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SGC(M)21/02  
Minutes: 06-20

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 11 May 2021 at 1.30 pm**

**PRESENT**

Mrs D McErlean (in the Chair)

Mrs R Sweeney	Mr A Cowan (Co- Chair)
Mr C Vincent	Ms A Khan
Ms S Mechan	Mr F Shennan
Mrs J Grant (CE)	

**IN ATTENDANCE**

Mr M Allen	Senior Administrator
Dr J Armstrong	Medical Director (Item 11)
Mr J Best	Chief Operating Officer
Ms S Blades	Lead Nurse for Professional Governance & Regulation (Item 10)
Ms J Burns	Consultant, Department of Medicine for the Elderly (Item 11)
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
Mrs M Macdonald	Learning & Education Manager
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms P Martin	Head of Staff Experience
Ms M McCarthy	Co-chair, Glasgow HSCP Staff Partnership Forum
Mr A McCready	APF Delegate to Staff Governance Committee
Dr M McGuire	Nursing Director (Item 10)
Ms N Owens	Depute Director of Human Resources & Organisational Development
Ms E Quail	Staff Side Secretary
Mr A Reynolds	Head of Human Resources – Service Development and Support
Ms K Strannigan	Head of Health & Safety (Item 13)
Ms E Vanhegan	Head of Corporate Governance and Administration (Item 19 )
Ms R Wall	Head of Occupational Health and Safety (Item 13)

6.	WELCOME AND APOLOGIES	ACTION BY
	Mrs McErlean welcomed all to the meeting, with apologies noted from Ms Carmichael and Mr McCready, who advised he would join the meeting as soon as possible. Ms Martin (Head of Staff Experience) and Mr Reynolds (Head of Human Resources – Service Development and Support) were welcomed to their first meeting.	

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	<p>Mrs McErlean advised the Committee that Item 9 on the agenda (Annual Review of Staff Governance Committee Terms of Reference) would be deferred to the August Staff Committee meeting to allow members to fully review the Terms of Reference, as agreed by the NHSGGC Board in April 2021.</p> <p><u>NOTED</u></p>	
<b>7.</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest noted.	
<b>8.</b>	<p><b>MINUTES</b></p> <p>The Minutes of the Staff Governance Committee meeting held on 3 November 2020 (SGC(M) 20/03) were approved as a correct record by Committee members via email in February 2021.</p> <p><u>NOTED</u></p> <p>The Minutes of the Staff Governance Committee meeting held on 15 April 2021 (SGC(M) 21/01) were approved as a correct record.</p> <p><u>APPROVED</u></p>	
<b>9.</b>	<b>MATTERS ARISING</b>	
<b>9.1</b>	<u>Rolling Action List</u>	
	<p>Mrs McErlean, Co-Chair, had circulated the Rolling Action List (Paper 21/02).</p> <p>Mr Cowan advised there were seven items (comprising ten actions) currently on the Rolling Action List with all of them marked for closure.</p> <p>Mr Cowan questioned whether the action concerning gathering staff feedback on the reasons for a higher uptake of staff flu vaccination had been fully concluded. Mrs MacPherson advised that the planned pulse survey had not been carried out due to Covid-19, but that this would be included as part of the work on Collaborative Conversations and would be revisited in advance of the 2021 vaccination programme. Ms Culshaw highlighted the importance of continued staff, third sector and social care engagement, whilst maintaining a watching brief given likely Covid-19 and flu vaccinations ahead of winter 2021/22</p> <p>Mr Cowan advised that he, Mrs McErlean and Mrs MacPherson had held a discussion around equalities data information and whilst recognising the additional information in this Committee's report, further information would continue to be added. Mrs MacPherson advised that in relation to the</p>	Ms Martin

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	<p>equalities data information, this was discussed at the Workforce Equalities Group and agreement reached that interested members of the staff equalities groups would join the Workforce Information Group to work collectively to determine the best information for the dashboard. With reference to vacancies and recruitment, Mrs MacPherson advised that one of the Board’s objectives was to ensure there was sufficient resource during Covid-19 and this is referenced in item 11, with additional vacancies information to be provided in future reports.</p> <p>The Committee noted the updated Rolling Action List and agreed the items proposed for closure.</p> <p><u>NOTED</u></p>	
<p>10.</p>	<p><b>SAFE STAFFING LEGISLATION</b></p> <p>Dr McGuire reminded members that there had been Board agreement for regular reporting on the Safe Staffing Legislation to the Staff Governance Committee and if appropriate, the Clinical and Care Governance Committee.</p> <p>Dr McGuire had circulated a report (Paper 21/09) to Committee members on the Safe Staffing Legislation. Speaking to the report, Ms Blades highlighted that work continues in preparation for the Health and Care (Staffing) (Scotland) Act 2019, that implementation timescales have yet to be confirmed after being extended due to the impact of Covid-19, and that financial support had been secured from the Scottish Government for 2021/22.</p> <p>Mr Cowan asked about the scale of the funding challenge and whether there was an opportunity to secure funding on a recurring basis. Ms Blades advised that funding is currently on an annual basis from Scottish Government, with Dr McGuire adding that the funding is minimal and covers a small Project Management team and does not cover the cost of any additional nurse staffing.</p> <p>The Committee noted the paper.</p> <p><u>NOTED</u></p>	
<p>11.</p>	<p><b>MEDICAL REVALIDATION: NES REPORT - MEDICAL APPRAISAL AND REVALIDATION</b></p> <p>Dr Armstrong had circulated a report (Paper 21/03) to Committee members on Medical Appraisal and Revalidation. Dr Armstrong introduced Dr Burns, a consultant geriatrician, who is taking up the post of President of the British Geriatrics Society in July.</p> <p>Speaking to the report, Dr Burns highlighted that the 2018/19 appraisal completion rate for NHSGGC was 95% across primary and secondary care,</p>	

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	<p>an increase of 1% on 2017/18. Dr Burns confirmed that the Board has implemented successful initiatives for the Clinical Fellow cohort, such as the Clinical Fellow Support Group, with the overall completion rate for Clinical Fellows in 2018/19 being 76%. Dr Burns also confirmed that all medical appraisers in NGSFGC have undertaken core training in Medical Appraisal and are offered refresher training courses.</p> <p>Dr Burns highlighted that due to Covid-19, the Chief Medical Officer and General Medical Council had paused the appraisal process up to October 2020, with the Board now making progress against its Appraisal and Revalidation Recovery Plan, successfully revalidating 225 doctors across Primary and Secondary Care.</p> <p>Dr Burns advised the Committee that revalidation involves patient feedback, usually via a patient questionnaire. Due to Covid-19, other options for gathering patient feedback are being considered.</p> <p>Mr Vincent asked whether there were adequate resources to deal with any backlog in appraisal and revalidation, with Dr Burns advising that the number required in this Covid-19 year was lower than others in the 5 year cycle. Dr Burns added that August to December was likely to be a busy period, but that adequate resources were in place and the process would not be deferred for anybody unless absolutely necessary.</p> <p>Mr Cowan asked whether there was any risk, with a quarter of Clinical Fellows not being appraised and revalidated. Dr Burns advised that not all Clinical Fellows are due to be revalidated when employed and as some of these doctors are on shorter term contracts, it can be difficult to ensure completion of appraisal before the termination of post. Dr Burns added that all Clinical Fellows are well supported and have a clinical supervisor.</p> <p>Ms Khan asked whether there could be an update at a future meeting on patient feedback ideas, with Mrs Grant advising that she would ask Dr McGuire to provide Ms Khan with information around NGSFGC wider patient feedback mechanisms out with the meeting.</p> <p>The Committee noted the paper.</p> <p><u>NOTED</u></p>	<p>Dr McGuire</p>
<p>12.</p>	<p><b>STAFF GOVERNANCE WORKPLAN</b></p> <p>Mrs MacPherson had circulated a report (Paper 21/04) to Committee members on the Staff Governance Workplan. Mrs MacPherson advised Committee members that the last year had been challenging in terms of progressing actions, highlighting that nine actions were marked as green, 14 as amber and none as red. A number of the amber actions will be progressed as part of the Workforce Strategy Action Plan. A different theme from the Workplan will be presented to each future Staff Governance</p>	

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	<p>Committee meeting, enabling members to ask questions and seek assurance.</p> <p>Mr Cowan asked about the challenge with PDP and Turas review, with Mrs MacPherson advising that whilst progress had been made with statutory and mandatory training, there was a focus required on supporting teams with the PDP process as services recommence and that line managers are encouraged to include wellbeing conversations as part of that process. Mrs MacPherson added that the CMT will be monitoring progress over the coming months.</p> <p>Mrs McErlean asked whether Project Lift was still progressing, with Mrs MacPherson advising that this is currently under Scottish Government review and will be taken forward through the National Management Talent Board. Mrs MacPherson added that there is support from Organisational Development for those with career aspirations.</p> <p>Ms Khan asked when more defined timescales for actions would be provided, with Mrs MacPherson advising that a revised action plan with realistic and achievable timescales would be provided at the next Staff Governance Committee meeting. Mrs Grant stressed the importance of the Executive team having the necessary time to have conversations about realistic timescales and the need for items to first be taken to the CMT, before Staff Governance Committee.</p> <p>The Committee noted the paper.</p> <p><u>NOTED</u></p>	
<p>13.</p>	<p><b>HEALTH, SAFETY AND WELLBEING UPDATE</b></p> <p>Mrs MacPherson stressed the importance of health, safety and wellbeing in any given year, but particularly over the last year with staff adapting to changing policies and procedures during the pandemic.</p> <p>Ms Wall had circulated a report (Paper 21/05) to Committee members on health, safety and wellbeing, highlighting that the Mental Health and Wellbeing Working Group had put in place a number of interventions to support staff, such as R&amp;R Hubs and a support helpline. Ms Wall advised that the Mental Health Check-in had been a particular success, with 1600 contacts and 710 interventions across the two launch periods.</p> <p>Ms Wall also highlighted that the Occupational Health team had received two year funding from the Board to support a specialist mental health team and that there was funding for the Occupational Health team to establish a specialist team to assess, treat and support those employees returning to work with long-Covid.</p> <p>Ms Sweeney asked about existing programmes and those previously suggested as good practice. Ms Wall advised that there is a proposal</p>	

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	<p>approved by the Strategic Executive Group, to launch our Peer Support Framework, with a training module for personal mental health and wellbeing, the identification and training of staff ‘supporters’ and an overarching training programme delivered by psychology. Mrs MacPherson added that there is a pyramid of psychological support which includes the peer support framework, national website and mental health check-in and agreed to circulate this to the Committee.</p> <p>Mr Vincent asked whether there was work underway to measure the usage and impact of the R&amp;R Hubs. Mrs MacPherson advised that a survey of users was carried out and the analysis used to seek further endowments to continue the Hubs during the second wave of the pandemic. Mrs MacPherson added that a Medical Junior Doctor subgroup were looking to roll out the Hubs at other sites and that consideration was being given to how the benefits and outputs could be measured.</p> <p>Ms Khan asked whether there had been any long term thinking around mental health in terms of Covid-19 related issued not emerging immediately, but in the future. Mrs MacPherson advised that this would be covered by the Peer Support Framework and that there had been successful pilots over previous years in clinical areas, and provided an example of additional psychological support embedded into High Dependency and ICU areas for staff. The additional support added to Occupational Health would also support future activity.</p> <p>Mr Best expressed his thanks to the Occupational Health and Health, Safety and Wellbeing teams on behalf of Acute services for their work and support during the pandemic. Mrs McErlean added her appreciation for the work of the Occupational Health and Health, Safety and Wellbeing teams.</p> <p>The Committee noted the paper.</p> <p><u>NOTED</u></p>	
<p>14.</p>	<p><b>EQUALITY AND HUMAN RIGHTS COMMITTEE RECOMMENDATIONS</b></p> <p>Ms Martin presented to the Committee on the key national recommendations from the Equality and Human Rights Committee report, following their inquiry across public sector organisations. Ms Martin highlighted the nine recommendations and also referenced the National NHS Minority Ethnic Network and its three key work streams. Ms Martin advised that the recommendations would be taken forward either nationally or locally via equality networks and had been aligned to the five strands of the Workforce Equality Action Plan.</p> <p>Mrs MacPherson encouraged Committee members to read the report if they had not done so already and advised that the Workforce Equality Action Plan would be taken through the Area Partnership Forum (APF) and CMT for approval in due course, being mindful of the need to ensure that actions are supported and manageable. Mrs MacPherson confirmed that</p>	

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	<p>priority areas would be considered and shared at the August meeting of the Staff Governance Committee.</p> <p>Ms Mechan referenced the Liverpool John Moore University who have designed a course for fast track qualification for refugee nurses who qualified in other countries, asking whether this is something NHSGGC could consider to help increase a diverse range of applicants. Ms Mechan agreed to send the information to Mrs MacPherson.</p> <p>Mr Cowan referenced a meeting in November 2020, where he, Mrs MacPherson, Mrs McErlean and Ms Khan reviewed the report and felt that strong and visible leadership, breaking down structural barriers and closing the ethnicity pay gap were key messages from the report and it was important not to lose sight of these. Mr Cowan added that the ask from the Equality and Human Rights Committee report was that each public body committed to three “new or big ideas” and asked that an update on these be provided to the August meeting of the Staff Governance Committee.</p> <p>Ms Khan thanked Mrs MacPherson and Ms Martin for driving this work forward to ensure that NHSGGC are addressing the issues the report highlights. Ms Khan stressed the importance of getting employee equality data to help drive improvements, acknowledging that there was some work to be done to understand the complexities of why some employees felt uncomfortable in providing this data. Ms Khan added that nationally, she was sitting on a Mental Health and Ethnicity panel and would discuss this further with Ms Martin.</p> <p><u>NOTED</u></p>	<p>Ms Martin</p>
<p>15.</p>	<p><b>COVID RESPONSE WORKFORCE SUMMARY AND WORKFORCE ANALYTICS STORYBOARD</b></p> <p>Mr Reynolds had circulated report (Paper 21/07) which provided both a Covid Response Workforce Summary and a Board Workforce Analytics Storyboard for the period ending March 2021. Mr Reynolds highlighted that the Covid Response Workforce Summary references the reassignment and recruitment of staff, new ways of working, initiatives to support staff and services throughout the duration of the pandemic and demonstrates flexibility and commitment of staff throughout.</p> <p>Mr Cowan asked whether there was any particular area identified as a greater risk during the staff modelling exercise. Mrs MacPherson advised that the main area of concern across NHS Scotland had been requirement for additional Band 5 nursing roles, this risk was being well managed with opportunities for different roles emerging i.e. Band 3 vaccinators.</p> <p>Mrs McErlean, Ms Sweeney and Mrs Grant expressed their appreciation for the scale of work that had been carried out.</p>	





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<b>17.</b>	<p><b>CORPORATE RISK REGISTER</b></p> <p>Mrs MacPherson advised that the Corporate Risk Register was reviewed by internal audit, with a recommendation to review Workforce and Human Resource risks. Once these have been updated, they will be circulated to the Committee for review ahead of the August Committee meeting.</p> <p>The Committee noted the update.</p> <p><u>NOTED</u></p>	
<b>18.</b>	<p><b>WHISTLEBLOWING STANDARDS AND REVIEW</b></p> <p>Ms Vanhegan provided an update following the launch of the Whistleblowing Standards, highlighting that there had been a small number of new cases. The Whistleblowing Implementation Group were reviewing and introducing the new procedure. The action plan is also being reviewed with the recommendations from the Whistleblowing report linked in, although noted that many of the issues raised have been addressed through the Standards themselves and the user guide.</p> <p>Ms Vanhegan advised that there are still some anonymous Whistleblowing reports and that further consideration would be given to communications in relation to this, to highlight that the same protection is not offered by the Standards to anonymous Whistleblowers.</p> <p>Mrs McErlean thanked Ms Vanhegan for the update and advised that she looked forward to receiving future updates.</p> <p>The Committee noted the update.</p>	
<b>19.</b>	<p><b>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</b></p> <p>The Chair wished to thank all involved in the preparation of papers and those presenting to the Committee.</p> <p>Key messages to the Board were noted as:</p> <ul style="list-style-type: none"> <li>• The update on Safer Staffing legislation;</li> <li>• Welcomed the update on Revalidation and the presentation on Equalities and Human Rights;</li> <li>• The update from the Mental Health and Wellbeing Group and support available for staff;</li> <li>• Our need to continually improve data.</li> </ul>	

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<b>20.</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>  The next meeting of the Staff Governance Committee will be held on Tuesday 3 August 2021 at 9.30am. The venue will be confirmed in due course.		
	The meeting ended at 1535hrs.		