THE STATE HOSPITALS BOARD FOR SCOTLAND

STAFF GOVERNANCE ANNUAL REPORT

1 April 2020 – 31 March 2021

1.   INTRODUCTION

Staff Governance is defined as **'a system of corporate accountability for the fair and effective management of all staff.'** The Staff Governance Standard (4th Edition) sets out what each NHS Scotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. Implicit in the Standard is that all legal obligations are met, and that all policies and agreements are implemented. In addition to this, the Standard specifies that staff are entitled to be:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently; with dignity and respect, in an environment where diversity is valued;
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

In the performance year 2020/21, The State Hospitals Board for Scotland's Staff Governance Committee continued to focus its monitoring activities in respect of the above. The Committee members recognised their obligations to support a culture within The State Hospitals Board for Scotland where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation and is built upon the principles of partnership. Members of the Staff Governance Committee are appointed annually by the NHS Board. Membership details of the Committee during 2020/21 are detailed below.

2.   COMMITTEE CHAIR MEMBERS AND ATTENDEES

Committee Chair:
Bill Brackenridge (Chair of Committee, Non Executive Director) [to 31 January 2021]
Pam Radage (Chair of Committee, Non Executive Director) [from 15 January 2021]

Committee Members:
Stuart Currie (part) (Non Executive Director) [from 4 Feb 2021]
Cathy Fallon (part) (Non Executive Director) [from 15 January 2021]
Tom Hair (Employee Director)
Nicholas Johnston (part) (Non Executive Director) [until 31 December 2020]
Brian Moore (Non Executive Director)

In attendance:
Terry Currie (Board Chair) [until 31 December 2020]
Sandra Dunlop (part) (Interim Human Resources Director) [until May 2020]
Gary Jenkins (Chief Executive)
David McConnell (Interim Board Chair) [from 1 January 2021]
Anthony McFarlane (part) (lay member, UNISON) [until Aug 20]
Jacqueline McQueen (lay member, Royal College of Nursing)
Monica Merson (Head of Corporate Planning and Business Support)
Richard Nelson (part) (lay members, Prison Office Association) [from February 2021]
Brian Paterson (Clinical Operations Manager)
Margaret Smith (Board Secretary)
John White (part) (Interim Human Resources Director) [from Aug 2020]

The committee can decide to invite the Board Chair to sit as a member of the committee, for a meeting, should this be required for quorate decision-making.

Where required by the Chair or by other members of the Committee, appropriate members of staff were invited to be in attendance for the purposes of verbal updates, information sharing, presentations etc.

3. MEETINGS DURING 2020/21

During 2020/21 the Staff Governance Committee met on four occasions, in line with its terms of reference (Appendix 1). Meetings were held on:

28 May 2020
20 August 2020
19 November 2020
18 February 2021

4. REPORTS CONSIDERED BY THE COMMITTEE DURING THE YEAR

The Committee received reports and monitored areas as follows:
- Monitoring of Personal Development Planning & Review (PDPR) performance
- Monitoring of Attendance Management performance
- Monitoring HR Performance – Employee Relations Activity
- Values and Behaviours Final Report
- Monitoring the content and actions relating to Audit Reports covering Staff Governance matters
- Monitoring the content and actions relating to Clinical Governance reports covering Staff Governance matters
- Monitor the update of iMatter, the NHS Scotland Staff Engagement Tool
- Healthy Working Lives (HWL) Annual Update for 2020
- Corporate Risk Register HD111; Deliberate Leaks of Data
- Workforce Planning
- Staff Engagement to Support Remobilisation Planning
- INWO Independent National Whistleblowing Officer

4.1 ANNUAL REPORTS

Staff Governance Monitoring 2020/21

Instruction was received from the Scottish Government to pause this work due to COVID-19.

iMatter

Members of the committee received the iMatter End of Year Report (2019 cycle) at the May 2020 meeting and were advised that due to Covid-19 the iMatter cycle was paused Nationally.

Members of the committee received further updates at the November 2020 and February 2021 meetings. They were advised of the Everyone Matters Pulse Survey which replaced the annual iMatter survey for 2020. The national report was issued on 4 December 2020, with Boards receiving their own individualised reports. It was recognised that due to Covid-19 the response rates were reduced across all Boards. The Pulse Survey asked 12 questions around well-being and staff experience during the Covid-19 Pandemic.

Occupational Health Service Annual Report

The annual report was presented to the August 2020 meeting by the Occupational Health Clinical Team from SALUS, the current provider of the OHS service level. Key priorities were highlighted and discussed at length, including:

- o Service Provision – an overview of all services provided
- o Key Priorities
- o Quality systems, processes and advice
- o Key Performance Indicators
- o Measures of performance
- o Reducing Absence
- o Service Level Agreement Renewal

Healthy Working Lives Annual Report

The annual report was presented at the November 2020 meeting, where members of the Committee noted the work of the Healthy Working Lives (HWL) Group and the continued success story in retaining Gold Award status since it was achieved in 2008. There was a delay in submitting the report to the national team due to the pandemic, however this did not prove an obstacle with the Hospital being awarded the Gold Award. In addition, an Employee Wellbeing Survey matching tool was submitted successfully.

The Committee were advised of a new group being established, The Human Resources and Wellbeing Group led by the Interim HRD which reaches a wider staff group from across the organisation. The group provide a Forum to review HR and Wellbeing performance, approve TSH implementation of National Terms and Conditions and Programmes of Work to enhance Employee Wellbeing.

4.2 PROGRESS UPDATES

The committee received regular updated reports and monitored issues relating to the following:
- Personal Development Planning & Review (PDPR)
- Attendance Management
- HR Performance – Employee Relations Activity
- Staff Engagement to Support Remobilisation Planning

PDPR, Personal Development Plan

Monitoring of completion rates for the Personal Development Planning & Review process was kept under scrutiny throughout the year and reported regularly to the Corporate Management Team and Partnership Forum. The average monthly completion rate for 2020/21 was 80.5% - a reduction of 5.4% when compared to the previous year. The reduction was due primarily to the impact of the coronavirus pandemic on the PDPR process and associated compliance. Factors such as staff absence and homeworking made it difficult in some cases to progress appraisals that were due or overdue. Incremental improvements in compliance were achieved, however, from January to March 2021 and the compliance level at 31 March 2021 was 85.3%.

Attendance Management

Although the State Hospitals Board for Scotland did not achieve the absence management target of 5% in 2020/21, the end of year average monthly absence percentage was 5.89%.

The principal reasons for absence remained consistent with the previous year, with the two most common reasons for absence being anxiety/stress/depression and musculoskeletal conditions.

The Staff Governance Committee recognised the achievement in reducing sickness absence and thanked everyone involved for their efforts.

HR Performance – Employee Relations Activity

These reports continue to be presented for information and discussion due to the historic time delays experienced with HR cases.

The Committee discuss the improvements made from previous years, particularly around compliance with policies. This continues to be a focus for the Committee.

Staff Engagement to Support Remobilisation Planning

To support recovery and renewal planning and engage staff to ensure learning for the current situation informs future plans, a series of staff engagement activities took place across The State Hospital. Patient, career and volunteer feedback was also sought through a series of discussions. The staff engagement activity proved an opportunity to 'check in' with staff and understand their experience of the recent changes. Staff engagement processes targeted specific groups such as RMO's and clinical leaders as well as engaged staff from all levels and departments across the site. Over 250 staff members engaged in responding to questionnaire, teleconference calls, MS team meetings, 1:1 discussions and group response activities.

The challenges presented to the organisation through the Covid-19 pandemic have been recognised however cautious steps are still being taken to move forward into the recovery stage. Allowing various improvements to begin to ensure the Hospital work collectively and become stronger as the transition begins into a revised structure for wider business.

4.3 STANDING ITEMS CONSIDERED BY THE COMMITTEE DURING THE YEAR

Fitness to Practise

A report was provided to assure the Staff Governance Committee that all professional staff were registered and fit to practise.

Values and Behaviours Group

A final report was provided to the Committee due to this group being absorbed into the new Culture, Values, Behaviours and Leadership workstream which forms part of the clinical model project reporting directly into the Clinical Model Oversight Board. Key achievements included, iMatter; Staff Recognition; Long Service Awards and 'You've Been Mugged' an initiative that was well received by staff - Recipients received a mug filled with surprise treats that then circulated from person to person anonymously. This told the recipient how much they are appreciated and valued.

Healthy Working Lives Group – HWL

This multi-disciplinary group continues to support work around health and wellbeing across the organisation through the delivery of a varied programme of events and initiatives.

The HWL Group's mission is to provide a forum where health, safety and wellbeing issues can be identified, and strategies put in place to create improvements that result in a happier, healthier and more highly engaged workforce. The group's aim is to improve the health, safety and wellbeing of all our employees, particularly in the following areas: supporting mental health awareness and education, improving physical health and promoting links / networking within and outside of the organisation.

This year, submission for the Gold Award took place later than usual due to current constraints arising from the pandemic. However, this was not an obstacle and The State Hospital was again awarded the Gold Award.   In addition, an Employee Wellbeing Survey matching tool was submitted successfully.

Statutory and Mandatory Training

The Committee reviewed the arrangements for completing Statutory and Mandatory training in order to ensure that these were robust, compliant with legislative requirements, and supported the Staff Governance Strand of the workforce being "Appropriately trained and developed".

Corporate Risk Register HD111: Deliberate Leaks of Data

The Committee received these reports further to the Finance, Risk and Performance Committee requesting that Governance groups/committees routinely review the risks in their scope that are categorised as high, ensuring that the Governance Committee has oversight of the risk, an opportunity to review control measures and identify any further actions/controls that may further mitigate the risk.

A broad range of control measures are now in place and embedded within routine organisational systems and procedures to reduce the risk of future data leaks. In line with organisational requirements, the risk assessment will be reviewed on a quarterly basis and following any incidents involving deliberate leaks, and will be updated/amended as required. Bi-annual update reports will be provided to the Committee for information.

Notes of Minutes from other meetings

The Committee received and noted minutes/reports from the following:
- Partnership Forum
- Health and Safety Committee
- Human Resources and Wellbeing Group
- Clinical Governance papers (as appropriate and where related to a Staff Governance issue)

5. CONCLUSION

The performance year 2020/21 has underlined the continuing need to focus our attention on key Staff Governance issues.

The main priority area in terms of Staff Governance performance management continues to be the pursuit of the Attendance Management target of 5% absence.

From the review of performance of the Staff Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference, and has fulfilled its remit. Based on assurances received and information presented to the Committee, adequate and effective Staff Governance arrangements were in place throughout the year.

I offer my thanks for the continuing support and encouragement of Committee members and also to those members of staff who have worked on the Committee's behalf during 2020/21**.**

Pam Radage
STAFF GOVERNANCE COMMITTEE CHAIR
On behalf of the State Hospitals Board for Scotland Staff Governance Committee

THE STATE HOSPITALS BOARD FOR SCOTLAND

STAFF GOVERNANCE COMMITTEE
TERMS OF REFERENCE

1   PURPOSE

The Staff Governance Committee is a standing committee of the Board and shall be accountable to the Board. Its purpose is to provide the Board with the assurance that staff governance mechanisms are in place and effective within The State Hospital.

2   COMPOSITION

2.1   Membership

The Staff Governance Committee is appointed by the Board and shall be composed of the Employee Director and three other Non Executive Board Members one of whom shall act as Chair.

The Committee can invite the Board Chair to be a member of the committee for the purposes of a meeting, should it be the case that the committee would otherwise be inquorate.

There will be three lay representatives identified by the staff side organisations and nominated by the Partnership Forum. The lay representatives will not act in an ex officio capacity. An ex-officio member is a member of a body who is part of it by virtue of holding another office. Such members shall have the power to vote in the Committee's decisions.

Membership will be reviewed annually.

The Staff Governance Committee will have the authority to co-opt other attendees from outwith the Board in order to carry out its remit.

2.2   Appointment of Chair

The Chair of the Committee shall be appointed at meeting of the Board in accordance with Standing Orders.

2.3   Attendance

Members shall normally attend meetings and receive all relevant papers.   All Board Members will have the right to attend meetings and have access to all papers, except where the committee resolves otherwise.

Executive Directors of the Board are not eligible for membership of the Committee. The Accountable Officer (Chief Executive) and Human Resources Director shall be invited to attend meetings and receive all relevant papers.   Other Directors and staff may also be invited by the Chair of the Committee to attend meetings as required.

3   MEETINGS

3.1   Frequency

The Staff Governance Committee will meet quarterly to fulfil its remit and shall report to the Board following each meeting.

3.2   Agenda and Papers

The agenda and supporting papers will be sent out at least five working days in advance of the meetings to allow time for members' due consideration of issues.   All papers will clearly state the agenda reference, the author and the purpose of the paper, together with the action to be taken. The format of agendas and papers will be in line with corporate document standards. The lead Executive for co-ordinating agendas and papers is the Human Resources Director.

3.3   Quorum

Two members of the Committee will constitute a quorum.

3.4   Minutes

Formal minutes will be kept of the proceedings and, once approved, submitted at the next Board meeting. A personal assistant is responsible for minute taking arrangements.

The minutes and action list of the Staff Governance Committee will be presented to the next Staff Governance Committee meeting to ensure actions have been followed up.

3.5   Other

In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires and invite, if necessary, external experts and relevant members of hospital staff to attend meetings.

If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee.

4   REMIT

4.1   Objectives

The main objectives of the Staff Governance Committee are to provide the Board with the assurance that staff governance mechanisms are in place and effective within The State Hospital; and that the principles of the national Staff Governance Standards and The State Hospital's Staff Charter are applied equitably and fairly to all staff.

Existence and effective operation of this committee will be demonstrated in continuous improvement and compliance with staff governance standards, in delivery of improved working arrangements for staff, and ultimately in achievement of outcome targets as evidenced through the staff related key performance indicators reported in the Local Delivery Plan.

4.2   Systems and accountability

4.2.1   To ensure that appropriate staff governance mechanisms are in place throughout the hospital in line with national standards.

4.2.2   To ensure that people management risks are managed in accordance with the corporate risk management strategy, policies and procedures.

4.2.3   To ensure that staff governance issues which impact on service delivery and quality of service are appropriately managed.

4.2.4   To review the Staff Governance Action Plan and ensure that the Partnership Forum is performance managing the action plan.

4.3   People management

To provide assurance to the Board in respect of people management arrangements, that:

4.3.1   Culture is maintained within the hospital where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the hospital and is built upon partnership and collaboration.

4.3.2   Structures are in place to monitor the outcome of strategies and implementation plans relating to people management.

4.3.3   Structures are in place to monitor the outcome of strategies and implementation plans relating to knowledge management.

4.3.4   Propose policy amendment, funding or resource submission to achieve the Staff Governance Standards.

4.3.5   Support is given for any policy amendment, funding or resource submission to achieve the Staff Governance Standards.

4.3.6   There is timely submission of all staff governance data required by the Scottish Government Health Department and in respect of the Local Delivery Plan.

4.3.7   Pay modernisation processes are monitored and that the Boards Pay Benefits Realisation Plans are signed off.

4.3.8   Workforce planning and development is monitored and to sign off the Boards Workforce Plan and the Boards Development Plan and ensure they support the Local Delivery Plan.

4.3.9   Policies and procedures are developed, implemented and reviewed.

4.4   Controls assurance

To ensure that:

4.4.1   The information governance framework provides appropriate mechanisms for Codes of Practice on Data Protection and Freedom of Information to be applied to all staff.

4.4.2   The planning and delivery of services has fully involved partnership working.

4.4.3   Systems are in place to measure and monitor performance to foster a culture of quality and continuous improvement.

4.4.4   Staff governance information is provided to support the statement of internal control.

5   AUTHORITY

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised to establish a Remuneration Committee to cover staff under executive and senior manager pay arrangements and to validate the work of that committee. The Remuneration Committee must include, as a minimum, three non executive Directors of the Board. The Remuneration Committee will be a closed committee and shall sign off its own minutes. The Staff Governance Committee will require to be provided with assurance that systems and procedures are in place to appropriately manage the pay of this group of staff. This will not include detailed confidential employment issues that are considered by the

Remuneration Committee: these can only be considered by non executive Directors of the Board.

6   PERFORMANCE OF THE COMMITTEE

The Committee shall annually review and report on:

- Its own performance and effectiveness in meeting the terms of reference; including its running costs, and level of input of members relative to the added value achieved
- Proposed changes, if any, to the terms of reference.

7   REPORTING FORMAT AND FREQUENCY

The Chair of the Committee will report to the Board following each meeting of the Staff Governance Committee.

The Chair of the Committee shall submit an Annual Report on the work of the Committee to the Board.

8   COMMUNICATION AND LINKS

The Chair of the Committee will be available to the Board as required to answer questions about its work.

The Chair of the Committee will ensure arrangements are in place to provide information to the Scottish Government as required to meet their reporting requirements.

Approved – June 2019