

## Borders NHS Board



Meeting Date: 1 April 2021

<b>Approved by:</b>	Iris Bishop, Board Secretary
<b>Author:</b>	Iris Bishop, Board Secretary
<b>PUBLIC GOVERNANCE COMMITTEE MINUTES 17.11.2020</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to share the approved minutes of the Public Governance Committee with the Board.	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the minutes.	
<b>Approval Pathways:</b>	
This report has been prepared specifically for the Board.	
<b>Executive Summary:</b>	
The minutes are presented to the Board as per the Public Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	As per the Public Governance Committee Terms of Reference. As per Freedom of Information requirements compliance.
<b>Patient Safety/Clinical Impact</b>	As may be identified within the minutes.
<b>Staffing/Workforce</b>	As may be identified within the minutes.
<b>Finance/Resources</b>	As may be identified within the minutes.
<b>Risk Implications</b>	As may be identified within the minutes.
<b>Equality and Diversity</b>	Compliant.
<b>Consultation</b>	Not Applicable.
<b>Glossary</b>	-

---

**Minutes of Public Governance Committee (PGC)  
Meeting held on Tuesday, 17 November 2020 2.00 – 4.00 p.m.  
via MS Teams**

**Present:**

Tris Taylor (Chair and Non Executive director)  
John McLaren (Non Executive Director)  
Cllr David Parker (Non Executive Director)  
June Smyth (Director of Strategic Change & Performance)  
Margaret Simpson (Public Member)  
Lynn Gallagher (Borders Carers)  
Michael Scouler (Chaplain)  
Iris Bishop (Board Secretary)  
Carol Graham (Public Involvement Officer)

**In Attendance:**

Karen Hamilton (Chair NHS Borders)  
Chris Myers (General Manager P&CS)  
Marion Phillips (Committee Administrator)

**1. Welcome & Introductions**

Tris Taylor welcomed everyone to the meeting, specifically highlighting that Karen Hamilton was attending the meeting as Chair of NHS Borders and is mandated to attend once a year, and Chris Myers, General Manager P&CS to his first meeting.

**2. Apologies & Announcements**

Apologies had been received from: Nicky Hall (Area Clinical Forum representative), Lynn McCallum (Medical Director), Laura Jones (Head of Quality & Clinical Governance), Graeme McMurdo (SBC), Clare Oliver (Head of Communications and Engagement).

The Chair advised that the meeting was quorate. The meeting was recorded for the purpose of minutes.

**3. Minutes of Previous Meeting:**

The minutes of the meeting held on 4 February 2020 were approved as an accurate record.

**4. Matters Arising**

4.1 Action No. 34: **Closed**

Action No. 37: **Closed**

Action No. 38: **Closed**

Action No. 40: **Closed**

Action No. 41: **TT to write to SG Committee.**

Action No 42: **TT to look at previous reports for feedback prior to next annual report.**

Action No. 43: **Bring back to next meeting in February**

Action No 44: Yetholm Surgery – consider closing the action after the presentation from Chris

The Public Governance Committee noted the action tracker.

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

### **5.1 Chairs Update**

- Tris Taylor acknowledged that the Committee has not met regularly this year due to the pandemic and reminded the Committee that now things are picking up again that business will be carrying on as usual. The Chairs update that was circulated with the agenda included the approved Terms of Reference, the Annual Report to the Board and the Workplan for 2021.

Margaret Simpson asked if the Adult Changing Facility project working group meetings would be running again after a pause due to COVID-19 and would like this Committee to keep an oversight of it. June Smyth confirmed that the preferred site for this was identified as just near the main entrance to BGH, but unfortunately all capital projects were paused due to COVID-19 and the capital plan for this year is having to be revisited. This remains a high priority project, but as the preferred site is at the front on the hospital any work / contractors on site at this stage would negatively impact some of the services we have put in place to respond to COVID-19. We are currently assessing when we will be able to restart this project and the associated timelines for completion of the work.

**Action – June to update at next meeting**

### **5.2 Review of the last 9 months - (June Smyth):**

June Smyth gave a presentation to the Committee on an overview of Public Engagement and Involvement since the onset of the COVID-19 pandemic. This included what engagement has continued, what has been paused, what the next steps are and moving to a focus on evaluation for this committee on involvement and engagement activities.

The Public Partnership Forum and the BGH Participation Group have been temporarily merged and meetings are recommencing using MS teams, with support in place to ensure members can get online. Since the initial wave of COVID-19 relevant updates such as internal staff newsletters were shared with public members to keep them updated. Likewise, the remobilisation plan was shared to keep members up to date on how we were remobilising our services, and how we are preparing for future resurgences of COVID-19. We have also been involved alongside SBC colleagues and BOPP work in terms of engagement to understand the experiences of the over 55 population receiving services during COVID-19, this is a survey which is live until 29<sup>th</sup> November. Public members have been involved with the winter planning including seasonal flu vaccination programme which will continue into planning for the COVID-19 vaccine which is currently underway. We are delighted to announce that Carol Graham has

now been appointed as the permanent Public Involvement Officer, which she had already covered on an interim basis.

We have also engaged nationally in response to Healthcare Improvement Scotland Community Engagement audit outlining the changes in our service delivery. This was in response to Cabinet Secretary's letter outlining the continued need of public involvement in potential major service change although NHS Borders did not include any areas where this will be necessary. We submitted a return to the Community Engagement Working Group on their second draft guide of the community engagement guide for health & social care in Scotland and are awaiting the final version. We have also participated in training and awareness sessions nationally which included new guidance on community engagement.

Due to the pandemic we had to pause the Public Involvement strategy which was due to be updated and refreshed this year and the actions that arose from the 2019 audit although we are starting to pick this work again. Our financial turnaround programme was paused and the staff who were working on this moved to working on projects to respond to COVID-19 and most of them are still deployed working on projects relating to the flu and COVID-19 vaccine planning as well as supporting the clinical boards with their response phase plans and their remobilisation plans. The Older Person's Pathway discussions which would sit jointly under the strategic implementation plan were paused but work has now commenced again.

Clare Oliver and Carol Graham are planning how to refresh the strategy and with assistance from the HIS Community Engagement team supporting them they hope to have a draft strategy in place by end of January 2021. The financial turnaround programme and the Older Person's Pathway are being assessed at the moment regarding where they are and how much has changed due to the pandemic. We will be developing an action plan to ensure we pick up and re-launch the financial turnaround programme.

Focus on evaluation is something that the Chair of this group is encouraging us to develop our thinking about how we evaluate all our activities and Clare Oliver will develop a framework to develop the strategy and ensure the activity carried out was meaningful and that we learn as go and celebrate success with others and help plan future projects.

Karen Hamilton asked for reassurance that lessons learned from the flu vaccine will be carried forward to the COVID-19 vaccine. Issues around locations where clinics were held, sporadic deliveries of the vaccine, issues around the call centre and concerns for members of the public around these. Margaret Simpson commented that Ability Scotland have been getting a number of questions asked and it would be good to have a line that we could share with people to help relieve fears.

June Smyth responded that this has been an extended flu vaccine programme that no Board has experienced before and staff had to internally very quickly set up and learn how to operate a call centre, now this is up and running then that will not be an issue going forward. There were problems with letters being issued from Scottish Government before the clinics were set up and public calling into the call centre that wasn't fully up and running and this was outside our control. There has been a significant lessons learned exercise and we are learning as we go along. There have been conversations and involvement with public reps and it has to stressed that this was a big scale exercise but there have been significant lessons learned which will help inform the thinking of how we engage with and communicate to the wider public and stakeholders.

Chris Myers echoed what June Smyth said and highlighted the short time between receiving confirmation of delivering the programme and the start date and also the larger cohorts of people to be vaccinated from previous years. There were infrastructure issues with staffing, telecommunications and capacity within the organisation and it was a short time frame to allow

this to be put in place and NHS Borders did have issues with call centres not being able to meet the initial demand and people were frustrated although we have now worked through this backlog. We are scoping out options around the potential second set of letters being sent out that have not been confirmed yet around the flu and COVID-19 vaccination programme and we are looking at technical options we could use for example VOIP (voice over internet protocol) which would allow more use of phone lines which we did not have at the start of the programme and some staff had to give up their phone numbers to allow there to be enough phones to be answered. While we don't know everything about the COVID-19 vaccine we are in a better position that we were for the flu vaccine programme when it launched.

John McLaren commented that from a public governance point it is essential that we do need to communicate with the public about COVID-19 service changes as it does involve them. In regard to the flu vaccines it is credit to the staff that we have achieved as well as we have and noted that NHSB have given approx 40,000 vaccinations against NHS Lothian who have delivered 80,000 and they are a larger Board.

Tris Taylor asked in reflection to the vaccination programme discussion, if the committee would like to consider the paper on the advocacy of involvement processes for short term or reactive activity being conscious of the lack of public involvement at the start of the financial turnaround programme. Would it be helpful to look at what our approach and processes are with regard to reactive employment in general. Margaret Simpson agreed with Tris Taylor but appreciated that everyone has been so busy having to deal with something that has never had to be dealt with before. Ability Scotland has been working with the Scottish Health Council and the Alliance and this gave us a better understanding and we want to be able to help getting the key messages out there to the public but this was missing in first instance and would be good to rectify that and help alleviate any fear.

June Smyth responded that the original focus on the Financial Turnaround programme was getting the grip and control in place to gain efficiency savings internally, but that in hindsight we should have engaged with the public and our public members more. Our approach was changing and we had hoped to further develop that further, but unfortunately all of this had to be paused due to the pandemic. We do appreciate that we have a valuable public network and we should use that to help. As we develop the public involvement strategy we should start to alleviate and address any concerns and would suggest that rather than a paper can we wait until the strategy is developed and we can ensure it sets out requirements even if there is a reactive situation to be dealt with.

John McLaren added that as well as dealing with the pandemic the public involvement has changed directorates and now we have Carol Graham permanently involved this will give the opportunity to address some of the concerns that have been expressed. Lynne Gallagher commented that speaking on behalf of carers there have been issues concerning the smaller scale communications and carers not knowing or understanding what has been going on locally. There is an issue with carer involvement in key decision making processes and the gap has widened during the pandemic. Decisions continue to be made at very high level and by the time they reach carers there is confusion as to why these decisions were made. The H&SC partnership services pre-COVID-19 did not involve carers in plans and decisions around closure of dementia care centres and they forget that the public in the community are the solution and not the problem. Going forward there is the opportunity to turn this around. John McLaren asked if these views should be taken to the Board for further discussion. He also asked if the winter plan would be available and June Smyth responded that there is no separate winter plan this year as it is included in the remobilisation plan. There has been a winter planning board that has had engagement with public reps although not sure if carers reps were included, Lynne Gallagher said they had not been included and June acknowledged that this needs to be addressed moving forward, not just with regards to winter planning. Margaret Simpson added

that she has been on the Winter Plan Board and will chat with Lynne Gallagher out with the meeting to share information and look at how they can jointly feed into the meeting.

Tris Taylor said that there have been conversations at Board level regarding involvement of community representatives in the previous winter plans and at the Public Governance level we don't receive any public involvement related performance data. Tris Taylor asked if this information would be included in the updated strategy plan and would that come back to the next meeting in February. June Smyth responded that the development timeline for the new strategy should allow for the draft to be shared with the Committee at the next meeting with potentially an early draft circulated for comment prior to the meeting, and in preparing the strategy Clare Oliver and Carol Graham will be engaging with a wide range of stakeholders. The strategy will have a framework to support evaluation of public involvement activities.  
**Action: June Smyth/ Clare Oliver to work on strategy plan and bring back to February meeting**

Tris Taylor enquired about information relating to the pandemic regarding access to services whether improved or not, has this been recorded anywhere. Margaret Simpson responded that working with the Alliance and Scotland Health, they have looked at what services have been stopped and how this impacts on the individual's health so there is information available. John McLaren stated that we should be reporting to the Board that as a governance committee we are unable to give assurance of appropriate carers engagement in our processes at present and we ask that the Board keep this in mind and ensure that going forward this is improved. Lynne Gallagher added that in the current situation that some carers have felt it easier and more positive to be engaged as they don't need to leave the person they are caring for to be involved. Carer engagement doesn't need to be difficult as their organisation has a large database and an active carer forum which can be tapped into.

June Smyth responded that regarding evaluation some of the services are still in project stage and full data is not yet available but as pointed out there are networks of information. We are looking at what effects the pandemic has had on vulnerable groups from information available nationally and we are looking at how this impacts locally and what we can do to help moving forward. Within our resurgence plans and P&CS there are plans already in place to keep these groups involved and ensure they are not disadvantaged as the pandemic progresses.

Tris Taylor said he would lend his support to do something specific on access to involvement for carers and it would be fair to give the BET the opportunity to respond how it meets objectives and we could report to the Board that we are not at this point able to make a determination about whether we are satisfied that we have adequate insurance of involvement of carers in planning. As Chair of the meeting Tris would commission a paper on 'to what has been the extent on the involvement of carers in making decisions about services and to what extent that discharges our legislative obligations' over the last 12 months within NHS Borders.

Lynne Gallagher added that she would be happy to be included in any piece of work that improves the levels of involvement of carers. She also added that since the pandemic that carers are one of the hardest hit groups and as a partnership it's taken a long time to address issues and the response in terms of carer fatigue and burn out can result in two patients instead of one. The levels of bureaucracy between H&SC partnership and the third sector are very different and the tiers of management involved can hinder the actions, some carers have not had overnight respite since March. The involvement of carers and service users could influence and change that. Margaret Simpson stated that from the Ability Borders side for people with long term conditions and reliability on carers that they are seeing fatigue and lack of support.

John McLaren reminded the committee that this not just a COVID-19 issue and the reality is we have not been meeting these needs for some years now considering when the legislation went into place and as well as flagging this to the Board we should be more proactive and take into

account the responses from the BET but the message we are hearing is clear and consistent from carers representatives is that they are not being included. June Smyth reminded the group that this committee could only focus on the involvement of patients and carers within the NHS and that the IJB had its own responsibilities relating to engagement and involvement, but recognised that improvements were required across the whole system.

Tris Taylor asked if public members who are on working groups are recompensed for their services and June Smyth replied that public members are compensated for travel expenses and IT equipment and support is available for them to allow them to join into meetings via MS Teams. Reps are usually involved either by working groups having worked with them before or using the network that Carol Graham has set up.

Tris Taylor asked if the network is adequate in terms of demographics across the Borders and Carol Graham replied that at the moment we have 18 public members and are hoping to engage new members soon. Interested members are asked to complete an expression of interest form and they are made aware of what commitment they would be expected to give to a specific group and then they can decide if they are able to commit to the time that is required.

Tris Taylor asked that going forward a selection process could be built into the strategy plan to look at checks and balances into recruitment process so we are not missing out on people who have least time or access. This would give assurance that we are listening to people who need us in every setting. Carol Graham added that they do have a network of people in specific groups that we can call on if required and we also have access to HIS community and engagement groups and they have a number of public members that we can get in touch with.

**Action to ask Execs to bring paper to next meeting about how carers have been involved in service planning over the last 12 months and if this meets the legislative requirements we need to meet.**

**Action – Tris Taylor to send a letter with the Chair to summarise concerns raised by carers**

The committee noted the update from June Smyth

#### 6.1 Business Units Update: June Smyth

June Smyth highlighted that moving forward we are planning on bringing forward to each meeting an update from the clinical business units as to what public involvement activities have been undertaken in previous quarter so that the Committee could be assured this was in line with the new strategy (once available) and were able to review the evaluation of the effectiveness of that engagement. This reflects that the services are responsible for involving and engaging public, carers and other stakeholders.

Chris Myers said that from a P&CS perspective his team would welcome the opportunity to attend and bring forward updates to the Committee, and are just about to reinstate the Public Advisory Group to help inform public involvement plans as the team are keen to undertake public engagement meaningfully and will work with Clare and Carol to ensure this is set up in the right way.

#### **The Committee Noted the Update**

#### 6.2 P&CS Business Unit: Chris Myers

Chris Myers gave presentation regarding Duns Medical Practice. He outlined that because some staff employed by the practice had not yet been informed of the position his team had not yet formally started engaging with public yet but are outlining the proposed approach that we have developed with Clare Oliver, in first instance, and this will be refined in the coming weeks.

Once they are in a position to start engagement and communication activities he would welcome input from members here and other stakeholders.

The purpose of the presentation is to inform the committee that Duns Medical Group have tendered a 6 month notice of resignation of contract of providing medical services to the population within their area. The effective date for termination will be 30<sup>th</sup> March 2021. This is to provide the committee of assurance on the communication and engagement plans being developed and seek support for the next steps associated to the public engagement approach. We recognise that it is of vital importance that adequate time is built in to inform, engage and /or consult with the Practice patients and other groups affected. The level of engagement required is dependent upon the extent of the proposed changes, but a minimum of 6 weeks is a benchmark timescale for each engagement. We understand the practice has very recently shared the information with their staff and because of that we can now start communicating with the surrounding practices and start public engagement work.

Margaret Simpson said that Ability Borders send out bulletins Borders wide and would suggest that Berwickshire should be included in any conversations and this could avoid 'made up' conversations in public domain. If community benefits could be added into the process it could be a way of mitigating some of the impact and would be happy to help with that. Chris Myers thanks Margaret for her input and will include this in the working with Clare and Carol.

June Smyth informed the committee that Chris Myers was not employed with NHS Borders at the time the concerns were raised about Yetholm Surgery but he is fully sighted on them and to avoid the same issues here there is a robust plan that include public involvement and engagement and to reassure this committee. June also thanked Margaret Simpson for her comments and on reflecting on earlier discussions need to explicit around carers as a key stakeholder and perhaps there may be some support we can tap into and use to get information out once we start to engage with the larger public.

David Parker asked for clarification around when the team will be engaging with patients and the wider public and can we do it for longer than 6 weeks. He also enquired as to when we are going to talk to the local community councillors in the area so they can understand and try to help answer queries if they have some detailed information explaining why this is happening. Chris Myers replied that they are getting dates to speak to the surrounding GP practices in the first instance as this will affect them as practices and businesses and open communications as we would expect current Duns Medical registered patients to start moving to other practices. We will be meeting with them soon and will follow a sequence of events that needs to be followed in the correct order, the 6 week timescale is the minimum time required from CEL and we will spend more time if required. The public phase of our work will have concluded by 31<sup>st</sup> March next year. We recognise that the public and community councillors are key stakeholders and will engage with them in the next steps. Chris Myers will share the project plan with this committee virtually by email when it is available and any advice would be considered.

Tris Taylor thanked Chris for his presentation and the early sighting of this and also regarding the involvement of public and carers. Chris Myers added that he would take any advice the group could offer to help make the process more beneficial for everyone concerned. Lynne Gallagher said that it is good to see a commitment to involving members of the public into something that will have an effect on them and that she looked forward to hearing about progress.

**The Committee noted the presentation and asked for the project plan to be shared with the committee when available**

7. **Any Other Business:**



No other business matters were raised

**8. Future Meeting Dates 2021**

Tuesday 23 February 2.00-4.00pm

Tuesday 4 May 2.00-4.00pm

Tuesday 17 August 2.00-4.00pm

Tuesday 2 November 2.00-4.00pm

All via MS Teams