers and Service Directors for action. The Health and Safety Forum also supports this process with the HSE Plan being a standing agenda item, and continues to be a standing agenda item at the Staff Governance Committee.

2.4.7.3 During 2018/19, the Staff Governance Committee were provided with updates in relation to the key action points which were picked up following the HSE visit, identifying the outstanding 'high risk' areas of Moving and Handling, Management of Sharps and Medical Staff training.

2.4.7.4 The Committee was concerned about the level of sharps training compliance, particularly amongst nursing and medical staff and it was agreed to seek the input of the Board Nurse Director and Medical Director in rapidly improving compliance by December 2018, and establishing systems to ensure compliance going forward.

2.4.7.5 Sharps training continues to progress with sustained attention through the Director of Human Resources and Organisational Development to achieve the required outcomes in other areas. Examples of best practice had been

identified and discussions were ongoing as to how this could be embedded in those areas. The matter was also highlighted by the Chief Executive and overseen by the Corporate Management Team, to raise awareness of this continuing concern.

2.4.7.6 Assurances will continue to be sought during 2019/20 at the Staff Governance Committee, to ensure continued and sustained improvement is achieved in this area of compliance.

2.4.7.7 By early 2019, the required documentation had been finalised in relation to the Domestic Skin Health Improvement Notice and assurance had been given that the Board is now considered compliant in this regard.

2.4.7.8 In relation to the Queen Elizabeth University Hospitals Face Fit Testing Improvement Notice concerning medical staff in wards 5C and 5D, the additional information requested by the HSE had been provided and assurances from the HSE had been given that the Board is now compliant.

2.4.8   **Whistleblowing**

2.4.8.1 The Board received 11 new whistleblowing cases in 2018/19, all of which were taken forward in line with the Whistleblowing Policy. Where appropriate, recommendations were made as part of the investigation process, which were then fed back to Senior Managers within the service area to make any necessary changes for improvement.

2.4.8.2 The subject matter and service areas of the aforementioned cases were varied. Behaviours and patient safety tended to be common themes in the concerns raised.

2.4.8.3 There are currently two live and national consultations with regards to whistleblowing in NHS Scotland: one for the role of the Independent National Whistleblowing Officer (a role with the Scottish Public Services Ombudsman will take on), and the other for the draft National Whistleblowing Standards). Key staff within NHSGGC are considering the content of those consultations, and a collated Board response will be submitted by the deadline of end of June 2019.

2.4.8.4 Consideration has been given to the practical steps needed to ensure the Board complies with the new National Whistleblowing Standards, which are due to be implemented late 2019. It was noted that in the consultation draft version there were striking similarities to the national Complaints Handling Procedure. For this reason, assurance was provided that the Board has experience of the work required to implement and fulfil the reporting requirements.

2.4.8.5 In line with this preparatory work, improved ways of recording whistleblowing cases are being developed to ensure that we are reporting and analysing the handling of cases in the best possible way.

2.4.9 **KSF Personal Development Planning and Review in NHSGGC**

2.4.9.1 NHSGGC continues to support and encourage all employees and their managers to have an up to date KSF Personal Development Plan and Review (PDP&R) in place so that employees continue to feel supported in developing and updating their skills and experience; and the Board meets the national target of 80% compliance.

2.4.9.2 Turas Appraisal replaced eKSF on 2nd April 2018 as the new national on-line recording system for agreed PDP&Rs. On implementation the Board's compliance figure was, in the short term, affected by gaps in the new national system's functionality to enable local reporting and to alert users on outstanding PDP&Rs. Prior to implementation of Turas Appraisal, e-KSF compliance was sitting at 75%.

2.4.9.3 Earlier challenges were improved on with the introduction of weekly imports of new start, leaver and change information and the inclusion of historical e-KSF documents allowing staff to view their previous records.

2.4.9.4 The compliance figure continued to improve each month from December 2018 as we work towards the 80% target. Disappointingly, at the end of March 2019 compliance was still below the required target at 40.2% reflecting the earlier challenges. However all areas are focussed on the need to achieve 80% compliance during 2019/20 and assurances will continue to be sought by the Committee.

2.4.9.5 Guidance on using Turas Appraisal is embedded throughout the application and additional support and guidance is provided by the Learning and Education Support team, the inclusion of new and updated online resources on HR Connect, KSF website, tutor lead sessions on 'Developing your Staff' and via local KSF Leads Network.

2.4.9.6 As well as working towards improving compliance rates, work also continues to improve the quality of the KSF PDPR discussion and this is supported by changes to the new Turas Appraisal system which helps to facilitate the conversation and think about future development needs and opportunities.

2.4.10 Full details of all Committee business items considered are attached at Appendix 2, including Medical Revalidation, Workforce Statistics, Area Partnership Forum reports and the Risk Register.

2.4.11 Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

3. **OUTCOMES**

3.1 Through the financial year the Committee was presented with various items and these can be summarised as follows:-

3.2 In 2018/19 the Committee received regular updates from all service

areas including the Health and Social Care Partnerships. At each Committee meeting two presentations are delivered, usually by the Director/Chief Officer, supported by their Head of People & Change and staff side partners.

3.3   In 2018/19, the Staff Governance Committee was pleased to receive presentations from the following service areas:

- West Dunbartonshire HSCP
- Glasgow City HSCP
- Acute Services
- East Dunbartonshire HSCP
- Corporate Functions – Public Health
- East Renfrewshire HSCP
- Estates and Facilities
- Corporate Functions – eHealth

3.4   The presentations enabled service areas to provide assurance that structures and processes are in place to meet the Staff Governance Standard, and allowed a level of scrutiny by Staff Governance Committee members. Achievements and challenges were highlighted and an overview of Staff Governance structures and local workforce performance statistics for each area was provided.

3.5   Managing attendance, achievement of 80% compliance of KSF Reviews (through TURAS), and Statutory and Mandatory training compliance, including the change in Fire Training frequency, were identified as requiring improvement in a number of service areas. Each service area identified key actions to be progressed, with the support of Heads of People & Change and staff side colleagues, to monitor and improve performance in these areas.

3.6   The Committee were particularly impressed with the presentation provided by East Dunbartonshire HSCP and welcomed the positive work across all areas of the HSCP and Oral Health Directorate.   The achievement of consistently high scores reflected a positive culture and it was requested that representatives from East Dunbartonshire HSCP and Oral Health returned to the Committee during 2019/20 to provide a further presentation outlining how this has been achieved.

3.7   This reflects the outcomes from the service presentations received by the Committee, with other key outcomes from Committee meetings highlighted in section 2.4 above.

4.   **CONCLUSION**

STATEMENT OF ASSURANCE

4.1   As Joint Chairs of the Staff Governance Committee, during the financial year 2018/2019 we are satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to

fulfill our remit as detailed in the Standing Orders. As a result of the work undertaken during the year we can confirm that adequate and effective Staff Governance arrangements were in place across NHSGGC during the year.

4.2 We would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many changes to the Staff Governance Committee. We would thank all those members of staff who have prepared reports and attended meetings of the Committee and NHSGGC for their excellent support of the Committee.

Mrs Dorothy McErlean
Mr Alan Cowan (Appointed Joint Chair, April 2019)

Joint Chairs
On behalf of STAFF GOVERNANCE COMMITTEE

STAFF GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2018/19

NAME	POSITION	ORGANISATION	01/05/18	07/08/18	06/11/18	05/02/19
PRESENT						
Ms M Brown	Co-Chair	NHSGGC	P	P	P	P
Mrs D McErlean	Co-Chair	NHSGGC	P	P	P	P
Mr A Cowan	Vice Chair	NHSGGC	-	-	P	P
Councillor J Clocherty	Member/NED	NHSGGC	P	AA	A	AA
Mrs J Donnelly	Member/NED	NHSGGC	AA	AA	P	AA
Councillor J McColl	Member/NED	NHSGGC	AA	-	-	-
Mrs T McAuley	Member/NED	NHSGGC	P	-	-	-
Councillor S Mechan	Member/NED	NHSGGC	P	AA	P	P
Mrs R Sweeney	Member/NED	NHSGGC	AA	P	P	P

NAME	POSITION	ORGANISATION	01/05/18	07/08/18	06/11/18	05/02/19
IN ATTENDANCE						
Mrs A MacPherson	Director of HR & OD	NHSGGC	P	P	P	P
Mrs L Lauder	HOPAC, Org Effectiveness	NHSGGC	P	P	P	-
Ms S Leslie	Depute Director of HR & OD	NHSGGC	AA	A	P	P
Ms B Culshaw	Non City HSCP Rep	West Dun HSCP	A	P	AA	P
Mr J Best	Interim Chief Officer, Acute	NHSGGC	P	P	-	P
Mr G Archibald	Chief Officer, Acute Services	NHSGGC	-	-	AA	-
Mrs L Delgado	APF Staff Side Secretary	NHSGGC	P	P	P	AA
Mr G Capstick	APF Staff Side Secretary	NHSGGC	P	P	P	P
Ms F Carmichael	Co-Chair Acute SPF	NHSGGC	P	AA	P	AA
Ms M McCarthy	Staff Side Chair, Glasgow HSCP SPF	NHSGGC	AA	AA	A	AA
Mr A McCready	Staff Side Chair, Non City HSCP SPF	NHSGGC	P	AA	P	P
Mrs B Howat	HOPAC, Corporate Services	NHSGGC	-	-	-	P
Mrs D Hudson	SG Co-ordinator/iMatter Ops Lead	NHSGGC	P	P	P	P

Key

P – Present
CC – via conference call
A – Absent – no apologies received
AA – Absent – apologies received
- Attendance not required

STAFF GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018 - 19

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
1st May 2018	**Presentations (Local Compliance with Staff Governance Standard):** • Julie Murray, Chief Officer, East Renfrewshire HSCP • Mary Anne Kane, Interim Director, Property, Procurement and Facilities Management Directorate **Minutes of Meeting held on 6 February 2018** **Rolling Action List** **Matters Arising:** • Dignity at Work Survey • Healthy Working Lives Survey • Fire Safety Training – Evacuation Training Update • NHSGGC Statutory and Mandatory Training Update • Staff Governance Monitoring Framework 2017-18 • Recruitment Shared Services Update **Standing Items:** • Medical Revalidation • Workforce Statistics • Area Partnership Forum Report • Health and Safety Report • Annual Review of NHSGGC Staff Governance Workplan • Whistleblowing Monitoring Report and Update **New Items:** • Review of Staff Governance Committee Remit • Introduction of Turas Performance System **Items for Information:** • Remuneration Committee Meeting 24 April 2018 - Report

Appendix 2

STAFF GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018 - 19

7th August 2018 (not quorate)	**Presentations (Local Compliance with Staff Governance Standard):**
	• Dr Linda De Caestecker, Director of Public Health
	• Beth Culshaw, Chief Officer, West Dunbartonshire HSCP
	Minutes of Meeting held on 1 May 2018
	Rolling Action List
	Matters Arising:
	• Healthy Working Lives – Mental Health Update
	• Fire Safety Training
	Agenda Items:
	• Medical Education
	• Staff Governance Workplan - Well Informed
	• Workforce Statistics
	• Statutory and Mandatory Training Report
	• Area Partnership Forum Report
	• Release Potential Report
	• Health and Safety Report:
	o Health and Safety Compliance – PwC Audit Report
	o HSE Visit Update
	• Turas Appraisal Update
	• Remuneration Committee Remit
	Items for Information:
	• Remuneration Committee Meeting 11 July 2018 – Report

STAFF GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018 - 19

| 6th November 2018 | **Presentations (Local Compliance with Staff Governance Standard)**
• David Williams, Chief Officer, Glasgow City HSCP
• Grant Archibald, Chief Officer, Acute Services

Minutes of Meetings held on 1 May (for approval as August meeting was not quorate) and 7 August 2018

Rolling Action List

 Matters Arising:
• Organisational Culture
• Fire Safety Policy
• Staff Governance Monitoring Framework – Scottish Government Feedback

Agenda Items:
• Whistleblowing Monitoring Report and Update
• Remuneration Committee Remit
• Staff Governance Workplan – Appropriately Trained & Developed
• Staff Governance Committee Annual Report to NHS Board
• Workforce Statistics
• Statutory and Mandatory Training Report
• Turas Appraisal Update
• Area Partnership Forum Report
• Health and Safety Report
• Risk Register
• Staff Health Strategy Update
• Meeting/Presentation Schedule 2019

Items for Information:
• NHSGGC Workforce Plan
• Health and Sport Committee report: The Governance of the NHS in Scotland |
| | |

STAFF GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018 - 19

5th February 2019	**Presentations (Local Compliance with Staff Governance Standard)** • Susan Manion, Chief Officer, East Dunbartonshire HSCP • William Edwards, Director, eHealth Directorate **Minutes of Meeting held on 6 November 2018** **Rolling Action List** **Matters Arising:** • Fire Safety Policy • Flu Vaccination Report • Health &Safety Executive Compliance Update • Risk Register • Healthy Working Lives Mental Health Update **Agenda Items:** • Staff Health Strategy – Year 2 Action Plan • Medical Revalidation Report • Staff Governance Workplan – Involved in Decisions • Area Partnership Forum Report • Organisational Culture • Workforce Statistics • Audit Report on Attendance Management • Release Potential Report • Turas Appraisal Update • Statutory and Mandatory Training Report • Whistleblowing Reports – Closing Arrangements **Items for Information:** • Remuneration Committee Meeting 23 November 2018 and 15 January 2019