**Staff Governance and Person Centred Committee**

**4 May 2023, 10:00 – 12:00**

**Microsoft Teams**

**Members**

Marcella Boyle Non-Executive Director (Chair)

Morag Brown Non-Executive Director

Rob Moore Non-Executive Director

Cathie McAlister Staff Lay Member

**Core attendees**

Anne Marie Cavanagh Director of Nursing and AHPs

Gordon James Chief Executive

Mark MacGregor Medical Director

Serena Barnatt Director of Workforce

**In attendance**

Jenny Pope Deputy Director of Workforce

Nicki Hamer Head of Corporate Governance and Board Secretary

Susan Douglas-Scott CBE Board Chair

Sandie Scott Director of Strategic Communications & Stakeholder Relations

Debbie McCard Risk Manager (Item 3.1 only)

John Luck Consultant Anaesthetist (Item 5.2 only)

**Apologies**

Callum Blackburn Non-Executive Director

Jane Christie-Flight Employee Director

Karen Kelly Non-Executive Director

**Minutes**

Theo Richardson Corporate Administrator

**1.1 Chair’s Introductory Remarks and Wellbeing Pause**

Marcella Boyle opened the meeting and welcomed all attendees. The Committee noted that the Nursing Green Surgical Area Update would be deferred to the next meeting on 6 July 2023.

**1.2 Apologies**

Apologies were noted above.

**1.3 Declarations of interest**

There were no declaration of interests raised.

**2. Updates from last meeting 14 March 2023**

**2.1 Unapproved minutes**

Minutes from the previous meeting on 14 March 2023 were agreed to be an accurate record.

**2.2 Action Log**

The Committee reviewed the Action Log and agreed to close four actions.

**2.3 Matters arising**

The Committee discussed ongoing challenges regarding staff turnover and recruitment and noted the organisation’s interventions. The Committee acknowledged work undertaken by teams throughout the organisation to ensure safe attendance levels, reduction of staff turnover/absences and effective management of staff health and wellbeing.

**3 Safe Working Environment**

**3.1 Strategic Risk Register**

The Committee was advised that within the Strategic Risk Register, the four workforce risks had remained unchanged since the last meeting, including the highest risk: B006/22 - International Recruitment. The Committee was advised that work was underway to address and update all the risks within the Appendix.

Serena Barnatt highlighted that international recruitment accommodation continued to be a challenge and acknowledged the work of all who had been involved across the organisation, including Pastoral Care, Workforce and Communications.

Susan Douglas-Scott stated she was pleased to see Cohort 3 was full but was concerned around accommodation and asked what discussions were being held private landlords, housing associations, etc. Sandie Scott advised that meetings were being held with the local Housing Association and West Dunbartonshire Council to secure accommodation and all would be working closely going forward. Susan Douglas-Scott advised this was being discussed within NHS Board Chairs Group and will share further details when available.

Serena Barnatt informed the Committee that attempts were made to try to acquire Key Worker Status for recruits. However, the local housing association declined this request. Sandie Scott advised recruitment concerns were regularly being discussed between the Chief Executives of NHS Golden Jubilee and West Dunbartonshire Council.

The Committee agreed that though there was not any significant change to the Strategic Risk Register and noted accommodation discussions were ongoing with the Council that, if there are any changes to this, an update would be brought to the Committee

Staff Governance and Person Centred Committee noted the Strategic Risk Register.

**3.2 Health and Safety Report**

The Committee noted the Health and Safety Report for January to March 2023. No RIDDORS were reported during this period with low reported incidents. Contact with sharps was reported with the highest number of incident cases, although rated as ‘minor’ risks. Second two highest risks were ‘exposure to unsafe environmental conditions’ and ‘inappropriate/aggressive behaviour towards a visitor by a visitor’. Adverse event reports would continue to be monitored to ensure prompt closure with work underway to improve processes, which would be detailed in the next Health and Safety Report.

Staff Governance and Person Centred Committee noted the Health and Safety Report.

**3.3 Health and Wellbeing Strategy Annual Update**

The Committee was informed of activities undertaken to deliver on the Health and Wellbeing Strategy strands where a range of interventions had been put in place to ensure trends identified could be benchmarked against activity reporting.

It was noted that the highest prevalence of staff absences was caused by stress, anxiety and depression, evidenced by referrals. However, overall staff absence had decreased within the last three years. Evidence of health and wellbeing improvements were sourced from various interventional activity data, including Employee Assistance Programme (EAP), iMatter scores and appraisal rates.

Musculoskeletal (MSK) related absences had reduced, following Physiotherapy interventions. Other/unknown absences had notably reduced with mangers accurately categorising absence reasons. Between January and March 2023, 68 referrals were made to EAP with stress recorded as the main reason.

Employee benefits had recorded 25 staff utilising bicycles, 24 staff accessing the health club and 5 staff entering transport schemes. AXA, a former EAP service provider for NHS GJ, confirmed there were no calls made by staff regarding financial wellbeing. However, no data was available to confirm this. Turas appraisal rates had arisen to 70%, an 18% increase from the previous year and key performance indicators (KPIs) showed no specific trend in the last four years.

iMatter, undertaken on an annual basis, had seen an improvement in employee engagement and comparatively NHS GJ was doing better than other Health Boards. However, it was noted that there was a challenge in terms of workforce, especially turnover. Jenny Pope advised a Short Life Working Group was being set up to look at retention across the organisation and this was linked to the OD programme being piloted as part of the Expansion programme.

Marcella Boyle thanked Jenny Pope for the update and highlighted there was an increase of staff absences within the last two months in reference to the Integrated Performance Report, which indicated staff absences had increased.

Serena Barnatt confirmed that the report Jenny Pope had presented was an annual report and overall mental health absences had increased and the increase in absences would be covered by the presentation on the IPR. This was the second year of the Strategy with a number of achievements made. The priorities for Year 3 would be to look at implementation of a new strategic framework, which would include staff engagement. This would continue to be a focus for the organisation, this Committee and the Board.

Susan Douglas-Scott noted it was useful to see the past level of activity and commended the efforts of staff. This also included the work undertaken to create the Spiritual Care and Volunteer Strategies.

Gordon James suggested that the new EAP provider, TimetoTalk, should look to record outcomes from referrals: positive, neutral or negative, to evidence EAP effectiveness. He also raised that at Partnership Forum, they were advised of the opportunity for engagement with Citizens Advice Bureau who could come on site to provide financial, health and wellbeing advice to staff. Serena Barnatt added that the Credit Union was another area being looked into and would be a positive development on hosting energy advice sessions, to support staff during these difficult times.

Marcella Boyle thanked Jenny Pope and the team for providing a really good report that reminded the Committee how far the organisation had come in supporting its staff and hopefully this would be positively reflected in the iMatter survey this year.

Staff Governance and Person Centred Committee noted the Health and Wellbeing Strategy Update.

**3.4 Occupational Health Report Q4**

The Committee noted the paper was presented for awareness. . In the fiscal year to date, a total of 150 management and 24 self-referrals were recorded. A total of 891 pre-employment checks were received, which included a cohort of international recruits. During February and mid-March 2023, 180 new employees were screened.

A new post in Occupational Health (OH) would be filled to assist with future screening and the OH team were now fully resourced. Mental Health First Aid training continued to be offered throughout the organisation with a positive uptake by staff. Night worker health surveillance had remained ongoing with a review of the process to administer HIV Post-Exposure Prophylaxis being undertaken.

OH Physiotherapy service had received 85 referrals with 70% being MSK that had impacted on staff ability to undertake their role. However, following a recent audit, 91% of staff indicated Physiotherapy had a positive impact and their issues had been addressed.

The Committee commended OH for all their hard work from recruitment to staff support for safe attendance. The Chair enquired how resources were looking within OH as a profession. Jenny Pope advised that the team were now fully resourced and were linking in with other Health Boards around OH and a national approach to develop an electronic system.

Marcella Boyle stated it was very good to see this being looked at and wondered about the timescales for the development and launch of this automated system. Jenny Pope advised this was ongoing

The Committee asked to note, for the action log, a date on the development and launch of the automated system and asked for an update at the next meeting.

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| **Action Ref.** | **Action** | **Lead** | **Timescale** |
| SGPCC/040523/01 | **eHealth Automated System Timescales**  Confirm timescales for the development and launch of the automated system. | Jenny Pope | 6 July 2023 |

Staff Governance and Person Centred Committee noted the Occupational Health Report Q4.

**4 Appropriately Trained**

**4.1 Integrated Performance Report**

Serena Barnatt advised the Committee that in March 2023, the Board’s sickness absence rate raised to 6.6%, up 1% on the previous month. Although it was noted that this was still within control limits, it would be closely monitored. ‘Anxiety/stress/depression/other psychiatric illnesses’ was the highest prevalence at 31%, with ‘Injury, Fracture’ recorded as the second highest absence at 10.7%. It was noted that Mental Health had made good progress that this may be a short term peak but, this will be monitored closely

Within the 12 months to 31 March 2023, 70% of staff who came under Agenda for Change had completed their appraisals, down 1% on the previous month. As at 4 April 2023, 124 doctors out of 160 (77.5%) completed their 2022/2023 appraisals or had an Annual Review of Competency Progression (ARCP).

The Committee noted the increase in the Board’s sickness absence rate but were assured the Health and Wellbeing (HWB) Group would continue to closely monitor.

The Committee acknowledged progress made on appraisals and, in agreement with discussions held at the Executive Leadership Team, focus would remain on maintaining these high levels of completion rates.

Marcella Boyle asked how the organisation would account for planned turnover as an overall percentage in relation to fixed-term contracts. Serena Barnatt advised that there was a process in place to monitor fixed-term contracts and under Once for Scotland polices, fixed-term contract employees could be offered redeployment or possible opportunity to convert to permanent employment.

Marcella Boyle requested Serena Barnatt and Jenny Pope to provide turnover as a percentage. It was agreed that a meeting be arranged prior to the next Committee for further discussion.

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| **Action Ref.** | **Action** | **Lead** | **Timescale** |
| SGPCC/040523/02 | **Staff Absence/Turnover Narrative**  To arrange a meeting with the Chair to discuss the provision of more narrative on turnover. | Serena Barnatt  Jenny Pope | 6 July 2023 |

Staff Governance and Person Centred Committee noted the Integrated Performance Report.

**5 Well Informed**

**5.1 Staff Governance Annual Report 2022/23**

Nicki Hamer advised the Committee that all Governance Committees were required to produce an Annual Report to give assurance to the Board on their activities and to demonstrate to the Board that their duties had been fulfilled in line with their approved Terms of Reference. The Committee noted the activity work undertaken during the past 12 months and thanked Nicki Hamer and the Corporate Governance team for their support.

Staff Governance and Person Centred Committee approved the Staff Governance Annual Report 2022/23.

**5.2 Medical Appraisal End of Year Update**

John Luck joined the meeting to present the Medical Appraisal End of Year Update.

It was noted that as at 28 April 2023, 132 of 159 doctors (83%) had completed an appraisal or ARCP, though it was noted the target was 90%. There had been a reduction of appraisers which had delayed assigning appraises. Recruitment of appraisers was not easy as this relied upon volunteers. However, 5 new appraisers had recently been recruited but the training aspect could take a number of months. In relation to Revalidation, 20 doctors had received a positive recommendation with 7 doctors being deferred. Deferred revalidation would normally be between 3–12 months to allow time for the collation of multi-feedback sources.

Mark MacGregor thanked John Luck for his report and advised that 83% is not where we would want to be pre-pandemic but the focus this year will be on getting back on track.

Marcella Boyle stated it was encouraging to see more appraisers coming forward and was positive to see the capacity to support the new doctors.

John Luck advised that during a revalidation cycle of 5 years, it would be expected that 20% of revalidations would occur each year. However, though the number of doctors cannot be predicted, it is expected with the expansion, that numbers would increase. Mark MacGregor added that PAs had been built into job plans to ensure capacity to cope with any extra appraisals during the year.

The Committee thanked John Luck and Mark MacGregor for their work, time and efforts in focussing on progression within this area of work.

Staff Governance and Person Centred Committee noted the Medial Appraisal End of Year Update.

**5.3 Internal Audit Report 2022/23 – Consultant Job Planning**

Mark MacGregor shared the findings from the Internal Audit Report, advising the report highlighted two medium risks with one recommendation.

Mark MacGregor explained the reasons around the two risks. The first risk was that the Allocate training system was self-taught and it was not being used to its optimum. Training had been commissioned for September to support the next round of service planning. The second risk related to the fact that not everyone had completed a job plan and work was still ongoing to increase these to 95%. Mark MacGregor highlighted meetings had taken place but there was no enthusiasm to move this along, given clinician commitments and service challenges. The recommendation to update the system control measures to show that job planning review meetings had taken place, was completed with this being shown as an improvement suggestion with no management action being required.

Mark MacGregor advised the report would be presented to the next Audit and Risk Committee on 15 June 2023 and was presented today for information.

Staff Governance and Person Centred Committee noted the Internal Audit Report 2022/23 – Consultant.

**5.4 Service Planning and Job Planning**

The Committee were advised that between October and December 2022, service plans were completed and presented at the Executive Directors Group (superseded by Executive Leadership Team). It had been noted that the quality had improved with further focus on better linkages with Finance for budgets and proposals. Prioritisation processes were also improved and supported by Gareth Adkins, Director of Strategy, Planning and Performance.

It was noted that job plan performance was not as good as last year but job plans had been delayed by six weeks due to a payroll issue. Mark MacGregor highlighted the successes and failures of job planning, including how there were challenges to complete job plans due to the heavy burden on Assistant Medical Directors with only 4 of 6 Clinical Directors available. Further staff training and administrative support would be required to improve outcomes.

The Committee thanked Mark MacGregor for the detailed report and discussed how job planning could become a wellbeing tool to achieve better and less demanding working hours.

Susan Douglas-Scott added her personal thanks to Mark MacGregor as this had been an area where there had been a lot of unanswered questions prior to Mark taking up post and noted the significant work taken to take this forward and provide assurance to the Committee and the Board.

Gordon James stated that the Service Planning sessions had been highly beneficial to the Executives with real engagement between all parties within positive meetings.

The Committee asked Mark MacGregor if there any further support that could be provided. Mark MacGregor stated that more administrative support would be welcomed. He advised there was the opportunity around the new eRostering system, as this included a suite of programmes to support the job planning process but he would speak further with Executive Leadership Team around this. Mark MacGregor advised a further report could be presented to the July meeting providing a further update. The Committee welcomed this option and offered the possibility of either a verbal or written paper report update to the next meeting.

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| **Action Ref.** | **Action** | **Lead** | **Timescale** |
| SGPCC/040523/03 | **Service and Job Planning Update**  Provide a verbal or written paper report on progress update. | Mark MacGregor | 6 July 2023 |

Staff Governance and Person Centred Committee noted the Service Planning and Job Planning Report.

**5.5 Nursing Staffing Vacancy and Retention**

Anne Marie Cavanagh presented the Nursing Staffing Vacancy and Retention report that showed how staff were managed.

Theresa Williamson shared a presentation on Nursing Capability and Sustainability that referred to research findings on ‘Profile of Caring’ which displayed four components that contributed towards overall job satisfaction with these being: caring of self, clarity of role, caring of Senior Charge Nurse and Ward. The profile of caring was further investigated to consider the predictability of sick leave, turnover and post-pandemic trauma. Theresa Williamson explained each component of ‘Profile of Caring’ and how nurturing all components could potentially improve job satisfaction and retention.

The Committee thanked Anne Marie Cavanagh and Theresa Williamson for a comprehensive paper and asked if other Health Boards were also undertaking this piece of work. Anne Marie Cavanagh confirmed we were the only Board participating in this international study and it was a longitude piece of research which NHS Golden Jubilee had participated in. Anne Marie Cavanagh advised one of the biggest challenges was how we measure caring within different definitions. We have a lot of measured metrics and KPIs but it is the person centred piece that is more difficult to capture but we have Strategies that help underpin caring science research to show how staff, including Senior Charge Nurses, could apply the model to improve service delivery and potentially decrease turnover of Senior Charge Nurses.

Susan Douglas-Scott stated this was about compassionate leadership and we should not underestimate the importance of the Senior Charge Nurse and how caring science could develop resilience and strengthen values.

The Committee discussed how the caring science model had potential to become streamlined throughout all managerial positions and staff groups. Anne Marie Cavanagh agreed to share the final report with feedback and action plan detailing next steps to a future meeting.

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| **Action Ref.** | **Action** | **Lead** | **Timescale** |
| SGPCC/040523/04 | **Profile of Caring Next Steps**  To present the final report from John Nelson at a future meeting. | Anne Marie Cavanagh | TBC |

Staff Governance and Person Centred Committee noted Nursing Staffing and Vacancy Retention.

**5.6 Staff Governance Delivery Plan 2022/23 and 2023/24**

Jenny Pope presented the Staff Governance Delivery Plan 2022/23 and 2023/24 noting the key areas within the document and advising an action plan would list the key deliverables.

Staff Governance and Person Centred Committee approved the Staff Governance Delivery Plans 2022/23 and 2023/24.

**5.7 Annual Schwartz Rounds Update**

Theresa Williamson presented the Annual Schwartz Rounds Update. The Committee was advised these were well attended sessions but lack engagement from doctors. Consideration was given to the appointment of Champions to increase awareness and understanding. Notable feedback for this year was shared and results from feedback would support future actions and activities. Four facilitators had been appointed to enable more opportunities for all staff groups to attend.

The Committee welcomed the clear links to health and wellbeing and thanked Theresa Williamson for a comprehensive paper.

Rob Moore advised he would be interested to attend one of these sessions. It was agreed that Nicki Hamer would arrange for the scheduled Schwartz Rounds to be circulated to Board members. Mark MacGregor advised he did not understand what the difficult issues were in relation to doctor attendance but would raise awareness around the importance of these sessions.

Staff Governance and Person Centred Committee noted the Annual Schwartz Rounds Update.

**6 Fair and Consistent**

There were no items for discussion.

**7 Involved in Decision**

**7.1 Facilities Time Report**

Jenny Pope presented the Facilities Time Report which was presented for awareness. There were 40WTE staff representatives for the last financial year, April 2022 to March 2023, with a total of 1,043.25 facility hours being recorded.

Staff Governance and Person Centred Committee noted the Facilities Time Report.

**8 Issues for Update**

**8.1 Update to the Board**

Marcella Boyle provided a summary of discussion items for the Board Update Report as follows:

**Safe Working Environment**

The Committee reviewed the Strategic Risk Register, noting the unchanged risks and discussed the accommodation challenges for International Recruitment as well as supply issues. The Committee noted the work that had been taken forward (to welcome and support the on boarding of our international recruits).

The Committee noted the Health and Safety Report.

The Committee noted the Health and Wellbeing Year 2 Report and welcomed the continued attention to staff health and wellbeing, including additional work to provide financial assistance.

The Committee noted the positive impact accomplished by Occupational Health to support staff health and wellbeing.

**Appropriately Trained**

The Committee approved the Integrated Performance Report and noted the significant focus and effort undertaken to support the Appraisal process throughout 2023/24.

**Well Informed**

The Committee thanked Mark MacGregor for presenting service and job planning and commended the work already completed through service plans and noted the challenge for 2023/24.

The Committee thanked Mark MacGregor and John Luck for the Medical Appraisal update and welcomed the increase of appraisers to support doctors and future cohorts.

The Committee thanked Anne Marie Cavanagh and her team for work undertaken to define caring science to focus on profile elements: Senior Charge Nurse, Role of Self and Wards with opportunities for staff to attend the Schwartz Rounds.

**9 Any Other Competent Business**

No other competent business noted.

**10 Date and Time of Next Meeting**

The next scheduled meeting of the Staff Governance and Person Centred Committee was noted as 6 July 2023 at 10:00 hrs.