**Approved Minutes**

**Person Centred Committee (PCC)**

**Tuesday 16 October 2018**

**Level 5 Board Room, Golden Jubilee National Hospital**

**Members**

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

Jane Christie Flight (JCF) Employee Director

Marcella Boyle (MB) Non Executive Board member

**In Attendance**

David Miller (DM) Head of HR

Jack Tait (JT) Lay representative

Jill Young (JY) Chief Executive

Susan Douglas-Scott (SDS) Board Chair

Eleanor Lang (EL) Associate Nurse Director

Cathy McAlister (CMcA) Unison Representative

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

Donna Akhal (DA) Learning and Development Manager (Item 6.2)

Stephen Hickey (SH) Consultant Anaesthetist (Item 6.5)

**Apologies**

Mark MacGregor (MM) Non Executive Board member

Gareth Adkins (AK) Director of Quality, Innovation and People

Anne Marie Cavanagh (AMC) Nursing Director

**Minutes**

Joy Clancy (JC) Executive PA

**Minutes**

1. **Chair’s Introductory Remarks**

KH welcomed everyone to the meeting.

1. **Apologies**

Apologies were noted and no Conflict of Interests declared

1. **Minutes of Last Meeting**

Remove the “Chair” against Mark McGregor’s name

Under 5.1 Complaints Report remove the words “if we were improving” and insert “how we compared”

Under section 5.3 Occupational Health and Safety Report remove the words “held up” and insert “delayed”

1. **Matters and Actions Arising**

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

LLR presented the quarter 1 complaints report. She explained that going forward the way of reporting complaints would change slightly. There would be a figure for the month and the total of complaints upheld. JY asked if the report could include the number of complaints versus the hospital activity. LLR stated that she would get this organised for the next meeting.

LLR then talked the committee through the review of one of the complaints with the appropriate timelines. She explained the process and the findings. It had been found that Clinical Governance could have taken less time with the complaint and so they have now put a backup plan in place to cover when the complaints officer was not in the office.

MB thanked her for the information but had hoped that the complaint would have been a Cardiology one, as requested, instead of Radiology.

JCF said that she appreciated that the review was from Radiology instead of Cardiology but had the findings all been cascaded to the appropriate departments. LLR confirmed that this had been done through the Clinical Governance meetings.

LLR also said that there had been joint meetings across all the Boards to discuss complaints and this group were in the process of creating sub categories that could be used here going forward.

KH reminded LLR that in January the PCC needed to chose another complaint to review.

LLR explained that patients were encouraged to complete a feedback form with regards to their stay at the Golden Jubilee. These scores were examined, double checked and any negative feedback progressed accordingly.

JY suggested that maybe the hospital could use a priority type coding system, Low, Medium and High to prioritise these feedback comments. LLR will look into this for the January meeting.

* 1. **Quarterly Staff Governance Report**

DM presented the Staff Governance Report.

 IMatter was now closed for this year. The results were very good and 71% had completed the survey. HR were especially pleased with the response rate this year and there had been a worry that after three years staff would maybe have become complacent about completion.

No themes or trends could be examined as the action plans were owned by each team but if anyone asked for support this would be given via HR or L&OD. Teams were encouraged to be visible about their action plans and how they were going to improve but it was up to the individual team how they wanted to proceed.

EL mentioned that there was an assumption that the action plans could be seen. Could communications maybe send out information saying that the actions plans were now closed, that the team action plan was confidential however if they wanted some help then there were places that they could go too.

JCF wondered if it might be a good idea to use a “struggling” team who had made good improvements which would encourage others rather than always a “winning” team.

DM stated that the sickness levels had improved. There had been a downward move since June. He said that HR had been working hard to make a difference and were pleased with the past quarters figures. SDS asked if staff could be employed elsewhere in the hospital if e.g., they only had a cold. JY stated that each case was reviewed on an individual basis.

MB asked about the Health and Wellbeing initiative for the older members of staff. DM said that they were starting to look at absence for this age group. As staff have to work longer before they can get their pensions and the ratio of staff moves towards the older generation a lot of work needs to be completed by the organisation.

DM confirmed that the Board were unable to access KSF figures on Turas Learn yet but he hoped that access would be available by the end of the year.

**5.3 Human Factors Annual Update**

DM presented this report. He explained that it was a summary of activity over the past 12 months for information. Options are being explored to allow more staff to attend.

 JY stated that the percentage had dropped as staff had left and new staff had started and not yet been trained. There was a problem at the moment with a reduced number of trainers available and the expansion work going on. However she stated that it does give added value and staff have stated that it had helped with potential “near misses”.

 JCF commented that although there had been positive outcomes the level of staff trained had not reached the level as agreed by the Board. DM will link with LLR to work on improvement. An update on actions will give an update at the January meeting. It was confirmed that the new Non Executives need to attend a training session.

1. **Person Centred**

**6.1 Involving People Update**

DM presented the report. TW had worked on the Visitors Charter project. This was a project to help shape the responsibilities of visitors/people arriving on site as well as the staff. It had been well received and was going through the appropriate governance paths.

 DM stated that the group had been presented with a new e-link on staff net highlighting the staff who had agreed to be work role models.

 DM explained that the Boards Architect / Access Consultant had been working on the gender neutral signage and the proposals will go to SMT for approval.

 DM said that at the Volunteer forum the ongoing problems of laptops and general IT issues were raised again. Assurance had been provided by eHealth that by the end of November everything would be resolved for the volunteers.

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**6.2 Learning and Organisational Development Annual Report**

DA joined the meeting and presented the Learning and Organisational Development annual report.

 She explained that the survey was based on the last six months. It was a continuation of last year’s activity and she had sent out a link to the training brochure. KH stated that unfortunately her link would not open for her. DA will double check and if necessary sent out the link again.

 DA stated that an L&OD focus had been on the governance and processes of e-learning. Also her team were focussing on reviewing internal processes around ESS, which had gone live in May,

 There had been an increase in requests for coaching and between national and regional teams they were trying to develop standardised coaching guidelines.

**6.3 Volunteers Strategy Plan**

DM presented this report.

 DM stated that MB was now chair of the Volunteers Forum and thanked her and the volunteer’s manager for all the help that they had given.

 The plan was to try and encourage more diversity within the volunteer workforce and work through the vision for the next few years.

 The volunteer’s accreditation was ongoing with external scrutiny.

 The meeting felt that the manager information was confidential and should be removed but otherwise the document was very good.

 DM will look at how best to bring the strategy plan to the annual review meeting.

**6.4 Communication Update**

JY provided a communications update to the meeting.

 The communication activity had been tracked for the past six months and the foundation website hits were down by over 3%.

 JY felt that there needed to be a different mix of platforms used as the older generation did not always use the modern social media mediums.

**6.5 Medical Appraisal and Revalidation Six Monthly Report**

 SH, Appraisal Lead attended the meeting and presented the Medical Appraisal and Revalidation report.

 He stated that 100% target had been reached. They had tried to spread the appraisals over the year rather than have a bottleneck in March and April but this had proved difficult. There was now a consensus to leave the first six months free and make it all happen in the second half of the year.

 He also stated that there was a lot of interest in being an appraiser, to the extent that they had too many requests, and were having to turn people away. Two of his colleagues had completed the tutor course which was really positive for moving forward.

 SDS asked if there was any way of sharing our model with the other boards. SH stated that this was already being done through the different forums and appraisal meetings that everyone attended

 SH confirmed that it had been a busy revalidation period.

**7 Effective**

**7.1 Partnership Forum Update**

JCF presented the report.

 She confirmed that Netcall which had previously been installed in the booking office and radiology department was now up and working within the switchboard and reception areas,

 CSPD were looking at creating a strategy for its long term future. The plan had been to get a national decision but this had stalled so now CSPD are looking at being part of the new build.

 CSPD were also looking at a formal career pathway and were engaging with the local colleges.

Roles, bandings, workforce polices etc were all under review and it was important to get the language appropriate.

The PIN policies are all in date but were being reviewed to ensure they were all fit for purpose. JCF advised the PCC that work was commencing that would conclude with a suite of once for Scotland polices that Boards would be unable to amend. The timeframe for completion of these polices is March 2020. JCF agreed to share the timetable.

**7.2 Staff Governance Policy Tracker**

See the notes above.

**7.3 Review of Workplan**

DM talked the meeting through the Workplan.

 The Board Workforce plan links into the Board Strategy.

 The Annual Workforce Monitoring report will be brought to the January PCC.

**8 AOCB**

* Two new Non Executives have joined the Board
* Stephen McAllister, New Non Executive has accepted the invitation to become a member of the PCC.
* Brexit – action plan to change language around the right to remain.
* Unknown how many staff have EU status. Staff survey will come coming out at the end of October to try and get a feel for the numbers but survey will be voluntary
* KH gave a vote of thanks to JY for all her contributions to the PCC over the years

**10 Date and Time of Next Meeting**

29 January 2019