

**Staff Governance Committee Meeting
Friday 15 December 2017
Room 5.5, Meridian Court, Glasgow**

Present: **Ms Alison Jarvis (Chair)**

Mr Michael Craig
Ms Theresa King
Ms Michele McCoy

In attendance:

Mr Jim Carruth (item 5)
Mr David Crichton
Ms Cath Denholm
Mr Gerry McLaughlin
Mr Duncan Robertson (item 7)
Ms Josephine White
Ms Catherine Combe (Minutes)
Ms Marie Kerrigan (Minutes)

1. Apologies

Apologies were received from Ms Rani Dhir, Ms Karen Donnelly and Ms Jane-Claire Judson.

The Chair on behalf of the Committee conveyed wishes for good health for Ms Rani Dhir.

2. Declaration of Committee Members' Interest

No members' interests were declared.

3. Minute of the previous meeting

The minute of the previous meeting held on 20 October 2017 was agreed as an accurate record.

4. Matters Arising (Rolling Action Note)

It was confirmed that all actions have been progressed and those completed should be removed from the list. Mr Craig explained that workforce policies (item 9) are scheduled for discussion next week.

5. Thematic discussion: Involved in Decisions including SGAP (SGC Paper 21/17)

Mr Jim Carruth, Head of People and Improvement provided an overview of the paper and appendices.

- **Appendix 1** – It was noted that results from the iMatter survey undertaken in June were in general very strong. The Committee discussed the question ‘I feel involved in decisions relating to my organisation’ which was felt to be very relevant over the coming year. The Committee discussed the usefulness of keeping this and the EFQM results under constant review to ensure high staff engagement.
- **Appendix 2** – The Committee acknowledged the staff concerns regarding the wider implications regarding influence of Health Scotland over the new landscape. Reports produced by Health Scotland on culture and the last EFQM self assessment provide a good position statement and will be presented for information once they have been presented to the Corporate Management Team. It was agreed that the level of involvement and expectations of staff will need to be managed to ensure effective linkages between internal and external teams. Ms Denholm advised that the Change Oversight Group is providing a coordinating network, which is likely to meet more frequently during 2018. Staff feedback from the recent CEO/Directorate engagement sessions will be fed back to the COG. These sessions have involved approximately 90% of staff. To a question regarding how staff who are on long term leave are being kept informed, it was agreed to consider a synthesis update, likely to follow the next meeting of PHOB in January. **(Action: JW)**
- **Appendix 3** – It was agreed that there is good practice in partnership working between HR and Staffside which will be fundamental for the new Public Health Body. Mr Craig advised that it has been verbally agreed that existing staff governance standards will be followed.
- **Appendix 4** – Noted.
- **Appendix 5** - Whilst it was considered that Health Scotland has good systems currently in place, it was acknowledged that it is important to be open to ideas from other sectors and organisations.
- **Action Plan 3.6** – The Chair noted that the proposed actions were reflective of the current position and tied well with the Well Informed Staff Governance Standard. It was also suggested that the SGAP for 2018 must be proportionate to the capacity for further improvement work and circumstances of the organisation. Ms White proposed taking more of ‘a sprint cycle’ approach to action planning for the SGAP next year, which was supported. **(Action: JW)**

6. Partnership Working

Mr Michael Craig said that the mechanisms for staff engagement in the new structure are still unknown, making it a difficult arena.

7. Workforce Updates (SGC Paper 22/17)

Mr Duncan Robertson joined the meeting.

Workforce Risks – The Committee noted the updated workforce risks on Master Risk Register, risk number:-

- 0023 - As a result of the transition to the new public health body there is a risk of reduced and flexible staff resource and capacity, resulting in a potential reduction of quality of work and increased workload as staff resources are not available in the right areas, leading to failure to deliver organisational priorities,
- 0024 - As a result of timescales, capacity and competing priorities within the People and Workplace teams, there is a risk that all elements involved in the transition to the new public health body may not be achieved to the quality required. This may impact on the morale of our staff and the success of the transition,
- 0025 - As a result of a lack of meaningful engagement and communications with staff, there is a risk of staff feeling disengaged, uninformed and disconnected from the move to the new public health body, resulting in the loss of morale and a lack of support for the new organisation,
- 0029 – As a result of delays in decision making out with the team, the People and Workplace teams are required to implement changes in ways that neglect the people aspects of change leading to pressure on staff, low morale in the team and poor quality results.

These above have been updated to reflect changes in focus.

Workforce Statistics – Ms White noted that there were no significant changes to draw attention to, but that she would continue to update the Committee.

Workforce Policy – Mr Robertson advised that the Partnership Forum had queried the potential reduction in stages for disciplinary within the Employee Conduct Policy. A resolution was being worked through and the policy would be presented to the Committee when resolved. The Staff Governance Committee approved the Induction and Lone Worker Policies on behalf of the Board.

Workforce Plan – Ms White explained that the plan was substantively on track and work had already begun on how to concentrate and prioritise resource for transitional year.

8. **Change and Transition**

It was noted that informal conversations with staff in ISD and HPS about sharing understanding of our mutual approaches to quality and improvement have commenced. Ms Denholm explained that some Directorates are already shifting resources towards managing transitional changes. The Chair confirmed that governance and accountability for NHS Health Scotland staff and related issues will remain until the last day of operation. Mr McLaughlin also said that as part of the Board's stewardship role of public funds, there is also an expectation of full engagement with the new structure. Mr McLaughlin also confirmed that it is very likely the new Public Health Body will have NHS Special Health Board status.

9. **Partnership Forum Minutes for noting:**

- Partnership Forum Minute: 29 June 2017 – noted.
- Partnership Forum Minute: 5 October 2017 – noted.

8. **Any other business**

Joint Partnership and Staff Governance Seminar

It was noted that the joint seminar is scheduled for 16 March 2018. Ms Denholm and Mr Craig to discuss agenda further. Mr McLaughlin conveyed his apologies for this meeting. The Chair encouraged SGC members to attend if at all possible. **(Action: CD/MC)**

9. **Date of next meeting:**

23 February 2018, Room 23, Gyle Square.

Thematic Discussion: Well Informed