**Approved minutes**

**Staff Governance and Person Centred Committee**

**1 November 2022, 13:30 – 16:00**

**Microsoft Teams**

**Members**

Marcella Boyle Non-Executive Director (Chair)

Jane Christie-Flight Employee Director

Callum Blackburn Non-Executive Director

Robert Moore Non-Executive Director

Catherine McAllister Staff Side Representative

**In attendance**

Carolynne O’Connor Deputy Chief Executive/Director of Operations

Donna Akhal Head of Learning and Organisational Development

Gareth Adkins Director of Strategy, Planning and Performance

Gerard Gardiner Head of Corporate Governance and Board Secretary

Gordon James Interim Chief Executive

Jennifer Pope Deputy Director of Workforce

Katie Bryant Head of Clinical Governance

Sandie Scott Director of Strategic Communications & Stakeholder Relations

Serena Barnatt Director of Workforce

**Apologies**

Susan Douglas-Scott CBE Board Chair

Professor Jann Gardner Chief Executive

Anne Marie Cavanagh Director of Nursing and AHPs

Mark MacGregor Medical Director

**Minutes**

Theo Richardson Corporate Administrator

**1. Opening Remarks**

Marcella Boyle opened the meeting and welcomed all attendees. The Committee formally thanked Gareth Adkins for his work the Staff Governance and Person Centred Committee and supporting the transition of the role of Executive Lead to the Committee to Serena Barnatt.

The Committee welcomed Jennifer Pope, Deputy Director of Workforce and Gordon James who will take up post as interim Chief Executive on the 1 December 2022. It was noted that Gordon James would be attending the committee as an observer. The Committee recorded its thanks to Gerard Gardiner who is leaving the organisation on 11 November 2022.

**2. Wellbeing Pause**

The Committee observed a short wellbeing pause.

**3. Apologies**

Apologies were noted as above.

**4. Standing Declarations of interest**

Gordon James declared an interest and advised he is currently an employee with the Scottish Government. The Committee noted the declaration.

**5. Updates from last meeting**

**5.1 Unapproved minutes**

The minutes of the previous meeting were agreed as an accurate record.

**5.2 Action Log**

The Committee reviewed the action log and noted the following updates:

|  |  |  |
| --- | --- | --- |
| **Action** | **Lead** | **Status** |
| **6.1 Mandatory Training Report for Financial Year**  **2021/22**  1. Review statutory and mandatory training modules and its language to ensure it is easy to understand. 2. Define the meaning of 'Exclusion' and what it represents in the report. | Gareth Adkins  Nyree Anderson | Closed |
| **9.1 Annual Feedback Report**  Benchmarking analysis on Scottish Public Services  Ombudsman (SPSO) activity within other Health Boards to be presented at a future meeting of the Committee. | Katie Bryant | Closed |
| **6.1 Integrated Performance Report** Liaise with Planning & Performance and HR to explore whether SSTS has the functionality to report Covid related illness separately. | Gareth Adkins | Closed |
| **9.2 Health and Safety Report** Confirm which Fire Safety Emergency Response option was chosen, following national consultation, and report back at the next meeting of the Committee. | Gareth Adkins | Closed |
| **12.1 Workplan Deep-Dive** SGPCC workplan to be reviewed and amended to incorporate deep dives on items within the Committee cycle, and circulate workplan to members to provide assistance. | Head of Corporate Governance | On Track |

**5.3 Matters arising**

There were no matters arising noted.

**6 Appropriately Trained**

**6.1 Medical Appraisal & Revalidation 6 monthly report**

John Luck provided an update to the Committee on behalf of Mark MacGregor. John Luck explained the medical appraisal and revalidation process. NHS Golden Jubilee currently has 164 doctors designated to the organisation for clinical practice.

On average, 5% of appraisals are completed each month. Majority of appraisals are undertaken between January and March each year. Work is underway to spread the workload equally throughout the year to ease working pressures.

John Luck confirmed as appraisal lead he has actively engaged with appraisers and has identified that capacity exists to complete appraisals, however, staff turnover has impacted completion rates. Appraisers understand the process is regulated to ensure trainees and doctors are competent, to support career progression and health/wellbeing. Appraisers are paid for each appointment by half a PA for 2 hours, while facing challenges to meet appraisals rates due it being a voluntary role and staff turnover has affected the number of appraisers available. Appraisers have been encouraged to raise challenges to the lead to receive additional support.

Doctors are emailed 3-4 months before revalidation date to ensure appraisal is completed.

John Luck and Mark MacGregor meet monthly to consider appraisal and revalidation recommendations, view summary of appraisal interviews and make their recommendations to the General Medical Council (GMC) to review doctor licences. Deferral has occurred due to delays in patient feedback/questionnaires. Pre-recruitment is being considered to support appointment of 20-30 doctors for Phase 2.

The Committee noted challenges faced by appraisers and noted the target of 90% completion rate by March 2023.

The Committee noted the Medical Appraisal and Revalidation 6 Monthly report.

**7 Involved in Decisions**

**7.1 Partnership Forum Report**

Jane Christie-Flight presented the Partnership Forum Report. They were as follows:

* No risks were identified with the Staff Governance Delivery Plan 2022/23, against which progress has been made.
* Potential industrial action may result from rejection of the Scottish Government’s 5% pay offer. Trade Unions have balloted and results will be known by mid-November. The ballot outcome will inform the organisation’s approach to meeting service delivery needs and organisational resilience plans.
* Car Lease and No Smoking policies have been updated to reflect legislative and procedural changes. Carers and Management of Healthcare Workers infected with Blood Borne Virus polices were also approved by the Partnership Forum (PF).
* A proposal to establish a Women’s Forum was supported by PF following the implementation of the Menopause policy. Engagements within the Women’s Forum will be reported to the Diversity and Inclusion Group. The Carers Positive Scheme proposal and Staff Food share were also supported by the PF.

The Committee discussed the Car Lease policy changes and noted site challenges relating to power recharge supply for hybrid/electric vehicles.

Gareth Adkins discussed the site master plan and its aims to address eco-friendly car spaces, which will depend on funding and planning agreement with the local authority. The master-plan supports the Sustainability Strategy, which aligns with renewable energy initiatives under consideration, including solar options.

Carolynne O’Connor noted on-going prominence at executive level of staff wellbeing, including the Employee Assistance Programme, and the importance of recruitment/retention to delivery of the corporate objectives. Carolynne O ‘Connor noted the prominence of recruitment/retention on the Board Risk-register as an example.

The Committee noted the Partnership Forum Report.

**7.2 iMatter Report**

Serena Barnatt and Donna Akhal presented the final report for iMatter. The iMatter survey cycle was reduced to an eight week timescale on a permanent fixture, following an agreement between the Scottish Government and SWAG. The survey was issued for the first weeks in July, which was a peak period for annual leave for staff. Out of 1996 employees, 61% had responded which was 5% less than in the 2022 survey. The employee engagement index recorded a 2 point increase (74). Teams have been encouraged to complete action plans and to share team stories.

The Committee noted the statistics and were advised that feedback was sent to the Scottish Government, which outlined dissatisfaction about the timeframes. Callum Blackburn queried two areas within the organisation results regarding the sufficiency of board member visibility and involvement in decisions, which were noted as unchanged. Donna Akhal advised she would look at this when national report is issued later in the year to contextualise NHSGJ’s performance in these areas.

Gareth Adkins advised the Committee that the questions within the survey had previously referred to senior managers as opposed to board members and suggested that a number of initiatives were being considered to improve performance against this question, including re-establishing the Executive Walk Rounds Programme.

The Committee noted the iMatter Report.

**7.3 Draft Spiritual Care Strategy**

Tosh Lynch presented the Draft Spiritual Care Strategy. This will be the first Spiritual Care Strategy for the organisation, which had been developed and informed by the recent audit of Spiritual Care Standards (United Kingdom Board of Healthcare Chaplaincy (UKBHC, 2022), taking in to account our contribution to the Health and Wellbeing Strategy. Tosh Lynch noted the support that he had received from Susan Douglas Scott in developing the strategy.

The Committee noted that the National Educational for Scotland (NES) is currently finalising a National Spiritual Care Strategy and once published, we will review the national strategy against our own and add to our current action plan additions that are appropriate to the NHS Golden Jubilee as a National Board.

The Committee thanked Tosh Lynch, the team for their work to develop the strategy and noted how it supports the Health and Wellbeing Strategy.

The Committee noted the Draft Spiritual Care Strategy prior to its onward submission to the Board for approval.

**7.4 Draft Volunteer Strategy**

Tosh Lynch presented the Draft Volunteer Strategy. Tosh Lynch reminded the Committee that Staff Governance Group and Staff Governance and Person Centred Committee had approved previously that we undertake a review of the current Volunteer Strategy earlier than planned due to the pandemic and significant impact this was had on delivery of previous commitments. The new Volunteer Strategy (2023-2026) commits us to the next three years taking account of items in the previous strategy, which have been taken forward and included in this updated strategy. Tosh Lynch presented highlights in relation to the new strategy to the Committee.

Callum Blackburn queried how the patient experience will be enhanced by the strategy and suggested the organisational chart within the Strategy be updated or removed. Tosh Lynch agreed to review the volunteer strategy and follow through on suggestions made by the Committee.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Action** | **Lead** | **Due date** |
| SGPCC/011122/01 | **7.4 Draft Volunteer Strategy** Review the strategy to update ‘enhance patient experience’ section and to either update or remove the organisational chart. | Tosh Lynch | 14/11/2022 |

The Committee thanked Tosh Lynch and Maureen Franks for their work and noted their assurance that the strategy demonstrates the organisation’s values in operation in delivery of the service.

The Committee noted the Draft Volunteer Strategy.

**8 Safe Working Environment**

**8.1 Board Corporate Risk Register**

Serena Barnatt reported on the Board Corporate Risk Register. Accommodation for international recruits is considered a high risk for all health boards across Scotland along with supply and this risk will remain unchanged. Human Resource, Finance and Estates are working collaboratively to look at a range of options but this still remains a challenge.

Executive recruitment and retention was recorded as a high risk and workforce capacity and capability has remained unchanged. Serena Barnatt noted that workforce capability and capacity was currently being reviewed and the risk appetite is likely to be increased when it is presented at the next Committee.

The Committee noted the Board Corporate Risk Register.

**8.2 Health and Safety Report**

Serena Barnatt presented the Health and Safety Report. The new Datix system was the key highlight of the report, which has undergone refinement to improve functionality. Audits have recommenced following the pandemic and support is being provided to new managers. RIDDOR statistics and health and safety adverse events, including Sharps, have remained low with no signification trends.

The Committee noted the Health and Safety Report.

**8.3 Health and Safety Risk Register**

Serena Barnatt presented the Health and Safety Risk Register. Estates are leading a fire alarms project to ensure alarms are appropriately fitted. Work is underway to develop a generic risk assessment for managers for completion. The Risk Register is expected to change, following roll out of an updated template.

Jane Christie-Flight advised that she will discuss the risk assessment topic at the next Health and Safety Committee.

Callum Blackburn queried mitigations in place for violence and aggression. Gareth Adkins explained that there are two aspects to violence and aggression incidents. The first aspect related to patients suffering from mental impairments, for instance patients with dementia, or those under the influence of anaesthetics. However, work is underway to explore training for staff, which includes delirium management. Training will aim to be delivered online to target specific areas.

The second aspect relates to staff behaviour, which will be recorded appropriately through Human Resources processes instead under ‘adverse events’ on Datix.

The Committee noted the Health and Safety Risk Register.

**8.4 Occupational Health Report**

Serena Barnatt presented the Occupational Health Report. The Covid Vaccination Programme had concluded. Out of 800 doses, 794 were administered. Flu vaccinations are ongoing.

The Employee Assistance Programme has been extended by one year and data continues to be monitored by our Health and Wellbeing Group. The Occupational Health team recruited new staff to support work demands. The Committee thanked the Occupational Team for work undertaken.

The Committee noted the Occupational Health Report.

**9 Person Centred**

**9.1 Quarter 1 Feedback Report**

Katie Bryant presented the Quarter 1 Feedback Report. There were 22 complaints received during the last quarter, which are now closed. Two of the complaints were withdrawn, one complaint due to no receipt of consent, and two progressed to SAER reviews. Extensions were applied to four stage one complaints due to annual/sickness leave. Four stage two complaints had proceeded over the 21 day timescale.

There were 48 compliments and positive feedback received. The Datix system improvements have been found to be encouraging and shown positive improvements. A deep dive is underway in relation to SAERs, and this will explore upheld complaints. This will be presented in due course.

Marcella Boyle requested a revised format of reporting, ensuring that the next submitted annual report benchmarks performance against pre-pandemic levels of complaints and feedback.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Action** | **Lead** | **Due date** |
| SGPCC/011122/02 | **9.1 Quarter 1 Feedback Report** Conduct a deep dive into SAER and upheld complaints to be brought back to the Committee. | Katie Bryant | 04/05/2023 |

The Committee commended Katie for the work, which had been undertaken with regards to the complaints process and asked she passed this feedback to the team.

**9.2 Annual Feedback Report Financial Year 2021/2022**

Katie Bryant presented the Annual Feedback Report for Financial Year 2021/2022. The report highlighted 114 complaints, a 58% increase from 2020/21. Covid related challenges were the main reason for the increase of complaints.

A proactive approach was undertaken for management to resolve complaints at Stage 1 to prevent escalation to Stage 2. Timescale and work performance for Stage 2 responses have decreased. Weekly meetings with Executives have aimed to improve processes, maintain quality and ongoing work to monitor performance. The next Clinical Governance Risk Management Group will begin a deep dive into complaints to explore challenges and sources find solutions. Waiting times have become increasingly challenging to meet the Scottish Governments waiting list targets.

Communications have ensured that open and consistent messages have been communicated to patients to provide reassurances and to minimise complaints. There were eight complaints that progressed to a Significate Adverse Event Review (SAER) process, with five complaints upheld, one partially upheld and one not upheld. Deep dive work will continue to analyse data and link with the Scottish Public Services Ombudsman (SPSO) to benchmark with performance in other Boards.

There were 197 compliments received in the period under Report. Katie Bryant also advised of potential upgrades to the Datix system to improve adverse complaints and risk register processes. The upgrade of the system would improve functionality and capture more data, and has the functionality to automatically process feedback reports.

National Education for Scotland (NES) have developed a compassionate training module, which is delivered face-to-face. The next training session will be delivered in January 2023, which aims to upskill and improve health and wellbeing of staff processing complaints and feedback.

Jane Christie-Flight advised that the Caring Behaviours Assuring System (CBAS) has relaunched to support nurses and feedback will be provided in due course.

The Committee noted the Annual Feedback Report Financial Year 2021/2022.

**10 Well Informed**

**10.1 Integrated Performance Report**

Serena Barnatt presented the Integrated Performance Report. The Committee noted the Staff Governance section of the Integrated Performance Report. In September 2022, the Board’s sickness absence rate stood at 5.5%, up 0.3% on the previous month. Across the Directorates, absence was as follows:

Anxiety/stress/ depression/other psychiatric illnesses continued to be the highest cause of sickness absence, in September accounting for 24.8% of all sickness absence, 3.7% lower than August’s figure of 28.5%. It was the main cause of absence in all of the Directorates.

The second top cause of sickness absence in September was “Unknown causes/not specified”, accounting for 9.9% of sickness absence hours. “Other musculoskeletal problems” was third, at 8.2%.

Serena Barnatt advised that we may see a rise in sickness as we move into the winder months as we usually see an increase in respiratory illness and changes to Covid reporting. This will continue to be monitored. Work is underway to explore unknown absence causes to determine reasons in hotspot areas.

**COVID-19**

August 2022 was the last month that NHSGJ recorded absences from work due to the Coronavirus as special leave. From 1 September, with the exception of the first ten days of absence due to testing COVID-19 positive, which are still recorded as special leave, NHSGJ records all other COVID-19 absence “Covid-related illness”.

In September, COVID-19 special leave accounted for 0.4% of all contracted hours, down from 1.3% the previous month.

Covid-related illness under sickness absence accounted for 0.4% of sickness absence.

**Agenda for Change appraisal**

Within the year to 30 September 2022, 49% of staff who are employed under Agenda for Change terms and conditions completed their appraisal using TURAS, which is 2% lower than the previous month.

Jane Christie Flight noted her concern about the appraisal rates and the fact they were reducing and we were not achieving the national target. Jane Christie Flight noted work, which had been undertaken by HR and LOD teams to support managers. There was a discussion about this and the Committee asked similar to presentation on medical appraisals that a report is provided to the next committee to provide an assurance that a recovery plan is in place for each of the Executive areas of responsibility. The Committee stressed the importance of appraisals for staff, particularly in relation development, wellbeing and retention.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Action** | **Lead** | **Due date** |
| SGPCC/011122/03 | **10.1 Integrated Performance Report** Present a paper at the next committee on recovery plans for KSF and PDP. | Donna Akhal | 14/11/2022 |

**Medical appraisal**

The appraisal year for medical staff runs from 1 April 2022 to 31 March 2023. As at 5 October 2022, 14 doctors out of 163 had completed their 2022/2023 appraisal or had an Annual Review of Competence Progression (ARCP). It is likely to be November or December 2022 before an uplift is seen in the number of completed appraisals.

The Committee noted the presentation earlier by John Luck on his paper, who had provided an assurance that a plan was in place.

The Committee noted the Integrated Performance Report.

**10.2 Mandatory Training Report for Financial Year 2021/2022**

Donna Akhal presented the Mandatory Training Report for Financial Year 2021/2022. The report highlighted work undertaken to determine the definition of mandatory training and appropriate topics for staff, which are role specific for each job family.

A list of mandatory training requirements is available and assurances were provided that managers have access to report systems to check compliance and receive updated reports. The Once for Scotland Corporate Mandatory Training topics review has recommenced and actions will be undertaken, following the review outcome.

Work is underway to develop corporate induction to improve induction processes, revised check lists and materials sent to new staff.

The Committee noted the Mandatory Training Report for Financial Year 2021/2022.

**10.3 Staff Governance Monitoring Arrangements 2021/2022**

Jane Christie-Flight presented the National Annual Staff Governance Monitoring return for 2021/2022 for approval. Jane Christie Flight provided the background the return and talked through key highlights.

Callum Blackburn queried content on page 7, part 2 of the framework regarding national partnership processes and engagement locally and asked how best practice was shared across Boards, following submission of returns.

Jane Christie Flight advised she had included in the return about the challenge of communication between national partnership structures and Local Area Partnership Forums and how agile arrangements during the pandemic had been a positive development. There was a discussion about this and the Committee supported the inclusion of this in the return.

In relation to sharing learning and best practice, Serena Barnatt agreed to include this in covering email as part of return to seek clarity on how the Workforce Practice Unit intends to do this, once the returns are reviewed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Action** | **Lead** | **Due date** |
| SGPCC/011122/04 | **10.3 Staff Governance Monitoring Arrangements 2021/2022** Submit a cover email to the Scottish Government to obtain advice on sharing best practice across Boards. | Jane Christie- Flight  Serena Barnatt | 10/01/2023 |

The Committee approved submission of the Staff Governance Monitoring Arrangements 2021/2022.

**10.4 Draft Workforce Plan Feedback 2022/2025**

Serena Barnatt presented feedback letter from Scottish Government, which was on the whole positive. There were a few areas where small changes had been suggested. Serena Barnatt presented a paper in response to the feedback received with recommended changes.

The Committee approved recommendations for the plan and noted this would now be published as the final approved Workforce Plan on the Boards website.

**11 Any Other Competent Business**

No other competent business noted.

**12 Items for Board Update Report**

Marcella Boyle gave a summary of discussed items for the Board Update Report:

**Safe Working Environment**

Committee noted the Board Risk Register, noting high-risks for SGPCC in the areas of retention and recruitment to Executive grades, workforce capacity and wellbeing, and international recruitment. Committee also noted the mitigation strategies in place with no change.

Committee noted overall performance regarding Occupational Health, in particular with regard to on-boarding new staff and vaccinations.

**Person Centred**

Committee noted the Quarter 1 and Annual Feedback reports. Committee noted the value of benchmarking response rates against pre-COVID figures.

Committee noted the value of learning from patient experiences for improvement and also noted the approach of liaison with spiritual care to assist staff dealing with complaints and SAERs.

**Well Informed**

Committee noted low completion rates for TURAS appraisals compared with previous years, and noted that the rate of completion had not markedly improved over a number of committee cycles. Committee requested that the Executive Team consider the target for completion in the remainder of FY 2022/23, and develop proposals to improve the rate of completion in time for financial year 2023/24.

Committee noted mandatory training report on how colleagues support new staff and annual refreshers.

Annual Staff governance monitoring return for 21/22 return was agreed with some minor changes to be made.

**Appropriately Trained**

Committee noted medical appraisal and re-validation progress. Committee was assured of the escalation process, challenges and support to ensure all medical staff receive appraisals safely and timeously.

**Involved in Decisions**

Committee raised concerns about short notice changes to the date for completion of the iMatter survey. Committee noted improvement in response rates, albeit NHSGJ’s response had been lower than in previous years. Committee noted the value in identifying rates of completion and differing approaches within other health-boards to understand where improvements might be made.

Committed noted the Spiritual Care and Volunteer strategies and commended work, vision and compassion contained in the strategies.

**13 Date and Time of Next Meeting**

The next scheduled meeting of the Staff Governance and Person Centred Committee is 10 January 2023 at 13:30.

**The meeting closed at 15:57**