

SGC(M)20/03
Minutes: 36 - 51

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde
Staff Governance Committee
held via Microsoft Teams, on
Tuesday 3 November 2020 at 1.30 pm**

PRESENT

Mr A Cowan (in the Chair)

Mrs R Sweeney	Mrs D McErlean (Co-Chair)
Mr C Vincent	Ms A Khan
Mr F Shennan	

IN ATTENDANCE

Prof. J Brown CBE	Chairman – NHS Greater Glasgow and Clyde
Ms F Aitken	RCPE (Observer)
Ms A Cameron-Burns	Area Partnership Forum Staff Side Secretary
Ms F Carmichael	Co-Chair, Acute Partnership Forum
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Prof. M Deighan	RCPE (Observer)
Mrs J Grant	Chief Executive
Mr B Greene	Head of Human Resources, Renfrewshire HSCP (Item 40.2)
Ms A Harkness	Moving Forward Together / Staff Flu Immunisation Lead (Item 39.2)
Ms C Heuston	Head of Human Resources, Glasgow City HSCP
Mrs B Howat	Head of Human Resources, Corporate Services
Mrs D Hudson	Staff Governance Co-ordinator/iMatter Operational Lead
Mr D Leese	Chief Officer, Renfrewshire HSCP (Item 40.2)
Mrs M Macdonald	Learning & Education Manager
Mrs A MacPherson	Director of Human Resources & Organisational Development
Mr D Mann	Head of Organisational Development, Acute and Corporate (Item 44)
Ms P Martin	Head of Staff Experience (Observer)
Mr A McCready	Staff Side Co-Chair – Non City HSCP Staff Partnership Forums
Ms M McCarthy	Co-chair, Glasgow HSCP Staff Partnership Forum
Mr S Munce	Workforce Planning and Analytics Manager (Item 45)
Ms C Ospedale	Deputy Director of Communications (Item 46)
Ms N Owens	Depute Director of Human Resources & Organisational Development
Mr T Quinn	Head of Human Resources, East Dunbartonshire HSCP (Item 40.1)
Ms C Sinclair	Interim Chief Officer, East Dunbartonshire HSCP (Item 40.1)
Ms K Strannigan	Head of Health & Safety (Item 48)
Ms E Vanhegan	Head of Corporate Governance and Administration (Item 43b)
Ms AJ Walton	Co-chair, Renfrewshire HSCP Staff Partnership Forum (Item 40.2)

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36.	WELCOME AND APOLOGIES	ACTION BY
	<p>The Chair opened the meeting by welcoming Ms Caroline Sinclair, Interim Chief Officer – East Dunbartonshire Health & Social Care Partnership, to her first meeting of the Staff Governance Committee to present on the application of the Staff Governance Standard within East Dunbartonshire Health and Social Care Partnership. Mr Tom Quinn, Head of Human Resources, East Dunbartonshire Health & Social Care Partnership, was in attendance to support Ms Sinclair.</p> <p>Mr David Leese, Chief Officer – Renfrewshire Health & Social Care Partnership was in attendance, supported by Mr Brian Greene, Head of Human Resources, Renfrewshire Health & Social Care Partnership and Ms Amanda Jane Walton, Co-Chair Renfrewshire Health & Social Care Partnership Staff Partnership Forum, to present on the application of the Staff Governance Standard within Renfrewshire Health & Social Care Partnership. The Chair advised the Committee this would be Mr Leese’s final attendance at the Committee prior to taking up a new post outwith the NHS.</p> <p>The Chair also welcomed Professor Michael Deighan and Ms Fiona Aitken from the Royal College of Physicians of Edinburgh (RCPE), who were in attendance to observe the meeting as part of the Governance Assurance work being undertaken by the Board. A welcome was also extended to Ms Pamela Martin, the newly appointed Head of Staff Experience who was due to take up post from 9th November 2020.</p> <p>The Chair noted that in light of the ongoing pandemic there was a desire to restrict Committee agenda items to areas of priority and risk for the Board, therefore there was agreement from the Board Medical Director and Board Nurse Director, to defer proposed reports to a future Staff Governance Committee meeting.</p> <p>Apologies for absence were intimated on behalf of Councillor Sheila Mechan.</p> <p><u>NOTED</u></p>	
37.	DECLARATIONS OF INTEREST	
	<p>One declaration of interest was noted from Mr Andrew McCready, who advised he is the Co-Chair of the East Dunbartonshire Health & Social Care Partnership Staff Partnership Forum.</p> <p><u>NOTED</u></p>	
38.	MINUTES	
38.1	<u>Minutes</u>	

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	<p>The Minutes of the Staff Governance Committee meeting held on Tuesday 18 August 2020 SGC(M) 20/02 were approved as a correct record by Mrs Dorothy McErlean and seconded by Mr Andrew McCready.</p> <p><u>APPROVED</u></p>	
39.	MATTERS ARISING	
39.1	<u>Rolling Action List</u>	
	<p>Mrs McErlean, Co-Chair, had circulated the Rolling Action List (Paper 20/26).</p> <p>Mrs McErlean advised there were seven actions currently on the Rolling Action List with five marked for closure. Mrs McErlean noted that there were two actions identified as ongoing. The NES report on NHSGGC Medical Appraisal and Revalidation, which had been delayed due to COVID-19 would be brought to the Committee in February 2021. The action against Minute No. 23.2 concerning Communication would be reflected through updates on Culture and Staff Experience/Staff Engagement and would also be incorporated into the Staff Governance Committee annual report to the NHS Board in 2021.</p> <p>The Committee noted the updated Rolling Action List and agreed the items suggested for closure.</p> <p><u>NOTED</u></p>	
39.2	Flu Vaccination Programme Update	
	<p>Ms Anne Harkness, Acute Director, Moving Forward Together / Staff Flu Immunisation Lead, had circulated a paper providing an update on the Staff Flu Vaccination Programme (Paper 20/27).</p> <p>Ms Harkness advised that due to COVID-19 requirements a different approach had been taken to the delivery of this year's Staff Flu Vaccination Programme with Occupational Health providing the vaccination to non-clinical staff, and peer immunisation being undertaken for all clinical staff.</p> <p>Ms Harkness reported that in comparison to last year, where 47% of the workforce (18,726 staff) were immunised in total, current figures, with just under 14,000 immunised to date, and a further 8,000 registered for immunisation, show that the Board was on target to exceed this and achieve the national target of 60% or greater uptake.</p> <p>The report identified some early problems with vaccine ordering impacting on availability, however this had since been addressed, with a further delivery due in the coming week.</p>	

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	<p>Mr Cowan noted that traditionally, the nursing cohort had a low uptake and looked for consideration as to how uptake could be maximised. Ms Harkness advised that in previous years there were perceived challenges in nursing staff getting time away from wards to be immunised but that the current pandemic and the change to on-site peer immunisation this year could account for a higher uptake amongst this group.</p> <p>Mr Sheenan asked if the reason for the higher uptake this year amongst staff could be established. Ms Harkness and Mrs MacPherson confirmed staff experience colleagues would gather further feedback from staff on the reasons for a higher uptake at an appropriate time.</p> <p>Ms Sweeney sought reassurance as to when the Board hoped to achieve the 60% target and asked that further reports identified the performance to date against the target as at present the figures quoted did not equate to the required target. Ms Harkness advised the flu vaccination programme is still scheduled to run for a further 3-4 weeks with the trajectory showing the 60% target will be achieved by the end of November 2020.</p> <p>Professor Brown asked if the increase in numbers could be due to the same staff as previously accessing the vaccination early, rather than more staff accessing the vaccination. Professor Brown also sought to clarify if the 60% target remained, or had increased to 70%, which had been suggested elsewhere.</p> <p>Ms Harkness noted the areas taking up the vaccination to date are different to previous years which provided a degree of assurance. Ms Harkness advised that the trajectory of 2,000 vaccinations per week was under review and this would be used to inform and update the trajectory plan. In addition, a sense check on those coming forward would be undertaken to establish if this was new staff from those previously immunised. Ms Harkness also advised that she was unaware of a change to the target set but would confirm if this is the case.</p> <p>The Chair thanked Ms Harkness for the report and update, and noted the current figures and planned trajectory. A further report would be brought to the Committee in February 2021.</p> <p><u>NOTED</u></p>	<p>Ms P Martin</p> <p>Ms A Harkness</p>
<p>40.</p> <p>40.1</p>	<p>PRESENTATIONS – Local Compliance with Staff Governance Standard</p> <p><u>East Dunbartonshire Health & Social Care Partnership (HSCP)</u></p>	
	<p>The Staff Governance Committee received copies of the East Dunbartonshire Health and Social Care Partnership (HSCP) Staff Governance Action Plan.</p>	

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Ms Caroline Sinclair, Interim Chief Officer, East Dunbartonshire HSCP, supported by Mr Tom Quinn, Head of Human Resources – East Dunbartonshire HSCP, gave a presentation on the Staff Governance activity within the HSCP, and Oral Health, a hosted service within East Dunbartonshire HSCP, providing an overview of key workforce metrics, including sickness absence, Statutory and Mandatory training and KSF compliance, outlining the actions being undertaken within the HSCP to ensure effective management towards compliance with targets.

Ms Sinclair outlined the achievements & challenges posed by the COVID-19 pandemic during 2020 and detailed the range of activity undertaken in partnership to engage with and support staff during this time. This included the development of a Wellbeing Group, a weekly 'Our News' briefing, a weekly Chief of Dentistry briefing and the use of MS Teams to conduct a range of virtual meetings and events, alongside a variety of general staff communications.

Ms Sinclair advised that the main area of challenge was within Oral Health, in identifying space to both deliver services and base staff, whilst maintaining social distancing.

The case study outlined a local staff pulse survey which had been developed in partnership and delivered during July 2020 to seek feedback on the challenges faced by staff during the pandemic, and an indication of changes implemented which had been beneficial and should be maintained going forward. Staff had the option of completing the survey either on paper or electronically. The results were fed back to staff and linked with the Everyone Matters National Pulse Survey to inform the Partnership remobilisation plans. It was planned to re-do the local survey again at a point later in the year.

Mrs MacPherson noted the HSCP weekly wellbeing emails which were an excellent example of a person centred approach.

Ms Khan noted the good work outlined within the presentation, and, with reference to the Action Plan, sought examples of the ways in which the HSCP continued to promote positive values and behaviours during the pandemic. Ms Sinclair confirmed that the HSCP remained thoughtful as to how the different ways of working supported staff, as there was awareness that remote working was not a positive experience for all. Within Mental Health services however, it was noted that, positively, in some cases, clients were more willing to disclose more during an online meeting, and this was a feature which they would wish to retain going forward.

Mr Cowan noted East Dunbartonshire HSCP's high KSF compliance at 59.8%, and 68.4% for Oral Health, when compared with other Partnerships, and sought to determine how this was achieved.

Ms Sinclair advised that managers were encouraged to recognise that the routine conversations they had with staff were all part of the KSF process

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	<p>and to consider how they could capture this on the system rather than scheduling in a specific KSF discussion.</p> <p>Ms Sweeney was pleased to note the HSCP’s high performance in relation to Statutory and Mandatory training compliance however noted the lower achievement for Induction at 67% and sought reassurance this was being addressed. Ms Sinclair acknowledged this and advised the Committee that increased rigour would be put into improving Induction compliance.</p> <p>Professor Brown noted that KSF compliance, whilst comparatively high, was still below the 80% national target. Mrs MacPherson advised that the national KSF appraisal process had been paused due to COVID-19 however this had been discussed with the Corporate Management Team and was now receiving increased focus and attention to ensure staff had opportunities for discussion and ongoing development.</p> <p>Professor Brown referred to the Caring Conversations and Resilience Awareness Programmes scheduled for the end of November 2020 and asked if there was scope to bring these forward as these were key in ensuring staff are supported and cared for. Ms Sinclair confirmed there had been a delay in delivery of these programmes due to absence of a key staff member who had now returned and therefore these could be progressed rapidly.</p> <p>In response to a question from Professor Brown about support across HSCPs Mrs MacPherson noted that the programmes identified were local to East Dunbartonshire HSCP however learning from these would be identified and fed into the development of Board-wide activity. She advised that along with the Board Wellbeing Champions, an action plan had been developed and the roll out of key activity such as ‘Coaching for Leaders’ and coaching in mental health was now underway across all areas.</p> <p>The Chair thanked Ms Sinclair for her presentation and in particular noted East Dunbartonshire’s positive performance in key HR metrics in comparison to other HSCPs; the focus on staff wellbeing and opportunities to share good practice with others; and the clarity of focus the HSCP had on KSF and training and development.</p> <p><u>NOTED</u></p>	
<p>40.2</p>	<p><u>Renfrewshire Health & Social Care Partnership (HSCP)</u></p>	
	<p>A copy of the Renfrewshire HSCP Staff Governance Action Plan had been circulated to the Committee in advance.</p> <p>Mr David Leese, Chief Officer, Renfrewshire HSCP, supported by Mr Brian Greene, Head of Human Resources – Renfrewshire HSCP and Amanda Jane Walton, Co-Chair, Renfrewshire HSCP Staff Partnership Forum, gave a presentation on the Staff Governance activity within the HSCP providing</p>	

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an overview of key workforce metrics, and the achievements and challenges posed by the COVID-19 pandemic during 2020.

Mr Leese reported that attendance management had been an area of focus and had shown improvement during 2020 with a current rate of 5.13% compared to the Board's rate of 5.77% and total HSCPs' rate of 5.54%.

Mr Leese noted that KSF performance at 41.73%, against a target of 80%, remained a challenge and was an area of continued scrutiny, with consideration being given as to how this process could be undertaken flexibly in light of current working arrangements. Statutory and Mandatory Fire Safety training compliance, whilst showing an upward trajectory at 82.1%, was also below the required target of 90% and would continue to receive particular attention.

In relation to the specific activity undertaken during the COVID-19 pandemic, Mr Leese outlined a range of measures used to engage with staff, including regular Chief Officer updates and promotion of the health and wellbeing support available to staff.

Mr Leese highlighted the challenges posed which, in addition to maintaining KSF and Statutory and Mandatory compliance previously mentioned, also included continued compliance with HSE health and safety training. Mr Leese also highlighted challenges in relation to Staff Partnership Forum (SPF) engagement where issues directly relating to the pandemic, such as outbreaks in care homes, required to be discussed.

The case study outlined the mobilisation of a range of staff within the HSCP, including GPs, Health Visitors and Podiatrists, who had volunteered to support the Community Assessment Centre, still in operation within Renfrewshire, as well as supporting centres in Inverclyde and East Renfrewshire. Mr Leese commended the dynamic approach and vocational commitment shown by staff, many of whom were operating outwith their comfort zones, to maintain a high level of service provision. Mr Leese advised he had written personally to thank staff for their support.

As this was his last Committee meeting Mr Leese expressed thanks to the staff, staff side colleagues and his senior management team for all their support and dedication during his time as Chief Officer of Renfrewshire HSCP.

Mr Cowan queried the challenges relating to Staff Partnership Forum engagement highlighting this tended to be more established within HSCPs. Mr Leese advised that Renfrewshire HSCP had a long-standing record of good partnership relationships with active collaboration and engagement of staff side on the IJB and the Staff Partnership Forum. In this instance the engagement challenges lay more in having to make decisions quickly around rapidly emerging issues.

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Mrs McErlean noted that HSE Health and Safety training compliance was lower in Renfrewshire HSCP than other areas and sought assurance that this was progressing, in partnership. Mr Leese advised that this was an area of immediate focus and that details of all outstanding training was being actively followed up with individuals and he believed they were now on track to resolve this matter.

Mr Greene added that following the new appointment of a staff side Co-Chair to the Staff Partnership Forum, engagement would be taken forward with staff side on all aspects of the Staff Governance Action Plan. He also confirmed that HSE Health & Safety training non-compliance had been raised with the SMT to ensure managers were supporting staff to meet requirements.

Mrs McErlean noted that Renfrewshire HSCP SPF was the only HSCP not co-chaired by the Chief Officer and queried whether the low compliance levels in iMatter and other HR metrics could be an indication of this. Mrs McErlean suggested this may be an area for reflection for the future.

Ms Khan asked what action was being taken to mitigate the IT challenges for some colleagues noted with the Staff Governance Action Plan. Mr Leese confirmed there had been some initial difficulties around the transition to Windows 365, and for some staff for whom alternative PC access was required due to COVID-19 restrictions, but that any issues raised were being resolved on an ongoing basis.

Ms Khan sought assurance that the promotion of staff diversity remained on the agenda for the HSCP as this was not referenced in the Action Plan. Mr Leese confirmed that this remained core to the application of policies and procedures within the HSCP however acknowledged Ms Khan's point and agreed it would be helpful to reflect this in the Action Plan.

Mrs MacPherson updated on discussions with the Disability Forum and eHealth colleagues to ensure disabled staff continued to be supported with any changes to the working environment due to COVID-19. In addition, Mrs MacPherson highlighted the range of measures undertaken to ensure workforce equality remained a key priority, including specific risk assessments for BAME staff, and proposals to establish a LGBTQ+ Champion for the Board.

Ms McCarthy queried how the Green rating provided at actions 1.1, 1.3 and 1.4 in the Action Plan had been arrived at, noting staff side colleagues had not been consulted. Mr Leese assured the Committee that there had been discussion with managers and staff, as well as dialogue with the SPF staff side Co-Chair around the ratings, but acknowledged that this was outwith the SPF process and this would not be repeated in future. Mrs McErlean confirmed that she had also provided assurance to the SPF Co-Chair that she would raise this with the Chief Officer and Head of Human Resources.

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	<p>Professor Brown queried whether a review of the ratings for those areas highlighted by Ms McCarthy was required. It was agreed that further discussion would be taken forward locally in partnership within the HSCP to determine the appropriate rating.</p> <p>The Chair thanked Mr Leese for his report and presentation, noting there were 5 of the 7 priority areas of work remaining from the previous report to the Committee. In particular, the importance of gaining partnership support for Red, Amber Green (RAG) ratings in the Staff Governance Action Plan was highlighted for attention.</p> <p><u>NOTED</u></p>	<p>Chief Officer - Renfrewshire HSCP</p>
<p>41.</p>	<p>STAFF GOVERNANCE COMMITTEE - CONTINUOUS IMPROVEMENT</p>	
	<p>The Staff Governance Committee Co-Chairs had circulated a paper detailing an update on the Staff Governance Committee Continuous Improvement Action Plan (Paper 20/28).</p> <p>Mr Cowan advised that significant progress had been made since the last Committee meeting in August 2020, with twelve out of sixteen recommended actions now complete.</p> <p>Mr Cowan highlighted the key recommendations which had been progressed and were now evidenced in the Committee Agenda and papers including the development of an integrated Performance Report (Paper 20/32); the blending of the Board's Culture Framework and Workforce Strategy (Paper 20/31); and the alignment of the Staff Governance Workplan with the Staff Governance Standards and Board Objectives (Paper 20/20).</p> <p>Mr Cowan also noted the work undertaken to review the Staff Governance assurance presentation and action plan templates provided to services, which had been circulated to the Committee for comment along with the paper. These reflected a lighter-touch and were more intuitive, with clearer links to the Staff Governance Standards.</p> <p>Mr Cowan advised that discussion was ongoing around the draft 2021 Staff Governance Committee Agenda Workplan taking into account current governance requirements during the pandemic.</p> <p>Mr Cowan proposed that Recommendation 10 of the Continuous Improvement Plan relating to the engagement and involvement of staff side representatives should be noted as complete as the Staff Governance Committee Co-Chairs were content that the contribution of staff side colleagues at Area Partnership Forum was significant. The Committee agreed to this.</p>	

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	<p>The Committee noted the update to the Staff Governance Committee Continuous Improvement Action Plan, with a final update on progress to be brought to the February 2021 meeting of the Committee.</p> <p><u>NOTED</u></p>		
42.	STAFF GOVERNANCE WORKPLAN 20/21		
	<p>The Director of Human Resources and Organisational Development had circulated a paper outlining the Staff Governance Workplan 20/21 (Paper 20/29).</p> <p>Mrs MacPherson updated the Committee on the revised format for the 2020/21 Workplan. This reflected a more focussed approach linked to Culture and Workforce commitments, with actions aligned with the Staff Governance Standards and the newly developed Board Objectives. The revised Workplan also clearly identified the accountable leads for delivery against each action and a summary page had been added at the front providing an ‘at a glance’ overview of standards, actions, progress and Executive sponsorship.</p> <p>Mrs MacPherson noted that the Workplan reflected areas of current focus and progress.</p> <p>Going forward, it was intended to provide the Committee with wider updates on the key activity outlined in the Workplan, with presentations focussed on actions identified (with reference to the Red, Amber Green rating), requiring further, in depth discussion.</p> <p>Mr Cowan thanked Mrs MacPherson for the overview of the Workplan, noting the incorporation of the best practice approach identified in the Continuous Improvement Plan.</p> <p>Mrs McErlean added her appreciation for the work undertaken in developing the Workplan and advised that work would be progressed in partnership to improve on the actions currently identified as Amber.</p> <p>The Committee approved the Staff Governance workplan 2020/21.</p> <p><u>APPROVED</u></p>		
43.	WHISTLEBLOWING MONITORING REPORT AND UPDATE		
43a.	<u>Review of Whistleblowing within NHS Greater Glasgow and Clyde</u>		
	<p>The Whistleblowing Champion had circulated a paper detailing the progress of the internal Whistleblowing Review (Paper 20/30).</p>		

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<p>Mr Vincent advised that the review was progressing well and was on track to report its findings to the Committee in February 2021, and to the NHS Board in March 2021.</p> <p>Mr Vincent noted a correction to his paper under Paragraph 2 headed 'Progress', where it was indicated that the process was 'being managed by the Complaints Team' however this should state 'Complaints Manager'.</p> <p>The cases for review, and the individuals to be interviewed, had been identified from all whistleblowing cases during 1st April 2017 to 31st March 2020.</p> <p>Mr Vincent advised that the review had also considered 16 cases not classed as whistleblowing and that this had identified potential gaps in the governance arrangements around whistleblowing, for which interim recommendations had been set out in the paper. Mr Vincent stressed that this did not indicate that a process was not followed, or no action taken, rather that such cases had not been logged as whistleblowing and hence did not allow Staff Governance Committee oversight.</p> <p>Following a query from Mr Cowan on paragraph 5 of the report headed 'Interim Recommendations' it was agreed that this should read 'the review has already been able to identify some interim recommendations that the Committee is respectively asked to approve'.</p> <p>Mr Cowan asked what criteria had been used to assess the cases not previously classed as whistleblowing. Mr Vincent confirmed that the review had considered these cases against the criteria set out in the current Whistleblowing Policy to determine if they met with definitions contained therein.</p> <p>Mrs MacPherson noted potential crossover with concerns raised through other employment policies, such as Grievance, Disciplinary and Dignity at Work and confirmed it was important to establish clarity around expectations on what was in the scope of whistleblowing, and hence the remit of the Staff Governance Committee, and what was not. Ms Vanhegan advised on previous work undertaken to establish what was/was not whistleblowing and proposed further discussion with Mr Vincent and Mrs MacPherson outwith the meeting to help inform future recording and classification.</p> <p>Professor Brown noted the helpful update on the Review, and requested confirmation that the 16 cases referred to had been actioned. Ms Vanhegan assured members that whilst not all cases had been recorded as whistleblowing, all cases received had been logged and reviewed, and follow up action taken. Where cases were raised anonymously, feedback was provided to services. She noted the option to merge both logs if this was deemed appropriate.</p>	<p>Mr C Vincent</p>
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	<p>Ms Sweeney acknowledged the concerns around determining boundaries, as all conversations could potentially be considered whistleblowing, however the primary concern for her was that issues raised were being addressed. Ms Sweeney was reassured to note all cases were followed up.</p> <p>Professor Brown also queried whether information could be added to the current Whistleblowing Policy, or alternatively to operating instructions, to clarify how cases were to be recorded. This would provide a degree of assurance that all cases were appropriately reviewed and accurately classified as being within or outwith the scope of the Whistleblowing Policy.</p> <p>Mrs MacPherson confirmed that as the new national Whistleblowing Policy was expected at the beginning of 2021 it would not be helpful to amend the existing policy at this time however the guidance currently in place would be enhanced to provide further clarity around classification and recording meantime.</p> <p>The Committee noted the progress of the internal Whistleblowing Review and approved the Interim Recommendations in principle subject to further discussion and agreement on the rationale and decisions around classification and recording of cases falling outwith the scope of whistleblowing.</p> <p><u>APPROVED</u></p>	<p>Ms N Owens/ Mrs E Vanhegan</p>
<p>43b.</p>	<p><u>Whistleblowing Standards</u></p>	
	<p>The Head of Corporate Governance and Administration provided a verbal update on the National Whistleblowing Standards.</p> <p>Ms Vanhegan confirmed the National Whistleblowing Standards would be implemented from 1st April 2021, which was a delay from the original implementation date of July 2020.</p> <p>It was noted that a number of activities would require to be progressed with regards to implementation of the Whistleblowing Standards and that a Short Life Working Group was being set up, with staff side representation, to take forward this work. This would include the development of appropriate communication channels to support roll out.</p> <p>Ms Vanhegan noted the process outlined in the Whistleblowing Standards appeared to be broadly similar to the current Complaints Standards therefore staff would have a degree of familiarity with the process already. There were a number of key roles including Confidential Contacts, a Whistleblowing Officer and Liaison Officer to be identified.</p> <p>Ms Vanhegan outlined the anticipated governance arrangements which included quarterly reporting to the Corporate Management Team, as well as the Staff Governance Committee and the NHS Board.</p>	

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	<p>The Chair thanked Ms Vanhegan for providing a thorough update.</p> <p>The Committee noted the National Whistleblowing Standards update and welcomed a further update at the February 2021 Committee.</p> <p><u>NOTED</u></p>	<p>Mrs E Vanhegan</p>
<p>44.</p>	<p>CULTURE & WORKFORCE STRATEGY</p>	
	<p>The Depute Director of Human Resources circulated a paper providing an update on progress in the development of the Board’s Workforce Strategy for 2020-2025 and the implementation of the Culture Action Plan. (Paper 20/31).</p> <p>Ms Owens advised that the Workforce Strategy had been reviewed following feedback provided at the August Staff Governance Committee meeting and the commitment to diversity was now an overarching feature across the whole of the Strategy.</p> <p>Ms Owens referred to the methods of engagement undertaken and the feedback from the local staff pulse survey, the outcomes of which had been generally positive and were clearly aligned to the four core commitments outlined in the Strategy.</p> <p>Ms Owens noted there was also an update provided on the Investors in People pilot which had now commenced within Inverclyde Royal Hospital and which would be used to inform wider rollout across the rest of the Board.</p> <p>Mr Cowan, as Staff Health Champion, was disappointed to note that staff did not appear to see the staff health initiatives set out in the Staff Health Strategy as of key importance and queried what was being done to improve this.</p> <p>Mrs MacPherson advised that feedback had been taken to the Staff Health Strategy Group. It was acknowledged that current work around Mental Health and Wellbeing resonated more with staff than the previous Staff Health Strategy actions, and this was evidenced by the overwhelming success of the Mental Health and Wellbeing action plan.</p> <p>Referring to responses to Question 3 in the pulse survey Mrs Sweeney sought further understanding as to what this conveyed about the high importance placed on staffing and supportive managers.</p> <p>Ms Owens noted, with regards to staffing, this was in relation to staffing levels and availability, and work was being undertaken through the Recruitment Action plan to determine if this was a perception or if there were staffing gaps. Furthermore, the emphasis on supportive managers was not necessarily an indication of negative feedback but rather an</p>	

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	<p>acknowledgement that having supportive managers was critical to leadership success. This feedback would be used to review the wider management and leadership programmes outlined in the action plan.</p> <p>Professor Brown noted that the questions asked within the pulse survey were not aligned to the Staff Governance Standards but more to staff engagement, and sought clarity on the process undertaken to develop the questions. Ms Owens advised the questions were based on the 4 commitments detailed within the Workforce Strategy.</p> <p>In addition, Professor Brown commented on the need for staff to feel recognised and valued, and asked what actions would be undertaken to ensure this. Ms Owens advised that the value placed on recognition would be further reflected in the Workforce Strategy Action Plan and included in the next update at the February meeting of the Staff Governance Committee.</p> <p>Professor Brown stressed the importance of asking staff what was important to them. Mrs MacPherson was confident that the themes captured in the Workforce Strategy were now what staff wanted to see included and that this was reflective of wide engagement of stakeholders, including focus groups with staff and staff-side partners, which had reinforced the themes identified. Following on from this, feedback from the National Everyone Matters Pulse Survey, the NHS Greater Glasgow and Clyde Mental Health Check-in and planned focus groups would be incorporated into the Action Plan.</p> <p>The Committee noted the Culture and Workforce Strategy update and welcomed the commitment to bring a final Action Plan for approval to the February meeting of the Committee.</p> <p><u>NOTED</u></p>	<p>Ms P Martin / Ms N Owens</p>
<p>45.</p>	<p>SUMMARY WORKFORCE INFORMATION REPORT</p>	
	<p>The Workforce Planning and Information Manager had circulated Paper 20/32 which provided a Board Workforce Analytics Storyboard for the period ending September 2020.</p> <p>Mr Steven Munce, Workforce Planning and Information Manager, spoke to the storyboard, noting that this covered a wide range of workforce metrics across the Board. Of particular note was the utilisation of annual leave which had returned to more typical levels and progress with Statutory and Mandatory training compliance which had achieved the 90% or greater target in all but Fire Safety Training, although this had also shown a significant upward trajectory from the previous month from 77% to 83%. Mr Munce also noted an improvement in two of the three Health and Safety training components.</p>	

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<p>Ms Khan thanked Mr Munce for the storyboard, and queried information relating to the equality dataset, notably the male/female split within the Board, and whether this split had changed in recent years; whether transgender was recorded; the high levels of non-disclosure of religious belief and the proportion of staff in higher age groups, in high pay bands.</p> <p>Mr Munce noted that, naturally, the longer a staff member works within the Board, there is a likelihood of movement to higher bands through progression within the scale.</p> <p>Mrs MacPherson added that the workforce across NHS Scotland is predominantly female therefore this was reflective, however the balance did appear to be shifting. Mrs MacPherson also advised that transgender was recorded.</p> <p>Ms Cameron-Burns recommended that non-binary should also be added as an option and Mrs MacPherson agreed that this would be taken to the Workforce Equalities Group for further consideration.</p> <p>Professor Brown acknowledged the improved report and requested the inclusion of more detail to support vacancy forecasting and the identification of future recruiting requirements.</p> <p>Mrs MacPherson confirmed that more equalities data would be included and recruitment and vacancy data would be re-instated in future reports.</p> <p>Mr Cowan stressed the need for continuing efforts to improve Fire Safety training compliance. Mrs MacPherson advised that a dip in performance was due to the change in the training cycle of this module and that work was progressing to include Fire Safety within the reminder system to alert staff to the requirement to complete.</p> <p>Mr Cowan also noted the number of absences where the absence reason was not known, and sought assurance that action was planned to address this. Ms Owens confirmed work was being undertaken to reduce the number of uncategorised absences, highlighting this was more a housekeeping issue which colleagues were working to resolve.</p> <p>Mr Vincent questioned whether access to the raw data could be provided to determine if this could be reported in different ways. Mrs MacPherson advised that access to sensitive information was regulated by legislation which prevented this from being shared as requested.</p> <p>The Chair thanked Mr Munce for the update and looked forward to the updated storyboard in February, which would include vacancy information and forecasting detail.</p> <p><u>NOTED</u></p>	<p>Mr S Munce</p> <p>Mr S Munce</p>
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46.	STAFF EXPERIENCE/STAFF ENGAGEMENT ACTIVITY	
	<p>The Learning and Education Manager provided a presentation outlining the results of the recent Everyone Matters National Pulse Survey 2020.</p> <p>Mrs Macdonald advised that this National Survey had replaced iMatter in 2020, and the questions asked sought to capture a ‘state of mind in the moment’ perspective from staff during the COVID-19 pandemic.</p> <p>The reporting from this survey would be distributed in two parts, with the initial quantitative data having already been received and the qualitative data (Part B) due to be released later in November 2020. Over 18,000 responses were received from NHS Greater Glasgow and Clyde staff, generating a 38% response rate. Mrs Macdonald noted that the NHS Greater Glasgow and Clyde Mental Health check-in ran alongside this Survey.</p> <p>Responses to one survey question in particular, which related to levels of anxiety, were relatively high however it was to be noted that the timing of the Survey coincided with the point at which restrictions were at the highest level.</p> <p>Mrs Macdonald provided an overview of responses to the questions asked. No further context was provided at this stage, however Part B of the report would provide further details.</p> <p>In addition, each Board has been asked to provide a number of stories to reflect the activity undertaken to support staff during the pandemic for inclusion with the National Everyone Matters Pulse Survey report. NHS Greater Glasgow and Clyde provided a number of stories, including Life on the Frontline videos, the Going Home Checklist, the Mental Health check-in and reflections on the use of SMS as a response method to the Survey, which was newly introduced across all Boards in 2020.</p> <p>Next steps will include a review of the key themes following publication of Part B of the Board’s report and the National report, and the identification of key actions from this; sharing the reports with the relevant Committees and Forums, and the integration of lessons learned in to iMatter 2021 action planning. Work will also be taken forward with the Corporate Communications team to ensure key messages are shared widely.</p> <p>The Deputy Director of Corporate Communications then presented an update on the Communications Audit, undertaken in August 2020.</p> <p>Ms Ospedale outlined the purpose of the survey, which was to obtain feedback from staff on the communication methods used within the Board and their effectiveness.</p> <p>Staff responded from a wide variety of job roles. Responses identified two particular areas of focus including the need to provide a wider range of face</p>	

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to face communication and a desire for increased visibility of senior managers.

Other key findings identified a preference for local/site specific communications, and for staff communications via email to be issued earlier in the day. Whilst the use of StaffNet is still widespread, this was considered to be in need of updating.

During COVID-19, the 'Life on the Frontline' videos were well received as were the messages from the Chief Executive and the Acute Brief, where there was an emphasis on recognising and thanking staff for their contributions.

Planned next steps included more morning Core Briefs; more effective use of social media platforms; the use of video production to allow interaction of staff with senior managers; increased use of MS Teams for communication; and further engagement to review the requirement for more site specific newsletters. Ms Ospedale advised there would be close working with the newly appointed Head of Staff Experience to progress the Audit's findings and to develop a strategy for staff engagement.

Mrs McErlean acknowledged the work undertaken to date, in particular welcoming the plans to review and improve StaffNet. She emphasised the important role that the Head of Staff Experience would play and looked forward to the opportunity to work in partnership to further develop staff communications.

Mr Shennan was surprised to note that traditional methods of communication remained the most popular and asked how two way communication might be enhanced. Ms Ospedale outlined options under consideration including quarterly team meetings with leaders with opportunities for staff to dial-in and ask questions or receive updates on a specific topic.

Professor Brown noted the relatively low response rate to the Everyone Matters National Pulse Survey and sought reassurance on plans to engage with the large number of staff who had not responded to the survey. Mrs Macdonald advised that the Survey had run in parallel with other surveys. In addition, this Survey had been promoted as a National Survey unlike previously where iMatter was promoted at Board level. Also, access to the survey was via a unique link rather than open access which made responding more difficult for staff. This had been fed back to the National team for future reference.

Mrs Macdonald added that focus groups were planned to engage with staff, following publication of Part B of the report to seek feedback on the themes identified.

Mrs MacPherson advised that there had been a significant effort, in light of previous response rates, to increase staff engagement through the

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	<p>National Pulse Survey. She noted that this Survey was different in nature and considered that the response received should be taken in the context of circumstances prevailing. She acknowledged there was still significant progress to be made and the Head of Staff Experience was a key addition to develop new ways to engage with all staff, working alongside the Corporate Communications team.</p> <p>Professor Brown also noted a low response rate to the Communications Audit and queried how many staff had been asked to participate. Ms Ospedale advised that the survey was open to all staff, however just over 2,500 had responded, again acknowledging that this ran alongside other surveys.</p> <p>Professor Brown acknowledged the efforts of Human Resources, staff side colleagues and the Communications team, noting the need for managers to engage more with their staff, and he welcomed the work to further develop the area of Staff Engagement.</p> <p>The Chair thanked Mrs Macdonald and Ms Ospedale for their presentations noting the key themes around face to face communications, management communications and localised communications. He asked that the presentations be circulated to all Committee members in due course.</p> <p><u>NOTED</u></p>	Mrs D Hudson
47.	AREA PARTNERSHIP FORUM REPORT	
	<p>The Employee Director had circulated the Area Partnership Forum Report and minutes of the meetings of the Forum held on 24th June 2020 and 19th August 2020, and the Rolling Action Lists (Paper No 20/33).</p> <p>Mrs McErlean referred to the papers and noted the areas discussed, including the Staff Flu Vaccination Programme, the Communications and Engagement Survey and continued involvement with the remobilisation plans.</p> <p>It was noted that the Area Partnership Forum now met monthly, however could move to meeting more frequently should this be required.</p> <p>The Committee noted the paper and appendices provided.</p> <p><u>NOTED</u></p>	
48.	HUMAN RESOURCES RISK REGISTER	
	<p>The Head of Health and Safety had circulated a paper highlighting the updated high risks extract from the Human Resources Risk Register and very high risks extract from the Human Resources COVID Risk Register (Paper 20/34).</p>	

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	<p>Ms Strannigan provided an overview of the updates from the Human Resources Risk Register and the Human Resources COVID Risk Register, advising these were reviewed monthly by the Human Resources SMT to ensure work was progressing to mitigate the risks identified.</p> <p>Mr Cowan noted that, despite mitigations, the risk relating to mask fitting remained at a score of 16, and sought reassurance of activity being taken to reduce this risk.</p> <p>Ms Strannigan advised this issue was subject to ongoing national monitoring and a targeted approach was taken to those experiencing difficulties in Face Fit Testing, with alternative options identified and training rolled out.</p> <p>Ms Khan enquired whether the disproportionate effect of COVID-19 on BAME staff could be added to the COVID Risk Register. Mrs MacPherson noted this request and agreed to ask for this to be considered at a future Risk Management Steering Group.</p> <p>The Chair thanked Ms Strannigan for the update, noting the four risks identified on the Human Resources Risk Register were relatively well mitigated and that more focus would be placed on Amber coded risks on the COVID-19 Risk Register, with a further update welcomed at a future meeting.</p> <p><u>NOTED</u></p>	<p>Mrs A MacPherson</p>
<p>49.</p>	<p>STAFF GOVERNANCE COMMITTEE 2021/22 MEETING AND PRESENTATION SCHEDULE</p>	
	<p>The Director of Human Resources and Organisational Development had circulated a paper outlining the Staff Governance Committee meeting/presentation schedule for 2021-22 (Paper 20/35).</p> <p>Mrs MacPherson advised that the meeting dates had been provided as part of the Board Committee schedule for 2021-22. The dates were noted as:</p> <ul style="list-style-type: none"> • 2 February 2021 at 9.30 am • 11 May 2021 at 1.30 pm • 3 August 2021 at 9.30 am • 2 November 2021 at 1.30 pm • 1 February 2022 at 9.30 am <p>The proposed presentation schedule was also provided for information.</p> <p><u>NOTED</u></p>	

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50.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD		
	<p>The Chair wished to thank all involved in the preparation of papers and those presenting to the Committee.</p> <p>The Chair, with the agreement of the Committee, undertook to discuss the report on the key items of discussion at the Staff Governance Committee, along with Mrs McErlean, for highlighting to the NHS Board.</p> <p><u>NOTED</u></p>	<p>Mr A Cowan/Mrs D McErlean</p>	
51.	DATE & TIME OF NEXT MEETING		
	The next meeting of the Staff Governance Committee would be held on Tuesday 2 February 2021 at 9.30am. The venue would be confirmed in due course.		
	The meeting ended at 5:05 pm.		