

Board Official
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NHSGGC SGC(M)17/02
Minute: 22 - 41

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Staff Governance Committee
held in the Board Room, JB Russell House,
Gartnavel Royal Hospital
1055 Great Western Road, Glasgow
on Tuesday 23rd May 2017 at 1.30 pm**

PRESENT

Ms M Brown, Co-Chair (in the Chair)

Mrs D McErlean (Co-Chair)

Mr J Legg

Mrs R Sweeney

IN ATTENDANCE

Mr G Capstick	Area Partnership Forum Staff Side Secretary
Ms F Carmichael	Co-chair, Acute Services Partnership Forum
Ms L Delgado	Area Partnership Forum Staff Side Secretary
Mr K Fleming	Head of Health and Safety
Mrs J Grant	Chief Executive
Mrs G Hardie	HR Administrator
Mrs D Hudson	iMatter/Staff Governance Lead
Mrs L Lauder	Head of People & Change, Organisational Effectiveness
Mrs S Leslie	Depute Director of Human Resources & Organisational Development
Mrs A MacPherson	Director of Human Resources & Organisational Development
Ms M McCarthy	Chair of Glasgow City HSCP Staff Partnership Forum (Item 25)

BY INVITATION

Mrs S Canavan	Head of People & Change, Glasgow City HSCP
Mr P Cannon	Deputy Head of Administration
Mr D Loudon	Director, Property, Procurement and Facilities
Mr S Wallace	Head of People & Change, PPFM Directorate
Mr D Williams	Chief Officer, Glasgow City HSCP

22. **INTRODUCTORY REMARKS**

Action

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The Chair opened the meeting by welcoming Mrs Jane Grant, Chief Executive, to the meeting. Mr David Williams, Chief Officer, Ms Margaret McCarthy, SPF Chair, and Mrs Sybil Canavan, Head of People and Change, were in attendance for the presentation on Glasgow City HSCP's compliance with the Staff Governance Standard. Mr David Loudon, Director, Property Procurement and Facilities Management, and Mr Stephen Wallace, Head of People & Change, were also in attendance to provide an update on their service's compliance with the Standard.

Mr Paul Cannon was present for the agenda items on Whistleblowing and Non Executive Director Roles in Campaigns/Launches.

23. **APOLOGIES**

Apologies for absence were intimated from Mr J Best (representing Mr G Archibald), Ms J Donnelly, Mrs T McAuley, and Mr K Redpath.

NOTED

24. **DECLARATIONS OF INTEREST(S)**

No declarations of interest were raised in relation to any of the agenda items to be discussed.

NOTED

25. **PRESENTATIONS**

Local Compliance with Staff Governance Standard

Presentation by Glasgow City Health and Social Care Partnership

The Staff Governance Committee received copies of the Glasgow City Health and Social Care Partnership Staff Governance Action Plan.

Mr David Williams, Chief Officer, Glasgow City Health and Social Care Partnership (HSCP) provided an overview of the staff governance infrastructure. The HSCP had established partnership frameworks for both health and social care staff which did not currently operate on an integrated basis. These groups were supplemented by service specific redesign groups which also have partnership representation.

The HSCP had developed a Workforce Plan which was due to be considered at the IJB in June 2017. This had been created through engagement with the Staff Partnership Forum and the Senior Management Team. Plans were already in place for Learning and Education and Organisational Development. Health and

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Safety Fora were in place in all health localities, with a recently established, overarching and integrated Health and Safety Committee.

Mr Williams and Mrs Canavan presented the Glasgow City HSCP Human Resources and Organisational Development workforce metrics, highlighting attendance management and KSF activity. Sickness absence was recorded at 6.19% and there was a continued focus on this with various approaches being taken to bring this closer to the 4% target. KSF activity is a priority for action and although figures were improving at 53.87% compliance at April 2017, the Director acknowledged this was work in progress.

Mr Williams advised that a phased implementation of iMatter was being undertaken across the HSCP from 8 May to 24 July 2017. The first area to be surveyed was North West Sector which had a 61% uptake to date with the survey running until 29 May.

Achievements and challenges from the Staff Governance Action Plan were highlighted. Achievements included the Communication and Engagement Strategy which demonstrated a clear commitment to continued partnership working and engagement. A positive joint inspection report for Childrens' Services was also noted.

Challenges identified included ensuring that staff engagement arrangements are in place across all services to support service redesign and change, and improving KSF processes and performance. The HSCP is committed to continuing to celebrate and recognise the hard work of staff during a time of significant change and challenge.

The HSCP case study described the Communications Strategy which had been put in place within Glasgow City HSCP. The Strategy provided a framework for effective communication and set out a vision, objectives, approaches, standards and a governance framework.

Following a question from Mrs Sweeney about attendance rates at Health and Safety training in particular statutory fire training, Ms Canavan acknowledged that this was an area of concern which was currently being tackled through a number of actions. It was noted that these figures related only to Health staff and did not relate to Residential Care services where statutory and mandatory training is being delivered according to Council performance requirements.

Mrs MacPherson asked for an update on actions to improve the induction figures which were at 50% compliance. Mrs Canavan advised that this was being addressed by locality managers as a matter of urgency, although she noted that relatively small numbers could pull performance down markedly.

Following a query, Mr Williams confirmed that absence was on a downward

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trend and had gone from 6.2% in February 2017 to 5.6% in April 2017.

The work undertaken at the Sandyford Initiative to improve culture was commended. Mrs Canavan advised that a change in management had taken place and this had led to a review of teams and services which had provided positive improvements for staff and patients.

Mrs Sweeney asked for further comment on the statement that the sickness absence target for the HSCP was as good as it could be. Mr Williams clarified that the workforce was under significant pressure in the current economic climate and it should be recognised that a target of 4% was difficult to achieve. The Director provided assurances that the HSCP had a robust approach to attendance management and Mrs Canavan advised that identified areas of high absence were under scrutiny and receiving additional support from the Human Resources Support and Advice Unit, managers and staff side.

Mrs MacPherson advised that there was a well established Healthy Working Lives network within the HSCP and a range of fitness activities and mental health and wellbeing activities were in place or planned to support good attendance levels.

Ms Brown thanked Mr Williams and Mrs Canavan for their presentation and noted the improvements required in terms of health and safety training, KSF and absence management. The iMatter response so far was encouraging and hopefully would continue in other areas of the HSCP.

Presentation from Property, Procurement and Facilities Management Directorate

The Staff Governance Committee received copies of the Property, Procurement and Facilities Management Directorate Staff Governance Action Plan.

Mr David Loudon, Director of the Property, Procurement and Facilities Management (PPFM) Directorate, provided an overview of the staff governance infrastructure. A Directorate Partnership Forum was in place supported by local Partnership Fora and there were strong relationships with staff side at service level. Other relevant groups include the Health and Safety Forum, Workforce Development Group and Career Pathway Group, and a Staff Governance/ Infection Control Group. Draft Organisational Development and Learning & Education Plans were in place and work was underway to finalise the Workforce Plan.

Mr Loudon presented the PPFM Directorate Human Resources and Organisational Development workforce metrics, highlighting KSF completion rates at 78.66% and staff induction at 82%, while noting that attendance management levels were challenging at 7.91%.

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It was noted that the Directorate were working towards an iMatter start date of 5 June 2017. There had been significant preparatory work focusing on engagement and participation of staff.

Achievements and challenges within the Staff Governance Action Plan were highlighted. Achievements included a staff briefing system implemented in relation to CRES 2016/17, staff side engagement in the Career Pathway and Workforce Development Groups, the continued success of Employability work, and positive outcomes from Staff Development Groups in designated attendance management hotspots. Challenges were highlighted as optimising attendance management, raising awareness and greater support in terms of rehabilitation from ill health, increasing engagement of staff in relation to staff surveys, succession planning and dealing with an ageing workforce.

In terms of a case study, Mr Loudon outlined the ongoing success of Project SEARCH which was now in its fourth year. The project was an employability programme for young people with learning difficulties. Of the young people completing the project over the last four years 80% have successfully gained employment. A graduation ceremony would be held on 9 June 2017 which members were invited to attend.

Mr Legg asked if there was a link between absence levels and overtime hours. Mr Wallace explained that there was less of a link between absence and overtime within the PPFM Directorate, as opposed to bank use in a clinical/nursing environment. PPFM historically tend to have higher levels of excess/overtime, however, this is due in part to employing a high proportion of part time workers, who will regularly undertake excess hours to maintain service provision, not directly linked to absence. Long standing contractual overtime arrangements will also impact on this reported figure.

Mrs MacPherson advised that work was underway to reduce reliance on excess hours and previous work to increase contracted hours was being refreshed. Mr Capstick noted that a large proportion of staff within the PPFM Directorate were on low income which was a factor in poor health. This inequalities dimension should be considered when implementing plans to reduce absence levels to ensure that staff are not placed in financial distress.

Ms Brown, while recognising the particular challenges within the Directorate, noted that the absence figure was almost double the NHSGGC target. It was suggested that a paper should be provided for the next meeting which provided more detail on the figures, contributory factors and actions being taken to improve absence levels.

S Wallace

The Director of Human Resources and Organisational Development met monthly with Heads of People and Change to actively manage absence levels and attendance management. This group takes into account issues such as health

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and wellbeing, low paid workers, worklife balance and also shares best practice from within and outwith the organisation. The aim was to ensure robust management of absence and a more holistic approach.

Following a query from Mrs Sweeney regarding the fire training target which was shown as more than 5% from target, Mr Wallace advised that he did not have the exact figure available as the data was reported separately from Human Resources and Organisational Development metrics, but this could be sourced and provided outwith the meeting.

Mrs MacPherson advised that fire statistics were provided by Facilities Management and had been discussed at a recent Health and Safety Forum. A review had been requested to ensure clearer presentation of data and more effective monitoring of performance.

Mr Fleming had provided the group with an update on fire safety training which indicated that 77% of staff had up to date fire safety training. Mrs Sweeney stressed that it was important not only to ensure the data was accurate but that action plans were in place to ensure compliance within a required timescale.

Ms Brown suggested it would be helpful to provide the Committee with a full update on fire safety training, including data, trends, targets and action being taken to ensure improvements in this area. L Lauder

Mr Legg requested that when data is provided to the Committee as part of presentations or reports that a comparison be provided with the same period in the previous year in order to identify trends. L Lauder

Ms Brown thanked Mr Loudon and Mr Wallace for their presentation, and commended the Directorate on their performance in KSF and induction.

Ms Carmichael commended the PPFM Directorate on its partnership working over the past few years. Management, HR and staff side put a considerable amount of work into ensuring staff are consulted, engaged and involved in decisions which affect them.

NOTED

26. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Staff Governance Committee held on Tuesday 7 February 2017 NHSGGC SGC(M) 17/01 were accepted as a correct record.

NOTED

27. **MATTERS ARISING**

- **Organisational Culture**

The Director of Human Resources and Organisational Development provided a brief verbal update on progress.

A short life subgroup of the Staff Governance Committee had been formed and two meetings had taken place. The first session had explored areas for improvement and areas of best practice and had involved Juli McQueen, Head of OD, Corporate Services. A position paper had been drafted for further discussion. The Chief Executive had attended the second session to provide her views in terms of future vision. Engagement would take place with the Staff Governance Committee and Area Partnership Forum once the direction of travel was clearer.

A further update would be included as a main item on the next Staff Governance Committee agenda. A MacPherson

NOTED

- **Whistleblowing Monitoring Report and Update**

Ms Brown, in her role as NHSGGC Whistleblowing Champion, introduced the Whistleblowing Monitoring Report (Paper 17/15). Mr Paul Cannon, Deputy Head of Administration, was in attendance for this item.

Ms Brown advised that the paper provided included the Monitoring Report on Whistleblowing activity 1 April 2016 to 31 March 2017, an Assurance Overview, and identified areas for improvement. Ms Brown had reviewed each case in the monitoring report and had made some recommendations for the management of future cases.

Discussion took place on the investigations which had been undertaken and the areas for improvement which had been identified. There was a need to widen the investigation process to include other sources of information and not just base outcomes on information provided by management and desktop data analysis. It was also important to ensure continued review of any improvement recommendations to ensure they are actioned.

It was important to find a way to assure staff that they can be assured of confidentiality within the process and do not need to remain anonymous. This allows us to provide the whistleblower with both support and feedback on their complaint. It was hoped that through the work being undertaken on Culture that the organisation could create an environment where staff can raise issues without fear of reprisals.

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The Whistleblowing Confidential Alert Line provided by Public Concern at Work had provided short reports on NHSGGC activity from February 2016 to July 2016 and August 2016 to January 2017 but were unable to provide precise information due to confidentiality. Further detail has been requested.

While awaiting the appointment of the National Officer for Whistleblowing and the national launch, NHSGGC were continuing to be proactive in progressing whistleblowing within the organisation. Mr Cannon advised that Mrs Rona Sweeney would now undertake level 3 reviews following the retiral of Mr Ian Lee.

It was noted that Ms Brown would be attending the Health and Sport Committee in June 2017 to discuss matters relating to whistleblowing.

The Monitoring Report would now be considered at the Audit Committee and the Area Partnership Forum. The next updated monitoring report would be provided to the Staff Governance Committee in six months. M Brown/
P Cannon

NOTED

28. **NON EXECUTIVE MEMBERS' ROLES IN CAMPAIGNS AND LAUNCHES**

The Deputy Head of Administration had circulated a paper on the role of Non Executive Directors in Campaigns and Launches (Paper 17/16).

Mr Cannon advised that the process of seeking to fill vacancies for campaigns and launches and for the Scottish Patient Safety Visits was undertaken annually. The paper included a table which highlighted current leads and vacancies.

It was agreed that Mr Cannon would contact Non Executive Directors in order to discuss the vacancies. P Cannon

Mrs Sweeney and Mr Legg advised that the tables may not be up to date and Mr Cannon agreed to review these again before issue. P Cannon

AGREED

29. **ROLLING ACTION LIST**

The Director of Human Resources and Organisational Development had circulated the Rolling Action List (Paper 17/17).

The Rolling Action List provided a summary of outstanding actions from the Staff Governance Committee agenda. Mrs MacPherson provided a brief update

on the items included on the list.

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30. **AREA PARTNERSHIP FORUM REPORT**

The Employee Director had circulated a report comprising the Area Partnership Forum Report and minutes from the meetings of the APF held on 16 November 2016, 21 December 2016, 25 January 2017 and 22 February 2017 and the APF Action Plan from the Special Finance Session (Paper 17/18).

Mrs McErlean updated on some recent issues being progressed and considered by the Area Partnership Forum including:

- Financial inclusion work
- Policy Review
- Working Time Regulations
- Nursing and Midwifery Rostering Policy
- Advanced Nurse Practitioner Strategy
- Termination and Appeals Procedure for Fixed Term Contracts
- The Scottish Living Wage Employer Award

In respect of the latter it was noted that the process of achievement of the Scottish Living Wage Employer Award was complex particularly for an organisation of our scale and national guidance for the NHS is currently awaited.

Mrs McErlean also advised that the anniversary run of the JOC iMatter had taken place and that the action plan was due to be submitted by 9 June 2017.

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31. **HEALTH AND SAFETY UPDATE**

The Head of Health and Safety circulated the Health and Safety Update paper (Paper 17/19) and provided a briefing on the main items discussed at the Health and Safety Forum meeting in January 2017.

Improvements had been made to the Datix system and updates on overdue incidents had been issued. Local action plans were being devised in order to reduce the number of overdue incidents. It was reported that administrative improvements had been made to the system which enabled managers to deal with their cases more effectively.

Reporting of work related stress would now be reported through SSTS rather than the Datix system, as is the practice in other NHS Boards.

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Work was underway to undertake annual driving licence checks for staff who drive on work related business. It was noted that staff who are employed as drivers already have a six monthly check on their licence.

Mr Fleming advised that NHSGGC had received the formal report from the Health and Safety Executive following the visit which commenced on 27 February 2017. The Board had been notified that there would be no improvement notices served. A notification of contravention letter had been sent to the Chief Executive with 13 issues which the Board required to address. A formal response in the form of an action plan was requested by 21 July 2017 and work had started on this.

Asbestos training was underway primarily for estates staff who may come into contact with asbestos, and an e-learning programme was being devised and would be available across the organisation.

The fire safety training data for 2016/17 was now available and a full analysis was being prepared through the Property, Procurement and Facilities Management Directorate which would be available in June 2017. This shows that 77% of staff had fire safety training up to date, with the target being 100%.

Mr Fleming confirmed that 673 security incidents had taken place during 2016/17, including vandalism, theft, IT issues, alarms triggered etc. It was noted that there were 22 IT incidents during 2016/17 and Mr Legg suggested it may be helpful to have comparison data from other NHS Boards. K Fleming

NOTED

32. **STAFF HEALTH STRATEGY**

The Director of Human Resources and Organisational Development had circulated the Staff Health Strategy Update (Paper 17/20).

Mrs MacPherson advised that the Staff Health Strategy Governance Group had developed the 2017-2020 Staff Health Strategy with wide stakeholder engagement and had identified five strategic priorities. The related strategic programmes focused on mental health and wellbeing, physical health, health protection, wellbeing and employee engagement.

Mrs Lauder enquired whether baseline information was available to facilitate progress reporting and it was noted that Occupational Health were able to provide information regarding absence reasons and for interventions related to obesity, alcohol etc. In addition, a Health Needs Assessment Survey had been undertaken recently with over 10,000 responses which were being analysed by Health Improvement colleagues.

The strategy was currently with the Area Partnership Forum and Senior Management Teams for comment, and members were asked to provide any comments to Mrs MacPherson as soon as possible. Members

NOTED

33. **NHSGGC STAFF GOVERNANCE WORKPLAN – 2017 REVIEW**

The Director of Human Resources and Organisational Development had circulated the draft Staff Governance Workplan 2017/18 (Paper 17/21).

Mrs MacPherson advised that the plan had been refreshed for 2017/18 and the document now included appendices showing ongoing actions and completed actions. The new 2020 Workforce Vision Action Plan would also be incorporated into the plan. Further refining was required to include targets and compliance linked to the Human Resources matrix data. L Lauder

The Workplan would continue to be considered at each meeting with one strand of the Staff Governance Standard being selected for discussion in turn.

Mr Legg enquired whether there was any evidence to show that iMatter was of value as a tool and also whether mindfulness sessions were targeted at a particular group of staff and whether lower paid staff would have access to these.

Mrs MacPherson advised that iMatter is a nationally commissioned and validated staff engagement tool which is widely used in the public and private sector. In addition the NHSGGC experience has been very positive to date with strong response rates and Employee Engagement Indexes. Feedback from the service indicates that iMatter is being well received and is facilitating meaningful improvement conversations at local service level.

It was explained that mindfulness sessions were available to all staff. An approach was being made to the NHSGGC Endowment Committee for funding in order to expand provision of a range of wellbeing programmes across the organisation.

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34. **EVERYONE MATTERS 2020 WORKFORCE VISION – NHSGGC ACTION PLAN 2017/18**

The Head of People & Change, Organisational Effectiveness, had circulated a paper which enclosed the Everyone Matters: 2020 Workforce NHSGGC Action Plan (Paper 17/22).

Mrs Lauder advised that the fourth 2020 Workforce Vision Implementation Plan had been issued by the Scottish Government Health Directorate in December 2016 to support the priorities of the Everyone Matters 2020 Workforce Vision. The NHSGGC Action Plan had been created to respond to the requirements of the Implementation Plan. The Action Plan reflected all the work currently underway to support the 2020 workforce vision priorities.

The Committee noted the Action Plan.

NOTED

35. **ANNUAL STAFF GOVERNANCE MONITORING RETURN**

A paper from the Head of People and Change, Organisational Effectiveness, enclosing the proposed NHS Scotland Staff Governance Standard Monitoring Framework 2016/17 (Paper 17/23) had been circulated.

Mrs Lauder advised that NHSGGC were required to submit an annual monitoring return to Scottish Government Health Directorate. The return described the work the Board had undertaken in order to support implementation of the Staff Governance Standard, highlighted examples of good practice and provided a policy list confirming compliance with PIN policies.

The Committee approved the Monitoring Return. Mrs Lauder would now arrange sign off by the co-chairs and Chief Executive before submitting to the Scottish Government Health Directorate. L Lauder

AGREED

36. **WORKFORCE STATISTICS**

The Head of People and Change, Organisational Effectiveness, had circulated the Workforce Statistics report (Paper 17/24).

Mrs Lauder advised that the Workforce Statistics report was produced on a quarterly basis and included a core workforce data set, HR Activity and Equality data. The joint staff side and management Workforce Statistics Group oversee the workforce statistics report and work to continuously improve both the quality and presentation of the available data.

The report also included an analysis of vacancy data. The number of vacancies at March 2016 was 1117 and at March 2017 was just under 1500. This increase could be accounted for by appointment of 50 modern apprentices and additional nursing posts.

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The paper provided a timeline for vacancy processing which showed an average of 14 weeks from submission of advert to issue of contract of employment. This was considered to be too long and would be reviewed to try and improve on each stage of the process, while recognising that external checks are outwith the control of NHSGGC.

Mr Legg queried a couple of points in the Workforce Statistics Report. He noted that Medical and Dental support had a 37.9% turnover, however, it was confirmed that this was because the group of staff was relatively small. In relation to the Employee Relations information, it would be helpful to have information on the total number of staff in each category in order to have a reference point for the data. L Lauder

Mrs Sweeney referred to the Recruitment timeline report and suggested it would be helpful to share this information more widely to raise awareness with managers. L Lauder

Mrs Sweeney queried whether there was a vacancy assumption in the NHSGGC budget and if not, why not. Mrs MacPherson confirmed that while there was an absence assumption of 22.5% in the budget there was no built in vacancy factor. Ms Grant offered to speak to Mrs Sweeney regarding budgetary assumptions outwith the Staff Governance Committee if this would be helpful.

NOTED

37. **EQUAL PAY STATEMENT 2017**

A paper from the Head of People and Change, Organisational Effectiveness, enclosing a copy of the NHSGGC Equal Pay Statement had been circulated (Paper 17/25).

Mrs Lauder advised that the Equality Act 2010 required all public sector organisations to audit the pay rates of all employees to identify any gaps between men and women and to publish this information. From 2017 there was also a requirement for organisations to review data for inequalities in the pay of both disabled and Black and Minority Ethnic employees.

NHSGGC had completed its audit in February 2017 and the Equal Pay Statement included details of the findings. It was noted that by gender, AfC staff showed a small gender gap in favour of women (2%), medical and dental in favour of men (13%), and senior managers 12% in favour of men. In respect of race, AfC showed a pay gap of 4.8% in favour of white ethnic groups and Medical and Dental of 3%. In terms of disability, there is a pay gap in favour of non-disabled staff of 9.8%. It was noted that the NHSGGC position broadly reflected inequalities in society as a whole and this context has an impact on the Board Action Plan.

The statement included a section on next steps which would now be developed into a Board Action Plan.

Mr Legg stated that he found the report helpful and would welcome further updates. L Lauder

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38. **STAFF GOVERNANCE COMMITTEE REMIT – IMPROVEMENT FOCUSED GOVERNANCE**

A paper from the Director of Human Resources and Organisational Development had been circulated (Paper 17/26).

Mrs MacPherson advised that the Staff Governance Committee remit had been approved by members at the meeting in February 2017. However, since then Scottish Government Health Directorate Improvement Focused Governance guidance had been issued which set out key responsibilities for Staff Governance Committees.

The paper proposed that the remit be reviewed again to bring it into line with the responsibilities in Improvement Focused Governance and provided an outline of the changes required.

Following a brief discussion, the Committee approved the updated remit which would now be forwarded to the Head of Administration for consideration by the NHS Board. G Hardie

NOTED

39. **FACING THE FUTURE TOGETHER – UPDATE**

A paper from the Director of Human Resources and Organisational Development, (Paper 17/27) enclosing the Facing the Future Together Update, had been circulated for information.

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40. **ORGANISATIONAL DEVELOPMENT STRATEGIC FORUM MINUTES**

A paper from the Director of Human Resources and Organisational Development (Paper 17/28) enclosing the Organisational Development Strategic Forum minutes of 26 January 2017, had been circulated for information.

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41. **DATE OF NEXT MEETING**

The next meeting of the Staff Governance Committee would be held on Tuesday 1 August 2017 at 1.30 pm, in the Boardroom, JB Russell House, Gartnavel Royal Hospital.