

BOARD OFFICIAL

NHSGGC SGC(M)22/04
Minutes: 47-61

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 November 2022 at 1.30pm**

PRESENT

K Miles
(Co-Chair in the Chair)

A Cameron Burns (Co-Chair)
A Khan
Cllr C McDiarmid
Cllr M McGinty
Dr P Ryan
C Vincent
Prof J Brown (Board Chair)

IN ATTENDANCE

M Allen	Senior Administrator
T Carrey	Interim Workforce Planning & Analytics Manager (Para 57)
B Culshaw	Chief Officer, West Dunbartonshire Health and Social Care Partnership (HSCP)
Dr L Donaldson	Director of Medical Education (Para 54)
W Edwards	Chief Operating Officer, Acute Services (Para 52)
D Hudson	Staff Experience Adviser / iMatter Operational Lead
M McCarthy	Co-chair, Glasgow City HSCP Staff Partnership Forum
M MacDonald	Head of Learning and Education
A MacPherson	Director of Human Resources and Organisational Development
A McCready	Staff Side Chair, Non City HSCP Staff Partnership Forum
S Munce	Head of Workforce Planning and Resources
N Owens	Depute Director of Human Resources
L Spence	Head of Staff Experience
E Quail	Area Partnership Forum (APF) Secretariat
Prof A Wallace	Executive Director of Nursing (Para 56)
A Walton	Staff Side Partnership Lead for APF

47.	WELCOME AND APOLOGIES	ACTION BY
	<p>K Miles welcomed all to the meeting, and advised the agenda was based on a proportionate governance approach given the challenges in the coming months.</p> <p>Apologies were noted for J Grant, Dr J Armstrong, F Shennan, F Carmichael and S Blades.</p>	

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48.	DECLARATIONS OF INTEREST		
	There were no formal declarations of interest intimated.		
49.	MINUTES The Minutes of the Committee meeting held on 2 August 2022 (SGC(M)22/03) were approved as a correct record, subject to amending D Foy’s title from “Cllr” to “Ms”. The motion to approve was intimated by Dr P Ryan and seconded by A Khan. <u>APPROVED</u>		
50.	MATTERS ARISING		
50.1	<u>Rolling Action List</u>		
	<p>K Miles referred to the Rolling Action List (Paper 22/24) and advised that there were a total of five items, with all marked for closure.</p> <p>During discussion, it was noted that further consideration will be given to Investors in People by HSCP Chief Officers in the future, but at this stage, only Acute and Corporate Services were in the scope and cost of the project. It was agreed that A MacPherson and Prof J Brown will further discuss Investors in People in relation to HSCPs out with the meeting and report back as appropriate.</p> <p>The Committee noted the updated Rolling Action List and agreed the items proposed for closure.</p> <p><u>APPROVED</u></p>		Prof J Brown A MacPherson
51.	URGENT ITEMS OF BUSINESS <u>Potential Industrial Action</u> A MacPherson advised that eight of the 13 health Trade Unions/Professional Organisations had indicated the potential for industrial action over ongoing pay negotiations with Scottish Government. Six of those unions have the required 50% membership vote to proceed with industrial action, depending on the outcome of negotiations. A MacPherson further advised that as part of the preparations for potential industrial action, managers across NHS Greater Glasgow and Clyde (NHSGGC) are being briefed and business continuity plans are being reviewed and updated.		

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<p>52.</p>	<p>ASSURANCE PRESENTATION</p> <p><u>Acute Services</u></p> <p>W Edwards, Chief Operating Office, Acute Services, supported by N Owens, Depute Director Human Resources, gave a presentation on the Staff Governance activity within Acute Services, providing 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>W Edwards outlined how the activity streams met the five strands of the Staff Governance Standard and highlighted key achievements, including Scottish and UK Award wins (Scottish Health Awards, UK Building Better Healthcare Awards, Wounds UK Excellence Awards, Trade Union Awards), positive Healthcare Improvement Scotland inspections, the rollout of Investors people and effective Partnership working.</p> <p>W Edwards advised the Staff Governance Committee that there were a number of continuous improvement opportunities for the Directorate over the next 18 months and these included the rollout of Investors in People, further development of the Acute Partnership Forum and Partnership working, activity around increased leadership visibility and the development of local workforce action plans.</p> <p>W Edwards showcased 'Building Psychological Safety in Nursing' as the Directorate's case study, highlighting the integrated team and stakeholder approach to this work. The initiative has embedded a culture across the Lead Nurse Forum that ensures all nursing staff have the time and tools to allow them to feel psychologically safe through a culture of frank and open discussion. This is supported through 'hot debriefs' at the end of shift team briefs, Occupational Health and Safety initiatives, Peer Support Initiatives and partnership working. W Edwards highlighted that benefits include information sharing, engagement, learning and improved performance.</p> <p>Prof A Wallace commended the work that was underway and highlighted the importance of this work and how trust and respect are essential to creating psychologically safe spaces, with it being an area that has potential to develop and spread further across the organisation.</p> <p>Prof J Brown advised that delivering this work reflects NHSGGC's committed workforce and strong management approach. During discussion, the importance of creating the right conditions for the identification and spread of innovative best practice was noted as important. A MacPherson highlighted that Investors in People is an excellent way of capturing lessons learned and sharing across all sectors. There was a discussion about how NHSGGC staff are asked to identify with multiple levels of the organisation – at team level, site level</p>		
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	<p>and organisational level. The importance of getting the balance right for staff was recognised by Committee members.</p> <p>E Quail highlighted that there is value in including a greater emphasis on partnership working within the assurance presentations, with this being noted to be considered for future presentations.</p> <p>K Miles thanked W Edwards and N Owens for the assurance presentation, noting that the Committee had been fully assured.</p>		
<p>53.</p>	<p>STAFF GOVERNANCE ANNUAL MONITORING RETURN 2021/22</p> <p>L Spence discussed the Staff Governance Annual Monitoring Return 2021/22 (Paper 22/25), updating the Staff Governance Committee on the draft response to the NHSScotland Staff Governance Standard Monitoring Framework 2021-22, following receipt of a request from the Scottish Government on 26 July 2022. L Spence highlighted that the paper provides an opportunity for the Staff Governance Committee to review and approve the draft response, for onward submission to the Scottish Government by 25 November 2022.</p> <p>The Committee noted that the Staff Governance Annual Monitoring Return 2021/22 had been considered by the Area Partnership Forum and Corporate Management team and approved it for submission to Scottish Government.</p> <p><u>APPROVED</u></p>		<p>L Spence</p>
<p>54.</p>	<p>MEDICAL EDUCATION</p> <p>Dr L Donaldson provided an update on Medical Education (Paper 22/26), highlighting that there are currently four sites on enhanced monitoring within NHSSGHC. Dr Donaldson advised that each of these sites has made significant improvements over these last few years despite the pandemic and the current pressures that are being faced.</p> <p>Site specific updates were highlighted as follows:</p> <ul style="list-style-type: none"> • Queen Elizabeth University Hospital Medicine – there were initially 19 recommendations to be met and there are now eight where there is ongoing work required to meet the General Medical Council (GMC) standards. There is a revisit by the Deanery and GMC planned for March 2023 to review progress. • Inverclyde Royal Hospital (IRH) General Medicine and Geriatric Medicine – there were initially 13 recommendations to be met, there are now seven where there is ongoing work required to meet the GMC standards. There was a revisit to the unit on 10 November and discussions commenced around de-escalation 		

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	<p>from enhanced monitoring in six of the seven remaining recommendations.</p> <ul style="list-style-type: none"> • Princess Royal Maternity Obstetrics and Gynaecology – there were initially 16 recommendations to be met and there are now four where there is ongoing work required to meet the GMC standards. There is a further revisit planned for early in 2023. • IRH Psychiatry – there were 13 recommendations to be met and a working group met monthly to review progress. A revisit on 26 October highlighted a significant overall improvement in training experience and the formal visit report is awaited. <p>Dr P Ryan asked about the speed of the de-escalation process for Inverclyde Royal Hospital (IRH) General Medicine and Geriatric Medicine, with Dr L Donaldson advising that she awaits formal written feedback, which will hopefully provide clarity.</p> <p>K Miles thanked Dr L Donaldson for the update, noting that the Committee had been fully assured. K Miles also thanked Dr L Donaldson for her contribution to the Staff Governance Committee over recent years and wished her well for her new post with NHS Education for Scotland.</p>		
<p>55.</p>	<p>HUMAN RESOURCES RISK REGISTER</p> <p>A MacPherson discussed the Human Resources Risk Register (Paper 22/27), highlighting that the risks were reviewed by the Human Resources Senior Management Team in November 2022. The following amendments to the Risk Register were highlighted:</p> <ul style="list-style-type: none"> • New Risk: Industrial Action by staff impacting care to patients (20 – Very High) – Following discussion at the September CMT meeting, a new risk has been identified related to the impact on care and service delivery in the event of future industrial action. • Reduction: Failure to Recruit and Retain Staff – The initial risk score, when the risk was first identified, was scored at 20 (very high). With current mitigations in place this, reduces to 12 (High). With future mitigations, the target is to reduce this to 8 (medium). • Reduction: Staff Training and Development – The initial risk score was scored at 20 (very high). With current mitigations in place this, reduces to 9 (Medium). With future mitigations, the target is to reduce this to 6 (medium). 		

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	<ul style="list-style-type: none"> • Reduction: Positive, Engaging and Diverse Culture – The initial risk score was scored at 16 (high). With current mitigations in place this, reduces to 12 (High). With future mitigations, our target is to reduce this to 6 (medium). • Reduction: Succession Planning – The initial risk score was scored at 9 (medium). With current mitigations in place this, reduces to 6 (Medium). With future mitigations, our target is to reduce this to 4 (medium). <p>A MacPherson advised that the residual risk levels had decreased in the four existing risks, following a review of risks across the Board with the Chief Risk Officer and the Risk Management Steering Group.</p> <p>The Committee noted that it had received sufficient assurance from the information provided, that the risks are clearly described, risk scores appropriate, the alignment of corporate objectives is appropriate and that proposed mitigating actions are framed in SMART terms and it is clear how they will address the risks.</p> <p>During discussion it was proposed to revise the title of the “Industrial action by staff impacting on care to patients” risk, to “Industrial action and potential impact to service delivery”. K Miles, A Cameron-Burns and A MacPherson will agree the wording for revision of the document.</p> <p>Dr P Ryan asked when the risk relating to succession planning will be removed from the Corporate Risk Register given the residual score had reduced to six, with A MacPherson advising that it will first need approval at the Audit and Risk Committee.</p> <p>The Committee approved the new and updated risks, scores and mitigating actions in place to reduce these risks.</p> <p><u>APPROVED</u></p>	
<p>56.</p>	<p>SAFE STAFFING LEGISLATION</p> <p>Professor A Wallace discussed a report on Safe Staffing Legislation (Paper 22/28), which updates the Staff Governance Committee following the parliamentary announcement of the timeline for enactment of the Health and Care (Staffing) (Scotland) Act 2019. Professor A Wallace noted that activity had been paused due to COVID-19, but that work had recommenced and a new implementation timeline announced by Scottish Government.</p> <p>Professor A Wallace highlighted the following key areas of activity:</p> <ul style="list-style-type: none"> • Stakeholder engagement including planned roadshows; • Production of guidance, aligning to the duties of the Act; 	

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	<ul style="list-style-type: none"> • Pre-implementation stage and the Board’s commitment to volunteer as an early implementer – a meeting with Scottish Government’s Implementation Team is scheduled for 12 January 2023; • Expansion of Health Care Staffing Governance Arrangements both national and locally; • Signposting to national resources as being key areas of activity. <p>During discussion around the impact of this work on the corporate aims, it was acknowledged that as the legislation is implemented, there will be positive impacts on Better Value and Equality and Diversity.</p> <p>K Miles thanked Professor A Wallace for the update, noting that the Committee had been fully assured.</p> <p><u>NOTED</u></p>	
<p>57.</p>	<p>STAFF GOVERNANCE PERFORMANCE REPORT</p> <p>T Carrey discussed the Staff Governance Performance Management Report (Paper 22/29), to provide an update on workforce data and performance as at 30 September 2022, highlighting the following:</p> <ul style="list-style-type: none"> • Establishment position trends and projections for Nursing and Midwifery staff - Registered Nurses and Health Care Support Workers; • Establishment position overview for Nursing and Midwifery, Senior Medical and Dental, Allied Health Professionals, Administrative Services and Support Services staff; • Staff turnover, starters and leavers trends and projections; • Sickness absence trend and projection; • Statutory and Mandatory training compliance; • Personal Development Plan and Review completion; • Workforce Equality Information, including new information on Hate Crime. <p>K Miles asked whether there was any indication of the number of leavers stabilising, with A MacPherson advising that there are challenges over the winter months, but there is optimism of greater stability as we move into 2022/23.</p> <p>During discussion, it was agreed that K Miles and A Cameron-Burns will meet separately with A MacPherson and Workforce Planning to discuss staff turnover and the wider performance report in more detail.</p> <p>A Khan asked whether there is any impact on the number of staff entering the NHS due to the cost of living crisis, with A MacPherson advising that this is not seen as a risk at this stage, but that a watching brief is being maintained.</p>	<p>K Miles A Cameron-Burns A MacPherson</p>

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	<p>K Miles asked whether the upward trajectory on Personal Development Planning and Review compliance was likely to be maintained, with N Owens indicating that there is a heavy, but staggered focus on improving compliance across NHSGGC, and champions are in place to support this.</p> <p>K Miles thanked T Carrey for the update, noting that the Committee had been fully assured.</p>		
58.	<p>AREA PARTNERSHIP FORUM</p> <p>A Cameron-Burns discussed the Area Partnership Forum (APF) update (Paper 22/30), highlighting a successful APF development session, a positive HR development day for Acute and significant APF input to the Allied Health Professional Learning and Development Strategy Framework.</p> <p><u>NOTED</u></p>		
59.	<p>STAFF GOVERNANCE COMMITTEE SITE VISITS</p> <p>K Miles advised that members of the Staff Governance Committee visited Greenock Health and Care Centre on 15 November 2022 and the Central Decontamination Unit on 21 November 2022.</p> <p>K Miles, A Cameron-Burns and Dr P Ryan all spoke positively of the visits and staff they had the opportunity to speak to, noting that the visits were a rewarding experience for all involved.</p> <p><u>NOTED</u></p>		
60.	<p>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</p> <p>K Miles 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 20 December 2022 Board meeting and include the approved Staff Governance Annual Monitoring Return 2021/22 and Human Resources Risk Register.</p>		
61.	<p>DATE & TIME OF NEXT MEETING</p> <p>The next meeting of the Staff Governance Committee will be held on Tuesday 21 February 2022 at 9.30am.</p>		
	The meeting ended at 1515hrs.		