



SWAG

**Scottish Workforce & Staff Governance Committee
Wednesday 20 January 2016
Conference Room 3, Victoria Quay, Edinburgh
Minute**

Present:

Name	Organisation
Jane Anderson	Unison
Emma Currer	Royal College of Midwives
David Donaghey	Society of Chiropodists and Podiatrists
Stewart Donnelly	Royal College of Nursing
Lynne Douglas	NHS Lothian
David Forbes	Unison
Anne Gent	NHS Highland (By Videoconference)
Anna Gilbert	Scottish Government
Pauline Howie (Chair)	Scottish Ambulance Service
Gordon Jamieson	NHS Western Isles (By Videoconference)
Rona King	NHS Fife
Gordon McKay	Unison
Gerry McLaughlin	NHS Health Scotland
Robin McNaught	The State Hospitals Board for Scotland
Adam Palmer	Employee Directors Group (By Videoconference)
Jennifer Porteous	NHS Western Isles (By Videoconference)
Norman Provan	Royal College of Nursing
Susan Russell	Scottish Government
Malcolm Summers	Scottish Government
Anne Thomson	Royal College of Nursing
Dorothy Wright	NHS Education for Scotland

In attendance:

Name	Organisation
Kerry Chalmers	Scottish Government
Catriona Hetherington	Scottish Government
Cheryl Kershaw	Capita
Janice Lennen (Minute)	Scottish Government
Colette MacKenzie	National Services Scotland
Robyn McCormack (Minute)	Scottish Government
Jess McPherson	Scottish Government
Elizabeth Reilly	Scottish Government



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Apologies:

Name	Organisation
Joyce Davison	BMA
Frances Elliot	The Scottish Association of Medical Directors
Donald Harley	BMA
Shirley Johnston	Unite
Patricia McNally	Charter Society of Physiotherapy
Shirley Rogers	Scottish Government
Claire Ronald	Charter Society of Physiotherapy
Kenneth Small	NHS Lanarkshire
Lyn Turner	Unite

Agenda Item 1 – Welcome, introductions and apologies

The Chair welcomed everyone to the meeting. Members were informed of the list of apologies (noted above) and that the meeting was quorate.

Agenda Item 2 – Minute and Action Points from the meeting held on 20 January 2016

The minutes and action points of the previous meeting were agreed as accurate.

Agenda Item 3 – NHSScotland 2015 Staff Survey

Cheryl Kershaw (Capita Surveys and Research) gave a presentation on the 2015 NHSScotland Staff Survey results. During the update and subsequent discussion, the following points were covered:

- The survey was multi-modal and gave staff the opportunity to contribute their views on-line, by postal questionnaire or over the telephone;
- Weekly e-mail reminders were sent to staff who had not completed the survey;
- The overall response rate for NHSScotland was 38%. This is the highest response rate so far and is a 10% increase on the 2013 results. It was suggested that the daily monitoring portal provided by Capita and targeted emails to individuals may have helped improve the response rate;
- Facilities and Estates staff were underrepresented in the survey and this could be because it can be difficult for these staff to access PCs;
- The presentation covered the key findings from the 2015 staff survey results and compared these to the results achieved in 2014. The 2015 NHSScotland Staff Survey results suggest a slight deterioration in staff experience in the last 12 months, though the overall picture shows no real change from the 2014 survey. It was noted by Capita that in times of significant change/upcoming change, most

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organisations see a deterioration in positive results, therefore maintaining the results between 2014 and 2015 should be viewed as an achievement for such a large organisation;

- The question 'when changes are made at work, I am clear how they will work in practice' attracted a 40% positive response rate (41% in 2014) across NHSScotland. Research has shown that improving the response rate to this question may also improve the response rate to many other questions posed in the staff survey;
- The presentation also compared the average changes in experience in each strand of the Staff Governance Standard from 2006 to 2015. It was encouraging to see some progress although some problematic areas remained and had not improved over time. The dip in positive responses in the 2013 staff survey could be as a result of the low response rate achieved in that year;
- Capita were asked if they would be available to help Boards interpret their local results. It was noted if Health Boards wanted to pursue this option that they would need to meet the cost for this additional service;
- SWAG members thoroughly explored their previous decision to pause the 2016 NHSScotland staff survey. It was agreed that this had been the right decision as it will allow Boards time to completely implement iMatter across NHSScotland whilst giving time to investigate the right employee experience measure going forward in NHSScotland.

Outcome: SWAG Committee members noted the update and agreed that it had been very helpful to hear the interpretation of the staff survey results from a researcher's perspective.

Action: Scottish Government to cascade the NHSScotland staff survey power-point slides around SWAG Committee members. **Completed**

Agenda Item 4 – NHSScotland iMatter Implementation Update

A background paper and associated documents were issued to members in advance of this meeting. Liz Reilly led the discussion. During the update and subsequent discussion the following points were covered:

- The Scottish Government has committed to support and facilitate all Health Boards to implement iMatter from 2015 – 2017;
- The National iMatter roll out implementation plan has been updated reflecting the revised dates. Health Boards have agreed the plan and this was approved by SWAG Committee;
- The key focus for 2016 is to ensure teams are provided with protected time to discuss their team report and develop their action plan. A number of Boards are showing improvement in this area, however, it was felt that some Boards could be more supportive;

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- A key element to the success of iMatter is the backing of the Boards' Chief Executives and Chairs. To this end the National iMatter Programme Manager will be providing an update to Chief Executives at their next meeting on 10 February 2016;
- 35,802 staff have begun their iMatter journey. The latest aggregated report shows a response rate of 68% and Employee Engagement Index of 74%;
- There have been 2,186 team reports produced with response rates above 60%;
- A further 665 team reports were produced with response rates below 60%;
- 1,201 action plans have been developed to date;
- The four components that continue to receive lower scores than other are:
 1. I have confidence and trust in senior managers responsible for the wider organisation (63%);
 2. I feel senior managers responsible for the wider organisation are sufficiently visible (60%);
 3. I am confident performance is managed well within my organisation (61%);
 4. I feel involved in decisions relating to my organisation (55%);
- The National iMatter Programme Manager continues to support Boards at every stage of their implementation journey;
- Inverclyde Integrated Joint Board (IJB) is expected to go live with iMatter on 16 February 2016. Renfrewshire IJB is expected to go live in June 2016, and Dunbartonshire IJB is expected to go live on August 2016;
- The iMatter IT report specification for HRDs and EDs has now been developed and tested and SWAG gave their approval to update the NHSScotland Governance Framework to reflect this new report;
- HIS has developed an Inspection Protocol for use with the Boards that have fully implemented iMatter. This protocol is not intrusive on team reports;
- The work on establishing the relationship between Staff Experience and Patient/Service user experience has now started;
- The Golden Jubilee Foundation has now commissioned their annual Values Pulse Survey through the iMatter IT portal system and development work will be finalised by April 2016;
- It was highlighted that the iMatter programme is part of a wider staff experience landscape; it was never designed to stand alone. During 2016/17 the programme will explore how it can evidence its successes in real terms both at management and individual level through programmes such as Managers Passport, KSF and Performance and Development activity.

Outcome: SWAG members noted the progress, recognised the excellent work to date and offered their support to promote iMatter to Boards. SWAG signed off the revised iMatter National Implementation Plan and approved the changes to the Governance Framework subject to a minor amendment on the HIS Inspection Protocol.

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Action: Scottish Government to cascade the iMatter power-point slides around SWAG Committee members. **Completed**

Agenda Item 5 – Shared Services Update

Colette MacKenzie, NHS National Services Scotland (NSS) gave an update on 'NHSScotland Shared Services'. During the update and subsequent discussion, the following points were covered:

- The Cabinet Secretary for Health, Wellbeing and Sport announced in Parliament on 22 January 2015, her intention to develop a long-term (10 – 15 year) plan for health and social care provision, building on and adding pace to the current 2020 vision;
- The aim is to review the current shared services portfolio and to agree a common future vision;
- The presentation concentrated on the progress to date of the Health, Operational and Business Portfolio's. It also covered the Governance arrangements established to support the programme of work, relevant timelines and areas of risks (see power-point slides);
- SWAG Committee members fully explored the risks. This included lack of resources for each portfolio, and the lack of time to review the multiple business case submissions.
- Staffside agreed that a challenge for them is to ensure they have members with the relevant knowledge and expertise on the various groups;
- The Shared Services programme has also linked up with the Transformational Change Programme Board;
- The Chief Executives have asked for visionary options looking at global practice which will be presented with the 2016/17 draft delivery plan at their meeting in February 2016. The Chief Executives will then debate whether the proposed changes should proceed.

Outcome: SWAG Committee members noted the update.

Action: Scottish Government to cascade the Shared Services power-point slides around SWAG Committee members. **Completed**

Action: The Scottish Government to clarify to Shared Services programme if they should report to SWAG and/or SPF.

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Agenda Item 6 – Public Inquiry into Historical Child Abuse – Support and Workforce Implications

Jess McPherson and Kerry Chalmers jointly presented an update on the public inquiry into historical child abuse. A paper had been circulated to members in advance of the meeting to inform discussion. The following points were covered during the discussion:

- The Cabinet Secretary for Education and Life Long Learning announced in Parliament on 17 December 2014 that the Scottish Government was to hold a public inquiry into the historic abuse of children in institutional care in Scotland with a timeframe of ‘within living memory’;
- The Inquiry Chair and panel members have been appointed and the Inquiry formally began on 1 October 2015;
- The potential impact of the Inquiry across Scotland is unprecedented;
- It is not yet known how the Inquiry will go about its work but it is expected to set this out early in 2016;
- It is understood that the Inquiry has written to public bodies including NHS Boards about their records and those of their predecessor organisations;
- SWAG Committee explored the potential challenges and key issues for NHSScotland which included:
 - Healthcare establishments providing long term care are in scope of the Inquiry, includes NHS Hospitals, Care Homes and Mental Health Institutions;
 - Boards should keep any historical records/documentation that might be requested by the Inquiry;
 - Education and training of trauma awareness for health and social care staff is needed. The Survivor Scotland Policy Team and NHS Education for Scotland (NES) are working to develop a national training framework to assist organisations in determining what staff training needs are and how to address them. Resources to be shared with Boards.
 - Staff could need access to support before, during and after giving evidence, over and above the support arrangements the Inquiry has in place;
 - There are lessons to be learned from the Vale of Leven Inquiry relating to supporting and representing staff (e.g. when there is a potential conflict of interest, individuals involved in the Vale of Leven Inquiry needed a different/independent solicitor to the Boards appointed solicitor to represent them);
 - The media is likely to be a constant presence – Boards should consider how staff who might be affected are supported;
 - Boards planning should include demand for survivor support services impact could be on NHS staff personally as either a survivor themselves or as an individual closely involved with a survivor (e.g. family member or as a member of staff accused as a perpetrator);



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Outcome: SWAG members noted the update and agreed that they needed to be kept updated on the Public Inquiry into Historical Child Abuse. SWAG members also agreed the need to discuss issues this Inquiry may raise further, and any actions required in their individual communities.

AOB

Confidentiality Clause Guidance – Anna Gilbert

SWAG Committee members agreed to the sign off of the guidance on 'Use of Confidentiality Clauses and Derogatory Statement Clauses within Settlement Agreements: The rights and responsibilities of NHSScotland employees and employers'.

Retirement of David Forbes

The Chair acknowledged that this was David Forbes's last meeting before he retires and thanked him for his contribution and support to SWAG and to Partnership Working across NHSScotland.

Date of Next Meeting

The next SWAG Committee meeting will be held on 9 June 2016 in Conference Room 1, Victoria Quay, Edinburgh from 10.00 to 12.30.