

BOARD OFFICIAL

NHSGGC SGC(M)23/03

Minutes: 31-47

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the  
NHS Greater Glasgow and Clyde  
Staff Governance Committee**

**held in the JB Russell House Boardroom and via Microsoft Teams, on  
Tuesday 22 August at 1.30pm**

**PRESENT**

A Cameron Burns (Co-Chair in the Chair)

K Miles (Co-Chair)

Cllr C McDiarmid

Dr P Ryan

C Vincent

J Grant (Chief Executive)

**IN ATTENDANCE**

M Allen	Senior Administrator
K Berchtenbreiter	Head of Human Resources – Corporate Services
D Brown	Director of Digital Services Directorate
F Carmichael	Acute Partnership Forum Representative
B Culshaw	Chief Officer, West Dunbartonshire Health and Social Care Partnership (HSCP)
K Donald	Board Secretary
M MacDonald	Head of Learning and Education
A MacPherson	Director of Human Resources and Organisational Development
M McCarthy	Co-chair, Glasgow City HSCP Staff Partnership Forum
A McCready	Staff Side Chair, Non City HSCP Staff Partnership Forum
S Munce	Head of Workforce Planning and Resources
J Murray	Chief Officer, East Renfrewshire HSCP
Dr M Pay	Workforce Strategy Manager
Dr C Perry	Director of Medical Education
E Quail	Staff Side Partnership Lead for APF
C Reid	Human Resources Manager, East Renfrewshire HSCP
C Rennie	Workforce Planning and Information Manager
N Smith	Depute Director of Human Resources
J Somerville	Head of Occupational Health
L Spence	Head of Staff Experience
A Walton	Staff Side Partnership Lead for APF
Prof A Wallace	Executive Nurse Director

BOARD OFFICIAL

31.	<b>WELCOME AND APOLOGIES</b>	<b>ACTION BY</b>
	<p>A Cameron-Burns welcomed all to the meeting, introducing N Smith who has joined as the newly appointed Depute Director of Human Resources.</p> <p>Apologies were noted for Prof Brown, M Ashraf, F Shennan, Dr Armstrong and D Hudson.</p>	
31.	<b>DECLARATIONS OF INTEREST</b>	
	<p>There were no formal declarations of interest intimated.</p>	
32.	<b>MINUTES</b>	<b>MA</b>
	<p>The Minutes of the Committee meeting held on 23 May 2023 (SGC(M)23/02) were approved as a correct record, subject to two job title amendments.</p> <p><u>APPROVED</u></p>	
33.	<b>MATTERS ARISING</b>	
	<p><u>Rolling Action List</u></p>	
	<p>A Cameron Burns referred to the Rolling Action List (Paper 23/16) and advised that there were two items both marked for closure.</p> <p>The Committee noted the updated Rolling Action List and agreed the items proposed for closure.</p> <p><u>APPROVED</u></p>	
34.	<b>URGENT ITEMS OF BUSINESS</b>	
	<p><u>Industrial Action Update</u></p> <p>A MacPherson advised that the Scottish Government have made a revised pay offer to Junior Doctors and Dentists, which has been accepted and is now being processed by payroll. A national group is to be established to review terms and conditions.</p>	

BOARD OFFICIAL

	<p>In response to a question from Dr Ryan, AM confirmed that the additional funding for Junior Doctors and Dentists pay will be met by Scottish Government and that there has been no intimation of strike action by Consultants in Scotland through the BMA.</p>	
<p><b>35.</b></p>	<p><b>ASSURANCE PRESENTATIONS</b></p> <p><u>E Renfrewshire HSCP</u></p> <p>J Murray, Chief Officer, East Renfrewshire HSCP supported by C Reid (Human Resources Manager – East Renfrewshire HSCP), gave a presentation on the Staff Governance activity within the HSCP. This provided an overview of key workforce metrics, including sickness absence, Statutory and Mandatory training, KSF compliance and iMatter participation, outlining the actions being undertaken within the Directorate to meet the agreed targets.</p> <p>J Murray outlined how the activity streams met the five strands of the Staff Governance Standard and highlighted key achievements, including regular communications and briefings, a collaborative pandemic response across the HSCP supported by Staff Partnership, a smooth transition to digital working and wellbeing activity, supported by the appointment of a staff wellbeing officer.</p> <p>J Murray advised the Staff Governance Committee that there are several continuous improvement opportunities for the HSCP over the next 18 months. These include improving KSF/Personal Development Planning and Review (PDP&amp;R) conversations, promoting review of iMatter action plans, improving Attendance Management, rollout of the HSCP Stress Audit and continued staff wellbeing programmes, including peer support.</p> <p>J Murray showcased the development of a programme of staff wellbeing as the HSCP’s case study. This has been developed through the employment of a dedicated Wellbeing Officer, a Staff wellbeing survey, individual mental health and wellbeing assessments offered to all staff, the delivery of seasonal programmes of wellness and the development of a dedicated wellbeing intranet page. The programme has delivered an</p>	

BOARD OFFICIAL

integrated approach to health and wellbeing, with a tailored local support for staff and more accessible activities.

E Quail thanked J Murray for the presentation and welcomed the appointment of a Wellbeing Officer in the HSCP, for both NHS and Council staff.

B Culshaw asked if information regarding the Wellbeing Officer could be shared in order to share best practice, particularly with the positive iMatter impact the creation of the post has had.

eHealth Directorate

D Brown, Director of Digital Services, supported by K Berchtenbreiter, Head of Human Resources – Corporate Services, gave a presentation on the Staff Governance activity within the eHealth Directorate. This provided an overview of key workforce metrics, including sickness absence, Statutory and Mandatory training, KSF compliance and iMatter participation, outlining the actions being undertaken within the Directorate to meet the agreed targets.

D Brown outlined how the activity streams met the five strands of the Staff Governance Standard and highlighted key achievements including the establishment of a comprehensive Digital Strategy for the Board, establishing a mature eHealth Partnership Forum and the development of a Staff Engagement Plan. In addition, D Brown highlighted the use of IIP and iMatter within the Directorate and the completion of a Workforce Plan.

D Brown advised the Staff Governance Committee that there are a few continuous improvement opportunities for the Directorate over the next 18 months. These include the introduction of a Generic Template Agenda for team meetings, collaboration with Human Resources colleagues to support staff and reduce absence levels, focus on enriching conversations through the KSF/PDP&R process and fully embedding succession planning.

D Brown showcased enhancing staff engagement and participation within eHealth as the Directorate's case study. This is delivered through inclusive, regular staff information sessions, exploring strategic priorities and best practice. These sessions

**JM/  
C Reid**

BOARD OFFICIAL

	<p>have strengthened communication, helped to enhance knowledge and improved cross-team working and understanding.</p> <p>E Quail highlighted how it was positive that staff suggestions are being listened to and acted upon and that both staff retention and upskilling are important areas of focus.</p> <p>A MacPherson highlighted the benefits of exploring using the Staff Governance Standard matrix for projects and will ask her team to consider how this could be used across the Board.</p> <p>A Cameron-Burns thanked all involved in the delivery of the assurance presentations, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	<p><b>LS</b></p>
<p><b>36.</b></p>	<p><b>STAFF HEALTH STRATEGY</b></p> <p>J Somerville introduced the Staff Health Strategy 2023–2025 (paper 23/17), highlighting that the Strategy will cover a two-year period to enable alignment with the new updated Workforce Strategy which is due to be in place from 2025.</p> <p>J Somerville highlighted that actions within the Strategy focus on recovery and include strengthening support for mental health and wellbeing, promoting NHSGGC as a fair and healthy workplace, mitigating inequalities in health and support for managing attendance.</p> <p>J Somerville advised that once the Strategy has final approval, an action plan will be developed in partnership through the Staff Health Strategy Group, to support delivery and assurance, with governance provided through the Corporate Management Team.</p> <p>E Quail highlighted the importance of embedding support for staff out of hours. A MacPherson advised meal support was provided over last winter, as part of in-work poverty activity and that detailed work with partnership and staff will continue to consider practical and sustainable support for staff. A MacPherson also</p>	

BOARD OFFICIAL

	<p>highlighted that NHSGGC is the first Board in Scotland to have a Menopause Policy and is working with a specialist Gynaecologist to take work forward alongside the national policy. Endowment funding to support this programme will be explored, with more detail to be included within the action plan.</p> <p>A Cameron-Burns thanked J Somerville for outlining the Staff Health Strategy.</p> <p><u>APPROVED</u></p>	
<p>37.</p>	<p><b>WORKFORCE STRATEGY ACTION PLAN &amp; WIDENING ACCESS TO EMPLOYABILITY UPDATE</b></p> <p>Dr Pay discussed the Workforce Strategy Action Plan Phase Three (Paper 23/18), updating the Staff Governance Committee on progress to date. Dr Pay advised that the Phase Three Action Plan will continue to build upon the success of the Workforce Strategy 2021-2025, noting that there are no actions identified as not being achievable.</p> <p>Dr Pay highlighted that the Workforce Strategy Action Plan Phase Three continues to demonstrate alignment of the Workforce Strategy to the Staff Governance Standard and NHSGGC Better Workplace strategic aim.</p> <p><u>Widening Access to Employability Update</u></p> <p>M MacDonald provided an update on Employability, highlighting that the Widening Access to Employment Action Plan is built on three themes – Apprenticeships, the Healthcare Support Worker (HCSW) Academy and Careers:</p> <ul style="list-style-type: none"> <li>• Active Modern Apprentices in training total 78, with the summer 2023 Recruitment Campaign Cohort totalling 33;</li> <li>• We continue to provide HCSW Academy programmes, offering two weeks classroom training and three weeks placement activity. Successful completion leads to a guaranteed interview for a Band 2 HCSW Nursing post and provides an additional pipeline of quality candidates.</li> <li>• Focus continues on school engagement to determine the best model of career insights and work experience post</li> </ul>	

BOARD OFFICIAL

	<p>pandemic. Digital and simulated environments developed through the pandemic will be utilised where appropriate to extend the reach of career experience.</p> <p><u>Staff Experience Video</u></p> <p>M MacDonald introduced a video that highlighted the lived experience of two apprentices, who had volunteered to share their experiences.</p> <p>A Cameron-Burns thanked Dr Pay and M MacDonald for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
37.	<p><b>NURSING AND MIDWIFERY COUNCIL REFERRALS AND ASSURANCE (ANNUAL REPORT)</b></p> <p>Professor Wallace discussed a report (23/19) providing the Staff Governance Committee with an update of Nursing and Midwifery Council (NMC) referral activity across the Board, during the period 2022-2023 and providing assurance that all NHSGGC referrals are managed consistently.</p> <p>Professor Wallace advised that during the reporting period April 2022 to March 2023, NHSGGC managed 117 referrals. There are currently 58 open cases, with reasons broadly themed into a range of categories. 41 registrants were referred for more than one reason.</p> <p>Professor Wallace highlighted that a central database is used to store information in relation to all NMC referrals and that wider functionality and stability should be provided by migrating this information to Sharepoint in the coming weeks.</p> <p>In response to questions from Dr Ryan, Professor Wallace advised that in 2022/23, there were 20 less cases than in 2021/22 and that NHSGG's figures are positive in comparison to other Boards. Professor Wallace also confirmed that external referrals are sent to the NMC directly and that the NMC may then ask the Board for further information relating to that referral.</p>	

BOARD OFFICIAL

	<p>It was noted that the impact assessment in relation to Equality and Diversity could, in future reports, be considered as positive rather than neutral.</p> <p>A Cameron-Burns thanked Professor Wallace for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
<p><b>38.</b></p>	<p><b>MEDICAL EDUCATION</b></p> <p>A Cameron-Burns welcomed Dr Perry to his first meeting. Dr Perry discussed a report (Paper 23/20), which provides the Committee with assurance on quality control in Medical Education and the quality improvements and progress in respect of the General Medical Council (GMC) Enhanced Monitoring status.</p> <p>Dr Perry advised that following very positive Deanery visits, two units have now been de-escalated from the enhanced monitoring process. These are General Internal Medicine at Inverclyde Royal Hospital and Obstetrics and Gynaecology at Princess Royal Maternity. A high level of clinical engagement is noted as a significant contributing factor in both de-escalations.</p> <p>Dr Perry provided a General Medical Council / Deanery update for the two areas subject to Enhanced monitoring, noting that work continues towards these areas being de-escalated:</p> <ul style="list-style-type: none"><li>• General Internal Medicine at the Queen Elizabeth University Hospital:<ul style="list-style-type: none"><li>○ General Internal Medicine at the QEUH has been under enhanced monitoring since 2016 and there have been six subsequent visits to Medicine at the QEUH. There were initially 19 recommendations to be met and this has been reduced to five where there remains ongoing work required to meet the GMC standards.</li><li>○ Further improvements were observed at the most recent visit, noting positivity and high morale. Trainees fed back that they were well supported.</li></ul></li></ul>	



BOARD OFFICIAL

- Inverclyde Royal Hospital – Psychiatry:
  - Psychiatry at IRH has been under enhanced monitoring since October 2021.
  - There were 13 initial recommendations to be met, with ten of these now addressed. A revisit on 26th October 2022 highlighted a significant overall improvement in training experience, with a further update provided to the Deanery on 27th June 2023 viewed positively.

Dr Perry further advised the Committee that:

- 277 new FY1 Doctors will join NHSGGC during August 2023.
- Foundation training is a focus for improvement, with NES and NHSGGC working together to improve outcomes.
- In 2023, there has been an optional increase in FY1 shadowing that is likely to become standard practice in 2024.
- The Director of Medical Education team will support an enhanced leadership programme for Chief Residents which will address their development needs.

During discussion, the following points were noted:

- De-escalation follows visits where the GMC are part of the team, with discussions then taking place at Deanery level. The next visit for General Internal Medicine at the Queen Elizabeth University Hospital will take place in March 2024.
- The three of 13 recommendations not met at Inverclyde Royal Hospital – Psychiatry relate to rota redesign, support for non-educational tasks and clinical handover.
- The Primary Care trainee GPs are reported on through NES as they are not salaried by NHSGGC.

A Cameron-Burns thanked Dr Perry for the update, noting that the Committee had been fully assured.

ASSURANCE NOTED

<p><b>39.</b></p>	<p><b>WORKFORCE PLAN – ANNUAL UPDATE</b></p> <p>S Munce discussed a report (Paper 23/21), which provided the Staff Governance Committee with assurance of the progress against agreed Workforce Planning actions throughout Year One (2022/23) and seeks approval of the actions for Years Two and Three (2023-25). The full NHSGGC Plan 2022-25 was published in October 2022.</p> <p>S Munce advised that for Year One, of the 16 actions aligned to this period, eleven have been completed with four delayed and one in progress.</p> <p>S Munce advised that for Years Two and Three, of the 19 actions aligned to this period, one has been completed with eighteen remaining in progress, with the latest completion date of March 2025. Year Three timelines will be refined at the end of Year Two, with any updates reported back through the annual update to the Staff Governance Committee.</p> <p>A MacPherson advised that the Workforce Plan Action Plan is closely linked to the Board’s Annual Delivery Plan and Workforce Strategy. A MacPherson also highlighted that the Wellbeing bus is about to commence a scheduled programme of visits across the Board from September 2023.</p> <p>It was agreed that it is helpful to include revised target dates for any actions not achieved in future updates.</p> <p>A Cameron-Burns thanked S Munce for the update.</p> <p><u>ASSURANCE NOTED AND APPROVED</u></p>	
<p><b>40.</b></p>	<p><b>AUDIT PLAN UPDATE</b></p> <p>S Munce discussed a report (Paper 23/22), providing an update on the two 2022/23 Audits relating to staff issues which were for the use of Agency Staff/Locums and for Workforce Planning.</p> <p>S Munce described the actions implemented for the use of Agency Staff/Locums, including a deep dive approach taken on the five wards identified as having a high correlation of agency</p>	

BOARD OFFICIAL

	<p>spend to cover planned leave. The reasons for usage are understood, with all areas reminded of agency usage guidance. Wards with the highest levels of agency usage have been provided with additional rostering and resource housekeeping support.</p> <p>S Munce advised that the Audit covering Workforce Planning is currently at Fieldwork stage with information gathering to support the development of a service resourcing model is now complete. This has been used to develop a prototype. This prototype will now be tested within Women and Children’s services using current staff and patient data, with the aim being to be able to better forecast waiting time performance through increasingly effective workforce planning.</p> <p>S Munce highlighted that a draft Audit Plan for 2023/24 was considered and approved by the Audit and Risk Committee on 14 March 2023. Staff Performance Management and Consultant Job Planning are included in the draft 2023/24 plan.</p> <p>The Committee noted the progress of the relevant internal audit programme for 2022/23 and the draft plan for 2023/24.</p> <p><u>ASSURANCE NOTED</u></p>	
<p>41.</p>	<p><b>STAFF GOVERNANCE PERFORMANCE REPORT</b></p> <p>S Munce discussed the Staff Governance Performance Management Report (Paper 23/23), providing an update on workforce data and performance as at 30 June 2023. The following was highlighted:</p> <ul style="list-style-type: none"> <li>• Establishment position trends and projections for Nursing and Midwifery staff – Registered Nurses and Health Care Support Workers;</li> <li>• Establishment position overview for Nursing and Midwifery, Senior Medical and Dental, Allied Health Professionals, Administrative Services and Support Services staff;</li> <li>• Staff turnover, starters and leavers trends and projections, including exit interview data;</li> </ul>	

BOARD OFFICIAL

	<ul style="list-style-type: none"> <li>• Sickness absence trend and projection, with this now including Covid absence;</li> <li>• Statutory and Mandatory training compliance;</li> <li>• Personal Development Plan and Review completion;</li> <li>• Workforce Equality Information and the reduction in the amount of missing information.</li> </ul> <p>A Cameron-Burns asked why Oral Health within East Dunbartonshire HSCP has one of the highest sickness absence rates, with SM agreeing to check and provide an update.</p> <p>C Vincent noted that it was important to add greater detail around why staff were leaving posts, with AM highlighting that improvement work on exit interviews is being taken forward to allow more detailed data to be produced.</p> <p>A Cameron-Burns thanked S Munce for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	<p><b>SM/CR</b></p>
<p><b>42.</b></p>	<p><b>HUMAN RESOURCES RISK REGISTER</b></p> <p>A MacPherson discussed the Human Resources Risk Register (Paper 23/24), highlighting that the risks were reviewed by the Human Resources Senior Management Team in August 2023.</p> <p>The following amendments to the Risk Register were proposed based on mitigation measures and actions in place:</p> <ul style="list-style-type: none"> <li>• Decrease (Current Score): Risk 3432: Industrial action and potential impact to service delivery. Current risk score has decreased from 3x4 = 12 (High) to 1x4 = 4 (Medium).</li> <li>• Decrease (Current Score): Risk 3110: Failure to recruit and retain staff members resulting in reduced capacity and continual hard to fill areas. Current risk score has decreased from 3x4 = 12 (High) to 2x3 = 6 (Medium).</li> <li>• Decrease (Current Score): Risk 3060: Failure to cultivate, promote and enhance a positive, engaging and diverse culture. Current risk score has decreased from 3x4 = 12 (High) to 3x3 = 9 (Medium).</li> </ul>	

BOARD OFFICIAL

	<ul style="list-style-type: none"> <li>• Decrease (Current Score): Risk 3059: Failure to appropriately train and develop NHSGGC staff to enable individuals to deliver their role and responsibilities, or where requirements for key competencies are not identified, developed and achieved. Current risk score has decreased from 3x3 = 9 (Medium) to 2x2 = 4 (Medium).</li> </ul> <p>In response to a question from K Miles, A MacPherson advised that a new Chief Risk Officer will commence in post in October 2023.</p> <p>The Committee approved the updated risks, scores and mitigating actions in place to reduce these risks.</p> <p><u>APPROVED</u></p>	
<p><b>43.</b></p>	<p><b>AREA PARTNERSHIP FORUM</b></p> <p>A Cameron-Burns discussed the Area Partnership Forum (APF) update (Paper 23/25), highlighting that work is being undertaken to improve partnership working in some areas.</p> <p><u>ASSURANCE NOTED</u></p>	
<p><b>44.</b></p>	<p><b>WHISTLEBLOWING ANNUAL REPORT</b></p> <p>K Donald discussed the annual report (Paper 23/26), providing the Staff Governance Committee with an overview of whistleblowing activity during 2022/23. The report provided assurance that whistleblowing investigations are taking place in line with the National Whistleblowing Standards (the Standards).</p> <p>K Donald advised that Stage 1 Performance achieved 100% against the target of five working days, with Stage 2 Performance achieving 25% against the target of 20 working days. The Committee was advised that Stage 2 investigations are complex and involve site visits, interviews and review of multiple forms of evidence and that whilst meeting the Stage 2 target has been challenging, it is important that investigations are thorough and robust.</p>	

BOARD OFFICIAL

	<p>In relation to Stage 2 Performance, C Vincent highlighted that the Audit and Risk Committee are assured by the approach being taken and that this will be detailed in the annual letter to the Cabinet Secretary.</p> <p>K Donald highlighted that linked to the National Whistleblowing Standards NHSGGC launched the Speak Up! Campaign in October 2022. This has received positive feedback, and continues to be promoted, with Speak Up! week activity commencing 2 October 2023.</p> <p>A Cameron-Burns thanked K Donald for the update.</p> <p><u>NOTED</u></p>	
<p>45.</p>	<p><b>REMUNERATION COMMITTEE UPDATE – 7 MARCH 2023</b></p> <p>A Cameron-Burns provided an update on the Remuneration Committee meetings held on 28 June and 31 July 2023, highlighting the following:</p> <ul style="list-style-type: none"><li>• The Performance Outcomes for the Executive and Senior Manager cohorts for 2022/2023 were discussed in detail, providing the Committee with assurance on the process and determination of the outcomes. The Board Chair confirmed he had also reviewed the Executive Directors and the Chief Executives remaining direct reports as Grandparent reviewer and was in agreement with the performance ratings;</li><li>• On receipt of the national circulars, NHSGGC will process any payments accordingly;</li><li>• The Chief Executive provided the members with an update of appointments and movement in the Executive cohort, including the Director of Digital Services and Depute Director of Human Resources.</li><li>• The meeting on 31 July 2023 covered the outcomes of the Chief Executive’s performance review by the Board Chair. The Remuneration Committee as the Grandparent reviewers were provided with assurance and approved the outcome recommended by the Board Chair.</li></ul>	

BOARD OFFICIAL

	<p>Ms Cameron-Burns advised that the next meeting will take place on 29 November 2023.</p> <p><u>ASSURANCE NOTED</u></p>	
<b>46.</b>	<p><b>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</b></p> <p>A Cameron-Burns thanked all presenters, contributors to discussions during the meeting and those involved preparing papers.</p> <p>Key messages to the Board will be included in the Co-Chairs' report to the 29 August 2023 Board meeting and include the Assurance Presentations, Workforce Strategy Action Plan update, Medical Education, Nursing and Midwifery Council Referrals assurance and approval of the Workforce Plan 2023-25, Staff Health Strategy and Human Resources Risk Register.</p>	
<b>47.</b>	<p><b>DATE &amp; TIME OF NEXT MEETING</b></p> <p>The next meeting of the Staff Governance Committee will be held on Tuesday 7 November 2023 at 1.30pm.</p>	
	<p>The meeting ended at 1540hrs.</p>	