

# PUBLIC GOVERNANCE COMMITTEE




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**Minutes of Public Governance Committee (PGC) Meeting  
held on Tuesday, 5 November 2019 from 2.00 – 4.00 p.m.  
in the Committee Room, BGH**

**Present:**

- Tris Taylor (Chair & Non Executive Director)
- June Smyth (Director of Strategic Change & Performance)
- Cliff Sharp (Medical Director)
- Laura Jones (Head of Clinical Governance and Quality)
- Shelagh Martin (Scottish Health Council Local Officer)
- Susan Cowe (Quality Improvement Facilitator, Person Centred Care)
- Heather Fullbrook (Borders Carers)
- Brian Lawson (VC Borders)
- Margaret Lawson (NHSB Public Member)
- John McLaren (Non Executive Director)
- Clare Oliver (Communications Manager)
- Peter Lerpiniere (Associate Director of Nursing for Mental Health,  
Learning Disabilities and Older People)
- Zena Trendell (Primary Care Contracting Manager) (arrived late)
- Iris Bishop (Board Secretary) (arrived late)
- Karen Batty (Committee Administrator)

## **1. Welcome & Introductions**

Tris Taylor welcomed everyone to the meeting. He welcomed Peter Lerpiniere, Zena Trendell and Heather Fullbrook (on behalf of Lynn Gallacher, Borders Carers).

## **2. Apologies & Announcements**

Apologies had been received from: Cllr David Parker (Non Executive Director), Nicky Hall (Area Partnership Forum representative), Michael Scouler (Chaplain), Annabel Howell (Associate Medical Director BGH), Margaret Simpson (Third Sector Representative), Allyson McCollam (Associate Director of Public Health & Child Health Commissioner), Lynn Gallacher (Borders Carers), Fiona McQueen (Public Member), Karen Wilson (Fundraising Manager), Clare Malster (Community Engagement, SBC), Susan Cowe (Quality Improvement Facilitator, Person Centred Care)

The Chair advised that the meeting was quorate.

## **3. Minutes of Previous Meeting:**

The minutes of the meeting held on 30 July 2019 were amended to include Mr John McLaren (Non Executive Director) and not (Employee Director) in the present section.  
6.1: SM indicated that it is SHC who continue to provide workshops, not Voices.

With the above changes being made, the minutes were approved.

#### 4. **Matters Arising**

- 4.1 Action No. 27: JS indicated that this is a non action appraisal and is working through a process. **Action Complete**

Action No. 34: The Terms of Reference have been updated following last meeting's discussion and will be presented at today's meeting.

Action No. 37: PL will present his update at today's meeting.

Action No. 38: Update to be provided at today's meeting.

Action No. 39: This is now covered. **Action Complete**

Action No. 40: JS indicated she does know what this is. Ask MS for further details.

Action No. 41: Good discussion around staff training/support/engagement. LJ suggested more feedback is required so a meeting to discuss would be beneficial. Further conversation required and to go through Staff Governance Committee. **TT to write to SG Committee.**

Action No 42: JS and LJ reported that there is a developing model and is an ongoing piece of work with positive progress being made. TT asked if we would see annual complaint report including learning? CS asked if this could be focussed and expanded further? Focus on public involvement – are we using complaints to drive change? **TT to look at previous reports for feedback prior to next annual report.**

Action No. 43: JS reported that there is no support for parents; only if they have a mental health problem. JS indicated this is an operational issue and will take back to organisation. **Action Complete.**

To be added to tracker: Internal Audit - currently working with audit team. JS will send out update.

The Public Governance Committee noted the action tracker.

#### 5. **Business Agenda Items:**

- 5.1 Terms of Reference – Update (Iris Bishop arrived later):

Iris Bishop updated the Committee following the discussion at the last meeting held on 30 July 2019. She has updated some of the content within the ToR which is highlighted yellow.

June Smyth and Laura Jones have looked at these and informed the Committee that the Public Involvement role is moving to Communications from Clinical & Governance as it is crucial for a representative to attend this meeting. Laura Jones also advised the Committee that she will be working on the Work Plan, incorporating and making sure we provide appropriate provision to the public as well as highlighting the fact we have 300 Volunteers/Carers contracts which should be brought to this Committee. Tris Taylor questioned the potential risk re Volunteers being on this Committee and if all procedures are in place to ensure patient/staff safety. John McLaren indicated that we must support Volunteers and that they are not roles we would employ people or replace staff roles. Volunteer posts are examined very carefully to ensure they are not trading on relevant staff roles and within financial turnaround, this is all the more crucial.

Tris Taylor confirming that we must treasure and look after our Volunteers. There is nothing in the ToR re the scrutiny of Volunteers – update ToR accordingly?

John McLaren agreed that Volunteers should be within the ToR with more explicit detail, along with carers too. It is important that they are not missed from winter planning through IJB as well.

Laura Jones agrees that it is so important that the public bodies are here and in the Work Plan too. She confirmed that Carers are statutory.

***Action: Iris Bishop and Laura Jones to meet and formulate the above and update ToR accordingly then present to the next PGC meeting for agreement and recommendation to the Board for approval.***

## 5.2 Communication with Patients & Families:

Peter Lerpiniere was invited to update the Committee on communication with patients and families. He informed the Committee that the team were going back to basics and that communication is such a complex issue that trying to communicate with families is a difficult thing to do. He notified the Committee that there has been a reduction of upheld complaints regarding oral communication. There is a focus on safety and wellbeing to ensure a sense of belonging. The patients/families are asked to focus on compliments to staff and what their positive things/feedback is. There is a pilot programme currently in Ward 4 for bedside handover to include patient and relative and relative to staff to see if this improves overall communication. The programme is going well but it is too early for obtaining results.

Peter explained that there are two people trained in communication in health and are available for workshops in relation to palliative care and respect agenda so they can work with staff to consider how they communicate. Since August, there has been a person centred approach to staff, patients and relatives. There are challenges, particularly regarding attitude and response and we all have to take responsibility for what you say and how they take it. Currently, we have received the highest response since starting recording; however, it is not a great success but optimistically claim we are heading in the right direction.

Laura Jones reported that it is encouraging feedback with the volume going through her department. She explained that we don't see feedback as all complaints; if there is the notion of a complaint, it gets an apology. We need to focus on detail of complaints, measure care opinion responses, revisit measures and establish what would make this more constructive, as we could do better.

Heather Fullbrook indicated that Borders Carers have not had referrals from Ward 4 over the last year but with Ward 12, there is engagement. Most of the feedback they receive from families is positive and they do understand the pressures the NHS are under. There appears that there isn't a huge amount of engagement which does need improvement as families are looking for answers. Positive comments should be passed on to staff as they do need a boost.

Cliff Sharp indicated that he sees customer service information and is not entirely sure we give the support that's right to deal with. It is basic but don't help people to do it. Heather Fullbrook agreed with this and there needs to be a shift of culture to improve families' communication. The private sector do it very well.

Peter Lerpiniere indicated that people feel they are going to have a negative impact and we need to work on being positive. He does not disagree with the aforementioned comments.

Heather Fullbrook commented that communication does work in certain hospital areas and well but within busier ward, it does slip.

There was further discussion regarding a previous customer service programme (values/objectives etc) which OH lead – might be something to revisit and would be an opportunity for training. Heather Fullbrook reported that one complainant she is aware of did not feel welcome on ward when they wanted to feed the patient but did not like to ask staff with their queries are they are so busy. Whereas on other wards that are not quite so pressured, are dealt with more timely, staff are smiley and helpful. Margaret Lawson commented that it does come down to personalities too. She raised that when staff are trained with particular packages, they are always great to start with but due to changes of staff who do not have the opportunity for training, it halts the system from rolling over. June Smyth reported that we do need to work on cultural behaviour and attitude and reported that training is being co-ordinated in the hospital.

Peter Lerpiniere highlighted to the Committee that we do require broader involvement with the public. He questions how effectively we have delivered to date and indicated that Queen Margaret University that their approach has created a climate which staff have from each other/carers/patients/organisation and start every meeting with a patient story – someone's experience. It focuses the mind on good or bad feedback but makes you think about everything.

Tris Taylor commented that when interacting with the public, it has to be safe and secure. John McLaren indicated that as a board we hear about positive and negative patient stories – what learning can we get from commendations not just learning from when we get in wrong?

Peter Lerpiniere informed the Committee that all the above is ongoing and on the agenda across all aspects of the organisation.

Tris Taylor advised the Committee that we will review this and discuss further at a future meeting.

**Action: To be added on to Work Plan. Next Feedback & Complaints Report to be scrutinised and brought back to the Committee. What learning can be done from both commendations and complaints?**

**NB: Margaret Lawson left the meeting at this point**

### 5.3 Public Involvement/Engagement – Update:

Clare Oliver provided the Committee with an updated presentation. She explained the background to this being outlining plans to seek view of patient/carers and focus on the turnaround programme. The direction we want to take was highlighted but does have constraints. Our aims and objectives are being set, focussing on Older Peoples Pathway with the public. Key principles are taken from our Public Involvement and Engagement Strategy 2016-2019.

Clare spoke about out the main objectives and how we develop resources to do that. We need to ensure patients are valued and supported, we use feedback appropriately, responds, be clear and how we use their feedback. Education has been asked by staff,

and how we educating the public and advise how they can use services better. There are innovate ways to do this being considered and are tailoring the approach of engagement opportunity.

The Board and Committee are informed re the impact we have. There is a robust process, providing feedback to people who communicate with us. We need to continue to engage with the Scottish Health Council and other experts too.

Clare informed the Committee that the Older Person's Pathway is a big part within turnaround programme and covers lots of areas. There is lots of scope and is a scale of opportunity to have conversations with patients/organisations. There are 10,000 individuals represents - 10% of the Borders population and there is a rich and real appetite to engage. We are working on a delivery plan including a snapshot, ideas, Older Peoples Pathway and other strands which are at different stages of development. frailty and discharge hub is incorporated into the winter plan. There is a real opportunity to inform and engage with public stakeholder groups, particularly around community hospitals, department of medicine for the elderly and how we engage with disciplinary teams.

Clare reported there is a lot of work involved with this and are having conversations with people from the beginning. We need to pull together paper to start objectives, setting the scene, telling the story and also letting people tell us their story, which we need to explore more closely with them. We need to agree how we feed in and out of workstream groups so we know what we are doing with data and obtain feedback. The question is who is going to have these conversations? There will be some opportunities to speak with older people groups and this approach will be tested before Christmas. Invite for feedback and adjust processes as we go forward. Clare informed the Committee that the Statements of Intent are being co-produced and set round to all staff with adaptations made following staff feedback.

Tris Taylor thanks Clare for her report and it is good to see in relation to the turnaround programme. A broader question he has is that of the public involvement organisationally.

June Smyth provided a verbal update and explained that we are currently constrained with resources and that further resource is still required within Clinical Governance & Quality. One dedicated post will move to the communications team and the aim is to maximise overall resources. June indicated that more training is required and need to prioritise. Shelagh Martin asked re resources around training for staff, making staff aware of public involvement and what it entails/background etc.

Tris indicated that the Public Involvement Strategy 2016-2019 expired in December 2019. An updated Strategy will be presented in due course following review, particularly focussing on a robust process, the evidence and outcomes as a result of engagement and build main objectives from there.

**Action: June Smyth and Clare Oliver to link in with Shelagh Martin and benchmark against other organisations.**

#### 5.4 Yetholm Surgery

Zena Trendell introduced herself and explained her role to the Committee. She explained the background to Yetholm Surgery, which is part of Kelso Medical Practice. In 2008 there was a consultation to close the surgery and at that point, it was a semi-functioning facility. Since then, the service has slowly decreased and therefore, was not fully functioning. There are several reasons for its decline including to limited staff restricted to a male only GP and the premises/facilities were not ideal either with many patients already attending

Kelso surgery for particular consultations only available there. Due to all the difficulties Yetholm were experiencing they approached the Health Board end of last year and the situation was reviewed over 6 months regarding demand and provision. There was a significant reduction of patients attending Yetholm surgery and the decision was made to close it. In terms of patients now, Zena informed the Committee that the practice were very conscious of unsettling patients and have made more flexible arrangements around transport to Kelso. She reported that Rob McCulloch-Graham (Chief Officer Health & Social Care) attended a recent meeting and that Scottish Borders Council are looking at volunteer drivers to assist. Zena confirmed that the building has been sold and closed.

Shelagh Martin indicated that there was very little public and patient communication. There is a question around who is responsible for making GPs aware of public engagement and that they are expected to see/be informed regarding some notice/intention of plans.

Zena explained that the practice wrote to all locals affected with notices and a statement being on their website too. She indicated that there were only 28 appointments within the last 6 months so very few people are affected by the change. A lot of people adopting to travel to Kelso as it ties in with the pharmacy facilities there.

Cliff Sharp stated that he felt the process did not happen as well as it should and that future processes need to be more robust. Further questions were also raised in relation to policy and process around situations like this and that they need to be in place. Laura Jones indicated that there is a process in place and is not yet spanning across to Scottish Health Office. She explained the functions and processes are adopted through IJB to formalise so this does not fall through the loop in the future.

Brian Lawson asked how the transport was working and Zena answered by indicating that there is a volunteer driver. Cliff Sharp highlighted that the Red Cross are commissioned to do trips and happy to help re drives. He suggested that the use Lothian 4 x 4 as well. Heather Fullbrook highlighted the issue regarding baby car seats being an issue with volunteer transport.

Laura Jones reported that our Voluntary Services Manager, Joanne Forrest, is working on a project re transport with lots of innovative work going on.

Tris Taylor confirmed to the Committee that the process was not followed and there are unanswered questions. Any results in recommendations around process? What associated risks have been transferred to affected community/contractor/us? Any recommendations around corporate risk that NHSB may bear? Officers need to be aware of any changes in process and must be visible for the public.

**Action: Rob McCulloch-Graham to be invited to future Committee Meeting to reassure that process will be followed in the future.  
Iris Bishop to incorporate Access to Services as part of the revised ToR.**

#### 5.5 Patient Feedback:

Laura Jones updated the Committee with a report already issued and discussed the good progress with obtaining feedback from patients, family members and volunteers. We need to look at a marker for overall satisfaction. Laura informed the Committee that we are positively achieving with 90% of feedback being positive/happy with 10% so not.

The Committee noted the update and no further questions were raised.

#### 5.6 Work Plan Review:

This is currently being worked on for next year's meetings and will be brought back to next meeting.

**Action: Laura Jones to formulate Work Plan along with June Smyth and Iris Bishop**

## **6. Monitoring & Performance Management**

### **6.1 Scottish Health Council (SHC) Update**

Shelagh Martin apologised for sending in no paper for the meeting. Following our last update there is very much a continuation from the last paper. There is work being done with Clare Oliver and the turnaround team in relation to support and advice. Aaround the Scottish Health Council Review, there is discussion about COSLA and a position statement will be issued soon – April 2020. Approach around quality and health services around integration is being discussed. Shelagh reported that the IJB have same legislation as Boards looking at learning, Mental Heal, Primary & Community Services.

June Smyth asked that assurance is crucial and there are different requirements with IJB re public involvement. This is an operational issue which is dealt with by NHSB, We still adopt same process and help formalise and clarity about what we need to do.

The Public Governance Committee noted the update.

## **8. Any Other Business:**

No other business matters were raised.

## **9. Future Meeting Dates 2020**

Tuesday 4 February: 2pm-4pm  
Tuesday 12 May: 2pm-4pm  
Thursday 20 August: 11am-1pm  
Tuesday 17 November 2pm-4pm

Locations of above meetings to be confirmed as they will be outwith BGH

## **Other Actions:**

1. Tris Taylor to arrange and meet with Voluntary Sector meeting.
2. Committee to supply to Tris any comments/feedback deemed necessary following this meeting.