Ref: GJF/2017/12/05

**Approved Minutes**

**Person Centred Committee**

**Wednesday 26th July 2017**

**Level 5 Corporate Boardroom**

**Members**

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

Jane Christie Flight (JCF) Employee Director

Judith Ross (JR) RCN Steward

Kay Harriman (KH) Non Executive Board member

Maire Whitehead (MW) 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

Donna Akhal (DA) Learning & Organisational Development Manager (item 6.3)

Jack Tait (JT) Lay representative

Jill Young (JY) Chief Executive

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

**Apologies**

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**

JackR opened the meeting and welcomed everyone and informed the Committee that this was his last meeting as Chair and that Kay Harriman would be taking up the role of Chair of the Person Centred Committee.

1. **Apologies**

Apologies were noted.

1. **Minutes of Last Meeting**

Minutes of the 25th April 2017 meeting were approved subject to the following amendments:

David Miller, title to be amended to Head of HR.

Stewart Mackinnon, title to be amended to Interim Chair.

Page 4, item 6.2, paragraph 1. Delete “?” in 3rd line.

1. **Matters and Actions Arising**

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

Action: 310117/06. The Committee agreed that issues raised during volunteers walkround should be dealt with at department level initially and only serious items should be brought to the attention of the managers and any trends will be highlighted to PCC.

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

LLR joined the meeting and presented the complaints report for October 2016 – March 2017 along with the Annual Feedback Report for 2016/17.

LLR stated there has been a reduction in complaints received from the same quarters last year, a total of 21 received. The main theme for complaints was clinical treatment, seven of which related to orthopaedics but no underlying trend was identified. One complaint was fully upheld and 2 partially upheld. One complaint was time-barred and one is still open which relates to an adverse event and has been progressed to a Level 1 investigation.

The Clinical Governance team have reviewed processes and are continuing to monitor the challenges being experiences with time constraints for complaints.

The Committee thanked LLR for the Complaints and Annual Feedback report, and selected complaint No. 330 to discuss further at the October PCC meeting.

* 1. **Quarterly Staff Governance Report**

KSF Update

DM gave an overview of progress with KSF as at 30th June 2017. DM stated that it was disappointing to note that the completion rate has dropped to 77% but added that performance is still good within divisions of the organisation with a good level of engagement. HR Department is working with Surgical Specialities to address performance in that area.

DM informed the Committee that the KSF contract will end on 31st March 2018 and gave an overview of the potential replacement systems, TURAS and e:Ess.

The Committee discussed options to support underperforming teams such as sharing best practice and peer support. DM agreed to look into this further. JR asked if an audit had been carried out in CSPD as they appeared to be struggling with some indicators.

JY explained that CSPD do a fantastic job for the Board and are working under a lot of pressure to support and deliver a high quality service for all activity especially with the ongoing expansions. However it may be useful for HR to check if CSPD required any assistance with delivery of staff governance performance.

The Committee noted the KSF Update report.

Sickness Absence Report

DM presented the Sickness Absence Report for 1st April 2017 – 30th June 2017, stating there has been a slight increase in sickness absence rates over May 2017 but this is now decreasing again. This was due to a mix of both short and long term sickness. Figures are expected to increase slightly in October/November 2017 but the overall trend is continuing to decrease.

DM explained that the HR Department is continuing to monitor the workforce with a view to identifying the potential effects of an ageing workforce and the organisational expansion.

DM confirmed that the top reason for sickness absence is stress but instances of this being solely work related is low. Positive feedback has been received from staff who have accessed Cognitive behavioural therapy or counselling through occupational health and further options are being considered.

DM agreed to identify the reasons for absences being recorded as unknown/not specified.

The Committee noted the Sickness Absence Report for 1st April – 30th June 2017.

iMatter

DM referred the Committee to the iMatter update report. DM explained this is the first year the whole organisation has been surveyed at once with a response rate of 68% and an employee engagement score of 78%.

The response rate for action plans is currently very low but teams are only starting to work on these and the deadline is not till end of September. The HR and L&OD teams are working to increase this and continue to encourage teams to have their action plans in place to help them identify the benefits of their action plans.

DM agreed to arrange some Communications around some examples of completed action plans to share best practice.

The Committee noted the iMatter Update report.

* 1. **Occupational Health & Safety 6 Month Report**

DM asked the Committee to note the Occupational Health and Safety Committee 6 Monthly Report.

JCF highlighted there were 2 adverse incidents in 3 West area and asked if there are any trends. DM confirmed none had been identified.

MW highlighted a patient had slipped walking from the main building to the ophthalmic mobile theatre. AMC confirmed that Estates Department were arranging for mats to be put down and senior nursing were at the unit to assess any additional support required.

JackR asked if many staff were utilising the cognitive behavioural therapy service and are we able to monitor the success/impact. DM stated sickness absence trends have reduced, the cost is negligible and is covered within budget.

The Committee noted the Occupational Health & Safety 6 Month Report.

1. **Person Centred**

**6.1 Involving People Strategy**

DM asked the Committee to approve the revised Involving People Strategy which has now been approved by Senior Management Team and Partnership Forum. DM explained the strategy has received positive feedback.

The Committee approved the Involving People Strategy and agreed it was easy to read, understandable, short and to the point.

**6.2 Overview of Person Centred Activity**

DM asked the Committee to note the Person Centred Activity Update and thanked those involved in the Volunteers Day.

DM stated that positive feedback was received after the ‘What Matters To You Day’ and thanked MW on behalf of the Volunteers for their work.

MW stated that the “speed dating” session on Volunteers Day was successful and as a result, several volunteers have since shown interest in volunteering in other areas of the organisation.

The Committee noted the Person Centred Activity Update.

**6.3 Corporate Learning & Organisational Development Plan and Annual Report on Activity.**

DA joined the meeting to present the L&OD Plan and Annual Activity Report. DA explained the report summarises the key work areas across the year and gave a brief overview of the content.

KH praised the report stating that it was easy to read with lots of information. KH asked if the reasons for an increase in non attendance at training courses had been identified. DA explained it is linked to activity levels and staff shortages. Managers have been asked to give apologies in advance of any staff unable to attend.

JackR stated we need to ensure pressure of work doesn’t impact on attendance in future. DM stated that some initial feedback was that sometimes staff decided themselves that they were too busy and had not informed their manager. AMC added that any training sessions at risk or not going ahead is highlighted at the huddle with the Duty Manager each morning. Usually other wards offer staffing support to enable training to go ahead.

JackR thanked DA for her report and for the hard work of the department throughout his time as Chair of PCC.

The Committee noted the Corporate L&OD Plan and Annual Activity Report.

**6.4 CBAS**

AMC informed the Committee that she had visited the USA in June with Eleanor Lang, Clinical Education and Improvement Nurse to give a presentation and workshop on the person centred approach within the organisation as part of a 5 day conference. AMD is working on a presentation and report on the visit and will bring this to PCC on completion.

AMC is meeting with Dr Sue Smith who is the Lead on CBAS work and methodology with an aim to publish work along with research findings.

JackR commended AMC and her staff on the success of the CBAS work within the organisation.

The Committee thanked AMC for the CBAS verbal update.

**7 Effective**

**7.1/2 Partnership Forum & Staff Governance Update**

JCF asked the Committee to note the Partnership Forum Report. There has been one meeting since the last PCC meeting.The main focus was on national and regional work along with the expansion.

John Scott, The Programme Director for the expansion has agreed to give regular updates to Partnership Forum.

The Forum approved the Staff Governance Action Plans, approved policy updates and noted the Investors in Young People Gold Award Status.

JCF stated the Staff Governance Submission was sent at the end of May. Feedback is expected in August or September.

JCF informed the Committee that the Staff Governance Sub Group are working on ensuring policies are compliant. The managing health at work and promoting attendance policies continue to be negotiated nationally. In the interim the Sub Group is monitoring our local policies to ensure they are compliant with legislation.

The Forum approved the temporary signage for the trial of the gender neutral toilet facilities. The Committee discussed the trial of the gender neutral toilet facilities, the impact on the organisations current facilities and that there has been no financial outlay to date.

JCF gave an overview of the 2016/17 and 2017/18 Staff Governance Action Plans. JackR queried the actions within the 2016/17 action plan which remain as yellow. JCF explained that all actions were not intended to be completed within that time frame and any outstanding actions have been carried forward to the 2017/18 action plan. This action plan has been amended to make it more coherent and easier to tie into outputs and welcomed feedback from the Committee.

The Committee noted the Partnership Forum update and approved the Staff Governance Action Plans for 2016/17 and 2017/18.

**7.3 Clinical Education**

AMC asked the Committee to note the Nursing Department Clinical Education Annual Report for 2016/17. AMC highlighted that 220 nurses successfully revalidated this year and supported each other through this by sharing learning in small focus groups.

JCF asked if some of the Clinical Education suite of training will be offered to other staff groups and not just nurses. AMC agreed and stated that one example of this is that AHPs are involved.

JackR asked how many pre-registration students were currently placed within the organisation. AMC stated there are 45-50 placed within all clinical areas and will shortly be introduced to theatres too. AMC added that she and Eleanor Lang are discussing with NES and the Universities to get more resource allocated for Practice Education Facilitators.

AMC stated there is high number of students who return to the GJF to a substantive post as they enjoyed their placement time within the organisation. All new nurses have to participate in the Flying Start programme.

JackR asked if the timings of student placements is problematic. AMC confirmed we don’t turn students away and mentors are available. AMC stated the organisation is involved with interviewing students along with other Boards.

MMcG commended the work on dementia care and asked what the provision was for hearing loss. AMC stated that Theresa Williamson, Head of Nursing manages this process.

**8 AOCB & Review of Meeting**

There was no AOCB raised.

JackR stated that although many of the reports were end of year reports, there was lots of interesting discussion throughout the meeting. The Committee agreed the Learning & Organisational Development report was particularly worth noting.

JackR thanked everyone for their hard work and input to the Committee throughout his term as Chair.

**9 Date and Time of Next Meeting**

The next meeting takes place on Tuesday 10th October 2017.