**GJF/2018/02/05**

**Approved Minutes**

**Person Centred Committee (PCC)**

**Tuesday 10th October 2017**

**Level 5 Corporate Boardroom**

**Members**

Kay Harriman (KH) Non Executive Board member (Chair)

Jane Christie Flight (JCF) Employee Director

Marcella Boyle (MB) Non Executive Board member

Mark MacGregor (MM) Non Executive Board member

**In Attendance**

Anne Marie Cavanagh (AMC) Nurse Director

David Miller (DM) Head of HR

Jack Tait (JT) Lay representative

Lynn Heatley (LH) Risk Manager (item 5.1)

Sandy Scott (SS) Head of Corporate Affairs (item 7.3)

**Apologies**

Donna Akhal (DA) Learning & Organisational Development Manager (item 6.2)

Jill Young (JY) Chief Executive

Judith Ross (JR) RCN Steward

Laura Langan Riach (LLR) Head of Clinical Governance (item 5.1)

Safia Qureshi (SQ) Director of Quality, Innovation & People

Stewart Mackinnon (SM) Interim Chair

Sylvia McCulloch (SMcC) Unison Steward

**Minutes**

Christine Nelson (CN) Executive PA

**Minutes**

1. **Chair’s Introductory Remarks**

KH welcomed everyone to the meeting and introduced Marcella Boyle, Non Executive Director as a new member of the Committee. MB gave a brief background of her experience.

No conflicts of interest were declared.

1. **Apologies**

Apologies were noted.

1. **Minutes of Last Meeting**

Minutes of the 26th July 2017 meeting were approved subject to the following amendments:

Page 5, Section 7.3, paragraph 2 to be changed to read: “JCF asked if some of the Clinical Education Suite of training will be offered to other staff groups and not just nurses.

MB requested that abbreviations be detailed in full or a glossary provided.

1. **Matters and Actions Arising**

The Actions were discussed and the action log updated accordingly, with the following noted:

Action: 260717/01: Weekly reports on individual team performance are being monitored by HR and continued support being offered to teams. DM explained that (eESS – electronic employee staffing system) is being implemented in April 2018 and that eKSF (electronic knowledge and skills framework) is being phased out from January 2018. Communications are being arranged to managers and staff and a demonstration of eESS has been arranged.

Action: 260717/02: DM explained that only managers and not administrative staff have the authority on SSTS (Scottish Standard Time System) to add the reason for absence. The eESS system will link with payroll and SSTS which will solve the issue but in the interim DM agreed to speak to payroll and report back to the PCC.

1. **Safe**
   1. **Complaints Report.**

LH joined the meeting and presented the complaints report for Complaint D330. The complaint was fully upheld and an apology was made to the complainant. Discussions have taken place with the Medical Manager at GG&C (Greater Glasgow and Clyde) to ask that the complaint was raised as part of the medic’s appraisal. The Committee acknowledged that this was difficult to monitor.

The Committee discussed how best to communicate our values to visiting staff and what to do if they’re not meeting our standards. DM stated to the group that L&OD are working on guidance to be issued to all visiting staff. If standards did not improve then the Board could take the decision to stop them working at GJF (Golden Jubilee Foundation). DM will check the progress of the guidance.

The Committee discussed the risk of this incident being repeated. MM suggested it could be highlighted at medical directors group. DM agreed to discuss with Hany Eteiba, Acting Medical Director and report back to PCC.

LH gave an overview of the complaints activity report for April – July 2017. LH informed the committee that satisfaction surveys on handling of complaints are now being carried out and work is ongoing to improve response times.

KH highlighted that many complaints are being upheld. The Committee discussed possible reasons for this. LH agreed to provide a report on trends of upheld and partially upheld complaints for the January PCC meeting and include a conversion analysis.

The Committee noted the report and thanked LH for attending.

* 1. **Quarterly Staff Governance Report**

DM gave an overview of the quarterly report including sickness absence, KSF and iMatter.

DM highlighted an example of one member of staff who was maintained at work by supporting them through CBT (cognitive behavioural therapy) and internal services.

With regards to KSF, DM assured the Committee that the HR team are engaged in meeting the target on time and he believes the introduction of eESS will aid higher engagement.

DM confirmed to MB that iMatter is the NHS engagement survey for staff. DM updated the Committee on the report and added that the HR team are continuing to encourage participation in iMatter and working to increase both the number and quality of action plans completed.

DM concluded that as an organisation we are doing well in all staff governance areas but recognises we can’t be complacent and continue to seek to improve engagement.

KH asked about progress of the staff governance report being presented through the dashboard. DM responded that the staff member working on this has left the organisation therefore there is no current resource to complete this piece of work.

The Committee discussed demographics of staff and sickness absence data and how referring to sickness absence as promoting attendance can have a positive impact.

MB asked if the volunteers are included in iMatter survey. DM responded that they are not currently but will consider and discuss further with Liz Reilly, National iMatter Lead.

MM requested the sickness absence percentage by department table includes actual staff numbers. DM agreed to provide this in the next report.

The Committee notes the Staff Governance Quarterly Report.

1. **Person Centred**

**6.1 Involving People Update**

DM referred to the short update report on the work of the Involving People Group (IPG) which has included reviewing the work of the group, agreeing the involving people strategy, producing a patient involvement officer role and working with the Scottish Health Council with volunteers and lay reps as well as developing the roll of an engagement network.

JCF highlighted a need to monitor the work of the IPG going forward to ensure there is capacity within roles to take the work forward.

The Committee noted the Involving People Update.

**6.2 Learning & Organisational Development (L&OD) Activity 2017/18**

DM explained the report aims to look at the vision of the organisation and ensuring value for money and tailoring training more appropriately.

KH stated the report was well presented and asked DM to pass on thanks to L&OD team for such a clear report.

MM highlighted the image of the disengaged team on page 14 appear all to be male.

MB stated the report is very engaging and asked if we could highlight who our subject matter experts are, if we use external trainers and consider whether we could offer places on our training courses to other organisations.

The Committee noted the L&OD Activity report for 2017/18.

**6.3 HR Shared Services Presentation.**

DM gave an update presentation on the ongoing work of NHS Scotland around HR shared services. There is a proposal to create one national service within 3 regional hubs.

Operating procedures are almost agreed but locations are still being discussed. Work is likely to move to shadow hubs in 2018 followed by regional hubs by 2019. The new national service will provide the benefit of a wider array of expertise across a larger team.

DM highlighted that work is ongoing looking at standardised processes and policies nationally.

JCF expressed concern over relationship between staff side and our HR department being impacted if services become shared.

MM stated he is concerned about the impact on the level of service offered as often good working relationships have been built over years and HR staff have a better understanding of an organisation if they are based there.

KH explained she has seen this process successfully carried out. It takes time to embed and understands the concerns but there is likely to be dedicated people that you deal with and the level of expertise and insight provided by this type of HR model helpful to make good business decisions. KH added that the efficiencies are around ensuring a lack of duplication and simplification of policies.

MB stated it is important to remember to look at these processes through the candidate experience by discipline and age groups as in her experience this is sometimes where these processes can fail. DM gave reassurance that this is being done.

The Committee discussed the possibility of looking at learning from the centralisation of the junior doctor HR service and the Scottish Police Service.

The Committee thanked DM for the update on the NHS Shared HR Services work.

**6.4 Annual Workforce Monitoring Report**

DM explained that this year’s report has been updated with a better layout and more meaningful data. The headcount continues to increase but the age range and male: female ratio remains the same. Employment of white Scottish staff seems to be increasing along with the number of staff with a disability, although it is thought that many staff don’t disclose this information. It is thought that staff disclosing their sexuality also remains under reported.

The Equalities Group are working on ways to encourage staff to disclose this information to better inform the report in the future.

DM stated that turnover is increasing and some analysis is being done on this. The workforce review group has acknowledged an increase in vacancies and is re-convening the HR corporate group to monitor this.

It was agreed for DM to do some further work on turnover and report back to Performance & Planning Group (P&P) and then PCC.

MB praised the analysis and suggested if DM considers where transformation projects are happening then planning can be done ahead to look after certain staff groups and potentially minimise turnover.

MB highlighted the table on page 9 showing percentage of leavers by length of service and suggested decreasing the length of service ranges shown to highlight hot spots better.

MB asked if special leave is included in the absence management figures. DM stated they are not but special leave figures can be seen in the divisional reports within the P&P report.

MB asked what duty we have regarding the gender pay gap. DM stated we have to publish our report every 2 years and this can be found on the website. DM to send MB the link to the report.

MB highlighted the 70:30% female: male staff ratio. The group discussed this and asked DM to do some analysis on this and all protected characteristics and report back to the Equalities Group followed by the PCC January meeting.

DM to amend the figures in the report which have commas instead of full stops.

The Committee approved the Annual Workforce Monitoring Report

**6.5 Human Factors Annual Update**

DM reported that good progress has been made but there are still challenges around getting medical engagement. The human factors group are addressing the issues and developing level 2 human factors for the organisation.

The Committee noted the Human Factors annual update.

**7 Effective**

**7.1 Partnership Forum Report**

JCF gave an overview of the Partnership Forum report and explained the organisation is ensuring staff side is engaged in the priority work of the organisation, including the expansion.

Most policies are up to date. The managing health at work is still awaiting sign off of the national policy.

The Committee noted the Partnership Forum Report

**7.2 Medical Appraisal & Revalidation 6 Month Report**

DM explained that due to clinical commitments, Stephen Hickey was unable to attend the meeting.

DM stated the organisation is on track re medical appraisals. There are not a high number of revalidations this year. There are no concerns at present, The committee has invited Stephen Hickey to attend the next PCC.

The Committee noted the 6 month update report.

**7.3 Communications Strategy & Performance Update**

SS joined the meeting and gave a verbal update to the committee including the following:

The Comms strategy and performance update will go to the next IPG meeting and then to the PCC meeting in January.

Media coverage was 106 since March, 105 of which were positive or factual.

Social media reach was over 500,000.

There have been 150k film views since March

The hospital has approximately 50k web hits per quarter

The main theme of the work of the Comms department over the last few months has been comms plans, e.g. expansion work, which will go to IPG in November for approval. This will be a rolling plan. Other work has been on values, imatter and hotel digital marketing.

The hotel web statistics have dropped slightly so Comms are working with them to identify how to use social media more effectively.

Work around the patient app is in the early stages but progressing well. User testing and trials will be carried out.

Preparations for the annual review are underway.

Simon Cassidy is leaving the team for a promoted post in another organisation.

A Comms workshop has been arranged to gain feedback on the work of the Comms Department and discuss where improvements can be made.

SS agreed to bring the rolling Comms Plan for the expansion to the January PCC meeting.

SS stated she continues to be involved in the work of the regional and national delivery plans and the comms plan for regional and national work. This requires a high level of time commitment but it is important that the organisation is involved to ensure consistency.

The Committee thanked SS for her update on the Communications Strategy and Performance.

**8 AOCB & Review of Meeting**

AMC reminded the Committee that the flu vaccine programme is underway and this is being highlighted in edigest. Occupational Health are targeting groups where there was low uptake last year and are aiming to reach 50% of clinical staff. Last year 27% of clinical staff were vaccinated.

DM asked the Committee for agreement to circulate the report virtually for PCC approval. The Committee agreed and asked DM to present the action plan to the January PCC meeting.

MB asked if future agendas can include which papers are for information, discussion or approval. The Committee agreed.

**9 Date and Time of Next Meeting**

The next meeting takes place on Tuesday 30th January 2018.