**Ref: GJF/2017/02/04**

**Unapproved Minutes**

**Person Centred Committee**

**Tuesday 18 October 2016**

**Level 5 Corporate Boardroom**

**Members**

Jack Rae (JackR) Non Executive Board member (Chair)

Jane Christie Flight (JCF) Employee Director

Judith Ross (JR) RCN Steward

Jack Tait (JT) Lay representative

**In Attendance**

Jill Young (JY) Chief Executive

David Miller (DM) Interim Director of Human Resources

Theresa Williamson (TW) Head of Nursing

Laura Langan Riach (LLR) Head of Clinical Governance

Mike Higgins (MH) Medical Director

Birgit Clark (BC) iMatter Project Manager

Liz Reilly (LR) iMatter National Programme Lead for Staff Experience

**Apologies**

Kay Harriman (KH) Non Executive Board member

Mark MacGregor (MM) Non Executive Board member

Maire Whitehead (MW) Non Executive Board member

Anne Marie Cavanagh (AMC) Nurse Director

**Minutes**

Christine Nelson (CN) PA to Acting HR Director & Employee Director

**Minutes**

1. **Chair’s Introductory Remarks**

JackR opened the meeting and welcomed everyone. He explained that although the Committee was inquorate, a decision had been taken to proceed, as most of the agenda items were on an update or for information basis.

1. **Apologies**

Apologies were noted.

1. **Minutes of Last Meeting**

Minutes of the 12th July 2016 meeting were approved by members in attendance, subject to approval being given electronically by MW, and the iMatter EEI percentage altered on page 5, item 7.2, from 72% to 79%.

1. **Matters and Actions Arising**

The Actions were discussed and updated accordingly.

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

JackR welcomed LLR to the meeting.

LLR referred the Committee to the complaints report, which included a proposed reporting structure for future meetings. The Committee agreed the proposed structure.

LLR gave an overview of the report and reassurance that the numbers of complaints upheld remains low. The process of complaints that go to Scottish Public Services Ombudsman (SPSO) is currently being reviewed to minimise complaints getting to this stage.

LLR invited comments from the Committee and asked them to select a complaint for scrutiny at the next meeting.

JackR referred to table 1 and asked for clarification around timescales for complaints being dealt with and what happens if complaints exceed the timescale. LLR explained that GJH follows a national guideline and sometimes complaints pass the recommended time because we are not in an appropriate position to give an adequate response to the complainant. In these cases a face to face meeting is often held in order to keep the complainant updated.

JY stated that sometimes acknowledging a problem and apologising is enough to satisfy complainant and prevent complaints escalating.

LLR described that consultation is currently ongoing, with a view to implementation in April, for an allowance of 5 days to locally resolve complaints prior to them proceeding to the official 20 days process. Clinical Governance are currently working on an implementation plan, generic guidance and training for this. It was agreed that LLR will present a paper to the January meeting on the revised National Complaints Handling procedure which goes live April 2017.

JackR asked if issues are often resolved before they become formal complaints. LLR confirmed these are captured as concerns and locally resolved complaints but are still used for learning purposes and improvement.

JackR requested that a summary of the case which is currently being considered by the SPSO should be provided to the Committee. LLR agreed to do this.

The Committee discussed which complaint to scrutinise at the next meeting and agreed on No. 143.

* 1. **Quarterly KSF Report**

DM requested the Committee to note the KSF progress as at 30th September 2016. He explained that the rate still continues above 70% and is confident that the 80% target will be met. Lynn Graham and HR are continuing to monitor surgical specialities closely and are engaging with staff and offering support.

DM invited questions and comments from the Committee.

JackR noted that the position is stronger than this time last year and expressed no major concerns. JCF stated that despite the percentage remaining at a similar level for some time, it should be noted that GJF are achieving higher results that other NHS areas. She queried the title med staff-ortho in the surgical specialities table on page 4 as it is not relating to medical staff. DM agreed to change this to more appropriate title.

The Committee agreed that it is a priority to tackle the under-performing areas and ensure the process is fully embedded in the organisation, with an aim to continue the improvement achieved in the last few years.

* 1. **Mandatory Training Report**

DM explained that this process followed on from audit where areas for improvement were identified. A short life working group was set up to carry out this work and the report circulated gives the background, progress to date and next steps.

Phase 1 recommendations have been approved by Senior Management Team and Partnership Forum and DM sought endorsement by the Committee prior to seeking Board approval.

DM referred to section 2.3 within the report and explained that reporting was complex due to several processes being in place and HR Net data not being reliable. Sally Smith, Donna Akhal and David Wilson have improved and simplified the reporting and cleansed the data with improved processes in place to maintain accuracy. This should result in managers saving approximately 2 hours per month on reporting.

DM asked the Committee to note the large amount of work this process has involved and his thanks to those involved.

Members of the Committee praised the layout and content of the report, stating it was easy to understand and much improved.

DM explained that phase 2 is more complex and a non recurring bid is being made for additional resource, to gain completion by April 2017 as opposed to August 2017.

The Committee endorsed the recommendations within the Mandatory Training Report.

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

MH joined the meeting and asked the Committee to note the update provided.

MH stated that the revalidation process has encountered no issues and none are foreseen. The appraisal process has run smoother this year with the focus being on managing the flow of appraisals throughout the year and ensuring engagement of appraisees.

Comparative data shows that only 4 doctors failed to be appraised last year and it is believed that 100% is achievable this year. JackR encouraged ongoing monitoring to prevent slippage.

MH stated that David Wilson has provided invaluable support with this process and appraisers actively pursuing appraisees has helped. To date no restraint on authorising study leave to any non compliers has been necessary and a more formal process to manage any non compliance is underway.

1. **Person Centred**

**6.1 Involving People Report, including Person Centred Programme Update**

LLR asked the Committee to note the quarterly update report for July – September 2017.

Executives and operational leads have met to review the Involving People Strategy. Consultation is expected to take place in November and this will include seeking PCC approval.

JackR thanked LLR for the update and praised the volunteers newsletter.

JY asked the Committee to note that Paul Graham is leaving the organisation on 31st October and that a lunch was being held in the Conservatory at 12 noon for him, to which all are invited. The Committee agreed to send Paul a letter thanking him for his significant contribution to the organisation throughout his employment.

**6.2 Corporate L&OD 6 Month Report**

DM asked the Committee to note the activity report of the Learning and Organisational Department for April – September 2016 and invited questions. The intention is to combine this report with HR’s once the department integration is complete.

JCF expressed interest in gaining further information on whether attendees of the people management course have found it worthwhile. DM stated that course feedback is positive but will ask L&OD to speak with attendees to ascertain if they utilise the skills learned thereafter.

Jack R stated that he found the report to be informative and was impressed with the content over all.

The Committee briefly discussed the training delivered and DM informed the Committee that all courses are currently being reviewed, with a focus on ensuring the organisational needs and objectives are met.

**6.3 Band 1 Review Update**

JCF asked the Committee to note the Band 1 Review Update and added that since the report was written, documentation has been received from most of the relevant staff and has been passed to payroll for processing ahead of the October pay. Discussions are taking place with the 8 staff who have declined transfer to Band 2 to ensure they have sufficient understanding of any implications this may have for them.

JCF stated that she aims to present a paper to a future PCC meeting on the process of the Band 1 Review, which has demonstrated positive engagement with HR, Managers and Partnership.

The Committee confirmed they are content that appropriate consultation has taken place throughout this process.

DM praised those involved in this process, which has been carried out efficiently.

**6.4 Staff Governance Policy Tracker**

This item was reported as part of item 7.1, Partnership Forum Report.

**7 Effective**

**7.1 Partnership Forum Report**

JCF asked the Committee to note the progress of the Partnership Forum and gave an overview of the report, Staff Governance Policy Tracker and 2020 Implementation Plan.

JCF drew the Committee’s attention to the compensatory rest policy, which has been under discussion for approximately 1½ years. The ultimate aim of this national policy is to ensure staff are safe.

JCF referred to the Managing Health at Work PIN Guideline which is awaiting approval by SWAG (Scottish Workforce Advisory Group) and is expected to be released in December. Consultation is currently underway for the additional employment policy. Any policies which are shown on the tracker as being out of date are awaiting an updated PIN. JCF reassured the Committee that there is no risk attached to these policies being out of date as these are monitored through the health and safety committee and updated where appropriate.

All policies are allocated a 3 yearly review date but are monitored regularly through the Staff Governance sub group.

JackR confirmed that the PCC’s role in this process is to ensure timeframes are met and updates are maintained.

With reference to the Implementation Plan, JCF explained that this was created to simplify progression and monitoring of the objectives. Item 4.4 is no longer feasible due to L&OD restructure, but it is not possible to remove the item from the plan as it was given Board approval. JY requested JCF clarifies whether this item is outstanding in relation to a key member of staff from the team leaving the organisation.

JCF informed the group that the Staff Governance Unit has noted and shared the 2020 Implementation Plan as good practice.

**7.2 Health Promotion Report**

DM informed the group that the report has now been submitted to Government and the response will be fed back to the Committee when received.

**7.3 Sickness Absence Report**

DM referred the group to the circulated report and welcomed feedback from the Committee.

DM stated we have significantly increased our resource to manage sickness absence and are committed to this process through staff governance.

The most common reasons for absence are musculoskeletal and mental health issues. To work towards reducing this, we are utilising physiotherapy, as well as offering cognitive behavioural therapy, counselling and links with the organisations See Me and Headtorch, dependent on an individual’s needs.

JCF asked if the higher sickness rate in the 40 – 60 age range was longer term sickness, was it related to stress/anxiety and could it be related to caring responsibilities for elderly relatives that often affects staff within this bracket. DM stated he is looking into this prospect and is keen to identify possible ways to support staff experiencing this. This is also being looked at nationally as part of the working longer review.

The Committee agreed it is imperative to continue to identify alternative roles for people to continue or return to work and not feel devalued.

The Committee complimented the report stating that it was helpful and easy to interpret. DM is to discuss the following suggestions with David Wilson:

* Numbering sections and tables
* If the statistics on table 2, page 4 were added, would the total equal our total number of staff?
* Can numbers of staff be included to explain how many individuals a figure relates to as well as the percentage?
* An explanation of why any figures have increased.

It was agreed that use of the dashboard would be beneficial at future PCC meetings and DM will pursue this.

The Committee noted the sickness absence report for 1st April – 31st August 2016.

**7.4 Values/iMatter Report**

JackR welcomed Birgit Clark and Liz Reilly to the meeting.

LR delivered her presentation “Making a Difference – Connecting People”. She informed the group that SWAG is expected to decide on 20th October whether to end the national staff survey process.

NHS Scotland 2016 iMatter reports are currently at a rate of 66%, with an Employee Engagement Index of 74%. She is currently working with Boards who are not achieving Board reports. The biggest concern is actions plans not being completed within the 12 week period.

LR is supporting managers in phase 2 through management development workshops and offering ongoing support. The 1st draft of people management standards consultation is expected in January/February 2017. She is linking with IHI Joy at Work and Engage For Success to share experience.

LR gave an outline of the focus for 2017 and thanked the Committee for inviting her to present.

BC then gave the local position of iMatter, including a comparison in results of 2015 – 2016. The response rate increased in 2016 with the EEI staying the same with only 42% of action plans completed by the 30th September deadline. It was agreed that this is concerning and teams need to be supported to feel empowered by the process and should be encouraged to produce action plans even if they didn’t achieve report status.

BC is meeting with Communications to discuss how best to encourage teams to engage better with the process.

The results of the Values Pulse Board Report were noted as 62% response and an EEI of 84% and it is hoped to improve this next time.

LR confirmed that the new people management standards will complement the Golden Jubilee Foundation values.

The biggest concern around engagement of staff groups is nursing staff, especially senior charge nurses. JCF stated it may be beneficial to help nursing staff link iMatter with their revalidation.

LR confirmed to DM that some other Boards are interested in doing a Values Pulse Survey but are waiting on the staff survey decision with SWAG.

**8 AOCB & Review of Meeting**

No further business was raised. JackR thanked everyone for their input to the meeting.

**9 Date and Time of Next Meeting**

The next meeting takes place on Tuesday 24th January 2017.