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**Approved Minutes**

**Person Centred Committee (PCC)**

**Tuesday 24 April 2018**

**Level 5 Board Room, Golden Jubilee National Hospital**

**Members**

Kay Harriman (KH) 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)

Stephen Hickey (SH) Consultant Anaesthetist (Item 7.1)

**Apologies**

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

Susan Douglas-Scott Board Chair

**Minutes**

Christine Nelson (CN) Executive PA

**Minutes**

1. **Chair’s Introductory Remarks**

KH welcomed everyone to the meeting.

1. **Apologies**

Apologies were noted.

1. **Minutes of Last Meeting**

Minutes of the meeting held on 30th January 2018 were approved with the proviso that the word “no” was removed from the section 6.2.

1. **Matters and Actions Arising**

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

Action 300118/04: DM had met with Linda McKee the prescribing lead for Board. Got reassurance that Physiotherapists were only prescribing mainly painkillers and anti inflammatory drugs which were approved by the prescribing lead. DM also confirmed that they meet with medical prescribing group.

JY asked if the staff side representatives should be included as members. DM to check and update the PCC members. Add to Terms of Reference and Annual Report as necessary

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

LLR attended the meeting to talk through Complaint 413. She explained that it was a stage 1 complaint that had been dealt with very quickly. A daughter had complained whilst the patient was still an inpatient. The clinical nurse manager met with the complainant within a couple of days and the issue resolved.

The learning from stage 1 complaints were that they could be closed directly by the service. Paula McPhail would then do a follow up call to check that the complainant was happy with the resolution.

Overall it would appear that 70% of complainants were fully satisfied with the result but 30% were not fully satisfied and it was unclear if this was due to the ultimate decision or the actual handling of the case.

Clinical Governance were going to review the letter layout to include a comment that if complainant was not happy with the result then they should get back in touch with the hospital.

JB felt that looking at a particular complaint had been useful but what about the underlying reasons for complaints. Were these being addressed?

LLR stated that the annual report was being written and would include trends that may be causing concerns. She was also linking in with the Values Steering Group to try and reduce these incidents going forward.

JY wondered if trends were being seen in particular areas that were under pressure.

* 1. **Quarterly Staff Governance Report**

DM gave an overview of the Scottish Government report.

The Dignity at Work results were very much as expected and would be shared with the PCC members after it had been to SMT and Partnership Forum.

The feedback from people using TURAS, so far, was that was much easier to use than the previous system.

The figure for sickness absence in April were just over 4% and the end of year figure was just below 5%. This was higher than expected. The relevant managers were working with HR and the staff to try and reduce.

Data quality checks were being done with eESS at present. Managers would be able to do their own monthly reports going forward.

Managers will be able to look at live statistics and see any trends. Data should be more accurate as it would be taken directly from SSTS.

KH asked when the outcomes from the Dignity at Work would be available with the breakdown of results. JCF stated that nothing of major consequence had been flagged but that any information would be brought to the July meeting. She would ask Cheryl to add KH to the Partnership Forum papers.

DM stated that Comms would continue to send information to staff to keep them up to date

DM also confirmed that the organisation had been named in the National Report positively.

JY was concerned that some of the responses were different from the IMatters responses. There was a need to ensure a balance between the two reports.

MB stated that Volunteers could not at present complete IMatters and queried if this could be changed.DM explained that this was a national decision and not something that we can alter. He was however happy to look at alternatives for them to use. MB said that she would be interested to see how they would work with coping mechanisms etc. DM said that a questionnaire could be done and it would be anonymous.

KH was delighted with the KSF results which were the best they had been. She wanted a thank you to be given to all who had taken part.

1. **Person Centred**

**6.1 Involving People Update**

Equality outcomes and corporate parenting legislation being produced. KH said that the Equality Group needs some support as only about 4/5 people attend and it would be good to get more coming along. Maybe need to do some training.

Andy Gillies had arranged for religious and belief training to take place and the initial feedback had been very positive. He was looking to expand the group with new leads.

Sharon Stott had helped with some EHealth issues

KS also mentioned that it had been good to see an increase in the volunteer’s trainers. MB said that it had been good to get more support and focus on removing any issues found. She also confirmed that planning was happening for a volunteer’s day on the 5th June. The idea was to bring in more volunteers and ideally younger ones.

JT said that he hadn’t seen any action around getting details of which committees could/should have lay representatives attend them. DM stated that a meeting had now been arranged. JY asked that DM ensure that everything was linked into the committees as there was a requirement by audit to review these issues. MB agreed as the issue of lay representatives on committees was now outstanding by several months. JY reminded everyone that details of changes to the attendees for each committee needed to be approved by SMT.

DM will send the proposed date for the lay representative meeting to JT and MB. They will then

feedback to JY. JY will then take to SMT and Committees.

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**6.2 PCC Annual Report 2017/2018**

KH discussed with the meeting the format and layout of the report. There had been a discussion around this at Board and KH stated that she would need to come back to this group but meantime just focus on the content.

KH asked for the Terms of Reference to be finished and a work plan for last year and next year.

MB requested that plain English be used and would it possible to drop either the NWTB or GJF? JY said that unfortunately that was possible on everything except the annual reports because that needed the hospital’s legal title.

KH said that the Work plan and Terms of Reference were not aligned. The Terms of Reference mentioned a bi-annual review. DM stated that he would amend the TOR to reflect 17/18. MB reminded DM that it was not mentioned in the TOR for 18/19.

**6.3 PCC Terms of Reference and Annual Work Plan**

The meeting agreed to add a review of the work plan into the work plan for October

With regards to the review of the work plan MB asked where the policies and procedures would sit.

DM said that it should go through Partnership Forum and then onto PCC and Board.

JCF asked that the specific names mentioned in the Terms of Reference be changed to “two staffside representatives”.

JY said that the Terms of Reference would not be approved until it had been reviewed.

**6.4 Disability Confident**

DM said that he was proud of the work being done and we were the first Board to achieve this status.

We would continue to work with other organisations to develop and improve our knowledge further.

The Disability graduate was now working with us and the amount of knowledge being gained was

Valuable.

Renewal would be in three years time and the organisation would continue to commit to the project

and show evidence of its worth

The meeting expressed its appreciation of Elaine Barr who has worked diligently on this.

**7 Effective**

**7.1 Medical Appraisal and Revalidation End of Year Report**

SH stated that the local appraisers had met in February this year and had talked about the forth coming revalidation rates and discussed some anonymous forms.

Each appraiser does on average 6-8 appraisals. This is higher than the national average for

Secondary care but he was comfortable with this.

MB asked what his plans were with such a busy year. SH explained that he had divided up the

appraisals into sections of time which gave the appraisers time to plan and put relevant feedback in

place on time.

The meeting acknowledged the complete turnaround with the process and appreciated the huge

amount of work done this entailed. The committee thanked SH for his input..

**7.2 Staff Governance Self Assessment**

The Scottish Government submission needs to be approved by the Committee and then KH,JY and JCF can sign it off.

JCF gave an overview of how this process worked and how we need to evidence the work. SMT and Partnership Forum have already approved.

Policies are currently up to date. Only Health at Work is currently awaiting PIN guideline. All policies are reviewed every three years.

KH asked why the box hasn’t just been ticked. JCF said organisationally this was not a fit for our organisation. It was decided that there was no benefit to following this process but she was comfortable that we had enough information and detail. The only difference was that we were not using the template.

KH said that she was happy with section 2. It was well informed and liked that it had included the quota.

However the second question from section 5 she felt maybe needed some more insight. Was there anything else that could be used to give more detail? JY suggested LGBT+ or gender neutral facilities. JCF said that she had been trying to focus on other equality areas. There then followed a group discussion.

The meeting approved.

With regards to the policy tracker the work life balance policies are due to be refreshed within the next few months and would then go to SMT and Partnership Forum. It will be checked for language and gender neutral. DM suggested that we share with the appropriate Scottish Government department as Scottish policies are being looked at just now.

**8 AOCB & Review of Meeting**

KH asked DM about the labour turnover analysis. DM stated that some further work was required on some of the areas but will bring back to SMT, Partnership Forum and PCC.

Risk and Audit – internal auditors have made recommendations. DM confirmed that there were two low and two medium risks identified. An action plan was in place and local workforce planning in process. There had already been a workshop to discuss how to take forward and what tools could be used.

One of the medium risks that had been identified once resolved would ensure more meaningful data to be able to feed to the Board and the second medium risk was around workforce strategy. Hopefully the resolution to this risk will be submitted to the Board in October. This would include the expansion work and national and local plan. The document will go out for consultation before going for approval.

DM will keep the PCC up to date and will report back to the PCC as the process continues. Will give an update at the October meeting.

KH asked JY about the appraisals and job plans and any concerns she may have.. JY stated that it was more a challenge than a concern. JY informed the meeting that the MD and AMD’s along with the leads for each speciality were working on this.

Any changes on activity were monitored through P&P. KH felt that there was no reason why the committee couldn’t help and feed it through P&P.

Hany Eteiba to be asked to produce a report which he could then send updates to the PCC. It was agreed that this would be helpful and will be discussed at the July meeting

**9 Date and Time of Next Meeting**

The next meeting will be held on Tuesday 24th July 2018.