### PUBLIC GOVERNANCE COMMITTEE



#### Minutes of Public Governance Committee (PGC) Meeting held on Tuesday, 30 July 2019 from 2.00 – 4.00 p.m. in the Board Room, Newstead

Present:

Tris Taylor (Chair& Non Executive Director) Shelagh Martin (Scottish Health Council Local Officer) Cllr David Parker (Non Executive Director) Margaret Simpson (Third Sector Representative) Susan Cowe (Quality Improvement Facilitator, Person Centred Care) Clare Malster (Community Engagement, SBC) Brian Lawson (VC Borders) Margaret Lawson (NHSB Public Member) John McLaren (Non Executive) Clare Oliver (Communications Manager) Carole Anderson (Health Improvement Lead, SBC) Iris Bishop (Board Secretary) Karen Batty (Committee Administrator)

#### 1. <u>Welcome & Introductions</u>

Tris Taylor welcomed everyone to the meeting and introduced himself as the new Chair of the Committee following Karen Hamilton's formal appointment as Chair of the Board. He welcomed Iris Bishop (Board Secretary); Karen Batty (new Administrator); Brian Lawson (VC Borders); and Carole Anderson (Health Improvement Lead) who was attending for Allyson McCollam (Associate Director of Public Health & Child Health Commissioner).

#### 2. Apologies & Announcements

Apologies had been received from:June Smyth (Director of Strategic Change & Performance), Cliff Sharp (Medical Director), Nicky Hall (Area Partnership Forum representative), Michael Scouler (Chaplain), Annabel Howell (Associate Medical Director BGH), Allyson McCollam (Associate Director of Public Health & Child Health Commissioner), Lynn Gallacher (Borders Carers), Elaine Cockburn (Head of Clinical Governance & Quality), Fiona McQueen (Public Member), Warwick Shaw (Head of Delivery Support), Karen Wilson (Fundraising Manager).

The Chair advised that the meeting was quorate.

#### 3. <u>Minutes of Previous Meeting:</u>

The minutes of the meeting held on 6 November 2018 were amended to include Mr John McLaren (Employee Director) in the present section instead of the attendance section, and with that amendment the minutes were approved.

The minutes of the previous meeting held on 26 February 2019 were approved.

#### 4. <u>Matters Arising</u>

4.1 <u>Action No. 27:</u>It was agreed that the action remained awork in progress and its completion would be confirmed at next meeting.

<u>Action No. 34:</u>The Terms of Reference had been updated and were a substantive item on the meeting agenda.

Action No. 37: It was noted that Peter Lerpiniere was on annual leave and he would be asked to update the PGC at its next meeting.

Action No. 38: It was noted that June Smyth would be asked to provide an update to the next PGC meeting.

<u>Action No. 39</u>: Shelagh Martin advised that she had forwarded the relevant information to June Smyth.

Action No. 40:It was agreed that June Smyth be asked to confirm receipt of the toolkit and provide a report to next PGC meeting.

The Public Governance Committee noted the action tracker.

#### 5. <u>Business Agenda Items:</u>

5.1 <u>Terms of Reference - Update:</u>

Tris Taylor advised the group that he had met with Third Sector Representatives and NHS Borders Officers on 28 June to conduct the required annual review of Committee membership. During that discussion several suggestions had been made in regard to a revised Terms of Reference for the Committee.

Iris Bishop explained her role as Board Secretary and the requirement to ensure the terms of reference for the committee were fit for purpose and reflected its role of providing assurance to the Board. She advised that there were new national guidelines being formulated centrally for roll out across all Health Boards to provide a "once for Scotland" approach to for standing orders, terms of reference and other associated governance documents. She had therefore refined the terms of reference for the committee into the suggested new national format with a view to then expanding them as the Committee felt appropriate.

During discussion, several comments were made including: clarification of membership numbers; wording in regard to external lay/representatives; named representatives; and reference to organisational values.

Margaret Simpson reminded the Committee that the PGC was the vehicle for the public/wider community and NHSBorders to come together to ensure engagement and unification for moving forward.

Clare Malster sought clarification re her attendance and if another member of SBC would be required. Her role covered community engagement/health and social care. Tris Taylor and Iris Bishop welcomed Ms Malster's attendance and the value that she brought to the table, given ClIr Parker and Ms Malster were both connected to the health and social care partnership and provided strong links, they did not see the need for an additional SBC representative to attend the PGC.

Action: Iris Bishop to update ToRs and present to the next PGC meeting for agreement and then recommedation to the Board for approval.

#### 5.2 Feedback & Complaints Annual Report:

Susan Cowe provided an overview of the content of the report. She advised that through the participation group a short summary report for easy readingwas being produced. Her team always sought feedback from complainants about the process used. She noted that sometimes a response in a timely manner could not be achieved and work on that remained on going. She advised that staff feedback from those who receive a response was poor so we need to work on how we can engage better with them. There was a slight increase in complaints year on year however there was no particular theme identified for that. The Top 5 areas of complaints remained the same and primary service providers continued to work with PACs to improve the information provided.

Margaret Lawson enquired if staff were being supported given by nature we lived in a complaining society and staff could be the first point of contact for disgruntled people. Susan commented that the organisation supported staff as much as possible to deal with difficult conversations. Margaret further enquired if line managers could provide more support to staff and had undertaken appropriate training as she recognised the complaints could often escalate quickly. John McLaren welcomed the question given support for staff across the system was often mixed. He noted one of the main issues for staff was how the manager had taken the matter forward and whether it was dealt with informally and resolved for moved through the complaints process and on occasion may have lead to a grievance. Training given the current financial situation remained a challenge; however there had been improvements in compliance with mandatory training. In response to a challenge from Tris Taylor about whether the discussion about staff support ought more productively to be held at the Staff Governance Committee, John McLaren reminded the Chair that the Committee's Terms of Reference included person-centred care. He suggested that the outcome of the complaint did not always equate to how the staff member was treated throughout the process, and it was staff who were responsible for delivering person-centred care and should therefore be supported to deliver it.

Margaret Simpson emphasised that the main focus was on communication as things could escalate unnecessarily if not handled well at the start. Susan Cowe informed the committee that communication was often the key element at the crux of complaints. Tris Taylor indicated that he would seek from Peter Lerpiniere an overview of how public involvement had developed in the Back To Basics training on Communication with Patients and Families, previously presented to the Committee on 6 November 2018. He further proposed that the Committee receive information about the extent and efficacy of organisational learning from complaints.

#### The Public Governance Committee noted the report.

ACTION: Chair to refer staff support to the Staff Governance Committee for review.

ACTION: Peter Lerpiniere to provide an overview of training in regard to communication.

## ACTION: Officers to provide information about the extent and efficacy of organisational learning from complaints.

#### 5.3 <u>Turnaround Programme – Update</u>

Clare Oliver provided the Committee with a general overview of the current financial position (£21.7m deficit). She reported that NHSBorders were regularly asked by journalists/public/staff about how the financial position had been attained. She explained the financial pressures in regard to rising costs for medicines, an ageing population and other economic pressures, against the backdrop of which the Board found it difficult to close the current financial gap. There had been lots of discussion focusing on safety and quality of services and feedback received suggested in general NHS Borders provided a high quality service with areas for improvements to be made. There was a significant gap with recurring costs of £12m being identified.

Clare further clarified the reason for being escalated to level 4 on the Board Performance Escalation Framework in 2018 had been difficulties with both leadership and financial performance.

Clare also informed the Committee that external support had been provided by BOLD Revolutions; she confirmed that the current position to date was £5.6m recurrent savings achieved which was nearly half of the required amount. Staff were encouraged to share ideas, which was an ongoing process across the organisation; there was a requirement by the Scottish Government to provide a balanced 3-year financial plan by October; how the PMO (Project Management Office) was working with different workstreams.

#### Action: Clare will send her report to KB for distribution to Committee

#### Communications and Engagement

Clare reported that communications has been identified as an important aspect of the Turnaround Programme connecting with 12 workstreams. There was a focus on clinical engagement looking at service reviews with clinicians giving out the same messages to patients. There was now an active move towards widening out to the public as communications so far had been purely focused on staff. The new Chair of NHS Borders, Karen Hamilton had been interviewed by the press and the message was becoming public. The organisation was now looking at mapping out the next 6 months, engaging more and continuing to work with Scottish Health Council. A programme was being devised for September–December.

Margaret Simpson indicated that the public bodies/third sector could help much more. They were asked frequently about the current financial position and were not sighted on the update provided. More and better communication was requested.

Shelagh Martin echoed Mrs Simpson's comments in regard to a need for more public involvement to ensure the correct messages were provided to all.

Clare Oliver recognised that there would always be a certain level of misunderstanding. She explained that currently, there was a vacancy in regard to a Public Involvement Officer due to a variety of reasons including the turnaround position and it was being discussed.

Margaret Lawson suggested reverting back to basics so that the public understood what the hospital was about. She said that frontline staff were crucial and that the public needed to appreciate their role too. We need to keep good staff and if they are overworked, they will leave.

Clare informed the Committee that she visited Kelso Community Hospital, along with the Chief Executive and Chair. It had been an enlightening visit, listening to staff and hearing their views. A Choices Policy was being reviewed and would be applied.

Carole Anderson commented that it is not all about staff cuts/changes but looking at new innovations making more efficient/effective ways of working. One example is delayed discharges and she asked if they could be done quicker?

The Chair summarised the conversation and confirmed there had been a delay in communicating with public. He enquired if the Committee wished to ask the Executive Lead to attend future meetings to discuss how public engagement/involvement would be taken forward and what the strategy was, given the current involvement strategy was to expire this year? He noted that there had been no public involvement around the Turnaround Programme so far and the Committee wished something to be put in place to move forward.

Actions: June Smyth as Executive Lead to be invited to next meeting and asked to provide updates on:

- The overall NHS Borders public involvement/engagement strategy and resourcing
- Involvement/engagement with the Turnaround Programme.
- 5.4 Work Plan Review

Iris Bishop advised that it was good practice to have a work plan and that it should be presented to each meeting to ensure it remained live and relevant. She suggested it would evolve further as the PGC progressed.

The Public Governance Committee noted the workplan.

#### 6. Monitoring & Performance Management

#### 6.1 <u>Scottish Health Council (SHC) Update</u>

Shelagh Martin provided an overview of the content of her report and highlighted the key elements including: rebranding of the SHC from April 2020 to Healthcare Improvement Scotland Community Engagement. SHC have been gathering views to submit to SG who have asked for a complete picture of maternity services; Borders don't currently have a liaison committee and some Boards have alternative arrangements; SHC continued to provide workshops and were open to any member of the public/community groups.

Shelagh confirmed that SHC was a Directorate of HIS.

The Public Governance Committee noted the update.

#### 8. <u>Any Other Business:</u>

8.1 John McLaren raised the matter of advocacy support for parents when dealing with children's issues, as it appears there was nothing obvious. Susan Cowe suggested that Action for Children could be a possibility and Carole Anderson confirmed there was little assistance or adults in regard to children's issues.

# Action: June to establish what the relevant Executive is in regard to advocacy for parents dealing with children's issues and to pursue an update for the next meeting.

8.2 Tris Taylor informed the Committee that there was an upcoming internal audit scheduled totake place regarding patient and public involvement. Malcolm Dickson had requested for the paper to be brought to the PGC to present the methodology/mandate.

#### Action: Tris Taylor will pursue.

#### 9. Future Meeting Dates 2019

5<sup>th</sup> November from 2.00-4.00pm – outwith NHS - location tbc Tris Taylor asked for volunteer to host – Margaret/Brian will contact KB in due course.

#### Action: Margaret/Brian to propose a venue for 5 November.

#### 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.