

NHSGGC SGC(M)17/03

Minute: 42 - 60

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, Great Western Road, Glasgow
on Tuesday 1 August 2017 at 1.30 pm**

PRESENT

Mrs D McErlean (in the Chair)
Ms J Donnelly Mrs T McAuley
Mrs R Sweeney

IN ATTENDANCE

| | |
|------------------|---|
| Mr G Archibald | Chief Officer, Acute Services |
| Mr J Best | Interim Chief Officer, Acute Services |
| Mr J Brown | Chairman |
| 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 |
| Ms J Erdman | Head of Equality and Human Rights |
| Mrs J Grant | Chief Executive |
| Mrs G Hardie | HR Administrator |
| Mrs D Hudson | Staff Governance Lead |
| Mrs L Lauder | Head of People & Change, Organisational Effectiveness |
| Ms 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 |
| Mr A McCready | Co-Chair, Non City HSCP Staff Partnership Forum |

BY INVITATION

| | |
|----------------|---|
| Dr J Armstrong | Medical Director |
| Mr D Cullum | Clerk to Health and Sport Committee, Scottish Parliament |
| Dr L Donaldson | Director of Medical Education |
| Ms H Galway | Health and Sport Committee, Scottish Parliament |
| Mr J Hobson | Assistant Director of Finance |
| Mrs B Howat | Head of People & Change, Corporate Services |
| Mr D Loudon | Director, Property Procurement & Facilities Management Directorate |
| Ms S Manion | Chief Officer, East Dunbartonshire HSCP |
| Mr T Quinn | Head of People & Change, East Dunbartonshire HSCP |
| Mr K Tracey | Medical Staffing Team Lead |
| Mr S Wallace | Head of People & Change, Property Procurement & Facilities Management |
| Mr M White | Director of Finance |
| Mr S Young | Corporate Facilities Lead, Property Procurement & Facilities Management |

42. **INTRODUCTORY REMARKS** **Action**

The Chair opened the meeting by welcoming Mr David Cullum and Ms Heather Galway, of the Health and Sport Committee, Scottish Parliament. It was also noted that Mr Andrew McCready was attending his first Staff Governance Committee meeting in his role as Co-Chair of the Non City HSCP Staff Partnership Forums. Ms Susan Manion, Chief Officer, and Mr Tom Quinn, Head of People and Change, were in attendance for the presentation on East Dunbartonshire HSCP’s application of the Staff Governance Standard. Mr Mark White, Director of Finance, Mr James Hobson, Assistant Director of Finance and Mrs Bridget Howat, Head of People and Change, were also present to provide an update on the Finance Directorate’s progress with the implementation of the Standard.

Dr Jennifer Armstrong, Dr Lindsay Donaldson, Mr Kenny Tracey, Mr David Loudon, Mr Stephen Wallace and Mr Scott Young were present to speak to specific agenda items.

43. **APOLOGIES**

Apologies for absence were intimated from Ms M Brown and Mrs F Carmichael.

NOTED

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

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

NOTED

45. **PRESENTATIONS**

Local Compliance with Staff Governance Standard

Presentation by East Dunbartonshire Health and Social Care Partnership

The Staff Governance Committee received copies of the East Dunbartonshire Health and Social Care Partnership (HSCP) and Oral Health Directorate (OHD) Staff Governance Action Plans.

Ms Susan Manion, Chief Officer, East Dunbartonshire Health and Social Care Partnership provided an overview of the staff governance infrastructure. The HSCP had established an integrated Staff Forum, and the Staff Governance Co-ordinating Group reported directly to the Staff Forum and the Senior Management Team. In addition, minutes of the Staff Forum and the Staff Governance group are provided to the Integrated Board. These groups are supplemented by service specific redesign groups which have partnership

representation. Three key items from each Staff Forum meeting are included in the Partnership's newsletter.

The HSCP is actively working on its' 2018-21 Workforce Plan, with an abridged Plan in place for 2017-18. A Workforce Plan Co-ordination Group has also been established and has representation from management and staff side. Similar processes are in place within the Oral Health Directorate

The HSCP promotes the development of local learning plans which reflect service priorities. A Learning and Development Group considers common themes and identifies opportunities for integrated learning. The Health and Safety Forum has membership from across all service areas and members from this group link with the formal Health and Safety Committees of both NHSGGC and East Dunbartonshire Council. In Oral Health, the Health and Safety Forum reports to the Senior Management Team and the NHSGGC Forum. Minutes of the Health and Safety Forum meetings are shared with the Senior Management Team, Staff Forum and Integration Board.

Ms Manion presented the East Dunbartonshire HSCP Human Resources and Organisational Development workforce metrics, highlighting attendance management and KSF activity for particular attention. Sickness absence was currently running at 5.89% and Ms Manion expressed disappointment at this figure. In mitigation it was noted that an unfortunate rise in the number of staff with a serious illness or long term conditions was contributing to this position. Work is underway to support managers with the management of attendance including People Management Seminars which focus on positive resolution.

KSF activity has recently dropped and compliance is currently 63.92% however a performance trajectory has been agreed which will achieve the 80% target by September 2017. Oral Health regularly exceeded the 80% target and was currently sitting at 79.50%.

Ms Manion confirmed the successful implementation of iMatter in East Dunbartonshire. The HSCP had chosen to include Council staff and were very pleased with the response rates of 79% (Oral Health) and 78% (HSCP). The Employee Engagement Index was noted as 75% for OHD and 68% for the HSCP. Areas of strength included staff being clear about duties and responsibilities, being treated with dignity and respect as an individual, feeling that line managers cared about health and wellbeing, confidence and trust in line manager and recommending their team as a good one to be part of. Areas for improvement were feeling involved in decisions relating to jobs, confidence that ideas and suggestions are acted upon, and feeling involved in decisions relating to the organisation. Action Plans have been developed to address these areas and include sharing good practice, issuing regular messages from the Staff Forum and developing core values and behaviours to support work on service change.

The positive actions and potential challenges were outlined in the HSCP Staff Governance Action Plan. Positives included integrated iMatter implementation

and an integrated Staff Governance Plan for the HSCP along with a successful anniversary run of iMatter within the Oral Health Directorate. Potential challenges included the implementation of the values and behaviours matrix and encouraging the sharing of good practice across the service.

The HSCP case study described a Development Day which had been held to prepare for the anniversary run of iMatter within OHD. This involved staff side colleagues and managers of individual team action plans and focused on identifying what had changed as a result of the iMatter process, lessons learned from the process, and how to encourage the same or better response rates at the anniversary run.

Mr Brown noted that it was unusual to see high staff engagement alongside high absence levels. Ms Manion reiterated that the current absence rate was not the norm but due to an increase in long term illness/serious conditions and confirmed that the situation was being closely monitored.

Mr Brown referred to the work on values and behaviours within the HSCP and asked how the HSCP would ensure that the NHS and Council values and behaviours were aligned. Mrs Grant agreed the importance of shared values and vision between Health and Council employees which are expressed in a clear and understandable way. Mrs Grant will be taking this matter forward with the Acute Directors and Chief Officers.

Mrs McErlean thank Ms Manion for her presentation and commended the HSCP on the fact that staff felt they were treated with dignity and respect and had confidence in their line manager and the organisation.

Presentation from Finance Directorate

Mr James Hobson, Assistant Director of Finance, gave a presentation on behalf of the Director of Finance. Mr Hobson provided a brief overview of the dimensions of the Finance Directorate showing 215 staff split into four main teams of Financial Services, Payroll, Management Accounts and Corporate Services.

In respect of the staff governance infrastructure Mr Hobson reported that a range of team meetings were in place to ensure comprehensive staff engagement on any service changes or developments and staff side are always involved in these discussions and briefings. The Directorate has representation on the Boardwide Health and Safety Forum which links into local arrangements at each site. A recent restructuring of Management Accounts had taken place to improve support to service areas and a review of Financial Services is planned with a focus on future sustainability. Succession planning and development is to the fore and specific projects include the establishment of two modern apprenticeships, traineeships and the development of a leadership framework for Band 6 staff to develop capability at this level.

iMatter was fully implemented across the Directorate in the Autumn of 2016.

BOARD OFFICIAL – NOT YET APPROVED AS AN ACCURATE RECORD

This achieved a 76% response rate and an EEI score of 74%. Areas of strength were identified as staff feeling they were well informed, treated fairly and consistently and would recommend their team as a good one to be part of. Areas for improvement included ensuring greater visibility of senior management, more involvement in organisational decisions, and staff being unsure that performance was well managed.

Mr Hobson presented the Finance Directorate Human Resources and Organisational Development workforce metrics, highlighting KSF completion rates at 71% in July 2017 following a sustained focus on this area. This was a great improvement from the 45% recorded for May 2017. Further efforts would be made to bring this figure to the required 80% compliance. Absence was currently at 3.73% and continues to be a priority for Finance.

Achievements across the Directorate were highlighted as well developed communication links and engagement, a clear commitment to continued partnership working, support for staff seeking professional accountancy qualifications and leadership development for band 6 staff to address succession planning issues. Succession planning was recognised as a challenge along with an ageing workforce, but this was being addressed through the succession planning referred to previously. Maintaining KSF compliance and managing uncertainty around the potential impact of regional working and the national shared services agenda was also highlighted as an important issue for staff.

In terms of a case study, Mr Hobson described a series of Management Accounts Away Days which had taken place to ensure staff were fully up to date with service and financial issues. Staff set the agenda and discussion took place on matters that impact on day to day operations as well as sharing of good practice. Engagement and enthusiasm have improved with time and the Directorate will now implement these seminars across the Finance Department.

Mr Brown noted the marked improvement in KSF performance and asked if Finance could share how this had been achieved given the challenges still faced in other areas of the organisation. Mr White advised that finance staff worked Monday to Friday 9-5 based across relatively few locations which allowed focused input. This was not always possible for other staff groups who worked shifts and worked across multiple sites.

Mrs MacPherson acknowledged the continuing challenge of meeting the KSF target and confirmed that all services now had performance trajectories in place which would support compliance with the target. Learning and Education are supporting services to achieve the target through a series of initiatives including an emphasis on quality and the provision of a KSF Network for leads.

Mrs McErlean thanked Mr Hobson for the presentation and highlighted the positive outcomes achieved including below average absence and the recent improvements to KSF. The work on leadership and succession planning was also commended.

NOTED

46. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Staff Governance Committee held on Tuesday 23 May 2017 NHSGGC SGC(M) 17/02 were accepted as a correct record.

NOTED

47. **HEALTH AND SPORT COMMITTEE**

Mr David Cullum, Clerk to the Health and Sport Committee, Scottish Parliament, and his colleague Ms Heather Galway were in attendance.

Mr Cullum thanked the Committee for the invitation to attend and gave a brief overview of the work of the Health and Sport Committee. He advised that the Committee was completely independent of the Scottish Government and comprised 11 cross party MSPs.

The aim of the Committee was to improve the health of the people of Scotland within a framework of four main themes: Health and Equality, Health Promotion, Health Cost and Efficiency, and Health Implications of Brexit. The Committee take a long term view of any topics debated (15-20 years).

Mr Cullum reflected the wish of the Committee to meet and speak to staff working in the public sector and to engage with them face to face to discuss issues and concerns.

Mr Cullum provided an overview of recent topics discussed by the Committee including the current Governance review, technology and modernisation of the NHS, sport for all – with a focus on activity improving health, joint Boards' budget setting and the benefits of iMatter versus the Staff Survey.

Mrs Lauder confirmed that iMatter was going well within NHSGGC with a response rate over 60% compared to the previous national staff survey which achieved a response rate of approximately half of that. Mr Cullum agreed to feed this back to the Health and Sport Committee.

Mrs McErlean thanked Mr Cullum for the briefing on the work of the Health and Sport Committee indicating that she would be interested in the offer of meeting and would discuss this with staff side.

NOTED

48. **MATTERS ARISING**

- **Attendance Management**

BOARD OFFICIAL – NOT YET APPROVED AS AN ACCURATE RECORD

Mr Stephen Wallace, Head of People and Change, Property Procurement and Facilities Management Directorate (PPFM), had circulated a paper on Attendance Management within the Directorate (Paper 17/29).

The paper had been prepared to provide assurance to the Committee on the actions being taken to improve attendance management levels within PPFM.

Absence levels within PPFM have historically tended to be higher than in other parts of NHSGGC. This is attributed to the nature of the workforce which has the highest percentage of low paid staff in the Board, a workforce that is working longer and a percentage of staff with more than one job.

Absence levels in April 2017 were running at 7.48%, which is a decrease from the same time the previous year.

The paper outlined the robust measures being taken by Facilities Management to reduce absence levels and support staff to stay in work, but recognises the significant challenge which remains.

Mr Wallace emphasised that managers and supervisors are being encouraged to adopt the RESOLVE model in an effort to improve attendance levels. This model focuses on supporting staff to address any underlying causes of absence rather than moving immediately to a disciplinary process.

Mrs McErlean thanked Mr Wallace for his presentation and endorsed the use of RESOLVE as a constructive way forward on this difficult issue. She asked if additional training could also be provided to managers, particularly focusing on Return to Work interviews.

Mr Capstick also supported the RESOLVE approach to attendance management and said that he was aware of specific instances where a disciplinary approach had been inappropriate to the circumstances. Ms Erdman indicated that the work of the Staff Disability Forum and financial inclusion work could support staff to return to work in some circumstances.

Mrs McAuley suggested that a cultural shift was needed within Facilities to enable managers to deal more constructively with attendance management.

Mr Brown sought further assurances on the approach to attendance management in NHSGGC and how we encourage staff to attend work. In particular, he asked for information/detail on:

- The impact of non attendance.
- Backfill costs
- The promotion of health and wellbeing
- Ensuring we have an engaged and motivated workforce

Mrs MacPherson assured the Committee that various strands of work were

BOARD OFFICIAL – NOT YET APPROVED AS AN ACCURATE RECORD

underway across the organisation to improve management of attendance and she would provide an update at a future meeting. A MacPherson

Mrs Grant also advised that she would discuss attendance management within PPFM with Mr Loudon and Mr Wallace outwith the meeting to ensure that all possible measures were being taken to improve attendance in the Directorate.

It was noted that the Managing Attendance policy does promote attendance at work with the aim of motivating and engaging staff so that they feel valued.

NOTED

• **Fire Safety Training**

Mr Scott Young, Corporate Facilities Lead, Property Procurement and Facilities Management Directorate (PPFM), had circulated a paper on Fire Safety Training (Paper 17/30).

The paper provided a description of the range of Fire Training programmes that were available in NHSGGC including General Awareness Fire Safety training, Fire Warden training, Fire Response Team training, Specialist Fire Safety training and Evacuation training.

In respect of the basic Fire Safety Awareness training which is part of the suite of statutory and mandatory training modules which all staff must complete on entry to the organisation and every two years, it was noted that monitoring/compliance processes are currently being reviewed. The review will facilitate a much more accurate picture of compliance at Directorate, HSCP and departmental level.

Mr Brown expressed concern at the figures in Appendix A of the paper which shows that in Acute Directorates only Diagnostics have achieved the Fire Safety training target set for Quarter 1 of 2017. All other areas have failed to reach the agreed trajectory. Mr Brown stated that this was an unacceptable position and that immediate action is required to address this challenge. He also asked that this situation be recorded in the NHSGGC Corporate Risk Register.

D Loudon

Mrs Grant advised that she will work with the relevant Directors and Managers to address the current position and report back at the next Committee meeting.

J Grant

NOTED

49. **MEDICAL EDUCATION**

The Medical Director had circulated a copy of the Risk Register in relation to Medical Education (Paper 17/32).

Dr Jennifer Armstrong introduced Dr Lindsay Donaldson, Director of Medical Education, and Kenny Tracey, Medical Staffing Lead.

Dr Donaldson highlighted some of the issues summarised in the paper and described some of the mitigating actions underway to address some of the key risks. The recent GMC National Training Survey had produced some disappointing results around Inverclyde Royal Hospital and an action plan is in place. Four units were currently on enhanced monitoring with plans in place to improve medical education. The General Medical Council are visiting IRH in October 2017 as part of their National Review of Scotland.

Mr Brown asked for additional context on the risks set out in the register and Dr Armstrong advised that there was a significant report and activity sitting behind each risk.

It was agreed that in future a paper with more explanatory context would be provided. J Armstrong/
L Donaldson

NOTED

50. **ROLLING ACTION LIST**

The Director of Human Resources and Organisational Development had circulated the Rolling Action List (Paper 17/31).

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 and advised that in relation to Minute 36 Recruitment Timeline, an update report would be provided for the Committee at a future meeting. L Lauder

NOTED

51. **RELEASE POTENTIAL UPDATE**

The Head of Equality and Human Rights had circulated a paper (Paper 17/33) providing an update on the work of the Staff Disability Forum, the development of the Equality Hub on HR Connect, the Disability Confident Accreditation, and the success of the NHSGGC Human Library.

Ms Erdman updated that members of the Staff Disability Forum appreciated the opportunity to attend Staff Governance Committee and looked forward to contributing to the next report from the Forum.

The paper provided a brief update on the various strands of work mentioned previously and also included an update from the Staff Disability Forum meeting of April 2017. It was noted that NHSGGC is now a Disability Confident employer and that the Forum would participate in the development of the next submission to the Department of Work and Pensions. Members of the Forum continue to take part in Human Library sessions which allow staff to explore the challenge of unconscious bias.

Mrs McErlean noted the Forum's involvement in the International Day of Disabled Persons on 3 December 2017.

Mr Brown asked if other Forums or groups were available to represent the interests of other protected characteristics. Ms Erdman confirmed that there was also a LGBT forum but it had chosen to operate as an online/virtual network through Facebook.

Mrs MacPherson advised that a BME group had been formed at one point but had since disbanded. NHSGGC ensures that strong links are fostered with external agencies such as Stonewall and their expert input is important to the development of policy.

NOTED

52. **AREA PARTNERSHIP FORUM REPORT**

The Employee Director had circulated a report comprising the Area Partnership Forum Report and minutes from the meetings of the Forum held on 22 March and 26 April 2017 (Paper 17/34).

Mrs McErlean updated on some recent issues being discussed by the Area Partnership Forum including:

- Financial Planning and Workforce Planning
- Workforce Statistics
- Excess Mortality in NHSGGC
- Universal Credit and impact on lower paid staff.

In addition, the Forum continued to consider and discuss a number of issues including iMatter, the Local Delivery Plan, policy development, the National Shared Services review, and allocation of partnership representation to working groups, job evaluation panels, joint investigation panels, and redesign projects.

Mrs McErlean confirmed that the Chief Executive had expressed her commitment to the principles of partnership working at her first APF attendance. This had been welcomed by Staff Side, as was her commitment to promoting a culture of staff engagement in NHSGGC.

NOTED

53. **ORGANISATIONAL CULTURE**

The Director of Human Resources and Organisational Development had circulated a paper on Organisational Culture (Paper 17/35).

The paper summarised the work to date of the Staff Governance Committee sub

group which had been formed to address the culture of NHSGGC.

The group is led by the Director of Human Resources and Organisational Development and its aim is to explore different models of staff engagement and cultural change from a range of external organisations in order to identify best practice which could be adopted in NHSGGC. There is a recognition that transformational change will only be successful if there is an enabling and supportive organisational culture which encourages and promotes staff involvement at all levels of the organisation.

The group will be engaging with staff to develop a person centred culture, leadership, values and behaviours.

NOTED

54 **NHSGGC STAFF GOVERNANCE WORKPLAN – INVOLVED IN DECISIONS**

The Director of Human Resources and Organisational Development had circulated the Staff Governance Workplan 2017/18 (Paper 17/36). The Workplan had been updated and now included a performance monitoring section.

At each Staff Governance Committee the report focused on a particular strand of the Staff Governance Standard and Involved in Decisions was highlighted for this meeting. Mrs MacPherson advised that the iMatter response rate for 2016 was 64% which reflected the national average. The NHSGGC Implementation Plan had rolled out in accordance with the timescales agreed with the Scottish Government. All areas have now implemented at least one iMatter cycle and many are now on their anniversary runs.

Work continues to ensure high levels of engagement and the development of meaningful action plans. An analysis of organisational results is underway and recommendations for improvement will be drafted by December 2017.

Mrs MacPherson reported that there would be a national Dignity at Work survey distributed in NHSGGC during November 2017. An implementation plan was currently being prepared and a report would be presented to the Staff Governance Committee at the November meeting. L Lauder

It was confirmed that the final draft of the NHSGGC Annual Workforce Plan had been circulated to services and would be published as required at the end of August 2017. It was noted that the health components of the HSCP Plans were summarised within the NHSGGC Annual Plan.

Mrs MacPherson also confirmed that the Working in Partnership training had now been integrated into Foundation Management and People Management programmes. This was intended to support new managers to work more effectively with staff and trade union and professional organisations and was

currently evaluating well.

NOTED

55. **WORKFORCE STATISTICS**

The Head of People and Change, Organisational Effectiveness, had circulated the Workforce Statistics report (Paper 17/37).

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.

As requested previously the Employee Relations data now included a table showing the proportion of cases per 100 staff for each Sector/Directorate/HSCP.

Mrs McAuley noted the use of supplementary staffing was +1.2% month on month and queried whether this included agency, bank and locum staff. Mrs Lauder confirmed that this did include those categories. Mrs MacPherson advised that the policy was to increase use of our own staff banks and in particular the locum bank in order to reduce agency use. Mrs McErlean advised that work was underway to fill posts in high bank use areas.

It was also noted that the disability disclosure figure of 0.4% was low and further work was required to increase the confidence of staff in declaring a disability. It was agreed that NHSGGC should aim to employ a similar percentage of disabled people in its workforce as are in the general population.

The demographic profile of the workforce was also a concern, as over one third of staff are currently aged over 50. A number of workstreams have been established to respond to these statistics including the Working for Longer Review Group, which is part of the Staff Health Strategy, and the Young People's Employment Plan.

NOTED

56. **REMUNERATION COMMITTEE REMIT**

A paper from the Director of Human Resources and Organisational Development had been circulated (Paper 17/38).

Mrs MacPherson advised that the review of the Remuneration Committee remit was part of the required annual review of Board Committee remits. The Remuneration Committee had made changes to the remit and these changes were outlined in the covering paper.

The Committee approved the revised remit of the Remuneration Committee.

NOTED

57. **ORGANISATIONAL DEVELOPMENT STRATEGIC FORUM MINUTES**

A paper from the Director of Human Resources and Organisational Development (Paper 17/39) enclosing the Organisational Development Strategic Forum minutes of 13 April 2017, had been circulated for information.

NOTED

58. **REMUNERATION COMMITTEE MINUTES**

The minutes of the Remuneration Committee held on 19 December 2016 and 29 May 2017 were circulated at the meeting for perusal by Committee members. It was noted that these were categorised as ‘Official Sensitive’ documents and therefore were available to the Non Executive members of the Committee only.

NOTED

59. **ANY OTHER BUSINESS**

Mr David Loudon, Director, Property Procurement and Facilities Management Directorate was in attendance to provide a verbal update for the Committee on issues at the QEUH.

- It was reported that in light of the Grenfell Tower fire, public sector organisations had been asked to check cladding on buildings. After investigation, it was confirmed that a small number of Kingspan insulation boards had been used on the QEUH building and that these met Scotland’s building and fire safety regulations. Information on the boards had been provided to Health Facilities Scotland for reporting to Scottish Government. An assurance was given that the Fire Strategy and Evacuation Strategy for QEUH were approved by relevant fire and safety authorities. An independent contractor had been commissioned to undertake further investigation and would report back.
- An incident had occurred at the QEUH where a glass panel had become dislodged and an additional small number of panels had become damaged, Mr Loudon advised that a temporary cordon had been put in place in the affected area and a specialist had been appointed to investigate further. Currently the cause was unknown but CCTV would be installed for a period of time for monitoring/assessment purposes. The incident had been reported to the Health and Safety Executive but they had advised that they did not need to be involved at this stage.

NOTED

60. **DATE OF NEXT MEETING**

The next meeting of the Staff Governance Committee will be held on Tuesday 7 November 2017 at 1.30 pm, in the Boardroom, JB Russell House, Gartnavel Royal Hospital.