**Approved Minutes**

**Meeting: Staff Governance Person Centred Committee (SGPCC)**

**Date: Tuesday 11 May 2021 at 10:00 hrs**

**Venue: Via Microsoft Teams**

**Members**

Marcella Boyle Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Jane Christie-Flight Non-Executive Director / Employee Director

Rob Moore Non-Executive Director

**In attendance**

Anne Marie Cavanagh Executive Director of Nursing and Allied Health Professionals

Cathy McAllister Staffside Representative

Donna Akhal Head of Learning & Organisational Development (agenda item 7.1)

Gareth Adkins Executive Director Quality, Innovation & People

Jann Gardner Chief Executive

June Rogers Director of Operations

Laura Langan Head of Clinical Governance (agenda item 5.1)

Liane McGrath Head of Corporate Governance & Board Secretary

Mark MacGregor Medical Director

Nicki Hamer Deputy Head of Corporate Governance

Christine McGuinness Communications Manager (agenda item 6.1)

Serena Barnatt Director of HR

Susan Douglas-Scott CBE Board Chair

**Minutes**

Christine Nelson Executive PA

1. **Opening Remarks**

Marcella Boyle opened the meeting by thanking everyone for attending.

1. **Apologies**

There were no apologies given.

1. **Declarations of Interest**

There were no declarations of interest.

1. **Updates from last meeting**
	1. **Unapproved Minutes**

The minutes from 3 March 2021 were approved as an accurate record of the meeting.

* 1. **Actions**

All previous actions were updated or closed.

* 1. **Matters Arising**

There were no matters arising.

**5 Person Centred**

**5.1 Complaints Report**

Laura Langan joined the meeting to provide an overview of the Quarter 3 Feedback report. The level of feedback remains consistent with the previous quarter with an increase in compliments noted.

Individual staff members are notified of any compliments received about them and the Clinical Governance team plan to produce monthly wordles for teams who have received compliments.

Complaint subjects remain mostly around waiting times and staff attitude. There is not a common theme or department identified.

Response times for stage 2 complaints remains challenging but improvements are being made and complainants are kept up to date on progress.

Rob Moore noted the report is noted as Complaints report on the agenda but the report is titled as Feedback report and suggested the agenda title is changed to Feedback report for future meetings. The Committee agreed with this suggestion.

Marcella Boyle asked if any learning has been identified to improve and reduce timings. Laura Langan responded that regular meetings are being held with divisional management teams and the clinical governance team now links directly with the relevant department lead to speed up the process.

Anne Marie Cavanagh noted that compliments are received through various means. Christine McGuinness added that lots of feedback is received through social media, a snapshot of which is included in Jubilee Life.

The Committee noted the update. Laura Langan left the meeting.

**Action: Complaints update to be changed to Feedback Report on future agendas.**

**6 Well Informed**

**6.1 Communications Update**

Christine McGuinness presented highlights of the Communications report for 2020-2021 including:

* Digital First programme implemented following staff survey and in response to Covid-19 pandemic.
* 100% positive response from 199 pieces of media coverage.
* Social media reach and engagement continued to increase with a 15.1% increase across all social media platforms.
* A positive engagement score of 99.68% was achieved.
* An overview of future projects planned.

Rob Moore commended the team on the engagement score achieved, adding this is testament to the quality and relevance of information shared.

Marcella Boyle noted the focus of extending reach and impact and asked Christine McGuinness to pass on her congratulations to the team and thank them for their approach and energy.

Jann Gardener expressed thanks to the team for the fantastic job they do and noted the recruitment of more staff to strengthen the team skills, capability and capacity, adding that the team’s agile and evolving approach has benefitted the organisation.

Susan Douglas-Scott added her thanks to the team and noted they have made a big difference with connection.

The Committee noted the Communications annual report. Christine McGuinness thanked the Committee for their support and then left the meeting.

**6.2 Staff Governance End of Year Report 2020/21**

Gareth Adkins informed the Committee that this process has been paused and further guidance regarding the revised date for submission is awaited.

The Committee noted the verbal update on the Staff Governance End of Year Report.

**6.3 Integrated Performance Report (IPR)– Staff Governance**

 Gareth Adkins presented the Staff Governance section of the IPR reporting to 31 March 2021. The following was noted:

* The sickness absence rate remains under 4% and monitoring continues to identify any change or trends.
* Health and wellbeing work continues.
* Appraisal data is being monitored regularly.

Jane Christie-Flight noted the sickness absence rate is a significant achievement as it is recognised nationally that NHS Staff are struggling and that NHS GJ are doing well in comparison with other areas. Serena Barnatt agreed, stating that the national picture reflects positively on NHS GJ.

The Committee approved the IPR – Staff Governance.

**7 Well Trained**

**7.1 Mandatory Training End of Year Report**

 Gareth Adkins explained more engaging ways are being considered to carry out mandatory training but in general compliance has been good, despite the pandemic. Gareth introduced Donna Akhal who joined the meeting to present the mandatory training report for 2020/21.

Donna Akhal outlined the 6 mandatory training topics for staff to complete and added there has been a slight dip in compliance. This is thought to be connected to the pandemic and the move to most training being conducted virtually, including Diversity training. Laptops and iPads have been purchased to enable staff to complete virtual training who don’t always have access to equipment.

Managers now have access to OBIEE reporting system to help monitor compliance at department level and the health and safety committee are receiving regular updates.

Susan Douglas-Scott highlighted that corporate compliance for induction training was only 65%. Donna Akhal responded that this has been highlighted and barriers and difficulties are being looked at to improve compliance. The Committee discussed this further and agreed this is likely to be due to induction being carried out in a more agile way and not being recorded. Gareth Adkins agreed to arrange a meeting for further discussion and will report back to agile Board and SGPCC thereafter.

The Committee approved the mandatory training end of year report.

**Action: Gareth Adkins to arrange a meeting with Jann Gardner, Serena Barnatt, Donna Akhal and Jane Christie-Flight to discuss induction training reporting and compliance.**

**7.2 Appraisal Update**

Serena Barnatt provided a verbal update on the current Appraisal status, reporting that appraisal rates are improving and a short life working group, which includes partnership representation, has been established to refresh the approach to KSF and PDP.

 The Committee noted the verbal update on Appraisal and requested a further report is provided at the July meeting.

**Action: Appraisal update paper to be provided at the July meeting.**

**7.3 Medical Appraisal and Revalidation Update**

Mark MacGregor highlighted that the appraisal rate for 2020/21 has improved with a current completion rate of 65%. In addition, 18% are in process (meeting held and paperwork being completed) and 17% have no evidence of action on the system. This amounts to 26 individuals, several of which are new to the organisation and 7 are awaiting allocation of an appraiser. There is a shortage of appraisers but this is being addressed.

The appraisal lead has agreed to ask appraisers to start the process in October/ November to enable a more even spread of appraisals.

Marcella Boyle stated it is good to see this work progressing and asked how the recruitment of appraisers can be future proofed. Mark MacGregor responded that 0.5PA is given to appraisers with an expectation that each appraiser will carry out a maximum of 10 appraisals per year, although realistically this will be a total of 7 or 8.

The Committee thanked Mark MacGregor for the medical appraisal update and requested that a further update is provided at the July meeting.

**Action: Further update on medical appraisal to be provided at July meeting.**

**7.4 Service Plan and Job Planning Update**

Mark MacGregor highlighted the aim of this process is to be forward planning. Currently 2020/21 job plans have a completion rate of 32% with all due for completion by 1 April 2020 across both divisions. All job plans have been agreed but paperwork is awaiting completion in most cases. It is planned to carry the 2020/21 job plans forward to 2021/22 with all signed off prospectively in October for the following year.

Mark MacGregor highlighted that medics cannot apply for discretionary points if they don’t have a completed appraisal and signed off job plan.

The Committee noted the service plan and job planning update and requested a further update is provided at the November meeting.

**Action: An Update on service plan and job planning is to be provided at the November meeting.**

**7.5 Human Factors Update**

Gareth Adkins informed the Committee that work is underway looking at options on how to evolve Human Factors training. Level 1 was mandatory for all staff. A proposal was developed to continue level 1 with a team based approach and look at the next steps in response to clinical teams requested a more practical approach. Laura Langan is looking at best practice and a place based training programme.

The Committee discussed the approval process for the proposal and how Human Factors training sits alongside Quality Improvement training.

Marcella Boyle agreed to discuss this further with relevant parties.

The Committee noted the Human Factors update.

 **Action: Gareth Adkins to liaise with relevant parties to discuss Human Factors training and future governance of training**

**7.6 Interim Workforce Plan 2021-2022**

 Serena Barnatt informed the Committee of the requirement by Scottish Government to produce an interim workforce plan (IWP) for 2021/22 with the first 3-year plan to be produced by 31 March 2022. The IWP has been approved by Workforce Planning and Education Steering Group, Partnership Forum and Executive Directors as well as engagement with managers being carried out.

The IWP was submitted in draft form to Scottish Government on 30 April, pending approval by the Committee. Scottish Government will provide feedback and a workshop is planned in June to progress the 3-year plan. Gareth Adkins added that the 3-year plan will remain agile to incorporate any changes by Scottish Government or to the recovery process.

The Committee approved the Interim Workforce Plan.

**8 Involved in Decisions**

**8.1 Facilities Time Report**

Serena Barnatt outlined the legislative requirement to annually publish the amount and cost of facility time within the organisation and asked the Committee to note the data in the report for 1 April 2020 to 31 March 2021. The Covid pandemic had impacted on facility time as casework was paused and some staff were required to focus solely on their clinical commitments.

Jane Christie-Flight highlighted that partnership time is not recorded within this report, which forms the largest part of representatives’ time.

The Committee noted the Facilities time report.

**8.2 Partnership Forum Report**

Jane Christie-Flight presented the Partnership Forum Report for the meeting held on 23 April 2021 and highlighted the main agenda items discussed including car parking plans, the office accommodation project, IWP and Facilities reports.

Several updates to policies were approved and the new Stress in the Workplace policy was shared for comments in advance of being finalised for approval.

The Forum noted that the Once for Scotland programme is due to recommence on 1st August 2021 with a target implementation date of late 2022.

 The Committee noted the Partnership Forum update report.

**8.3 Staff Engagement Update**

Serena Barnatt explained that Learning & Organisational Development (L&OD) are taking forward feedback from the pulse survey using a “You Said, We Did” approach in partnership with Communications Department.

 The next iMatter survey will take place in August 2021 with reports published in October and action plans developed before the end of November.

Jane Christie-Flight highlighted the intention of getting back to basics with iMatter to encourage engagement with an aim to look at quality improvement. If staff experience is improved, then this improves patient experience.

Jann Gardner noted the need to continue to find different ways to engage, adding that Dialogue sessions are going well, she is speaking with consultant groups and has committed to engage with other staff groups and follow up on any issues raised.

Marcella Boyle agreed it is good this work is action orientated and the Committee welcomed further updates at future meetings.

 The Committee noted the Staff Engagement Update.

**9 Fair and Consistent**

**9.1 SG&PCC Annual Report**

Gareth Adkins asked the Committee to approve the final version of the annual report which will be presented to Audit and Risk Committee before final approval by the Board.

The Committee noted the updated attendance and agenda items made in reference to the last meeting and approved the report.

**9.2 Review of Key Performance Indicators (KPI) – Staff Governance Indicators 2021/22**

Gareth Adkins informed the committee of the proposal to amend the current KPI indicators within the IPR for 2021/2022 and highlighted the proposed amendments to the Staff Governance Indicators.

Jane Christie-Flight highlighted the requirement to report nationally on Whistleblowing and asked if this will be reported as a KPI. Anne Marie Cavanagh responded that it is planned to report this within the Clinical Governance section of the IPR but any relevant incidents would be reported to SG&PCC.

Gareth Adkins agreed to confirm with Liane McGrath that whistleblowing will be included in the Clinical Governance KPIs.

**10 Safe Working Environment**

**10.1 Board Risk Register**

Gareth Adkins highlighted some minor changes to workforce risk around hybrid working and the expectation that the risk around PPE will come off the Board Risk Register in time. This risk is now diminished as all expired masks were removed from circulation at the end of March 2021. It will remain on the Health and Safety risk register for monitoring.

The Committee noted the Board Risk Register update.

**10.2 Health and Safety Report**

Gareth Adkins informed the Committee that the Health and Safety Committee last met in April and highlighted the following from the report:

* RIDDOR statistics and Health and Safety related adverse incidents remain low with no trends or high risk rated events recorded.
* The violence and aggression short life working group is developing the draft policy on management and prevention of violence and aggression.
* A Health and Safety Assistant Advisor is being recruited to provide additional resource.
* Fire Safety training compliance will be improved with increased staffing resource in the health and safety team.

The Committee noted the Health and Safety Report.

**10.3 Occupational Health Report**

Serena Barnatt highlighted the key achievements and challenges experienced by the team during the first quarter of 2021 with changes in staffing and a key focus on the Covid-19 vaccination programme with 86.8% of staff vaccinated.

Current activity includes development of the stress at work policy and improvements to the management referral process along with interventions to support staff to help reduce sickness absence.

Gareth Adkins commended the team on their management of challenges faced whilst going through staffing changes and on the joint working across teams throughout the vaccination process.

On Health and Safety Executive Guidance, a more comprehensive workplace indicator tool has been developed. This will fit well with the health and safety audit process being implemented.

Susan Douglas-Scott acknowledged a triple helix approach across health and wellbeing, highlighting the importance of spiritual/pastoral care being included. Serena Barnatt responded that Tosh Lynch has now started as Spiritual Care Lead and has wellbeing cited within the spiritual care standards. Susan Douglas-Scott requested time to meet with Tosh Lynch.

The Committee agreed to Tosh Lynch providing a spiritual care update at the July meeting.

**Action: Time to be arranged for Susan Douglas-Scott to meet with Tosh Lynch**

**Action: Invite Tosh Lynch to provide a spiritual care update at the July meeting**

**10.4 Health and Wellbeing update**

Jane Christie-Flight informed the Committee that the Health and Wellbeing group have now developed the action plan into a delivery plan which will be presented to the Staff Governance Group in June and will come to the Committee in July for approval.

 Finance resource is being discussed to support some aspects of the plan, mainly for the mental health support needs identified.

The Committee noted the Health and Wellbeing update.

**10.5 Whistleblowing Update**

 Serena Barnatt confirmed that the Whistleblowing Standards were implemented on 1st April 2021. Work is ongoing around a national approach for contractors of NHS Scotland. Confidential Contacts have been recruited and training is being carried out.

Callum Blackburn thanked Serna Barnatt, Jane Christie-Flight and others involved for their work in implementing the standards. Regular communications will continue to remind staff of the process.

Callum Blackburn attends a regular peer support group meeting and feeds back any information to the relevant people within the organisation.

Jane Christie-Flight confirmed 8 confidential contacts have been recruited from varying backgrounds and processes and support is being put in place. A communication bulletin will be circulated to introduce the confidential contacts once training is complete.

The Committee noted the Whistleblowing Update.

**11. AOCB**

 The Committee noted that Rob Moore will present the SG&PCC report at the June Board meeting in Marcella Boyle’s absence.

 The Committee agreed to shorten the duration of future meetings to 2 hours and 15 minutes.

 Marcella Boyle thanked everyone for attending the meeting and the reports provided.

 **Action: Future SG&PCC meetings to be shortened to 2h15 duration.**

**12 Board Update**

Marcella Boyle provided a summary of key points covered within the meeting for the Board Update Report including:

* Changing title of complaints report to feedback report on future agendas.
* The Committee spoke about agile work and induction being monitored differently.
* The role of communications and effectiveness with an increase in volume and different channels being used was discussed.
* The Committee welcomed an update on the appraisal process and noted ongoing work and continuity monitoring of medial appraisal and revalidation.
* Progress on staff engagement and getting back to basics with new channels being considered was provided to the Committee.
* The Committee noted the work of the Occupational Health Department, the new team and the breadth of work undergone.
* The importance of a spiritual care focus on health and wellbeing plans was acknowledged.

**13. Date and time of next meeting**

The next meeting of the Staff Governance and Person Centred Committee is scheduled for Wednesday 7 July 2021 at 10am.