

NHSGGC SGC(M)19/02
Minutes: 22 - 38

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde
Staff Governance Committee
held in the Boardroom, JB Russell House,
Gartnavel Royal Hospital, Great Western Road, Glasgow,
on Tuesday 7 May 2019 at 1.30 pm**

PRESENT

Mrs D McErlean (in the Chair)

Mr A Cowan (Co- Chair) Ms J Donnelly
Councillor S Mechan Mrs R Sweeney

IN ATTENDANCE

Dr J Armstrong	Medical Director (Item 32)
Mr J Best	Chief Officer, Acute Services
Mr G Capstick	Area Partnership Forum Staff Side Secretary
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Mrs L Delgado	Area Partnership Forum Staff Side Secretary
Dr L Donaldson	Director of Medical Education (Item 32)
Mr G Forrester	Deputy Head of Board Administration (Item 28)
Mr B Greene	Head of People & Change, Renfrewshire HSCP (Item 24)
Ms J Haynes	Board Complaints Manager (Item 27)
Mrs G Hardie	HR Administrator
Mrs B Howat	Head of People & Change, Corporate Services
Mrs D Hudson	Staff Governance Co-ordinator/iMatter Op Lead
Mr D Leese	Chief Officer, Renfrewshire HSCP (Item 24)
Mrs S Leslie	Depute Director of Human Resources and Organisational Development
Mrs M Macdonald	Learning & Education Manager
Mrs A MacPherson	Director of Human Resources and Organisational Development
Mr D Mann	Head of Organisational Development (Item 34)
Mr A McCready	Staff Side Co-chair – Non City HSCP Staff Partnership Forum
Mr J Pender	Workforce Planning and Analytics Manager
Mr T Steele	Director of Estates and Facilities (Item 24)
Mr S Wallace	Head of People & Change, Estates and Facilities Directorate (Item 24)

22. WELCOME AND APOLOGIES

ACTION BY

The Chair opened the meeting by welcoming Mr David Leese, Chief Officer, and Mr Brian Greene, Head of People & Change, Renfrewshire HSCP, who were in attendance to provide an update on the application of the Staff Governance Standard in Renfrewshire HSCP. Mr Tom Steele, Director of Estates and Facilities, supported by Mr Stephen Wallace, Head of People & Change, were also present to provide the Committee with a presentation on the application of the Staff Governance Standard within the Estates and Facilities Directorate.

Dr Lindsay Donaldson, Mr Graeme Forrester, Ms Jennifer Haynes, and Mr Doug Mann were present to speak to specific agenda items.

Apologies for absence were intimated on behalf of Mrs Jane Grant, Councillor James Clocherty, Ms Jackie Erdman, and Ms Frances Carmichael.

NOTED

23. DECLARATIONS OF INTEREST

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

NOTED

24. PRESENTATIONS – Local Compliance with Staff Governance Standard

24.1 Presentation by Renfrewshire Health & Social Care Partnership (HSCP)

The Staff Governance Committee received copies of the Renfrewshire HSCP Action Plan.

Mr David Leese, Chief Officer, Renfrewshire HSCP, supported by Mr Brian Greene, Head of People & Change, and Mr Graham Capstick, Staff Side Chair of the Staff Partnership Forum, gave a presentation which described the Staff Governance structures within the HSCP and provided an update on key metrics including sickness absence, KSF performance and iMatter staff experience.

It was noted that the HSCP had an integrated joint Staff Partnership Forum and that the Co-Chair of the SPF is also the HSCP representative on Renfrewshire Council's Joint Consultative Board. In addition there is staff side representation on the Strategic Planning Group and the Integration Joint Board and a joint Health and Safety Committee had been established. Partnership representatives are also core members of any redesign groups. The HSCP has also developed in partnership an Organisational and Service Development Strategy which incorporates workforce planning and staff development.

Staff are kept updated through the local Team Bulletin and HSCP Newsletter. In addition, the HSCP have created a Participation, Communication and Engagement Strategy and regular staff engagement sessions are held which allow Senior Management Team members to meet with frontline staff.

Mr Leese outlined the achievements, challenges and priorities highlighted in the Renfrewshire HSCP Staff Governance Action Plan. It was noted that there is a clear commitment to engaging with staff and that progress

had been made across all areas of engagement.

The case study provided described the staff engagement process undertaken in relation to the review of Learning Disability Day and Respite Services. This included staff workshops and a consultation roadshow for staff, clients, families and carers. The review had encountered some challenges at the start of the engagement process but these had been addressed in a positive way to alleviate concerns.

Following a query from Councillor Mechan, Mr Leese confirmed that engagement with staff or service users would always take place as early as possible, however, the instance referred to was a case of individuals providing misinformation which unfortunately caused unnecessary anxiety to service users. The HSCP had taken steps to clarify matters and address concerns as quickly as possible.

Mr Capstick confirmed that there had been excellent communication throughout the Learning Disability review process and great outcomes achieved for clients and carers.

Mrs MacPherson asked for clarification on how the Renfrewshire HSCP Staff Health Event linked in to the Staff Health Strategy. Mr Greene confirmed that this linked into the Staff Health Strategy through Healthy Working Lives with the aim of promoting health and maintaining the Healthy Working Lives gold award.

Mr Cowan queried whether the Red/Amber/Green (RAG) ratings in the Action Plan were agreed between staff side and management. Mr Greene confirmed that this was management led but suggested that more could be done to involve staff side in the application of the RAG ratings.

Mr Leese advised that the HSCP continued to promote to staff the value to them and their team of completing statutory mandatory training. It was noted that the reduction in fire training compliance was linked to the new Fire Safety Policy launch which now required annual rather than biennial fire training and this figure was expected to rise over the next few months. Mr Best advised that there was now an option to complete fire training prior to the expiration date and this was being promoted to staff.

The Chair thanked Mr Leese, Mr Greene and Mr Capstick for their presentation and commended the HSCP on their positive approach to staff engagement. The increase in iMatter response rates was noted and the action undertaken to improve completion and action planning rates. It was agreed that involving the Staff Partnership Forum to jointly agree RAG ratings would also be a positive step.

NOTED

24.2 Presentation by Estates and Facilities Directorate

A copy of the Estates and Facilities Directorate Staff Governance Action Plan had been circulated to the Committee in advance.

Mr Tom Steele, Director of Estates and Facilities, supported by Mr Stephen Wallace, Head of People and Change, presented to the Committee. Mr Steele provided a breakdown of the structure of the Estates and Facilities Directorate and outlined the sickness absence, KSF compliance, Statutory and Mandatory training targets, as well as Human Resources and Health and Safety data.

It was noted that significant work is underway to improve on current sickness absence levels which continue to be challenging. Statutory Mandatory training compliance had improved across all areas in the last few months, the exception being Fire Safety, however, as previously discussed this was expected to improve across NHSGGC in the coming months.

It was noted that the second run of iMatter had been completed in August 2018 with a 29% completion rate which was disappointing. However, of this number, 82% action planning had been achieved. An iMatter Steering Group has been established in order to improve on the completion rates for the next survey run in July 2019.

An update was provided on the achievements and challenges within the Estates and Facilities Directorate. The Directorate were performing well across Statutory Mandatory training areas, and there was ongoing success with employability projects. Challenges remained with attendance management, the working longer agenda, culture/engagement and continued development of staff. The Directorate had also performed significantly better than the Board overall in KSF compliance despite limited access to IT facilities. All of these areas were being actively reviewed in order to make improvements.

The case study provided details of the creation of the role of a Job Coach within the Directorate. This has proved a successful role in supporting young people previously engaged in the Project Search initiative, the majority of whom were now employed by NHSGGC. The postholder had won the Support in Work award at the 2018 Scottish National Learning Disability Awards and was regularly asked to speak at conference about his role. The benefits of this role in the workplace were recognised and it was hoped that there may be an opportunity to expand and develop this role across NHSGGC.

Mrs McErlean sought assurance that the iMatter Steering Group included staff side representation and this was confirmed.

Following a query from Mrs Sweeney on the impact for the Directorate of the high number of staff who have additional employment, Mr Steele

advised there were challenges to managing such a high proportion of staff who worked short part time hours and who may also have second jobs, either within or outwith the NHS. Mrs MacPherson advised that as part of the Code of Conduct employees wishing to undertake secondary employment required to obtain line management permission. Mrs MacPherson advised that a process is undertaken on an ongoing basis where employees who regularly work excess hours and overtime are offered the opportunity to increase their base hours.

Councillor Mechan noted that the Directorate valued the hard work and commitment of their staff and enquired whether there were award categories available to such staff. Mr Steele confirmed that there were a number of awards and categories, including the Chairman's Awards, that Estates and Facilities staff could be nominated for and these had been utilised the past.

Mr Cowan commended the Estates and Facilities on their achievements despite the challenges they faced and enquired if the Board could do any more to support the Directorate over the next few years. Mr Steele advised that he was impressed and content with the level of support currently provided by the Board and the fact that the criticality of work undertaken by support services was acknowledged.

The Chair thanked Mr Steele and Mr Wallace for providing an informative presentation and noted the good progress being made in the Directorate, particularly the approach to addressing the ageing workforce, the good work in employability, and the high number of staff with a KSF/PDP. It was hoped that an improved iMatter response could be achieved in 2019.

NOTED

25. MINUTES

The Minutes of the Staff Governance Committee meeting held on Tuesday 5 February 2019 NHSGC SGC(M)19/01 were approved as a correct record.

NOTED

26. ROLLING ACTION LIST

Mr Alan Cowan, Co-Chair, had circulated the Rolling Action List (Paper 19/18).

Mr Cowan advised there were 18 actions currently on the Rolling Action List and 11 marked for closure. Each item was reviewed and the following updates to the list were agreed.

- **Ref 3.1:** The Chief Officer of East Dunbartonshire HSCP should be invited to attend the next meeting in August to present the

further information requested by the Committee.

- **Ref 6.2:** Flu Vaccination - Status to be changed from closed to ongoing.
- **Ref 11:** Note under this item that a request had been made to add Organisational Culture to the schedule of Board Seminars.

G Hardie

NOTED

27. MATTERS ARISING FROM THE MINUTES

27.1 Risk Register

The Director of Human Resources and Organisational Development had circulated the revised and updated Human Resources and Organisational Development Risk Register (Paper 19/19).

Mrs MacPherson advised that since the previous meeting, a further discussion had taken place with three members of the Committee, and the Human Resources and Organisational Development Senior Management Team had reviewed and updated the register. Of the 25 risks identified within Human Resources, five had been identified as high risk. The current controls in place and further actions required to reduce or mitigate the risks were highlighted.

Mrs Sweeney raised a query relating to non-compliance with enforcement agency requirements, and it was agreed to add reference to potential injury to staff as part of the risk. In addition, discussion took place on the Occupational Health clearance processes for medical staff. It was suggested that the wording of this risk should be reviewed to ensure this is clearly understandable.

With these changes the Committee were content with the risk register and the five high risk items would now be submitted to the Audit Committee. Further reports would be provided to the Staff Governance Committee if any significant changes were required to the risk register.

A MacPherson

NOTED

27.2 Whistleblowing Monitoring Report 2018-19

The Board Complaints Manager had circulated the Whistleblowing Monitoring Report 2018-19 (Paper No 19/20).

Ms Jennifer Haynes, Board Complaints Manager, advised that the paper was provided to give assurance to the Committee that the issues being raised through the Whistleblowing process were being investigated appropriately and thoroughly.

Details of whistleblowing cases were provided in Appendix 2 to the Whistleblowing Monitoring Report. It was noted that 11 cases had been

received during the reporting period and 11 cases had been closed.

It was reported that legislation would be brought forward by the Scottish Government in October 2019 to allow the Scottish Public Services Ombudsman to take on a new role of Independent National Whistleblowing Officer for the NHS in Scotland. A draft Whistleblowing Standards Principle and Procedure document would be produced to outline how the Ombudsman expected NHS services to handle whistleblowing concerns. When published, the Standards document would afford NHSGGC the opportunity to review processes and ensure compliance with requirements of the Standards.

Ms Haynes advised that there was a suggestion within the draft Whistleblowing Standards that all cases be investigated and concluded within 20 days. This was likely to present a challenge given the complexity of some of the whistleblowing cases received, and this had been reported back to the Ombudsman.

Mr Cowan questioned the limitations presented when investigating anonymous complaints and Ms Haynes confirmed that this could be challenging, particularly where insufficient information was provided. It was noted that staff would continue to be encouraged to come forward and reassurance given that they will receive protection, support and confidentiality.

It was noted that Mrs Rona Sweeney had been appointed the Whistleblowing Champion for NHS Greater Glasgow and Clyde from 1 April 2019.

NOTED

28. ANNUAL REVIEW OF STAFF GOVERNANCE COMMITTEE REMIT

The Deputy Head of Board Administration had circulated a paper on the Annual Review of the Staff Governance Committee remit (Paper 19/21).

Mr Forrester advised that the Committee were requested to review the Terms of Reference as part of the Board's annual review of corporate governance, to ensure they remained fit for purpose.

It was noted that a national process was underway through the NHS Corporate Governance Steering Group to implement 'A Blueprint for Good Governance' later this year, which would introduce nationally consistent Terms of Reference for all Board Committees. In the meantime, the intention was to ensure the current draft Terms of Reference were fit for purpose.

Following discussion, the following changes were requested:

- Paragraphs 1.2 and 5.5 should reflect that the Committee has an

oversight of the issues outlined therein.

- At paragraph 2.2 the Committee recommended that 8 Non Executive Members be appointed to the Committee instead of the current 7. Mr Cowan advised that he had previously discussed this with the Board Chairman and Head of Board Administration and Corporate Governance and would continue to pursue.
- At paragraph 3.7 it would be helpful to specify the date the Board required the Committee's annual report and the period covered.

With the above changes, the Committee agreed the Staff Governance Committee Terms of Reference.

G Forrester

AGREED

29. STAFF GOVERNANCE WORKPLAN – ANNUAL REVIEW: CONCLUSION OF 2018/19 WORKPLAN AND PROPOSED 2019/20 WORKPLAN

The Director of Human Resources and Organisational Development had circulated a paper on the Staff Governance Workplans for 2018/19 and 2019/20 (Paper 19/22).

Mrs MacPherson advised that the 2018/19 Workplan provided an overview of the actions completed during 2018/19 and those carried forward into 2019/20. Of the 15 actions identified, 9 are complete and 6 will be carried forward, some of these being ongoing matters.

It was noted that the 2019/20 Workplan now included links to other relevant strategy/ Board objectives, and in addition to key measurements a Red Amber Green rating had been added to more easily track progress. Mrs MacPherson outlined the topics covered in the Workplan and asked members to review the Plan and suggest any amendments.

Mrs Sweeney suggested that as the Staff Governance Committee were required to have oversight of the implementation of Safe Staffing legislation, that this should be stated explicitly in the narrative. In addition, there should be reference to leadership and management development specific to our managers under the training and development section.

In response to a question from Mr Cowan on the involvement of staff in grading the measures, Mrs MacPherson advised that she would expect staff side involvement in all of the areas referred to in the Staff Governance Workplan, however, she would discuss further with the Employee Director staff side input to the RAG ratings.

Mr Cowan queried the stated target of a 0.5% reduction in sickness absence by April 2019. It was noted that this was a nationally set target and while this was the baseline, local context and local drivers would aim to improve on that where possible. The target date for this should be changed to March 2020.

Following a query from Mrs McErlean, Mrs MacPherson advised that Statutory Mandatory compliance is reported to the Corporate Management Team on a monthly basis, and to the Area Partnership Forum and the Staff Governance Committee quarterly.

It was noted that some topics still required RAG ratings to be added and in addition, it was considered that as the iMatter timescale was recorded as December 2019 the RAG rating should not be shown as red at this stage.

It was also noted that the role of the Employee Director in finalising and agreeing the approach for developing and assessing the NHSGGC culture should be included.

Mr Best suggested that consideration should be given to publishing the 2019/20 Workplan through a Staff Newsletter to raise awareness amongst staff of the issues being taken forward through the Staff Governance Committee.

Mrs MacPherson advised that she would continue to provide the Committee with an updated Workplan at each meeting. Each quarterly report would focus on a particular strand of the Staff Governance Standard and a relevant guest invited to speak to that strand.

A MacPherson

AGREED

30. STAFF GOVERNANCE MONITORING FRAMEWORK – ANNUAL RETURN

The Director of Human Resources and Organisational Development had circulated the Staff Governance Monitoring Framework Annual Return 2018/19 (Paper 19/23).

Mrs MacPherson advised the Committee that NHS Boards were required to submit a Staff Governance Monitoring Return on an annual basis. The Committee were asked to review and approve the proposed return, which had been previously approved by the Co-Chairs. When approved the Monitoring Return would be signed by the Staff Governance Committee Co-Chairs and the Chief Executive and submitted to Scottish Government by the deadline of 31 May 2019. Mr Cowan advised that he had given significant input on the Monitoring Return to secretariat in advance of the meeting.

Mrs Sweeney queried the suggestion that recent training had been undertaken by the Whistleblowing Champion. As the report was retrospective to the end of March 2019 this referred to the previous Champion, however, it was agreed the wording would be amended to clarify this.

Councillor Mechan suggested it would be helpful to reference the fact that the Director of Public Health has been asked to raise staff flu vaccination as a conditional pre employment requirement with colleagues across Scotland on behalf of the Committee. It was agreed that the wording from the Rolling Action List referring to this action should be inserted in the Monitoring Return.

With the above changes, the Monitoring Return was approved for signature and thereafter submission to the Scottish Government.

D Hudson

APPROVED

31. **WORKFORCE STATISTICS**

The Workforce Planning and Analytics Manager had circulated Paper 19/24 which provided Workforce Statistics for the quarter ending March 2019.

Mr Jonathan Pender, Workforce Planning and Analytics Manager, spoke to the core workforce dataset, HR Activity, and workforce equality information and highlighted points of interest. The report also now included Statutory and Mandatory training data and KSF Review compliance data.

A query was raised by Mrs Sweeney regarding the processes in place to deal with difficult to fill vacancies. Mr Pender advised that such posts were identified and a range of options were explored. This could include staff being employed at entry level and undertaking vocational/academic training on the job, or in some instances looking at the wider needs of the service. A Succession Planning and Career Development Framework has been introduced and in terms of medical staff, regular recruitment reports are produced and reviewed.

Mr Cowan sought clarification on Executive job family turnover which appeared high compared to other areas. Mrs MacPherson provided some background to the reduction in Executive job family which included a prior Government directive to reduce senior managers by 25% over a 5 year period and recent movement of some managers from the Executive and Senior Manager cohort to Agenda for Change.

Mr Cowan highlighted the protected characteristics in recruitment which were extremely low in some areas. It was hoped that the establishment of the BME Forum would allow a better understanding of any barriers to applying for posts within NHSGGC.

Mr Cowan further noted that Statutory Mandatory training figures required improvement in the areas of Acute Directors and Board Administration. Work would continue to improve the figures in both these areas.

Some points of accuracy were raised by members and Mr Pender

undertook to investigate these further and report back at the next meeting.

J Pender

The Committee noted the current Workforce Statistics report.

NOTED

32. MEDICAL EDUCATION REPORT

The Medical Director had circulated the Medical Education report (Paper 19/27). Dr Lindsay Donaldson, Director of Medical Education, was also in attendance to present the report.

Dr Armstrong provided some context to the report and advised that NHS Greater Glasgow and Clyde was the largest employer of junior doctors in the West of Scotland with around 1800 employed at any one time.

Dr Donaldson reported that good progress has been made in relation to the GMC enhanced monitoring status of Medicine at the Queen Elizabeth University Hospital. A visit in February 2019 noted significant improvements, however the area will remain in enhanced monitoring due to ongoing concerns relating to the clinical model within the Immediate Assessment Unit.

Following a visit in February 2018 to the Princess Royal Maternity Unit, Obstetrics and Gynaecology was escalated to enhanced monitoring due to lack of progress in tackling ongoing dissatisfaction with training. A follow up visit in January 2019 recognised that progress had been made however sustainability required to be demonstrated and therefore the unit remains on enhanced monitoring with a further visit scheduled for early 2020.

Deanery visits undertaken in the current academic year were outlined and it was noted that the majority of the visits undertaken had received positive feedback, with the remaining sites having achievable and practicable action plans in place to support improvements. It was noted that a Quality Improvement Associate Director of Medical Education has been appointed to manage the quality workstream.

Dr Donaldson provided an update on the Widening Access to Medicine programme. The programme aims to support school students into a career in medicine at all stages of secondary education. In addition, work experience and clinical shadowing is available for S5/6 students.

Dr Donaldson provided an update on undergraduate students covering access to NHSGGC IT systems and an update on Additional Costs of Teaching (ACT). It was also noted that the University of Glasgow Medical School was in second position in the Sunday Times student satisfaction survey, with Oxford and Cambridge in joint first place.

It was reported that a trainee wellbeing study led by a Scottish Clinical Leadership Fellow was underway and a report will be available over the summer. In addition, the current challenges in relation to transitioning within the training framework and for doctors returning to work after periods of absence were outlined.

Mrs Sweeney requested further details in relation to ACT funding. Dr Armstrong advised that since 2012 ACT funding uplifts had been ring fenced to ensure funding could be identified as being used for teaching. In addition, since 2014 a consultant job planning electronic model had been introduced which allowed teaching within job plans to be more easily identified.

Mr Cowan enquired about the impact of enhanced monitoring on training for students. Dr Donaldson advised that a Chief Resident and the specialty trainee forum, were involved in finding solutions to any issues raised as part of the enhanced monitoring status.

Mrs McErlean commented on the Widening Access to Medicine Programme and was greatly encouraged by the programme to attract and support young people into medicine.

Mr Cowan felt it would be helpful for the Committee to have an update at the August meeting on the trainee wellbeing study and this was agreed.

J Armstrong

NOTED

33. STAFF GOVERNANCE ANNUAL REPORT 2017/18: AMENDMENT TO FUTURE PRIORITIES

The Director of Human Resources and Organisational Development had circulated a paper detailing an amendment to the 2017/18 Staff Governance Annual Report (Paper 19/25).

Mrs MacPherson advised that following review of the Staff Governance Committee 2017/18 Annual Report at the NHS Board meeting in February 2019, it was agreed that managing attendance should be included as a priority from 2018/19 onwards. The revised report incorporated this addition within Section 10 – Future Priorities.

The Committee approved the suggested amendment.

APPROVED

34. ORGANISATIONAL CULTURE

The Director of Human Resources and Organisational Development had circulated a paper outlining the progress made on developing the Board's approach to culture (Paper 19/26). Mr Doug Mann, Head of Organisational Development, was in attendance to assist with the

presentation of this paper.

Mrs MacPherson highlighted progress which had been made since the last update in February 2019. It was noted that the Corporate Management Team had agreed to take forward specific actions under the year 1 priorities, and further consultation had taken place with small groups of staff through focus group sessions. A decision had now been taken in consultation with the Corporate Management Team and the Area Partnership Forum to adopt the NHS Scotland values rather than retain the extant local values.

The Head of Organisational Development would now be developing an implementation plan with an accompanying communication plan. The Chief Executive and the Corporate Management Team will help drive forward the change in culture. It was noted that further discussion would take place with the Chief Executive to determine any measurement tool.

In response to concerns raised by Mrs Sweeney regarding the proposed approach and whether further consultation was required, Mrs MacPherson advised that wider consultation had already taken place over the past 18 months and the latest focus group consultation was undertaken to address specific concerns which had been raised by Staff Governance Committee members. The approach to culture taken by organisations who had achieved successful outcomes had been taken into account, and various models including Just Culture had been considered. It was noted that the Engaging for Success model had been used as the basis for iMatter and the culture framework was also built around this.

The Committee noted that there are many tools used within the Board and in other NHS areas to improve the culture of the organisations including Joy at Work, Just Culture in NHS Merseyside, and Civility Saves Lives.

Councillor Mechan suggested a bottom up approach from teams may have more impact, however, Mr Best felt that NHSGGC leaders required to set the tone and be positive role models to ensure impact across all teams and areas of the organisation. Mrs MacPherson advised that detail for line managers on team engagement was included in the 'Elements and Definitions' section of the framework document.

Mr Cowan acknowledged this was a challenging and complex area, however, the culture framework had been under discussion for a protracted length of time and now required to be tested. It was reiterated that it was not intended to undertake a launch of the culture framework but to start with small actions which were tangible and measurable.

It was noted that early discussion with the NHS Board on this topic by way of a Board Seminar is proposed. In addition, the Staff Governance Committee will continue to receive progress reports at each meeting.

A MacPherson

NOTED

35. AREA PARTNERSHIP FORUM – EMPLOYEE DIRECTOR’S REPORT

The Employee Director had circulated the Area Partnership Forum Report and minutes of the meetings of the Forum held on 19 December 2018, 23 January 2019 and 20 February 2019 (Paper No 19/28).

The Employee Director’s report was noted.

NOTED

36. RELEASE POTENTIAL REPORT

The Head of Equality and Human Rights had circulated the Release Potential Report in advance of the meeting (Paper No 19/29). The Director of Human Resources and Organisational Development was present to speak to the Report.

The Committee noted the update provided.

NOTED

37. CHAIR’S ISSUES TO BE RAISED AT NHS BOARD

Mrs McErlean suggested the following three issues be highlighted to the NHS Board:

- Board Medical Education Report
- Organisational Culture
- Staff Governance Committee Workplan 2019/20

NOTED

38. DATE & TIME OF NEXT MEETING

The next meeting of the Staff Governance Committee would be held on Wednesday 21 August 2019 at 2.00pm in the Boardroom, Administration Building, Gartnavel Royal Hospital.

The meeting ended at 4.55pm.