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NHSGGC SGC(M)20/01
Minutes: 01 - 18

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde
Staff Governance Committee
held in the Boardroom, JB Russell House,
Gartnavel Royal Hospital, Glasgow, on
Tuesday 4 February 2020 at 9.30 am**

PRESENT

Mr A Cowan (in the Chair)

Councillor J Clocherty Mrs D McErlean (Co- Chair)
Mrs R Sweeney Ms A Thompson
Ms F Tudoreanu

IN ATTENDANCE

Mr J Best	Chief Operating Officer, Acute Services
Ms A Cameron-Burns	Area Partnership Forum Staff Side Secretary
Ms F Carmichael	Co-Chair, Acute Partnership Forum
Ms L Carroll	Programme Manager – Vaccination Transformation Programme (Item 9)
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr L Donaldson	Director of Medical Education (Item 8)
Mr G Forrester	Deputy Head of Board Administration (Item 5)
Mrs J Grant	Chief Executive
Mrs G Hardie	HR Administrator, Organisational Effectiveness
Mr R Heard	Service Manager, West Dunbartonshire HSCP (Item 3.1)
Mrs B Howat	Head of People & Change, Corporate Services
Mrs D Hudson	Staff Governance Co-ordinator/iMatter Operational Lead
Mrs S Leslie	Depute Director of Human Resources & Organisational Development
Mrs M Macdonald	Learning & Education Manager
Mrs A MacPherson	Director of Human Resources & Organisational Development
Mr D Mann	Head of Organisational Development (Item 12)
Mr A McCreedy	Staff Side Co-Chair – Non City HSCP Staff Partnership Forums
Ms D McCrone	Staff Side Co-Chair – West Dun HSCP Joint Staff Forum (Item 3.1)
Mr J Pender	Workforce Planning and Analytics Manager (Item 10)
Mrs R Wall	Occupational Health Service Manager (Item 13)

1. WELCOME AND APOLOGIES

ACTION BY

The Chair opened the meeting by welcoming Ms Diana McCrone, Staff Side Co-Chair, West Dunbartonshire Joint Staff Forum, and Richard Heard, Care at Home Service Manager, who were in attendance to support Mrs Beth Culshaw, Chief Officer, with the presentation on the application of the Staff Governance Standard within West Dunbartonshire Health and Social Care Partnership.

Ms Louise Carroll, Dr Lindsay Donaldson, Mr Graeme Forrester, Mr Doug

BOARD OFFICIAL

Mann, Mr Jonathan Pender and Mrs Rona Wall were present to speak to specific agenda items.

Apologies for absence were intimated on behalf of Dr Jennifer Armstrong, Ms Linda Delgado, Ms Jeanette Donnelly and Councillor Sheila Mechan.

Mr Cowan reminded those present of the role of the Staff Governance Committee which was to provide assurance to the Board that NHS Greater Glasgow and Clyde met its obligations in relation to staff governance under the NHS Reform (Scotland) Act 2004 and the Staff Governance Standard. It was noted that the Co-Chairs and the Director of Human Resources and Organisational Development would give consideration to how other NHS Board Staff Governance Committees manage reporting of performance against the Standard, to see if there were any learning points for NHSGGC.

The Chair also thanked those present for providing papers for the meeting which were of excellent quality and provided a high level of information.

NOTED

2. DECLARATIONS OF INTEREST

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

NOTED

3. PRESENTATIONS – Local Compliance with Staff Governance Standard

3.1 West Dunbartonshire Health & Social Care Partnership (HSCP)

The Staff Governance Committee received copies of the West Dunbartonshire Health and Social Care Partnership (HSCP) Action Plan.

Mrs Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, supported by Ms Diana McCrone and Mr Richard Heard, gave a presentation which described the Staff Governance structures within the HSCP and provided an update on key metrics including sickness absence, Statutory and Mandatory Training, KSF performance and iMatter staff experience.

Mrs Culshaw reported that sickness absence remained an area for improvement, with absence fluctuating throughout the year. This was reported as 6.16% at December 2019, which was above the Board's 4% target but on a downward trajectory. Mrs Culshaw noted for comparison purposes that the Council year to date absence was 8.54%.

Statutory and Mandatory training compliance was on an upward trajectory and was currently at over 95% compliance across all areas. KSF

BOARD OFFICIAL

compliance was 44.5% and reflected Board wide compliance, however, this would be given further focus to ensure improvement to at least 60% by the end of February and 80% by the end of the financial year.

Mrs Culshaw reported that there were no reported cases of bullying and harassment and only two grievances in the year, which is a reflection of the partnership approach aimed at early resolution.

Ms McCrone advised that improved iMatter response rates and EEI scores had been achieved since the inclusion of the entire HSCP in the survey in 2018. In 2019 a 62% response rate and an Employee Engagement score of 75 had been achieved. In particular it was noted that the introduction of texting surveys alongside paper copies for home care staff had achieved a 62% return for that area compared to the previous year where a 4% return of paper copies had been achieved.

Mrs Culshaw outlined the key challenges and achievements within the Action Plan. It was noted that significant improvements had been made in Statutory and Mandatory training as well as the uptake of staff flu vaccination which was at over 90% for NHS staff. Challenges were highlighted including improving iMatter by focusing on teams with no report or action plan, improving KSF compliance and embedding within TURAS, and continuing support for staff health and wellbeing to improve attendance. In addition, an Absence Advisor had been appointed.

Mr Heard provided the HSCP case study, which detailed the approach taken to improve iMatter responses from home care staff. Staff had previously been issued with paper copies which had yielded a very low 4% return. Discussion took place with staff to identify reasons for non completion and a decision was made to pilot the use of mobile technology to promote and issue the survey to staff. Messages were sent from line managers to thank staff for completing, and feedback given on action planning and future actions. Staff were also asked for their views on priority areas for them. The project proved very successful, improving the response rate to 62% when applied across home care, and this has now been adopted as a national initiative.

Mrs Sweeney requested further information on how the HSCP had achieved such an excellent uptake of the staff flu vaccination. In response, Mrs Culshaw advised that their campaign to raise awareness had started early and local teams were very focused on this. Peer immunisers were invited to the Celebrating Success event last year and awareness was continually raised with staff, including highlighting the senior team receiving their vaccinations.

Ms Tudoreanu raised an issue concerning the amount of abbreviations used in Committee papers and presentations. This would be taken into consideration and efforts made to improve in this area. It was noted that the Workforce Statistics report now included a glossary of terms which could be extended.

BOARD OFFICIAL

Mrs McErlean expressed concern at the current KSF compliance within the HSCP of 42%, which although increasing should be closer to the 80% target. Mrs Culshaw advised that she recognised that KSF compliance was key to achieving a positive staff experience and advised that work was ongoing to improve in this area, with a focus on phasing KSF reviews over the year for easier management. Compliance in each area of the HSCP was being closely monitored on a monthly basis by service managers.

Mr Cowan noted that KSF was the only area on the Action Plan with red status. Mrs Culshaw advised that there had been a high turnover of senior staff recently, but all posts had now been filled and there was a refocus on this with robust measures in place. She therefore felt confident that current KSF compliance levels would now see an improvement in the coming months.

The Chair thanked Mrs Culshaw, Ms McCrone and Mr Heard for their presentation. The approach to using mobile technology for iMatter was commended and the possible application elsewhere was recognised. In addition, the work to achieve the 90% uptake of flu vaccination was an excellent achievement.

It was agreed that it would be helpful for the Committee to receive a short paper on how the level of flu vaccination uptake was achieved at a future meeting. The work underway to improve KSF was also noted along with the appointment of an Absence Advisor to improve attendance. The level of involvement with the Joint Staff Forum was recognised and this should be encouraged across the Board.

Mrs B Culshaw

NOTED

3.2 Human Resources and Organisational Development

A copy of the Human Resources and Organisational Development Staff Governance Action Plan had been circulated to the Committee in advance.

Mrs Anne MacPherson, Director of Human Resources and Organisational Development, supported by Mrs Bridget Howat, Head of People and Change, Corporate Services, presented to the Committee. Mrs MacPherson provided a breakdown of the structure of the Human Resources and Organisational Development Directorate and the staff governance infrastructure in place. Sickness absence levels, KSF compliance and Statutory and Mandatory training compliance against the Board's targets were highlighted, as well as Human Resources and iMatter staff experience data.

It was noted that sickness absence for December 2019 was below target at 3.03%. Statutory and Mandatory training was at 97.7% compliance overall but would continue to receive focus to ensure this level was

BOARD OFFICIAL

maintained or improved upon. KSF compliance was at 70.15% and work was ongoing with team leads to achieve the required 80% or greater.

Mrs MacPherson reported that iMatter had returned a response rate of 79% with an EEI score of 74% and a current action planning completion rate of 92%. Three key areas of strength were identified as staff being clear about their duties and responsibilities, their direct line manager being sufficiently approachable and feeling that line managers care about staff health and wellbeing. Areas which require further review and focus include visibility of senior managers, management of performance, and being involved in decisions.

Mrs MacPherson also outlined Staff Governance Action Plan achievements including a successful bank and interpreting services review, introduction of JobTrain, Statutory and Mandatory training compliance and implementation of the Lead Employer for Doctors and Dentists in Training. Challenges remained, particularly regarding maintaining the balance between strategic focus and operational activity, succession planning and career development, and refreshing the OneHR model.

The case study provided details of a Staff Engagement Winter Warmer event which had taken place in December 2019, with a focus on health and wellbeing and coping with the winter season. The event provided support and advice for staff on finance, promoted health improvement and lifestyle, and outlined self help and work based support. The suggestion to hold the event had come from staff and management had supported this, with around 120 staff attending.

Mrs McErlean commented on the positive achievements regarding attendance management and KSF within Human Resources and Organisational Development, and hoped that the KSF compliance figure could improve further over the coming months.

Mr Cowan queried why the RAG status for 'involved in decisions' in the Action Plan was recorded as green, when the data in the presentation did not reflect this. Mrs MacPherson agreed that this appeared to be a mismatch and would consider this further. In relation to a query regarding staff involvement in agreeing the RAG status in the Action Plan, Mrs MacPherson advised that the status was a reflection of the responsible manager's view on the progress of the activity.

Mrs A
MacPherson

The Chair thanked Mrs MacPherson for an informative and helpful presentation and commended the Human Resources and Organisational Development team on a strong performance, particularly in the areas of sickness absence and Statutory and Mandatory training compliance.

NOTED

4. MATTERS ARISING

4.1 Minutes

The Minutes of the Staff Governance Committee meeting held on Tuesday 5 November 2019 SGC(M)19/04 were approved as a correct record.

In addition, the minutes of the meeting on Tuesday 21 August 2019 SGC(M)19/03 were also approved. It was noted that these minutes had been considered at the November 2019 meeting, however as the meeting was not quorate, these were not able to be approved at that time.

APPROVED

4.2 Rolling Action List

Mrs Dorothy McErlean, Co-Chair, had circulated the Rolling Action List (Paper 20/01).

Mrs McErlean advised there were five actions currently on the Rolling Action List with three marked for closure, which were either on the agenda or completed. It was noted that the two actions identified as ongoing in relation to Staff Communications Audit and Medical Revalidation, were due for update at the May 2020 meeting.

The Committee noted the updated Rolling Action List and agreed that the items suggested for closure should be marked as complete.

NOTED

4.3 Annual Staff Governance Committee Report to NHS Board 2018-19

The Director of Human Resources and Organisational Development had circulated a paper on the Staff Governance Committee's Annual Report to the NHS Board (Paper 20/02) for consideration and approval.

Mrs MacPherson advised that the draft Report had been submitted to the Staff Governance Committee on 5 November 2019 for approval. However, as the meeting was not quorate, it was agreed that the Report should be issued to members of the Committee for final comment and thereafter submitted to the December 2019 NHS Board meeting.

The Committee noted the final report which had been submitted to the NHS Board on 17 December 2019.

NOTED

5. ANNUAL REVIEW OF TERMS OF REFERENCE

The Head of Corporate Governance and Administration had circulated a paper on the Annual Review of the Staff Governance Committee Terms of Reference (Paper 20/03). Mr Graeme Forrester, Deputy Head of Board Administration, was in attendance to speak to the paper.

Mr Forrester advised that implementation of the NHS Scotland Blueprint for Good Governance was ongoing and nationally consistent Terms of Reference for all mandatory committees would be introduced in due course.

Currently, the proposed changes to the Staff Governance Committee Terms of Reference related primarily to better describing the process for the appointment of members of the Committee, and to also take account of the updated Board reporting arrangements following the introduction of the Co-Chairs Report. In addition, Mr Forrester reported that it was also now proposed to include in the Terms of Reference the relevant extract from the Board Scheme of Delegation which outlines areas delegated to the Staff Governance Committee.

Mr Forrester agreed to circulate the updated Terms of Reference to Committee members following the meeting. It was noted that the agreed Terms of Reference would be submitted to the Audit Committee and thereafter the NHS Board meeting in April 2020.

Mr G Forrester

The Committee agreed the proposed changes to the Terms of Reference.

AGREED

6. NHSGGC WORKFORCE STRATEGY

The Director of Human Resources and Organisational Development had circulated a paper on the development of a Board Workforce Strategy (Paper 20/04).

Mrs MacPherson advised that the aim of the Strategy was to attract recruit, develop and retain staff in order to meet future aspirations of NHSGGC as an employer of choice.

It was noted that the Strategy would continue to be developed in partnership, and that consultation had already taken place with staff side and stakeholders to understand their priorities. Following initial consultation the four core commitments were agreed as Recruitment and Retention, Learning, Leaders, and Health and Wellbeing. Mrs MacPherson reported that these commitments had been supported by the Corporate Management Team and the Area Partnership Forum.

The paper outlined the proposed engagement and consultation process going forward and it was noted that it was intended that the Strategy

BOARD OFFICIAL

would be a concise document.

Mrs MacPherson advised that as work emerged at national level on workforce strategy, this would be taken into account to ensure the NHSGGC Strategy aligned to any national requirements.

Mr Best expressed the view that this was a positive piece of work which should be promoted across the Board's social media platforms. There was also a need to ensure the Strategy was not seen solely as a Human Resources strategy but that all senior leaders were involved.

Mrs Sweeney observed that the Workforce Strategy may overlap with the work on the wider Culture Framework. Mrs MacPherson advised that the Workforce Strategy Working Group would ensure there was no duplication between the Workforce Strategy and the Culture Framework, whilst recognising the linkage between the Strategy and the wider work on Culture.

Mrs A
MacPherson

Mrs Thompson welcomed the development of the Workforce Strategy and wondered if something more overt about protected time for learning could be included. Mrs MacPherson agreed to take this back to the Working Group for consideration.

Ms Nareen
Owens/Mrs D
McErlean

Mrs Sweeney requested clarification on the engagement process outlined the paper. Mrs MacPherson confirmed which actions had already taken place and agreed to add timelines to the engagement matrix to allow members to see timeframes for conclusion of each part of the process.

Ms Nareen
Owens/Mrs D
McErlean

The Chair noted that a draft Workforce Strategy document would be published in the summer of 2020 and requested that an update be provided to the Committee in August if available at that time.

Mrs A
MacPherson

NOTED

7. STAFF GOVERNANCE WORKPLAN – INVOLVED IN DECISIONS

The Director of Human Resources and Organisational Development had circulated a paper detailing the updated Staff Governance Workplan for 2019/20 (Paper 20/05). Mrs MacPherson advised that this update would focus on the 'Involved in Decisions' strand of the Workplan, although all areas of the plan had been updated.

Mrs MacPherson reported on the Red Amber Green (RAG) status of the Workplan. It was noted that the Workplan contained one action at red status, 19 actions at amber status, and 42 actions at green status. The red status reflected that a 59% iMatter response rate had been achieved which fell just short of the required 60% in order to generate a Board Report.

Mrs Diana Hudson, Staff Governance Co-ordinator/iMatter Operational

BOARD OFFICIAL

Lead, provided some positive highlights from iMatter during 2019. In particular, a 5% increase in the response rate, an additional 200 team reports and nine team stories which had been identified and published. Mrs Hudson also highlighted the following:

- All 6 HSCPs achieved over 60% response rate
- Regional Services achieved over 60% to generate a report for the first time, and increased action planning by 30%
- 4 Acute Directorates/HSCPs increased response rates by more than 10% in 2019
- East Dunbartonshire increased action planning by 32% to 87%
- North Sector increased response rates by 9% to 55%
- The successful SMS pilot in West Dunbartonshire HSCP is now a national initiative.

It was noted that seven of the nine team stories submitted to Scottish Government had been published in the national report.

Mrs McErlean highlighted that it was crucial to focus on achievement of action plans going forward to ensure staff feel valued and engaged.

Mrs Hudson confirmed that the first 2020 iMatter questionnaires would launch in March 2020, with final results being available around August/September 2020.

The Chair thanked Mrs MacPherson and Mrs Hudson for the update and acknowledged the positive work which was ongoing, noting the need for continued focus on areas of low engagement. Mrs Hudson agreed to circulate the iMatter presentation following the meeting.

Mrs D Hudson

NOTED

8. MEDICAL EDUCATION

The Medical Director had circulated Paper 20/06 which provided an update on Medical Education. Dr Lindsay Donaldson, Director of Medical Education, was in attendance to present the paper.

Dr Donaldson provided an update on sites currently under Enhanced Monitoring. It was noted that positive progress had been made at the Princess Royal Maternity Hospital and Queen Elizabeth University Hospital, however, it was noted that the Immediate Assessment Unit had been subject to a revisit on 4 February 2020. It was also reported that the Vale of Leven Hospital had now been de-escalated and that Inverclyde Royal Hospital was now in Enhanced Monitoring. Dr Donaldson provided assurance that actions to address concerns raised at Inverclyde Royal Hospital had either been completed or were ongoing.

The Committee also received an update on widening access to medicine,

BOARD OFFICIAL

trainee wellbeing including the introduction of iMatter, postgraduate quality management and improvement, and the culture work being taken forward under the Civility Saves Lives campaign.

Councillor Clocherty requested further details on the consequences of the Enhanced Monitoring status at Inverclyde Royal Hospital. Dr Donaldson advised that challenges faced by Medicine at the IRH had been caused by long term rota gaps in both Consultant and Trainee rotas and a range of other concerns had also been identified. Dr Donaldson confirmed that safety issues had been addressed within 24 hours and solutions were being actively pursued for other areas. Dr Donaldson advised that although improvements had already been made, the General Medical Council would expect to see sustained improvement before removing Enhanced Monitoring.

Mr Best advised that rota gaps were an issue across Scotland and discussion took place on the challenges in recruiting, particularly to Emergency Medicine across Scotland. Dr Donaldson advised that it was recognised this was a challenging specialty, however, measures were being put in place to highlight to trainees how rewarding the specialty could be to encourage uptake.

Mrs Sweeney sought assurance that where patient safety issues are raised that these are considered by the Clinical Governance Committee, and this was confirmed by Mrs Grant.

Following a query from Mrs Sweeney regarding attendance at Civility Saves Lives events, Dr Donaldson confirmed that 80 staff had attended the lectures, 40 attended train the trainer, and around 100 were in attendance at each of the joint events with NHS Lanarkshire.

The Chair thanked Dr Donaldson for providing such an informative paper and stated it was helpful for the Committee to understand Enhanced Monitoring. The difficulty in engaging trainees with iMatter was recognised, and use of the SMS/text messaging approach used in West Dunbartonshire HSCP may be helpful in this regard.

NOTED

9. STAFF FLU VACCINATION

The Public Health Immunisation Programme Manager had circulated an update paper on Staff Flu Vaccination (Paper 20/07) on behalf of the Director of Public Health. Ms Louise Carroll, Public Health Programme Manager – Vaccination Transformation Programme, was in attendance to speak to the paper.

Ms Carroll reported that at 21 January 2020, 18,276 (47.1%) of NHSGGC staff had been vaccinated. This was an improvement on last year's figure of 43.6% finally vaccinated. It was noted that to reach the national target

BOARD OFFICIAL

of 60% 23,000 staff would require to be vaccinated.

It was noted that, following the suggestion at the previous Committee that targeting the nursing and midwifery staff group could have a significant impact on uptake, data had been shared with the Deputy Director of Nursing and Chief Nurses, which had led to additional peer vaccination sessions being arranged. Since November 2019 a further 1509 nurses and midwives had been vaccinated taking this staff group to 37.8%. Ms Carroll advised that a targeted survey to this staff group to explore potential reasons for staff not being vaccinated will be conducted to inform planning for next year and the Committee would be provided with the output of the survey.

Dr L de
Caestecker

Ms Carroll outlined the ongoing communications to encourage uptake. It was noted that uptake varied across sites and Directorates with Estates and Facilities particularly low at 19.6% and this would continue to be an area of focus.

There were now 166 staff registered as peer immunisers and it was noted that 34 peer immunisers had their details on HRConnect to allow staff to contact them directly if they wished to be vaccinated. In addition, a new online registration system will send text reminders to encourage staff to get vaccinated. A request for staff to complete a short survey if they had been vaccinated at their GP/Chemist had been included in Core Brief.

It was reported that there had been some data quality issues however these would be finessed going forward. The programme would continue until the end of March 2020, and work would continue to maximise uptake.

The Chair thanked Ms Carroll for providing a helpful and informative update.

NOTED

10. **WORKFORCE STATISTICS REPORT**

The Workforce Planning and Analytics Manager had circulated Paper 20/08 which provided Workforce Statistics for the quarter ending December 2019.

Mr Jonathan Pender, Workforce Planning and Analytics Manager, spoke to the core workforce dataset, HR Activity, and highlighted points of interest. The report also included Statutory and Mandatory training data and KSF Review compliance data.

Mr Pender also provided a brief presentation which visually highlighted the progress which had been made to date to improve Statutory and Mandatory training compliance. The work which had been undertaken to achieve this turnaround was also highlighted and in particular the use of

BOARD OFFICIAL

personalised emails.

Mrs Sweeney commented that while accepting that an excellent outcome had been achieved, it was concerning to note the length of time it had taken to get to this point, as this had first been raised at Staff Governance Committee three and a half years ago. Mrs MacPherson advised that there had been challenges with the national LearnPro system to achieve the process which NHSGGC now had in place, but that reflection had taken place and lessons had been learned.

Ms Cameron-Burns queried whether payroll numbers were being used to target staff, as staff may have more than one job. Mr Pender advised that in circumstances where a member of staff had more than one post the national insurance number would identify whether the training had been completed, which would record completion for all roles.

Mr Pender also explained that the equality data by protected characteristic had seen a reduction in this and the previous quarters. This was due to the introduction of the new recruitment system which at the moment was not able to interface with eESS Human Resources system. Work was underway to resolve this and it was expected that an increase would be seen both retrospectively and going forward when this had been completed.

Mrs McErlean expressed the view that although KSF compliance was improving, 70-80% should be continually achieved across the Board. KSF reviews were key to making staff feel valued and it was hoped that the new person centred workforce policies would create a more positive culture, particularly around attendance management.

The Chair thanked Mr Pender for a detailed and informative report.

NOTED

11. ATTENDANCE MANAGEMENT

The Depute Director of Human Resources and Organisational Development had circulated Paper 20/09 on Attendance Management.

Ms Leslie advised that the report included a comparison with other NHS Boards across Scotland, outlined the approach to attendance management during 2019/20, and highlighted the priority areas going forward.

It was noted that absence for the year to date at November 2019 was at 6.51% which remains above the national target of 4%. The Committee noted the range of initiatives and activity designed to support improved attendance, nevertheless, the current rate of absence remained above the national target and despite focused activity had not improved overall in the reporting period. The Committee noted the number of absences

BOARD OFFICIAL

related to stress/anxiety/depression, and acknowledged that a large proportion of these related to staff who worked in challenging environments within mental health and learning disability. Ms Leslie highlighted the range of interventions and support which were in place.

Ms Leslie also highlighted that the Board was working in line with the Scottish Government Once for Scotland approach to implement a refreshed Attendance Management Policy which changed focus away from triggers towards support for rehabilitation and wellbeing on an individual, person-centred basis.

Mrs MacPherson advised that the Audit Report had led to a review of reasons for absence and this has improved the recording and therefore the data now provided a more accurate picture. Best practice examples were rolled out across NHSGGC and refreshed training had taken place with managers and staff side to ensure consistency when progressing attendance management cases. There would now also be more focus on embedding reasonable adjustments.

Ms Thompson suggested that areas of deprivation across Greater Glasgow and Clyde would impact on the NHSGGC workforce as well as the increasing ageing workforce. Mrs Leslie advised that work had been undertaken with the Public Health team to support and inform attendance management. Mrs McErlean stated that the over 50 years of age workforce increased from 25% across NHSGGC to 50% within the Estates and Facilities Directorate.

The Chair thanked Ms Leslie for the informative update provided, acknowledging that sickness absence remained a stubborn area for which the Committee would continue to lend its support to finding solutions.

The Chair congratulated Ms Leslie, on behalf of the Committee, on her appointment as Director of Human Resources, for NHS Ayrshire and Arran, and thanked her for her contribution to the Staff Governance Committee and Partnership working since her appointment just over four years ago. Mr Cowan also acknowledged Ms Leslie's wider contribution to NHS Greater Glasgow and Clyde and wished her good luck in her future role.

NOTED

12. ORGANISATIONAL CULTURE

The Director of Human Resources and Organisational Development provided a presentation on NHSGGC A Great Place to Work, comprising the two areas of Employee Experience and Engagement, and Our Leaders – Capacity and Capability, and was supported by Mr Doug Mann, Head of Organisational Development.

Mrs MacPherson provided some context and background to the

BOARD OFFICIAL

development of the Culture Framework and provided an outline of the various Committees and Teams who were supporting the work. It was noted that in addition to the presentation to the Staff Governance Committee, this had been presented at a Board Seminar on Tuesday 28 January 2020. It was also planned to provide two reports to the NHS Board in February 2020.

A range of activities currently in place were outlined including Staff Health Strategy Active Staff Events, Small Change Matters, Workforce Equality group forums, Once for Scotland Workforce Policies and Standards, and Celebrating Success. A Pulse survey which had been undertaken had comprised over 3000 face to face interviews and the outcome had shown that 81% of staff rated NHSGGC as 7 or higher on a scale of 1 to 10. Work continued to improve staff engagement through iMatter and the need to continually strive to improve the culture of the organisation was recognised.

Future activity was also outlined including learning from Sturrock Report, embedding 'A Great Place to Work, additional focus on leadership and capability, Staff Health surveys, Board member development, embedding safety culture and engaging external validation through use of Investors in People to help support and embed the Culture Framework.

Mrs MacPherson also outlined how success would be measured and the resources that would be required to deliver that success.

Mrs Sweeney suggested that any work on culture should include a statement on personal responsibility. Mrs MacPherson agreed with this point and stated that through the new Once for Scotland workforce policies and the leadership programmes, personal accountability was overt. Mr Mann advised that there was an ongoing focus on increasing personal accountability through the development of improved coaching skills.

The Chair thanked Mrs MacPherson for the update and it was agreed that it would be helpful to circulate a copy of the presentation to members. The Committee supported the Culture Framework implementation.

Mrs A
MacPherson

NOTED

13. HEALTH AND SAFETY REPORT

The Occupational Health Service Manager had circulated a paper on the Health and Safety Executive (HSE) Compliance Update (Paper 20/10).

It was noted that matters relating to Statutory and Mandatory training compliance with sharps, manual handling and falls continued to challenge the Board and slow progress towards full compliance was noted.

It was reported that Phase 1 had been completed in line with the deadline

BOARD OFFICIAL

and target set. Current performance reported to the Health and Safety Executive (HSE) reflected an average 77% achievement across all areas in phase 2, and a range of 50-70% in phase 3. A response from the HSE is awaited. Senior managers remained engaged and guidance has been issued with a clear deadline for all outstanding areas to be achieved by 29 February 2020.

Mrs MacPherson advised that additional guidance had been issued to managers which was very robust and stressed the need for individuals to take personal responsibility to ensure completion of all actions by 29 February 2020. Mrs MacPherson confirmed that staff who did not comply would be written to personally to outline the implications of their non-compliance.

The Committee noted progress with compliance and requested further updates.

The Chair thanked Mrs Wall for providing the detailed updated report.

NOTED

14. AREA PARTNERSHIP FORUM REPORT

The Employee Director had circulated the Area Partnership Forum Report and minutes of the meetings of the Forum held on 18 September, 23 October and 20 November 2019 (Paper No 20/11)

Mrs McErlean highlighted the main areas of focus and advised that the Area Partnership Forum Development Session Implementation Plan had also been included. It was noted that good progress had been made with the actions in the Plan and that the majority of these had been completed.

It was noted that all members of the Forum were champions of positive cultures and behaviours across NHSGGC.

The Committee noted the Employee Director's report.

NOTED

15. STAFF GOVERNANCE MONITORING FRAMEWORK RETURN: SCOTTISH GOVERNMENT AND NHSGGC RESPONSES

The Director of Human Resources and Organisational Development had circulated a paper in relation to the Board's Staff Governance Monitoring Return for 2018/19 (Paper No 20/12).

It was reported that the annual return had been submitted by 31 May 2019 to Scottish Government. The response to the return from Scottish Government had been positive and highlighted actions that had been taken to inform continuous improvement across all five strands of the

BOARD OFFICIAL

Staff Governance Standard within NHSGGC. The Scottish Government response and the NHSGGC response were noted.

NOTED

16. EXTRACT FROM HUMAN RESOURCES RISK REGISTER

The Director of Human Resources and Organisational Development had circulated a paper enclosing the high risks from the HR Risk Register and the Internal Audit Report on the NHSGGC Grievance Process (Paper 20/13).

Mrs MacPherson advised that minor changes had been made to the high risks previously identified from the HR Risk Register. It was confirmed that these high risks formed part of the overall NHSGGC Risk Register.

The Committee had received a copy of the Internal Audit Report on the NHSGGC Grievance Process. This was largely positive but had highlighted an issue with the length of time taken to conclude cases. It was noted that some of these cases were complex however an action plan had been put in place in order to improve timescales. The introduction of the new Once for Scotland workforce policies would also provide a timely reminder to managers of the need for improved timescales. It was noted that references to record keeping within the Audit Report related to an internal operational Human Resources system and not external systems.

The Committee noted the five risks and the outcome of the Audit Report on the Grievance process within NHSGGC.

NOTED

17. CHAIR'S ISSUES TO BE RAISED AT NHS BOARD

The Chair, with the agreement of the Committee, undertook to produce the report on the key items of discussion at the Staff Governance Committee for highlighting to the NHS Board.

Mr A Cowan

NOTED

18. DATE & TIME OF NEXT MEETING

The next meeting of the Staff Governance Committee would be held on Tuesday 12 May 2020 at 1.30pm in the Boardroom, JB Russell House, Gartnavel Royal Hospital.

The meeting ended at 1.00 pm.