**Ref: GJF/2018/06/09**

**Approved Minutes**

**Person Centred Committee (PCC)**

**Tuesday 30 January 2018**

**Level 5 Corporate Boardroom**

**Members**

Mark MacGregor (MM) Non Executive Board member (Chair)

Jane Christie Flight (JCF) Employee Director

Marcella Boyle (MB) Non Executive Board member

**In Attendance**

Anne Marie Cavanagh (AMC) Nurse Director

David Miller (DM) Head of HR

Jack Tait (JT) Lay representative

Jill Young (JY) Chief Executive

Laura Langan Riach (LLR) Head of Clinical Governance (item 5.1)

Safia Qureshi (SQ) Director of Quality, Innovation & People

Sandie Scott (SS) Head of Corporate Affairs (items 7.3 & 7.4)

Stephen Hickey (SH) Consultant Anaesthetist (matters arising)

**Apologies**

Kay Harriman (KH) Non Executive Board member (Chair)

Judith Ross (JR) RCN Steward

Stewart Mackinnon (SM) Interim Chair

Sylvia McCulloch (SMcC) Unison Steward

**Minutes**

Christine Nelson (CN) Executive PA

**Minutes**

1. **Chair’s Introductory Remarks**

MM welcomed everyone to the meeting and explained that he was chairing the meeting as KH was unable to attend.

1. **Apologies**

Apologies were noted.

1. **Minutes of Last Meeting**

Minutes of the meeting held on 10th October 2018 were approved.

1. **Matters and Actions Arising**

The Actions were discussed and the action log updated, with the following noted:

Action 260717/02: DM stated that payroll is working with the HR team to cleanse the data. The roll out of eESS will also help the cleansing process.

Action 310117/06: JCF informed the group that work is ongoing with introducing digital tablets for use to the walkrounds and closing the loop between initial queries and final outcomes. This will also simplify audit trails. JY requested that any issues are highlighted with the manager initially to give teams the opportunity to rectify this locally. SQ added that Andy Gillies, Pastoral Care and Diversity Lead is developing a process map.

JY requested LLR to link in to identify any possible trends and connect this work to the process for other walkrounds.

Action 101017/02: DM will circulate a copy of the guidance on values for visiting staff to the Committee.

Action 101017/03: SH stated that Clinical Governance is now supplying all doctors with their complaint status ahead of their appraisal. Hany Eteiba is raising this with the Medical Directors and DM will feed back to the Committee.

SH joined the meeting to provide an update on Medical Appraisal and Revalidation. The following detail was taken from the live system:

Medical Appraisal For 2017/18.

The Board has responsibility for 118 doctors’ appraisals in 2017/18. Eight have completed ARCP and of the remaining 110, 60 appraisal interviews have taken place with paperwork either completed or in the process. Thirty interviews have been scheduled and 20 are still to set up an interview. SH reported an improvement on last year’s position but this is not as good as had been hoped for. This will be discussed further at an appraisers meeting scheduled for February.

SH reported a Board completion rate of 93% for appraisals in 2016/17. The completion rate across Scotland was 94%. At the responsible officer update meeting in December 2017, the GMC reported £60 million per year is being spent on complaints reporting and they are looking to work with local officers earlier in the process to reduce this cost. SH has written to the appraisers informing them of this and requesting that the quality of appraisals and documents are completed to a high standard.

Revalidation

SH reported that 5 doctors have been identified for revalidation in this cycle. All have received positive recommendations with 1 more recommendation needed before the end of March 2018.

MM stated that the performance is good and he understands SH is trying to get interviews completed sooner, but realises this takes time and good progress is being made. MM added that Form 4’s are being monitored for quality. SH stated he reads all completed Form 4’s, highlights any issues to the Medical Director and plans to share good examples of Forms at the February meeting with appraisers. MM suggested SH meets with each appraiser annually and reviews the forms they have completed but he understands potential time constraints in doing this.

SH agreed to send the national report to CN for circulation to the Committee.

MM highlighted the case of Dr Bawa-Garba The Committee discussed the repercussions of this case and how this could have a potential impact on what doctors’ record in their appraisal forms for fear of this potentially being used against them in court.

MB highlighted the organisation may want to consider disclosable information in the manner of wanting to be transparent and open. JY stated that the organisation has a Caldicott Guardian, Information Governance Director and an information asset register, which has just been formally submitted. This gives clear detail of what the information is and the owner. We are also robust in our policy compliance on who owns this information and how long it is held for. MB asked if staff would know this detail and JY stated that this was approved by the Senior Management Team and eHealth have carried out workshops and presentations. A FAQ and basic information letter is also being produced.

MM stated that all appraisers notify appraisees that all information discussed is confidential unless the appraiser is legally bound to report something to the GMC.

SH asked the Committee to note that David Wilson, Medical Workforce Information Adviser has provided invaluable support with this work.

MM thanked SH for attending and for the update on Medical appraisal and revalidation.

1. **Safe**
   1. **Complaints Report.**

LLR referred the Committee to the Quarterly Complaints report for 1st April – 30th September 2017 and gave an overview of the report.

Overall, the number of complaints has increased but this was predicted with the change in the system and how the data is being captured. The majority of complaints upheld were due to communication or attitude. Some complaints regarding adverse incidents were not completed within the timelines. No major trends have been highlighted.

MM asked if there is likely to be improvement in complaints being completed just within the deadline. LLR responded that the deadline is already tight and it may not be beneficial to attempt to reduce this further as this could affect the quality of the process. JY highlighted that sometimes Executive Directors are only given 1 or 2 days to approve the response which doesn’t allow enough time for any queries or amendments if required, this is being considered as part of improving performance.

MB thanked LLR for the narrative within the report, which she found very useful.

The Committee selected complaint 413 to further scrutinise at the next meeting and thanked LLR for attending and for the Complaints Report

* 1. **Quarterly Staff Governance Report**

DM gave an overview of the quarterly report and highlighted that the iMatter results won’t be available until later this year.

DM informed the group that after 31st January 2018 no further data can be uploaded to eKSF. The data for February and March will still be captured for the end of year report.

JCF highlighted the improvement in surgical services absences. DM commended Lynne Ayton, Lynn Graham and the HR Department on their work to achieve this improvement. The challenge continues to be around short term absences and JCF asked if it is known if these are 1 or 2 day absences. AMC stated this varies in different clinical areas and teams are looking into this.

It was noted that the managers should be commended for the improvement on KSF work.

MM suggested the sickness absence statistics could be shown across the year instead of just for winter as there is likely to be an increase at this time. DM agreed to reflect this in future reports. SQ stated that departments are now receiving control charts and these can be shared with the Committee.

MB asked if there is a link between sickness absence and length of service or age. DM stated that age range and gender are included on pages 9 – 10 and he is speaking with David Wilson regarding showing trends. AMC stated that nursing looked at age ranges and sickness rates and the age 40-49 bracket showed the highest levels.

The Committee noted the Staff Governance Quarterly Report.

* 1. **Occupational Health & Safety 6 Monthly Report**

DM stated that all adverse incidents have been reported to the Health and Safety Executive and no further action was required.

The skin surveillance policy is in process. Some queries were raised at SMT and a working group will be set up to address these before the policy is approved.

DM informed the Committee that the Board has achieved the Healthy Working Lives Gold Award again and thanked everyone for their work towards this accreditation.

Both Occupational Health Physiotherapists have completed a prescribing course and the service continues to operate extended opening hours.

Work is ongoing within the Board on implementation of the changes to smoking legislation in March 2018.

JY requested that DM gains more information on what the Physiotherapists can prescribe and requested that the Physiotherapists link into the non medical prescribers’ drugs and therapeutic group.

The Committee noted the Occupational Health & Safety 6 monthly report.

* 1. **Lampard Recommendations**

SQ gave an overview of the recommendations and directed the Committee to the paper which shows our position and ongoing actions and requested the Committee’s approval.

DM added that Lisa Taylor from the Scottish Health Council has expressed her approval of where the Board is placed with the recommendations.

The Committee agreed the importance for the Board to keep child protection awareness a priority.

The Committee discussed the reporting line for the Volunteers Forum and Lampard recommendations, whether they should report directly to PCC or if they should form part of the Involving People Group update. MM stated the Involving People Group update seemed sensible but requested that KH is given the final decision.

The group discussed how aware the volunteers are of Board policies for example, the whistleblowing policy. MB is the whistleblowing champion for the Board and Chairs the Volunteers Forum. MB stated that whistleblowing was discussed at the last Volunteer Forum meeting.

1. **Person Centred**

**6.1 Involving People Update**

SQ gave a verbal update on the Involving People work. Lay rep attendance at meetings is being reviewed. SQ will speak with the chairs of governance groups to identify where lay rep involvement is required. SQ thanked the Scottish Health Council for their help with this review process.

The patient involvement role descriptor has been developed and provisionally banded. Funding and approval is in process.

SQ aims to have the plan for the engagement network available for the next involving people group.

The volunteers’ role in supporting clinical trial work is being put in place.

The Committee thanked SQ for the Involving People Update.

**6.2 Draft PCC Annual Report**

SQ asked the Committee to review and provide comments on the draft PCC Annual Report which goes to the Audit Committee. JY stated that the report can be approved subject to no changes and final sign off will be sought at the April meeting.

The Committee discussed staff side representatives being lay representatives and whether they should be recorded as members or attendees. DM agreed to check this and will bring the draft workplan to the April meeting. MB requested that the volunteers strategy and action plan are added to the workplan. The Committee agreed, subject to KH’s approval.

**6.3 CBAS Feedback Report on USA Visit**

AMC gave an overview of the Relationship Based Care Symposium Conference that she and Eleanor Lang (EL) attended in June 2017 in Minnesota. The conference is held every 4 years and it gives the opportunity for organisations to share work on person centred care and consider what to implement. AMC and EL presented on the Board’s care assurance work in a break out session attended by 120 delegates which was well received with lots of positive feedback and follow up.

AMC and EL are aiming to start a pilot on practice councils, which is a forum for teams to discuss the care on their ward, what it’s like, how they feel, consider the quality of care for patients and discuss ways to improve.

AMC is looking at the ‘hearts and healthcare’ work of Robin Youngson, a consultant from New Zealand which looks at doctors and how they look after themselves. In addition AMC is looking into celebrating millennials and is hoping to link into the Young Peoples’ Forum for this work.

AMC and EL picked up some good ideas when they visited the outpatient department of the Mayo Clinic and plan to take some of these forward.

**7 Effective**

**7.1 Partnership Forum Report**

JCF gave an overview of the Partnership Forum update report. The hospital expansion and national and regional working are now standard agenda items.

A new template for the Staff Governance Submission is being implemented which will focus more on demonstrating the benefits from Board initiatives rather than just requiring details of the initiatives. The Staff Governance Sub Group will work on progressing the submission to ensure the correct governance route is taken in time for submission before 31st May.

JCF referred the Committee to the policy tracker. MM highlighted that several policies have review dates within a month and asked if this was problematic. JCF stated that the work life balance policies come under one national PIN (partnership information network) guideline. Policies have been kept up to date and are regularly reviewed. The Staff Governance Sub Group is coping with the current workload.

The Committee noted the Partnership Forum Report

**7.2 Annual Results of Participation Standard**

SQ referred the Committee to the Participation Standard 2016-17 Summary Report for the Golden Jubilee Foundation.

The Scottish Health Council assessed the Board as having maintained level 3 for patient focused governance arrangements.

It was noted that a small number of volunteers were used in the feedback and the Board will aim to increase this number the next time.

SQ gave reassurance that the recommendation will be taken on board. MB stated that some of this work will be included in the volunteers’ action plan.

**7.3 Communications Strategy & Performance Update**

SS joined the meeting and gave a summary of the Communications Department activity for April to September 2017. There have been over 4000 facebook and just under 3000 twitter followers and this continues to rise. There has not been a major campaign recently but there is likely to be activity around the NHS 70th and heart and lung 20th anniversaries. There has been no negative press since this report was published.

MM asked how the department is coping with the increased workload. SS explained that 3 members of the team have moved on to promoted positions outwith the organisation, which has added to the workload for the remainder of the team but recruitment is in place for replacements. JY stated that SS is looking at what less urgent items can be picked up elsewhere in the organisation to relieve pressure on the Communications Team and SS added that support can also be given by other Boards.

MB asked what the organisation is doing to help increase hits on the hotel website. SS stated there have been some technical issues around this but increasing imagery and use of social media is helping.

The Committee thanked SS for her update on the Communications Strategy and Performance.

**7.4 Communications Plan For Expansion**

SS gave an overview of the expansion communications and engagement plan which has been produced in consultation with the Scottish Health Council.

MB stated that the plan is engaging and suggested expanding more in section 5, stakeholder engagement approach to say “co-design” or “co-deliver” instead of “involve”. In addition MB suggested the plan could be more explicit on stakeholder engagement to include specific groups eg, under 24’s. SS acknowledged and suggested this could be included in section 4.

The Committee thanked SS for presenting the Expansion communications and engagement plan.

**7.5 Workforce Action Plan**

DM referred the Committee to the action plan and invited comments. MB highlighted that the update in action 6 should read “Band 5 Research Nurse post was advertised but **no** applications received”.

MM asked if the vacancy control process referred to in action 3 related to all roles. JY responded that this is limited to support services. The National Boards are looking at sharing staff and services. A review highlighted variances between Boards.

**8 AOCB & Review of Meeting**

Values Logo

SQ showed the Committee the logo which has now been approved by the Board.

Review

JY requested that not all agenda items should be listed as for noting or approval. Sandie Scott agreed to circulate the guidance relating to this.

**9 Date and Time of Next Meeting**

The next meeting will be held on Tuesday 24 April 2018.