

NHSGGC SGC(M)19/04  
Minutes: 50 - 72

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 5 November 2019 at 1.30 pm**

**PRESENT**

Mrs D McErlean (in the Chair)

Mr A Cowan (Co- Chair)      Councillor S Mechan

**IN ATTENDANCE**

Dr J Armstrong	Medical Director (Item 59)
Mr J Best	Chief Officer, Acute Services
Dr J Burns	Deputy Responsible Officer (Item 59)
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms L Dalgado	APF Staff Side Secretary
Ms J Erdman	Head of Equality & Human Rights
Mr K Fleming	Head of Health and Safety
Ms L Gregson	HR Business Partner, East Renfrewshire HSCP (Item 52.1)
Mrs G Hardie	HR Administrator, Organisational Effectiveness
Ms C Heuston	Assistant Chief Officer, Human Resources, Glasgow HSCP
Mrs B Howat	Head of People & Change, Corporate Services
Mrs S Leslie	Depute Director of Human Resources & Organisational Development
Mr A Low	Planning & Development Manager, Equality & Human Rights (Item 64)
Mrs M Macdonald	Learning & Education Manager
Mrs A MacPherson	Director of Human Resources & Organisational Development
Mr D Mann	Head of Organisational Development, Acute & Corporate Services
Mr A McCready	Staff Side Co-chair – Non City HSCP Staff Partnership Forums
Mrs J Murray	Chief Officer, East Renfrewshire HSCP (Item 52.1)
Mr J Pender	Workforce Planning and Analytics Manager
Ms K Sandilands	Deputy Director of Human Resources, NHS Lanarkshire (Observer)

**50. WELCOME AND APOLOGIES**

**ACTION BY**

The Chair opened the meeting by welcoming Ms Christina Heuston, Assistant Chief Officer, Human Resources, Glasgow Health and Social Care Partnership as a new member of the Staff Governance Committee.

The Chair then welcomed Mrs Julie Murray, Chief Officer, and Ms Lisa Gregson, HR Business Partner, who were in attendance to provide an update on the application of the Staff Governance Standard in East Renfrewshire HSCP.

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Dr Jennifer Armstrong, Dr Jennifer Burns, Mr Alastair Low, and Mr Doug Mann were present to speak to specific agenda items and Ms Kay Sandilands was attending as an observer.

Apologies for absence were intimated on behalf of Mr John Brown, Ms Frances Carmichael, Councillor Jim Clocherty, Ms Ann Cameron-Burns, Ms Jeanette Donnelly, Mrs Jane Grant, Mrs Diana Hudson, Ms Margaret McCarthy, Mrs Rona Sweeney, Ms Audrey Thompson and Ms Flavia Tudoreanu.

The Chair reported that the Committee was not quorate, given a number of late apologies had been received from members. Items which required a decision would therefore be noted and submitted to the next meeting for approval.

NOTED

### **51. DECLARATIONS OF INTEREST**

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

NOTED

### **52. PRESENTATIONS – Local Compliance with Staff Governance Standard**

#### **52.1 East Renfrewshire Health & Social Care Partnership (HSCP)**

The Staff Governance Committee received copies of the East Renfrewshire HSCP Action Plan.

Mrs Julie Murray, Chief Officer, East Renfrewshire HSCP, supported by Ms Lisa Gregson, HR Business Partner, and Mr Andrew McCready, Staff Side Co-Chair, Non City HSCP Staff Partnership Forum, 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 Murray noted that the NHS Staff Governance Standard was used for all staff, including health and council staff within East Renfrewshire HSCP.

Mrs Murray noted that sickness absence remained an area for improvement. September figures indicated a 9.2% absence rate, however, this was expected to reduce significantly over the next few months and a trajectory of 6.5% had been predicted for December 2019. It was reported that In-patient Learning Disability services were included in the figures and that this area had a 16% absence rate at the time of

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transfer to the HSCP. It was recognised that the LD inpatient service was a challenging environment and a continued focus on this area had managed to reduce the figure significantly.

All Statutory and Mandatory training was on an upward trajectory which was expected to continue, and similarly with KSF compliance which was expected to achieve 60% compliance by December 2019 and 80% by the end of the financial year.

It was noted that home care staff had been included in the 2019 iMatter survey, adding around 200 staff. The HSCP had achieved a 67% response rate and an Employee Engagement score of 75, and a 97% action planning completion rate which was an excellent achievement.

Mrs Murray outlined the key challenges and achievements within the Action Plan. It was noted that health and wellbeing events had taken place locally throughout 2019 and Learning and Development opportunities were actively promoted to both NHS and Council Employees.

The case study presented detailed the engagement process undertaken within Adult Services following a Strategic Care Inspectorate survey which had identified that staff within Adult Services felt disengaged. Through consultation with staff side, focused engagement sessions and regular newsletters, improvements had been achieved.

Mrs McErlean expressed concern about the sickness absence trajectory of 6.5% by December 2019 which seemed ambitious given the current absence level of 9.2%. Ms Gregson explained that there were a number of staff who had been on long term sick who had now returned to work and a 7% rate was anticipated for the end of October. Through further focused work it was hoped to reduce this further by the end of the year recognising that winter pressures may impact on this figure.

Councillor Mechan queried whether work related stress was a common factor in relation to long term absence. Ms Gregson indicated that stress is a notable factor but tended to be a mixture of home and work related stress. Work was ongoing to support staff to return to work and further health and wellbeing sessions had been arranged. In addition events to provide money advice, Active Staff events, and signposting to online support had also taken place.

Mrs MacPherson congratulated the HSCP on the achievement of their iMatter scores and action planning completion rates. It was noted that NHSGGC had been commended on a pilot undertaken within home care in West Dunbartonshire HSCP and that this could be considered by the HSCP. Mrs MacPherson also highlighted a piece of work which had been undertaken last year within Human Resources across Partnerships looking at Learning Disability and Mental Health inpatient sickness absence and trends and suggested that Ms Gregson may share this with

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the Chief Officers.

The Director of Human Resources and Organisational Development highlighted that the East Renfrewshire Action Plan should be amended to reflect that relevant managers are working to improve the KSF compliance level, with support from Learning and Education.

Mrs McErlean thanked Mrs Murray, Ms Gregson and Mr McCready for providing an informative presentation and commended the HSCP on its achievements in relation to iMatter action planning. The work to improve absence, and health and wellbeing was noted as well as the work to raise visibility of senior managers.

### NOTED

#### **52.2** Acute Services

A copy of the Acute Services Staff Governance Action Plan had been circulated to the Committee in advance.

Mr Jonathan Best, Chief Operating Officer, Acute Services, supported by Ms Sarah Leslie, Depute Director of Human Resources and Organisational Development, presented to the Committee. Mr Best provided a breakdown of the structure of Acute Services and outlined the Directorate's sickness absence levels, KSF compliance and Statutory and Mandatory training compliance against the Board's targets, as well as providing Human Resources and iMatter staff experience data.

It was noted that sickness absence had fluctuated between 5% and 6% over the past year, with some Directorates achieving below 5%. Statutory and Mandatory training was on an upward trajectory and this was expected to continue. A comparison demonstrated that at October 2018 overall compliance was 71.5% and this had now risen to 87% at September 2019, and was expected to rise further to 90%. In terms of KSF, this was at above 50% at September 2019 and robust measures were in place to achieve 80% by March 2020.

Acute Services iMatter had returned a response rate of 58% with a 44% action planning completion rate which, although an improvement on the previous run, was disappointing and would continue to receive focused attention particularly in terms of action planning.

Mr Best also outlined Staff Governance Action Plan achievements including implementing the new staffing structures, career pathways and supervisory arrangements to underpin the Patient Administration Transformation Programme. Challenges remained, particularly regarding building staff readiness for Moving Forward Together priorities, and implementing the Culture Framework and iMatter.

The case study provided details of work undertaken to address concerns

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within Ward 4A at Gartnavel General Hospital which were affecting staff morale. The ward operated a Monday to Friday work pattern, however staff would regularly be transferred to other wards or sites without notice. Discussion took place with staff side and an open dialogue with ward staff also took place to seek views on solutions and agree the proposed way forward. This collaborative working has resulted in a new service model which staff are supportive of and has led to increased employee satisfaction and an improved service to patients.

Mrs MacPherson queried why implementation of iMatter showed Green status on the Acute Services Action Plan, given the results reported. This was noted and would be considered further and adjusted accordingly.

Following a query from Mrs McErlean, Ms Leslie confirmed that the 44% for action planning completion was achieved within the 12 week period. Ms Leslie also advised that this would be pursued more vigorously in order to achieve an improved result next year.

Mr Cowan commended Acute Services on achievements in Statutory Mandatory training and KSF which were showing significant improvement and continuing an upward trend, which was challenging given the size of this cohort of the workforce. Mr Best also clarified that the Red Amber Green (RAG) status of activities within the Action Plan were agreed with staff side. Mr Cowan suggested it would be more helpful if timescales could be recorded more precisely than the 'ongoing' timescales currently recorded in the Action Plan.

The Chair thanked Mr Best and Ms Leslie for their helpful and informative presentation and noted the improvements in Statutory Mandatory training which would hopefully continue. In particular, the Chair highlighted the great work which had taken place on staff engagement through the Patient Administration Transformation Programme which the Directorate should continue to build on.

### NOTED

#### **53. HSCP PROJECT SEARCH UPDATE**

Ms Louise Long, Chief Officer, Inverclyde HSCP, had provided a paper on HSCP Perspective on Project SEARCH which had been circulated in advance (Paper 19/43). Mrs Murray, Chief Officer, East Renfrewshire HSCP had agreed to present the paper to the Committee.

Mrs Murray advised that each Health and Social Care Partnership (excluding Glasgow City who already undertook Project SEARCH) had been asked to consider Project SEARCH as an employability option following its success within other areas of NHS Greater Glasgow and Clyde.

Mrs Murray reported that Renfrewshire HSCP already had an established

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Project SEARCH college employability programme in place. Other HSCPs were either in the process of reviewing learning disability services, had a range of other employability providers locally, or had financial restrictions. Following consideration the HSCPs were not therefore in a position to take this project forward.

Mrs MacPherson indicated it would be helpful for HSCPs to share with Mrs Macdonald and Employability Leads the projects they are involved in locally to allow these to be included in the Scottish Government Employability Strategy return which the Board requires to submit annually.

The Committee noted the report and the reasons Project SEARCH could not be taken forward at present within Health and Social Care Partnerships. It was further noted that the HSCPs had indicated that this did not preclude consideration at a future date.

NOTED

### **54. MINUTES**

The Minutes of the Staff Governance Committee meeting held on Tuesday 21 August 2019 NHSGC SGC(M)19/03 were agreed as a correct record. As the Committee was not quorate, these would be submitted for approval at the next meeting.

NOTED

### **55. ROLLING ACTION LIST**

Mr Alan Cowan, Co-Chair, had circulated the Rolling Action List (Paper 19/44).

Mr Cowan advised there were 13 actions currently on the Rolling Action List with 10 marked for closure, which were either on the agenda or completed. It was noted that the three actions identified as ongoing, were due for update at the February 2020 meeting.

Mrs MacPherson updated that she had written to Directors of the four service areas where Statutory and Mandatory training had shown as red and reported that all had since shown an increase in compliance.

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

NOTED

### **56. ANNUAL STAFF GOVERNANCE COMMITTEE REPORT TO NHS BOARD 2018-19**

The Director of Human Resources and Organisational Development had

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circulated a paper on the Staff Governance Committee's Annual Report to the NHS Board (Paper 19/45) for consideration and approval.

Mrs MacPherson advised that the Committee had previously produced annual reports for the NHS Board, however, a new template had been provided from the Board to ensure a standard reporting format for 2018-19 in line with NHS Scotland's Blueprint for Good Governance .

The report outlined the purpose and composition of the Committee, the business items considered and key outcomes identified through presentations provided to the Committee during 2018-19. A statement of assurance for the NHS Board from the Joint Chairs of the Staff Governance Committee was also included.

The report was a final draft which had previously been reviewed and agreed by the Co-Chairs. One formatting error in Appendix 1 was highlighted for adjustment.

Given that the Committee was not quorate, and the report was required for the NHS Board meeting in December 2019, it was agreed that the final draft report would be circulated to members for final comment by 20 November 2019. The report would thereafter be submitted to the NHS Board meeting on 17 December 2019 and brought to the February 2020 meeting for noting.

### NOTED

#### **57. NHSGGC WORKFORCE STRATEGY DEVELOPMENT**

The Director of Human Resources and Organisational Development provided a verbal update on progress on the development of a Board Workforce Strategy.

Mrs MacPherson advised that an event with stakeholders to establish principles and priorities had taken place earlier in the year. A meeting had also taken place with the Employee Director and staff side, and a Working Group would be established to develop the strategy. A paper would be submitted to the Corporate Management Team to secure support for the proposed way forward and obtain nominations for the Working Group.

The opportunity had been taken at the recent mass flu vaccination clinics to undertake a pulse survey to obtain views from staff on NHSGGC as an employer to help inform the way forward. It was noted that over 2,000 staff had engaged.

Following input from the Corporate Management Team and further consideration by the Working Group, it was hoped the paper being developed on the Workforce Strategy would be available for the next Staff Governance Committee in February 2020.

A MacPherson

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The Chair was pleased to note that the work on the Workforce Strategy was moving forward and wide staff engagement had taken place. The Committee looked forward to receiving an update at the next meeting.

### NOTED

#### **58. STAFF GOVERNANCE WORKPLAN – APPROPRIATELY TRAINED AND DEVELOPED**

The Director of Human Resources and Organisational Development had circulated a paper detailing the updated Staff Governance Workplan for 2019/20 (Paper 19/46).

Mrs MacPherson advised that this update would focus on the 'Appropriately Trained' 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, 22 actions at amber status, and 39 actions at green status. The red status related to the requirement for a Boardwide 60% iMatter response rate in order to generate a Board Report. A response rate of 59% had been achieved which was a 5% improvement on last year, however, it remained key to ensure a high level of action planning completion was achieved.

Mrs Moira Macdonald, Learning and Education Manager, highlighted the Patient Administration Transformation Programme in order to illustrate elements of the Appropriately Trained and Developed strand of the Staff Governance Standard. It was noted that the programme is a redesign project put in place to transform patient administration, with a strong focus on ensuring staff are appropriately trained for their role.

The key aims of the Transformation Programme were to work in partnership with staff, support the delivery of patient centred care, and to establish a programme that ensures the Board's patient facing administrative services operate as effectively and efficiently as possible, exploiting the investment in technology.

Mrs Macdonald outlined a range of staff engagement which had taken place with staff since early 2019 including 36 roadshows undertaken across 11 sites. As part of the review of staff roles it was agreed that a career pathway was a key principle to support this and would also support staff from entry into roles and throughout their career. Key development activity undertaken to date was outlined.

Councillor Mechan commended the work undertaken and suggested it was a masterclass in ensuring a group of staff recognise their value to the organisation.

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Mr Cowan suggested it would be helpful to share learning from the success of the Programme and Mrs Macdonald agreed that this could be developed to share with other areas. It was noted that the work in this area has been highlighted to NHS Education Scotland.

The Chair thanked Mrs MacPherson and Mrs Macdonald for the update, and acknowledged the positive work undertaken to date on the Patient Administration Transformation Programme. It was agreed that a framework reflecting the process used for implementing this project could prove useful to other parts of the organisation.

Mrs MacPherson suggested the Committee may find it helpful to receive an update on a live project as part of the future reporting on the Workplan.

### NOTED

#### **59. MEDICAL REVALIDATION**

The Medical Director had circulated Paper 19/47 which provided an update on medical appraisal and revalidation. Dr Jennifer Armstrong, Medical Director, was in attendance with Dr Jennifer Burns, Deputy Responsible Officer.

Dr Armstrong advised that the report covered 3,406 career grade doctors. It was noted that the Board were required to submit an annual report to the Medical Appraisal Team within NHS Education Scotland (NES) on medical appraisal and revalidation, and details of the NHSGGC submission and recommendations from last year's report were outlined in the paper.

Dr Burns advised that for 2018/19, NHSGGC achieved a 95% appraisal completion rate which was a 1% improvement on the previous year. Of the 656 doctors requiring revalidation in this period, 622 recommendations to revalidate were made, 31 deferrals made due to insufficient information, one deferral made due to HR process, and two placed on hold by the General Medical Council. NES has provided positive feedback on the NHSGGC submission and a formal report will be provided over the winter months and this would be brought to a future Staff Governance Committee meeting.

J Armstrong

It was noted that the policy to support and manage any non-engagement by doctors in annual appraisal is under review and will be re-launched in 2020.

Dr Burns then outlined the three key recommendations contained in the Medical Revalidation Quality Assurance Review report for 2017/18:

- Ensure sufficient numbers of appraisers in place.
- Annual appraisal and revalidation should be reviewed through

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formal local governance arrangements

- Organisations should continue to share information where doctors have more than one employer

Dr Burns reported that in liaison with Chiefs of Medicine action is being taken to ensure that appraisers in secondary care have adequate time within their job plans to undertake appraisal. In primary care the number of appraisers is kept under scrutiny to ensure a level of succession planning.

It was reported that appraisal is reviewed bi-annually through the board-wide Revalidation Group and a summary is presented to the Staff Governance Committee.

NHSGGC continue to share information between employers and have developed a draft protocol between NHSGGC and private providers based on GMC guidance.

Dr Burns also outlined quality initiatives which were being progressed during 2019/20 with primary and secondary care.

Mr Cowan referred to deferrals and queried the impact for a doctor moving to another employer with a deferral in place. Dr Burns advised that the current employer would be proactive in supporting the doctor to obtain revalidation prior to leaving. It was noted that when a doctor leaves, a transfer form is completed by the current employer and any issues highlighted at that time. In response to a further query from Mr Cowan, Dr Burns advised that anyone deferred more than once would raise a query from the General Medical Council.

The Chair thanked Dr Armstrong and Dr Burns for their informative update and looked forward to receiving the formal response from NES on the Board's 2018/19 medical appraisal and revalidation annual report.

NOTED

### **60. WORKFORCE STATISTICS REPORT**

The Workforce Planning and Analytics Manager had circulated Paper 19/48 which provided Workforce Statistics for the quarter ending September 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 advised that following a request at the previous meeting, the report now included a glossary of terms. In addition, data sources had been added to each of the sections.

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In relation to the equality dataset it was noted that due to the new Jobtrain system retaining data, new start equality data had not been entered on eESS, however this would be rectified and an upturn in the figures was expected for future reports.

Mr Cowan stated that the report was an excellent source of very detailed data and suggested it could be shared in other forums. It was noted, however, that this data was currently shared with the Area Partnership Forum and Corporate Management Team.

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

NOTED

### **61. NHSGGC WORKFORCE PLAN**

The Workforce Planning and Analytics Manager had circulated Paper 19/49 in relation to the NHS Greater Glasgow and Clyde 2019/20 Workforce Plan.

Mrs MacPherson advised that NHS Boards were required to publish their annual Workforce Plan in line with Scottish Government guidance. The NHSGGC Plan had now been published and to date there had been no follow up from the Scottish Government.

The Director of Human Resources and Organisational Development advised that new guidance on workforce planning was awaited and was expected to be issued imminently. Within NHSGGC initial discussions had taken place on the approach to workforce planning and a paper would be prepared for consideration by the Corporate Management Team and the Area Partnership Forum.

The Committee were asked to note the NHS Greater Glasgow and Clyde Workforce Plan 2019/20.

NOTED

### **62. WHISTLEBLOWING MONITORING REPORT AND UPDATE**

The Whistleblowing Monitoring Mid Year Report and Update (Paper 19/50) had been circulated in advance for information. Mrs MacPherson advised that she would speak to the report on behalf of Mrs Rona Sweeney, Whistleblowing Champion.

The Director of Human Resources and Organisational Development advised that the report provided details of the cases being investigated within NHS Greater Glasgow and Clyde and gave assurance to the Committee that issues raised were being investigated in accordance with the Whistleblowing Policy. The appendices provided a copy of the current

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Whistleblowing policy and details of both closed and open whistleblowing cases.

Mrs Rona Sweeney was the current NHSGGC Whistleblowing Champion, however, it was noted that a national process was underway to appoint Whistleblowing Champions and further information was awaited in this regard.

It was reported that further information was also awaited from Scottish Government on the introduction of a new role of Independent National Whistleblowing Officer for NHS Scotland. NHSGGC had provided comments on the proposed Whistleblowing Standards document and the final guidance was awaited.

The Chair thanked Mrs MacPherson for the update.

NOTED

### **63. AREA PARTNERSHIP FORUM REPORT**

The Employee Director had circulated the Area Partnership Forum Report and minutes of the meetings of the Forum held on 20 March 2019 and 14 August 2019 (Paper No 19/51).

Ms McErlean highlighted the main areas of focus and advised that the June 2019 meeting had been deferred to undertake the APF development session. An updated action plan has been developed and would be included as part of the APF Report to the February 2020 meeting.

D McErlean

A brief discussion took place on the membership of the strategy meetings and the need to ensure sufficient management representation.

The Committee noted the Employee Director's report.

NOTED

### **64. UPDATE ON WORKFORCE EQUALITY ACTIVITY**

The Head of Equality and Human Rights had circulated Paper 19/52 which provided an update on Workforce Equality Activity. Ms Erdman was accompanied by Mr Alastair Low, Planning and Development Manager, Equality and Human Rights team.

Ms Erdman reported that the Disability Confident Self Assessment had been submitted and the Board now held the award until October 2022. It was noted that the Board could apply for the next level of award (Leadership Level) and this would be given consideration.

Members of the Equality and Human Rights Team had delivered a session on unconscious bias at the Board Seminar in September 2019.

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Further support would include the inclusive workplace tool, human library sessions, an e-module, and review of existing training programmes to include elements of unconscious bias. The proposed roll out plan for unconscious bias training and Core Brief were attached to the paper for the Committee's information.

Ms Erdman advised that the NHSGGC Workforce Equality Group was chaired by the Director of Human Resources and Organisational Development and a representative from each of the staff engagement fora (Staff Disability Forum, LGBT+ Forum and Black and Minority Ethnic Network) were also invited to attend. It was also noted that an equalities event was planned to take place in Spring 2020 involving all fora.

A Fairer NHS Staff Survey is planned to take place in mid November 2019 and it was hoped that this would provide comparative data for the previous survey four years ago.

Mr Cowan sought clarification on the requirements to achieve the next level award in relation to Disability Confident. Ms Erdman advised that it is likely to involve engagement with an external organisation to request an assessment.

Mrs MacPherson advised that the Workforce Equality Group was now a formal sub group of the Corporate Management Team and therefore any reports brought to Staff Governance Committee were for information.

The Chair thanked Ms Erdman and Mr Low for the update and was pleased to note the positive initiatives underway.

NOTED

### **65. HEALTH AND SAFETY REPORT**

The Head of Health and Safety had circulated a paper on the Health and Safety Executive (HSE) Compliance Update (Paper 19/53).

Mr Fleming advised that the programme for NHSGGC compliance was split into three phases. The target dates for completion of Phase 1 of 31 August 2019 for sharps and moving and handling, and 30 September 2019 for falls had not been achieved, however an update on progress had been provided to HSE at that time. It was reported that Phase 1 had now achieved overall compliance of 100% for each of the areas of sharps, falls, and moving and handling.

Since the report had been circulated, further updates on Phase 2 compliance had become available. The timescale for completion of this phase was 30 October 2019 and at that date, compliance was 66% for falls, 65% for sharps, and 83% for moving and handling, with further increases anticipated. It was expected that over the next few weeks around 80% compliance could be achieved for falls and sharps, and 90%

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for moving and handling.

It was noted that significant improvements in compliance had been achieved through various routes, including emailing individual staff, messages in staff newsletters, and every required tool being made available to allow staff to complete training. In addition, progress had been monitored weekly by the Director of Human Resources and Organisational Development, the Chief Operating Officer, the Head of Health of Health and Safety and the Director of Allied Health Professions. It was recognised that the level of input necessary to get to this stage could not be sustained and robust plans would require to be put in place to maintain essential levels of compliance going forward.

Mrs MacPherson expressed concern at the previous low levels of compliance and stated that individual employees had a responsibility to undertake required training in order to ensure the safety of patients and other staff. It was recognised that managers/clinical leads must also take responsibility for ensuring their teams have completed the necessary training.

This issue has been raised with the Corporate Management Team and a way forward would require to be agreed which may include consideration of a formal approach to address individual non-compliance.

Mr McCready expressed concern about use of disciplinary measures in these circumstances and queried whether there was a way of knowing if staff had read reminder emails. Mr Pender advised that everyone received a personal email and managers received team updates and that while there was currently no way to check if staff had read emails, automated email responses with wrong addresses or undeliverable messages were investigated further.

Following a query from Councillor Mechan regarding onsite training, Mrs MacPherson confirmed that training was provided via short online modules and that staff had their own personal accounts. It was noted that further IT had been made available across sites for staff who did not have easy access to a computer.

Mr Fleming also referred to the HSE investigation which was underway into water safety and ventilation issues at the Queen Elizabeth University Campus. He advised that staff interviews had been completed and the required information provided. A report was expected from the HSE by mid to late November 2019.

The Chair thanked Mr Fleming for his report and the assurances provided and looked forward to receiving a further update at the next meeting.

K Fleming

NOTED

### 66. CULTURE FRAMEWORK – UPDATE

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The Director of Human Resources and Organisational Development had circulated a paper on the progress of the Board's approach to culture, 'NHSGGC – A great place to work'. (Paper 19/54). Mr Doug Mann, Head of Organisational Development, Acute and Corporate Services, was in attendance to present the paper.

Mr Mann advised that the paper provided an update on progress against the overall plan agreed by the Corporate Management Team and set out at the previous meeting. Mr Mann reiterated the agreed priorities for 2019/20 as:

- Values based recruitment
- Deliver on iMatter
- Commitment to NHS values
- Visibility of Senior Managers
- Staff Involved in decisions which affect them
- Deliver on succession planning and career development

Mrs MacPherson advised that whilst wishing to avoid a launch in relation to the Culture Framework, Mr Mann would be publicising key messages to staff in order to reinforce the NHSGGC values and highlight programmes currently being developed. It was noted that the action plan arising from the Sturrock Report will be shared with the Staff Governance Committee in due course.

Mr Best commended the culture initiative and emphasised the role of Directors and Senior Managers within the organisation to lead by example in their behaviours with peers and all levels of staff, ensuring they show commitment to the values of the organisation.

The Chair thanked Mr Mann and Mrs MacPherson for the update.

NOTED

### **67. 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. (Paper 19/55).

Mrs MacPherson advised that the risk levels of the four high risks in the HR Risk Register remained the same. Each risk was continually reviewed and a minor change to the wording of the risk relating to non compliance with legislative requirements had been made to put more emphasis on personal injury, as requested at the previous meeting.

The Committee noted the high risks from the HR Risk Register.

NOTED

**68. STAFF FLU VACCINATION UPDATE**

The Director of Public Health had provided a paper on the Staff Flu Vaccination which had been circulated in advance (Paper 19/56).

Mrs MacPherson spoke to the paper and advised that she was able to update on the figures quoted in the paper, and reported that at 4 November 2019, 12,966 staff (33.4%) had been vaccinated. The programme of vaccination was continuing through mass clinics and increased use of peer immunisation which had proven to be successful.

It was noted that enhanced IT systems had assisted with ease of use of recording data and led to improved availability of data.

Mr Cowan suggested that as nursing staff were the largest staff group it may be worth targeting this cohort in order to achieve the best results in terms of vaccinations and more importantly make the biggest difference to protecting patients.

Mrs MacPherson agreed with Mr Cowan's point and reiterated the importance of peer immunisation in achieving this. It was noted that work was ongoing with Chiefs of Nursing to increase the number of peer immunisers across NHSGGC.

The Chair thanked the Director of Human Resources and Organisational Development for the update and noted that the Committee would receive further updates on the staff flu vaccination programme in due course.

NOTED

**69. SCHEDULE OF MEETINGS/PRESENTATIONS 2020**

The Director of Human Resources and Organisational Development had circulated a paper outlining the Staff Governance Committee meeting/presentation schedule for 2020 (Paper 19/57).

Mrs MacPherson advised that the meeting dates had been provided as part of the Board Committee schedule for 2020. The dates were noted as:

- 4 February at 9.30 am
- 12 May at 2.00 pm
- 18 August at 9.30 am
- 3 November at 2.00 pm

The proposed presentation schedule was also provided for information.

NOTED

**70. CLOSING REMARKS**

On behalf of the Staff Governance Committee, the Chair thanked Mr Kenneth Fleming, Head of Health and Safety, for his support and hard work for the Committee and wished him every success in his new role.

**71. CHAIR'S ISSUES TO BE RAISED AT NHS BOARD**

The Committee agreed the following key items of discussion for highlighting to the NHS Board:

- Meeting not quorate
- Committee Annual Report to NHS Board
- Workforce Strategy
- Staff Governance Workplan – Appropriately trained
- Medical Revalidation
- Workforce Equality
- Health and Safety
- Flu update
- Whistleblowing Report

NOTED

**72. DATE & TIME OF NEXT MEETING**

The next meeting of the Staff Governance Committee would be held on Tuesday 4 February 2020 at 9.30am in the Boardroom, JB Russell House, Gartnavel Royal Hospital.

The meeting ended at 4.45pm.