

NHSGGC SGC(M)21/04
Minutes: 40-56

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 2 November 2021 at 1.30pm**

PRESENT

Mrs D McErlean (Co-Chair in the Chair)

Dr P Ryan
Mr C Vincent
Ms S Mechan

Mr A Cowan (Co- Chair)
Ms A Khan
Prof J Brown

IN ATTENDANCE

Mr M Allen	Senior Administrator
Dr J Armstrong	Medical Director
Ms A Cameron-Burns	Area Partnership Forum Staff Side Secretary
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms C Heuston	Head of Human Resources, Glasgow City HSCP
Mrs D Hudson	Staff Governance Co-ordinator / iMatter Operational Lead
Ms F Lyall	Trade Union Representative
Mrs M Macdonald	Learning & Education Manager
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms P Martin	Head of Staff Experience
Mr A McCready	APF Delegate to Staff Governance Committee
Mr S Munce	Workforce Planning & Analytics Manager
Ms N Owens	Depute Director of Human Resources
Dr C Perry	Consultant, Endocrinology (Paper 21/25)
Ms E Quail	Staff Side Secretary
Ms K Strannigan	Head of Health & Safety
Ms R Wall	Head of Occupational Health and Safety

40.	WELCOME AND APOLOGIES	ACTION BY
	Mrs McErlean welcomed all to the meeting, with apologies noted from Mrs Grant and Mr Shennan.	
41.	DECLARATIONS OF INTEREST	
	There were no declarations of interest intimated.	

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42.	<p>MINUTES</p> <p>The Minutes of the Committee meeting held on 3 August 2021 (SGC(M)21/03) were approved as a correct record.</p> <p><u>APPROVED</u></p>		
43.	MATTERS ARISING		
43.1	<u>Rolling Action List</u>		
	<p>Mr Cowan, Co-Chair, had circulated the Rolling Action List (Paper 21/24) and advised that there were five items on the Rolling Action List, with all marked for closure.</p> <p>The Committee noted the updated Rolling Action List and agreed the items proposed for closure.</p> <p><u>NOTED</u></p>		
44.	URGENT ITEMS OF BUSINESS		
	There were no items raised.		
45.	<p>MEDICAL EDUCATION – ENHANCED GENERAL MEDICAL COUNCIL MONITORING UPDATE</p> <p>Dr Armstrong and Dr Perry had circulated a report (Paper 21/25) which provided Committee Members with an update on progress in respect of the General Medical Council (GMC) Enhanced Monitoring status of Medicine at Inverclyde Royal Hospital, Obstetrics and Gynaecology at the Princess Royal Maternity Unit, and Medicine at the Queen Elizabeth University Hospital, with good progress made in relation to the GMC Enhanced Monitoring status of these sites/units.</p> <p>Dr Ryan asked about the areas for improvement and red flags remaining for Medicine at Inverclyde Royal Hospital, with Dr Perry confirming these largely centred on training and learning. Dr Ryan also asked how the Deanery and GMC visits were taking place in Covid-19 times, with Dr Perry confirming that these are being carried out via Teams.</p> <p>Prof Brown asked about timescales for the sites coming out of Enhanced Monitoring given they had been subject to this for some time. Dr Perry advised that there were now clear smart objectives established with the Deanery and that these, together with the detailed action plans for each site will hopefully allow the sites to move out of Enhanced Monitoring as the objectives are achieved.</p>		

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	<p>Ms Khan asked about the process to prevent new sites being subject to Enhanced Monitoring, with Dr Armstrong advising that site management teams work closely with Medical Education to monitor and prioritise the monitoring programme, with weekly Quality Management meetings reviewing any sites at risk and taking appropriate action.</p> <p>The Committee agreed that having clear, smart objectives was positive and asked that an update be given to the Committee in February 2022 on progress. This item will be added to the Cycle of Business.</p> <p>The Committee thanked Dr Armstrong and Dr Perry for the update and noted the paper.</p> <p><u>NOTED</u></p>	<p>Dr Armstrong Ms Martin</p>
<p>46.</p>	<p>WORKFORCE STRATEGY IMPLEMENTATION PLAN UPDATE</p> <p>Ms Owens had circulated a report (Paper 21/26) which provided an update on the progress of the Implementation Plan of the Workforce Strategy 2021-2025, taking account of the need to undertake work to support the current Covid-19 and winter pressures. The report also provided an update on the Board’s personal development planning and appraisal systems.</p> <p>Ms Owens advised that the majority of areas were on track and moving forward, with the initial phase of developing and evaluating leadership development programmes scheduled to be completed by the end of September 2021 having being paused, where input from front line staff is required, due to the rise in pressure within front line services.</p> <p>Mrs MacDonald highlighted some of the common approaches across the three personal development planning and appraisal systems, advising that best practice is to be shared and that personal development planning will include focussed wellbeing conversations.</p> <p>Mr Cowan thanked Ms Owens for the report, noting the format was of a high standard and asking for clarity on iMatter percentages of 65% and 51% referenced. Mrs MacPherson confirmed that the Board target, not taking account of Covid-19 pressure, was 65% and that 51% had been achieved. Mr Cowan also asked for assurance that the non-Executives’ Development Portal was being kept updated, with Mrs MacPherson confirming that she will discuss this further with the Head of Board Administration and Corporate Governance.</p> <p>Ms Khan stated that it was positive to see progress, despite the challenges and sought assurance that the Staff Forums and Networks had adequate input to the Mental Health and Wellbeing Strategy Group. Mrs MacPherson confirmed that the Group was open to a range of stakeholders.</p>	<p>Mrs MacPherson</p>

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	<p>Prof Brown asked about the timescales in the Implementation Plan and whether they were ambitious enough. Mrs MacPherson advised that timescales were set using an ambitious, but pragmatic approach, balanced against workforce pressures and operational activity. Mrs MacPherson also confirmed that dates used in the Implementation Plan were completion dates and that the Plan will be reviewed to make timescales and individual actions clearer.</p> <p>Dr Ryan asked how often Agenda for Change/eKSF had been paused, with Mrs MacDonald confirming that it had been paused twice and that there is now a focus to build recovery, with learning and education advisors providing local support to individuals and reviewers.</p> <p>Mrs McErlean asked whether the 70% personal development planning target was challenging enough, with Mrs MacPherson confirming that this target had been approved by the Corporate Management Team as interim and realistic, with the target reverting to 80% from 1 April 2022.</p> <p>The Committee noted the paper.</p> <p><u>NOTED</u></p>	<p>Ms Owens</p>
<p>47.</p>	<p>IMATTER 2021</p> <p>Ms Martin presented the Committee with an update on iMatter 2021, focussed on performance and participation, results, key successes, key opportunities, communications and engagement, maximising the impact and next steps, thanking everybody for their commitment and support.</p> <p>Ms Martin advised that the successes and opportunities for continuous improvement will be aligned to the development and deliverables within the emerging Internal Communications and Employee Engagement Strategy.</p> <p>The Committee noted that despite Covid-19 challenges, it was encouraging that 51% of the workforce had completed the iMatter survey and that the overall Employee Engagement Score of 74 was positive and within the 'strive and celebrate' score matrix.</p> <p>Ms Culshaw noted that there were many similarities between 2019 and 2021 results, stating that it might be useful to see a breakdown of data by Health and Social Care Partnership and Directorate.</p> <p>Prof Brown thanked Ms Martin and her team for the excellent work around iMatter, noting that the results indicate the organisation is being well managed and well led. Prof Brown asked whether consideration will be given to celebrating the iMatter publically. Mrs MacPherson advised that the Corporate Communications Team and Area Partnership Forum will consider this in the overall context of communication.</p>	<p>Ms Martin</p>

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	<p>Mr Cowan said one of the key opportunities was around Board visibility and that this had clearly been impacted by the pandemic. Prof Brown added that the Board had agreed an active governance approach to visibility and that a visiting programme will be led by each Committee.</p> <p>Mrs MacPherson noted that the iMatter question around Board visibility was a national issue with clarity being sought. She advised that this had been raised previously with the national team and that there will be an opportunity to raise again ahead of iMatter 2022.</p> <p>Ms Khan highlighted that it could be potentially beneficial to consider linking iMatter results with recruitment drives, to evidence feedback from staff.</p> <p>The Committee noted the update.</p> <p><u>NOTED.</u></p>	<p>Mrs Hudson</p>
<p>48.</p>	<p>HEALTH, SAFETY AND WELLBEING UPDATE</p> <p>Ms Wall and Ms Strannigan presented an update focussed on the Mental Health Check-in, Occupational Health Counselling, Peer Support, Physical Distancing, Face Fit Testing and FFP3 Masks.</p> <p>In relation to the Occupational Health Counselling Service statistics, Mr Vincent asked whether there was more detailed information on the causes of work related stress (21.2% of 522 first assessments) and whether there were any areas of the organisation where there are a higher number of cases. Ms Wall advised that further detail was available at operational level and that there are no current hotspots in terms of work related stress areas.</p> <p>Mr Vincent also asked about the physical distancing spot checks in terms of whether these were carried out against generic guidance and advice or against specific risk assessments and whether outcomes were available. Ms Strannigan advised that the team use a pro-forma reflecting generic or specific risk assessments to carry out the spot checks, focussing on the control measures in that area and also taking time to ask staff if they need any additional support in helping to adhere to the guidelines and advice.</p> <p>In relation to Mental Health and Wellbeing, Ms Culshaw asked how the Committee could be assured that the organisation was meeting the needs of staff who needed support the most and whether there were any challenges in meeting the demand. Ms Wall noted that some staff groups were underrepresented and that she hoped the Peer Support Programme will help in these areas. Ms Wall advised that the resource is currently available through the established Psychological Therapy team, recruitment of two new psychologists to support the Peer Support</p>	

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	<p>Programme and the existing Occupational Health Counselling and Nursing teams.</p> <p>Ms Khan asked about Post Traumatic Stress Disorder (PTSD) and other trauma related incidents, particularly around trauma treatment being very specific and seeking assurance that the Board has trained and experienced staff in this area. Ms Wall confirmed that appropriately trained staff were in post and that one of the psychologists is a lead psychologist from the trauma service. Ms Wall also noted that at this stage, there had not yet been a significant diagnosis of PTSD cases, but advised a watching brief will be maintained.</p> <p>Mrs McErlean thanked Ms Wall and Ms Strannigan for their informative presentation.</p> <p>The Committee noted the update.</p> <p><u>NOTED.</u></p>	
<p>49.</p>	<p>WORKFORCE INFORMATION REPORT AND STORYBOARD</p> <p>Mr Munce had circulated a report (Paper 21/27) to provide an update of workforce data and performance as at 30 September 2021.</p> <p>Mrs MacPherson advised the Committee that this was the last time that workforce information will be presented in this way and that future reports will take an active governance approach, focussing on the appropriateness of matrix, Key Performance Indicators, trend analysis and relevance.</p> <p>Mr Munce highlighted that the report:</p> <ul style="list-style-type: none"> • Introduces establishment and overview recruitment activity; • Notes that the whole-time equivalent has increased to a 13 month high of 35,790; • Notes that sick leave has increased by 0.9% to 7.7%, but noting this figure has decreased in October 2021; • Notes that special leave has increased from 2.7% to 3.8%, with this anticipated to reduce in coming months as the number of positive cases and the need to isolate is reduced; • Notes that Statutory Mandatory training completion rates have reduced by 1% since to 87%, with Fire Safety the lowest at 78%; • Notes that Knowledge Skills Framework (KSF) compliance rate is 43%. <p>Prof Brown thanked Mr Munce for the report, noting it provides assurance that the Board is not grossly understaffed. Prof Brown asked why live recruitment does not keep up with net vacancies in the Acute South Sector, with Ms Owens confirming this is predominantly a result</p>	

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	<p>of Newly Qualified Nurses (NQNs) opting to work in other Sectors. Mrs MacPherson added that this was compounded by there being 200 less NQNs commencing in post than forecast. Ms Owens confirmed that targeted recruitment campaigns continue where full nursing and Health Care Support Worker vacancies exist.</p> <p>Mr Vincent asked what plans were in place to address the imbalance between vacancies and available nurses. Ms Owens provided an example of staff in areas with vacancies participating in recruitment videos, highlighting the benefits of working in those areas. Mrs MacPherson added that issues with Band 5 Registered Nurse recruitment is NHS Scotland wide and not exclusive to NHS Greater Glasgow and Clyde.</p> <p>Ms Khan asked about the particularly low score for KSF completion in Out of Hours and what was being done to improve this. Mrs MacDonald advised that her team had been in contact with the named KSF lead in in this and other areas to offer support, training and advice for delivering KSF.</p> <p>Mr Cowan highlighted fire compliance as a concern, seeking assurance that there is sufficient leadership to engage staff. Mrs MacPherson advised that the Estates and Facilities team are specifically targeting areas with below 80% compliance and that communications via Core Brief and other routes have been issued.</p> <p>Mr Cowan thanked Mr Munce for the work he had carried out around workforce information reporting over the past 12-18 months. Mr Cowan mentioned information flows and noted the importance of blending much of the information contained in the current report with Delegations received from the Board and Corporate Objectives reporting.</p> <p>The Committee noted the report and storyboard.</p> <p><u>NOTED</u></p>	
50.	<p>AREA PARTNERSHIP FORUM</p> <p>Mrs McErlean had circulated a report (Paper 21/28) to provide the Committee with an update on the work of the APF, highlighting the crossover of business between the Staff Governance Committee and APF.</p> <p>The Committee noted the update.</p> <p><u>NOTED</u></p>	

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51.	<p>HUMAN RESOURCES RISK REGISTER</p> <p>Mrs MacPherson had circulated a report (Paper 21/29) which presented the Human Resources and Organisational Development section of the Corporate Risk Register. Mrs MacPherson advised that the residual risks had been reviewed following the August Committee meeting, with the residual risks for the training and culture risks, reducing to 12 and the mitigation measures extended in the failure to recruit and retain risk.</p> <p>During discussion, it was agreed to make the following additional amendments:</p> <ul style="list-style-type: none"> • Add in additional mitigation text around succession planning; • Move the iMatter reference in the failure to recruit and retain risk to the culture risk; • Amend the BRAVE acronym to reflect the correct order – Bank, Recruitment, Absence, Vacancies and Establishment; • Amend the residual risk score for the failure to recruit and retain risk to 16 (4x4) given current data; • Amend the residual risk score for the training and development risk to 16 (4x4) given data shows there are still currently areas of concern. <p>Subject to the amendments noted above, the Committee approved the Human Resources Risk Register extract from the Corporate Risk Register.</p> <p><u>APPROVED</u></p>		K. Strannigan
52.	<p>REMUNERATION COMMITTEE</p> <p>Mrs McErlean gave a verbal update on the Remuneration Committee meeting of 20 August 2021, highlighting that the Remuneration Committee had received assurance regarding the end of year performance management process for Executives and Senior Managers.</p> <p>The Committee noted the update.</p> <p><u>NOTED</u></p>		
53.	<p>CYCLE OF BUSINESS</p> <p>Ms Martin had circulated a report (Paper 21/30) to provide assurance that items discussed by the Staff Governance Committee align with and support the Corporate Objectives.</p> <p>Ms Martin highlighted that the Cycle of Business for 2022/23 will be presented to the February 2022 Staff Governance Committee meeting.</p>		

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	<p>As noted above, the 2021/22 Cycle of Business will be amended to reflect the addition of an update on Enhanced GMC Monitoring.</p> <p>The Committee noted the Cycle of Business.</p> <p><u>NOTED</u></p>		
54.	<p>SAFE STAFFING LEGISLATION</p> <p>Mrs McErlean advised that this paper had been presented for awareness only.</p> <p>The Committee noted the update.</p> <p><u>NOTED.</u></p>		
55.	<p>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</p> <p>Key messages to the Board will be included in the Co-Chairs' report to the December 2021 Board meeting and will include reference to:</p> <ul style="list-style-type: none"> • Smart objectives for sites under Enhanced GMC Monitoring; • Revised and more detailed timescales for the Workforce Strategy Implementation Plan to be brought to the next Committee meeting; • The encouraging 51% participation rate for iMatter 2021; • Continue to progress Mental Health and Wellbeing initiatives; • Welcoming the forthcoming changes to the Workforce Information and Storyboard, in line with active governance. <p>Mrs McErlean thanked all involved with the Committee for their time in preparing reports and attending the meeting. She also thanked the Committee for its support during her time as Co-Chair.</p> <p>Mr Cowan expressed his thanks and appreciation on behalf of the Committee and NHS Greater Glasgow & Clyde for all of Mrs McErlean's hard work and dedication over the years, wishing her well for her upcoming retirement at the end of 2021.</p>		
56.	<p>DATE & TIME OF NEXT MEETING</p> <p>The next meeting of the Staff Governance Committee will be held on Tuesday 1 February 2022 at 9.30am. The venue will be confirmed in due course.</p>		
	The meeting ended at 1625hrs.		