

NHS Greater Glasgow & Clyde	Paper No. 20/16
Meeting:	Board Meeting
Date of Meeting:	25 February 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Name of Reporting Committee:	Staff Governance Committee
Date of Reporting Committee:	4 February 2020
Committee Chairperson:	Mr A Cowan, Co-Chair (Chaired) Mrs D McErlean, Co-Chair

Update on Key Items of Discussion at Staff Governance Committee

1. Recommendation:

1.1 That the Board note the key items of discussion at the recent meeting of the Staff Governance Committee as set out below.

2. Key Items of Discussion:

- 2.1 Providing assurance to the Board that it is meeting its obligations in relation to Staff Governance under the NHS Reform (Scotland) Act 2004 and the Staff Governance Standard.
- 2.2 The Committee received presentations and had the opportunity to scrutinise the following areas:
 - West Dunbartonshire Health and Social Care Partnership
 - Human Resources and Organisational Development Directorate

Key Message:

The Staff Governance Committee had the opportunity to scrutinise these areas and received sufficient evidence to be assured that a culture of engagement with staff exists and that broad compliance was being achieved, equally and that areas that required improvement were well understood and that plans existed to progress this. Notably, the Committee welcomed the fact that West Dunbartonshire HSCP had a priority focus on Attendance Management, an area of challenge within the Board and was working to improve its performance on TURAS. The Committee welcomed the

particularly strong performance related to Statutory and Mandatory training, an iMatter achievement of 62% (sufficient to yield a full report), noting the successful pilot using text technology yielded an 80% response (albeit from a small cohort) and 90% staff uptake of the seasonal flu vaccination. The Committee further noted that the Human Resources and Organisational Development Department had achieved 92% on iMatter action planning, a sickness level of 3.03%, Statutory and Mandatory Training compliance of 97.7%, and KSF compliance of over 70% and noted their plans to improve in outstanding priority areas.

3. Other Matters Reviewed by the Committee:

- 3.1 The Committee noted the development of the <u>Board's first Workforce Strategy</u>, co-produced with staff, and discussed the need to demonstrate linkages with the Board's Culture Framework. A summary is provided at Appendix 1. The Committee sought a further update in mid 2020.
- 3.2. Medical Education: The Committee were encouraged to hear of the positive progress in areas currently under 'Enhanced Monitoring' (EM), specifically noting improvements in Queen Elizabeth University Hospital (Medicine) and the Princess Royal Maternity Unit (Obstetrics and Gynaecology) but noted the continuing concerns around the Immediate Assessment Unit which has been the subject of a revisit on 4 February 2020. The Committee were pleased to note the de-escalation of the Vale of Leven Hospital and noted that Inverclyde Royal Hospital (Medicine) is now in 'EM' where concerns related to consultant supervision and patient safety were highlighted. Dr Donaldson provided assurance to the Committee that actions to address these concerns are in place or have been completed. The Committee also noted the positive progression of work through Civility Saves Lives and Doctors in Training Health and Wellbeing.
- 3.3. <u>Staff Flu Vaccination:</u> While the Committee noted that the Board wide position has improved on 2018/19 (currently 47% vs 43.6% last year), it remained concerned that Nursing, the largest job family (6409 WTE) remained a low uptake at 38%. The Committee noted that a survey of nurses was proposed to better understand how to improve uptake and has asked to see the output of this work.
- 3.4. A wide range of routine update reports were received, including:
- 3.4.1 Workforce Statistics Report: among which the Committee noted that 85% of Attendance Management cases eventually return to work, further reinforcing the importance of supportive person centred management actions to promote early return and reduce impact and cost. Significant improvement in Statutory and Mandatory Training achievement across the Board is noted (borne of an increased use of targeted, personalised emails); this should be welcomed by the Board. The Committee supports any initiative that promotes a culture

among managers and staff that places the same importance on Statutory and Mandatory Training as it does on Continuing Professional Development and Continuing Medical Education.

- 3.4.2 Attendance Management: The Committee noted the range of initiatives and activity designed to support improved attendance. Nevertheless, the current rate of absence is above the national target and despite a range of activities has not improved overall in the reporting period. The Committee noted the number of absences related to stress, anxiety, depression, and whilst acknowledging all the interventions, will be seeking further assurance on the reasons for absence and emerging trends. The Committee recognised that this is a complex area, stubborn to improvement, and have sought to remain engaged with a further detailed update in August 2020.
- 3.4.3 <u>Health and Safety:</u> Matters related to mandatory training compliance with sharps, manual handling and falls continue to challenge the Board and slow progress towards full compliance has been evident. Senior managers remain engaged. Phase 1 was completed in line with the deadline and target set, and our current performance reported to the Health and Safety Executive (HSE) reflects about 70% achievement in phase 2 and a range between 50-70% in phase 3 (December 2019). Guidance has been issued with a clear deadline for all outstanding areas to achieve by 29 February 2020. A response from the HSE is awaited.
- 3.4.4 <u>Staff Governance Standard Framework Response to Government:</u> Our annual input to the Scottish Government was submitted on 31 May 2019. In their feedback response, they noted that:

NHSGGC evidence provided, highlights a number of actions that the Board has taken to inform continuous improvement across all 5 strands of the Standard. Particular areas of note are:

- The Board's continued momentum in relation to the strategy for change and transformation 'Moving Forward Together' with over 20 staff engagement sessions taking place which provided staff with an overview of the MFT vision and the principles underpinning the proposals for change, taking into account the Health and Social Care Delivery Plan. All staff who attended welcomed the opportunity to be involved in the programme and to share their views and opinions on MFT.
- Working with services who have transformed care to understand the workforce issues which help drive transformation and highlight real examples where transformative practice is happening and use these as examples of change in practice to stimulate thinking and creativity. In view of the scale of reaching out to a broad range of Health and Social Care staff employed across 6 Integrated Joint Boards.
- Continuing to promote and embed partnership working through meeting structure and Staff Governance approach which includes the work of the

Area Partnership Forum, the Acute Services Partnership Forum and local partnership fora in all NHSGGC services, including HSCPs.

 Developing an NHSGGC Culture Framework, with the particular aims of improving staff engagement and involving our workforce in delivering 'better health, better care, better value and a better workplace'.

The Government also credited achieving a critical mass of staff input for iMatter in all 6 HSCPs (which will yield individual reports) and noted that we 'showed good progress towards implementing iMatter.' They also offered advice and feedback in discrete areas.

3.5. The Committee also reviewed their Terms of Reference, the 'Involved in Decisions' element of the Staff Governance Workplan 2019/20, and activity and minutes of the Area Partnership Forum.

The Committee supported the update on the Culture Framework implementation and the clarity around activity to support Employee Engagement/Experience and the development of our leaders. This included the Board's 3 priorities (strengthening Employee Voice, greater visibility of leaders, and celebrating success) in responding to the Sturrock Report. The Committee sought to remain engaged and welcomed the opportunity to receive and scrutinise further updates as this work progresses.

WORKFORCE STRATEGY

Appendix 1

NHSGGC WORKFORCE COMMITMENTS



We will attract, retain and value the most skilled and talented people.

We will provide opportunities for all those accessing employment, breaking down barriers.

We will establish ourselves as an employer of choice.

We will understand what matters most to our people and what they need to deliver safe, world class services.



We will support our people to achieve their ambitions through development of career paths.

We will provide **best in class learning** for us all, to maximise personal growth, innovation and quality improvement.

We will support the growth of our talent and **encourage skill development** and enhancement.



We will develop inspiring, confident, compassionate and empowering leaders.

We will support our leaders to embed our culture framework: **NHS**Greater Glasgow & Clyde – A Great Place to Work.

We will ensure that our values are evident in everything that we do.

We will work in partnership with our professional organisations and representative colleagues.



We will provide the best working environment for our employees.

We will embrace a **safety culture** from learning to practice.

We will be a national leader in best practice **initiatives** to improve the health and wellbeing of our workforce.

We will show compassion and support an all-round positive and fair employee experience.

We will ensure that our workforce have **influence in the decisions** which affect them, and their workplace.