Borders NHS Board

STATUTORY AND OTHER COMMITTEE MINUTES

Aim

To raise awareness of the Board on the range of matters being discussed by various statutory and other committees.

Background

The Board receives the approved minutes from a range of governance and partnership committees.

Summary

Committee minutes attached are:-

- Strategy & Performance Committee: 05.12.13
- Audit Committee: 24.09.13
- Audit Committee: 17.06.13
- Clinical Governance Committee: 06.11.13
- Area Clinical Forum: 02.09.13

Recommendation

The Board is asked to **note** the various committee minutes.

Policy/Strategy Implications	As detailed within the individual minutes.
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	As detailed within the individual minutes.
Compliance with Board Policy requirements on Equality and Diversity	As detailed within the individual minutes.
Resource/Staffing Implications	As detailed within the individual minutes.

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

Minutes of a meeting of the Area Clinical Forum held on 2 September 2013 at 1pm in Committee Room, Education Centre, BGH.

Present: John Hammond, Janice Laing, Alison Wilson, Karen McNicoll, Nicky Hall, Iris Bishop, Karen Hamilton

Apologies: Austin Ramage, Sheena MacDonald

Agenda Item	Title	Speaker	Summary	Action
1	**Apologies and Announcements**	JH	John Hammond welcomed Karen Hamilton to the meeting. She was attending the ACF as part of her induction programme.	
2	**Minutes of Previous Meeting**	JH	The minutes of the previous ACF meeting held on 24 June 2013 were reviewed and several amendments were required to terminology in addition to:- 5 Public Governance – add utilising using Area Forums meetings. Nicky Hall to provide additional wording re 8d AOC peer review meeting. Page 3 Karen McNicoll advised that there was not a Research Ethics Committee per-se but there was a Research Governance Committee.	Iris to review and amend minutes and reissue for approval.
3	**Matters Arising**	JH	Minute 3: Matters Arising: Infection Control: John Hammond advised that in regard to Infection Control a new graph had been put into the Board report to show how many bays were closed due to infections. Minute 3: Matters Arising: Corporate Objectives: The Corporate objectives had been revised and were in the board papers.	Minute 4: Research Governance Report: John Hammond enquired if with regard to research governance if independent contractors would have access to funding. Minute 4: Incident Report: Sheena MacDonald had previously

Agenda Item	Title	Speaker	Summary	Action
			Minute 4: Research Governance Report: John Hammond enquired if with regard to research governance if independent contractors would have access to funding. Minute 4: Patient Feedback Report: It was noted patient feedback had been quiet over the summer. Minute 4: Incident Report: Sheena MacDonald had previously advised that she would raise the issue at the next Clinical Governance Committee to see if they would take ownership. An update was not known. Minute 2: Minutes of Previous Meeting: Professional Advisory Committees: Karen McNicoll advised that the AHP Advisory Committee had now met. It had reviewed and revised its constitution and identified a Chair, Karen McNicoll. The Committee was now considering its membership and deputies and a nomination for the role of vice chair. Minute 2: Minutes of Previous Meeting: Dermatology Inpatients: Dr Nigel Leary advised that it was proving challenging to recruit agency or substantively for dermatology. He advise the that the costs of agencies were cohibitive and the repatriation of patients from NHS Lothian was now on hold.	advised that she would raise the issue at the next Clinical Governance Committee to see if they would take ownership.

Agenda Item	Title	Speaker	Summary	Action
			Minute 3: Matters Arising: Significant Adverse Events: Dr Nigel Leary advised that with regard to significant adverse events training he was unsure if further dates for training were being organised. John Hammond advised that he had raised this matter at the Board and been assured that further sessions would be run. Alison Wilson advised that she was aware that further sessions would be organised for smaller numbers of people.	
4	**Clinical Governance Committee Update**	JH	There was none.	
5	**Public Governance Committee Update**	JH	There was none.	
6	**Strategy Reports**	JH	John Hammond advised that the Unscheduled Care report had been discussed at the Board and Board members had been asked for comments so that it could be submitted within the required timeline. Dr Nigel Leary advised that he was unclear what additional service capacity a new ED Consultant would provide and questioned if a consultant was the best fit. Karen McNicoll advised that the AHP Advisory Committee did not see the explicit links between the plan and the finances in terms of outcomes. Dr Nigel Leary enquired if there was an update on STACCATO and anticipatory care.	John Hammond advised that he would raise at the Board what the final version that had been submitted looked like and what the timelines were within it in addition to the questions raised by colleagues.
7	**Clinical Strategy**	JH	The ACF reviewed the presentation. The ACF made several observations on the Key	John Hammond to provide feedback on the Clinical Strategy on behalf of the ACF.

Agenda Item	Title	Speaker	Summary	Action
			Principles: it feels secondary care focused; clarity required on item H; understanding what item I means; use of language around integration; volume of principles some are repetitive; is it about patient safety; what are care bundles; what is the anticipatory care approach; are these operational interventions and not key principles; item Q are these the norm at present; typo in Item R; it reads very acute and secondary care focused, the majority principles on each page are acute and secondary care focused; it feels unbalanced for those in primary care, community care, mental health settings; and item S what does this mean. Karen McNicoll advised that the AHP Advisory Committee had appreciated they were early indicators and wondered how and why some of those figures had been identified as AHPs met 15% efficiency saving and was this in addition and how did that work with services they know did not meet that 15% efficiency saving.	
8	**Benchmarking Process**	JH	The ACF reviewed the benchmarking progress report. With regard to Anaesthetics there was agreement to fund 1WTE in Anaesthetics for critical care. Dr Nigel Leary advised there were a number of P&B meetings on Anaesthetics and when he asked if he was required to attend he was told no. He was therefore unsure what service information they required. Dr Leary advised that 2 FTCs were appointed in 2012 and the current service was	

Agenda Item	Title	Speaker	Summary	Action
			running with 2 locums. There had been no authority to proceed to making posts substantive. Audiology sits under Austin Ramage and was not a recognised AHP service. It was noted this was a national stance. The ACF noted the report advised of a gap in capacity. It was unclear in the Diabetics service what the original establishment was. It was noted a new appointment in Neurology had been made. The ACF welcomed the Benchmarking summary report.	
9	**National ACF**	JH	John Hammond reported there had been no national meeting since the last meeting. The next one was due on 5 September.	
10	**NHS Borders Board**	JH	The ACF reviewed the Board papers. <u>Car parking</u>: John Hammond gave an update and advised of the principles. <u>Waiting Times:</u> Dr Nigel Leary advised that in regard to Orthopaedics waiting times, the in patient target of 9 weeks was a local target. The national target was 12 weeks. Potentially if a patient was unavailable at 9 weeks they might not get picked up at 12 weeks. He raised a further issue regarding being unable to discharge patients off the system for Trakcare. He raised the issue of software problems	

Agenda Item	Title	Speaker	Summary	Action
			which were impacting on the potential for breaches to be recorded inappropriately. Dr Leary advised that there were challenges with capacity and reminded the committee that the additional resources put into orthopaedics were to enable NHS Lothian to utilise the extra capacity. He suggested that demand was now unmatched to capacity. Alison Wilson enquired about the increase in capacity in terms of extra appointments. Dr Leary advised that the extra capacity had been utilised to deal with both the backlog of operations as well as taking on NHS Lothian referrals. He suggested that more capacity was required. Dr Leary quoted 114 operations per month x 12 months which in effect was 1368 operations per year. He suggested the system was now undertaking in excess of 2200 operations and this was reflected through the progress made in out patients which was now down to the 12 weeks waiting time. Dr Leary suggested that there could be some challenges further downstream for the system as a whole.	
11	**Professional Advisory Committee reports.**		AHP: Karen McNicoll advised that the AHP Advisory Committee was now up and running. ADC: John Hammond advised that Peebles now had a new dentist starting who was replacing Gordon Miller who had retired. Richard Turton was no longer leaving Peebles so there was now a full complement of GDPs in Peebles. AMC: Dr Nigel Leary advised that the AMC and	

Agenda Item	Title	Speaker	Summary	Action
			GP Sub officers had met with regard to providing a new template of quarterly meetings and those were now in the process of being set up. The intention was that the AMC would move into a more horizon scanning/strategic approach to matters and move aware from being operational. With regard to other matters Dr Leary advised that it was becoming evident that the workforce was becoming older and challenges were being encountered in replacing staff in areas such as ED. He suggested for many specialties workforce planning could take 10-13 years and he advised that this was a national issue with regard to fewer trainees being available each year. He suggested that challenges were being faced in the primary care sector as well as the acute sector in regards to recruitment. AOC: Nicky Hall advised that the AOC had not met since the last time. APC: Alison Wilson advised that the Committee would be meeting in 2 weeks time and would be discussing 2 key issues; Report on Pharmaceutical Care in the Community and the document on Compliance Aids. BANMAC: Janice Laing advised that BANMAC now had a smaller Executive Group and were trying to elect a new Chair and Vice Chair.	

Agenda Item	Title	Speaker	Summary	Action
			Medical Scientists: No update received.	
12	**Any Other Business**	JH	John Hammond advised that he would conclude his term of office as the Chair of the ACF and Non Executive Director of the Board at the end of October. The ACF sought nominations for a new Chair. Both Alison Wilson and Karen McNicoll put themselves forward for nomination. Alison Wilson and Karen McNicoll were both given the opportunity to address the Committee in terms of supporting their nominations. Alison Wilson and Karen McNicoll were asked to vacate the room whilst the ACF debated and voted on a new Chair. The ACF appointed Karen McNicoll as the new Chair of the ACF for a period of 3 years from 1 November 2013. Dr Nigel Leary on behalf of the ACF thanked John Hammond for his leadership and support as Chair of the ACF.	
13	**Date of Next Meeting**	JH	John Hammond confirmed that the date of the next meeting would be Monday 4 November at 1.00m in the Committee Room, Education Centre, BGH. Alison Wilson gave her apologies for the next meeting.	

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 17th June 2013 at 2 p.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Dr D Steele

In Attendance: Mr M Campbell Smith, Audit Manager
Mr D Eardley, Audit Manager, Scott-Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mrs S Hall, Head of Procurement (Item 6.1)
Mr A Pattinson, General Manager (P&CS) (Item 7.1)
Ms M Smith, Planning & Performance Officer (Item 8.2)
Mrs J Smyth, Director of Workforce & Planning (Item 8.2)
Ms S Swan, Acting Deputy Director of Finance
Mr D Woods, Chief Internal Auditor

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Adrian Lucas and Calum Campbell.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 27th May 2013**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker
The Committee noted the action tracker.

5. **Fraud & Payment Verification**

5.1 *National Fraud Initiative - Update*
Susan Swan advised that there were no further updates from the May meeting.

The Committee noted the update.

5.2 *CFS Risk Assessment Methodology Exercise 2012/13*
Susan Swan spoke to this item. Susan advised that the report was to give the Audit Committee an update on the progress of applying the Risk Assessment Methodology within NHS Borders along with the timetable to give an indication of the timeline for this exercise.

The Committee noted the revised workplan and timetable. It was noted that the final report and action plan will come to the September meeting.

5.3 *CFS Annual Fraud Report & Proactive Plans*

Susan Swan spoke to this item. Susan advised that the reports are viewed by NHS Borders in terms of risk assessment to ensure that the organisation is as fraud proofed as it possibly can be. No issues were raised.

The Committee noted the annual report and proactive plans.

5.4 *CFS Patient Exemption Checking – Annual Report 2012/13*

Susan Swan spoke to this item. Susan advised that this report is to provide assurance that all payments made by NHS Borders are double checked for fraudulent activity. No issues were raised.

The Committee noted the report.

5.5 *CFS Intelligence Alert*

- *2013/05*

  Susan Swan spoke to this item. Susan reported that this alert was regarding bank account take over fraud. Susan advised that she had spoken with External Audit and they have confirmed that they are content that all precautions are being taken with the exception of having a named contact with suppliers. Susan confirmed that this is now in place.

The Committee noted the alert.

6. **<u>Governance & Assurance</u>**

6.1 *Audit Follow-Up Report*

Andy McLean spoke to this time. Andy referred to the External Audit recommendations where it was noted that there was a total of 2 outstanding recommendations, both of which are currently in progress. Andy highlighted that there had been 2 External Audit recommendations implemented since the meeting in March. Andy referred to the Internal Audit recommendations where it was noted that out of the 21 outstanding recommendations, 5 of these are currently in progress and 16 are not yet due for implementation. Andy commented that there had been significant action with recommendations since the March meeting. It was noted that recommendations within PWC's report on Waiting Times have been fully implemented. David Davidson referred to the Property Portfolio & Management audit and enquired if there was a target date for property transactions. Carol Gillie advised that work was progressing and that the timescale for this was 9 months. Brenda Everitt was asked get e-mail confirmation from John Smith that the 9 months will be achievable and circulate the response around the Committee for information.

The Committee noted the report.

- *Shona Hall – Update on Outstanding Audit Recommendation*

  Shona Hall gave an update on the outstanding recommendation arising from the Stock Management audit. Shona reported that the action was the intention to extend the top-up scheme to the Community Hospitals. It was noted that this is the system currently used within the BGH. Shona advised that an options appraisal paper would be going to the Procurement Steering Group and then to the P&CS Clinical Board prior to the September Audit Committee meeting. Shona offered to circulate the Options Appraisal paper to the Committee and to attend the meeting in September to give an update. This was agreed.

6.2 *Debtors Write-Off Schedule*

Andy McLean spoke to this item. Andy reported that the main categories within the write-off schedule for 2012/13 were dental, overseas patients and laundry. Andy referred to the overseas visitors where 4 cases were noted within quarter 4. Andy advised that a paper had gone to the last Board meeting detailing procedures to give assurance that the necessary information is being captured to ensure costs are recovered. Susan Swan referred to the policy for overseas visitors as she had been heavily involved in this and had emphasised the need for accurate recording through Trakcare. David Davidson enquired how this will be checked on the wards. Susan replied that checks will be undertaken within the Medical Records Department.

Doreen Steele asked if there were figures available for overseas dental write-offs as she felt it would be useful to have a closer look at this information. Andy confirmed that there were no dental overseas patients within the information reported. Carol Gillie advised that she has spoken with George Ironside and suggested an eLearning package be created for the wards to complete. It was noted that this is being considered.

The Committee noted the report.

6.3 *Audit Committee Self Assessment Checklist*

David Davidson advised that the Audit Committee members had completed the self assessment checklist and the results had been circulated for information.

The Committee noted the self assessment checklist.

7. Internal Audit

7.1 *Internal Audit Report – Community & Public Health Nursing*

Martin Campbell-Smith introduced this report which had an overall satisfactory rating. Martin reported that the audit had been undertaken in March 2013 and confirmed that there were reasonable frameworks in place to support delivery of the service in meeting patient's needs. Martin highlighted that the community nursing review has not been fully implemented and future staffing needs are not fully understood (issue 1). Martin advised that there is limited monitoring taking place to assess the quality of record keeping (issue 2) and that patients' records are not always being held securely (issue 3). Martin highlighted that staff do not always follow required processes to reduce the risk of harm from verbal or physical abuse (issue 4). Alasdair Pattinson confirmed that a number of actions are being taken forward. Alasdair referred to the issue about reducing the risk of harm and advised that Elaine Peace is now liaising with Sue Keean to take forward this training. Alasdair added that staff are not engaging with the Mobicare system and that there is a need to reinforce the importance of this. Doreen Steele enquired if staff log in when they think they might be at risk or at every visit. Alasdair confirmed that they should be logging in at every visit. David Davidson asked if the job specification included the use of this system. June Smyth replied that this would not be included within the job specification but confirmed there has been sign up to use this system so it is not an unreasonable request. David suggested that June and Alasdair progress this with John McLaren. June agreed to take this to the Area Partnership Forum and would feedback the outcome to the Audit Committee in due course.

Alasdair referred to the issue raised in relation to record keeping and confirmed that they are trying to actively address these with relevant colleagues within the organisation. It was noted that a meeting has also been scheduled with George Ironside and Ian Merritt. Alasdair added that in relation to record keeping across community nursing they have tried to build this into annual appraisals. It was noted that progress would be reported and monitored through the P&CS Clinical Board. Alasdair agreed that the community nursing review has not been fully implemented and explained that proposed changes have been difficult to implement as there have been differences of

opinion which has prevented moving towards the structure for redesigned treatment rooms. Alasdair recognised that there would be a need to review the workforce in light of current and future demands of community nursing and went over the actions to undertake this. David enquired if Jane Davidson and Andrew Lowe have been involved as they are the two key people taking forward the integration agenda. Alasdair confirmed that both Jane and Andrew have been kept fully informed. It was also noted that the process for appointing a Programme Director for Integrated Services was currently underway.

David felt that it would be beneficial for the Audit Committee to receive an update at the December meeting to give assurance. Doreen enquired if an action plan would be produced for the recommendations within the report. Alasdair confirmed that an action plan would be produced. Following discussion it was agreed that this would suffice for the update for noting at the December meeting.

The Committee noted the report.

8. **External Audit**

8.1 *ISA 260 Annual Accounts Assurance Report 2012/13*

Chris Brown introduced this report. Chris advised that the purpose of the report is to give the Audit Committee assurance to put forward the Annual Accounts to the Board for approval. David Eardley referred to the scope of the audit on page 4 and the significant matters detailed on page 5. David E reported that they planned to issue an unqualified audit opinion on the truth and fairness of the financial statements and the part of the remuneration report subject to audit. David E noted his thanks to the Finance team during their recent audit. David E highlighted the adjustments listed on page 6 (para 13) that had been made to the draft financial statements and related notes. It was noted that these did not have a material impact on the financial statements. David E then referred to the unadjusted differences noted on page 6 (paras 15 and 16), namely the Board's accounting treatment on the impact of the RRL outturn position and an asset held for sale was impaired by £55,000 to its recoverable amount. David E explained that these required to be flagged up to ensure that the Board is comfortable with this position. Carol Gillie confirmed that both parties were content to note these within the report. David Davidson enquired if we should be doing anything differently in the future. David E replied that technically they were suggesting that the adjustments be made but stressed that they were immaterial and confirmed they were of no concern for the Committee to note. Susan Swan added that Andy McLean is a member of the Technical Accounting Group and would be seeking clarification on this going forward. David E referred to Equal Pay and confirmed he was happy with the Board's treatment of this as it was consistent with previous years. It was noted that a valuation on the NHS superannuation scheme has still not been received from the Scottish Public Pensions Authority. Carol confirmed that she has raised this with her Director of Finance colleagues. Chris highlighted that this is a potential liability that will affect all NHS Boards. David E commented on the other issues detailed on page 7 (para 23) where it was noted that a circular from Scottish Government had not been added to the Board's action register. A satisfactory response from the relevant manager had been provided for this. Para 24 detailed the difficulty NHS Borders has had agreeing balances with NHS Lothian, however the Board has been able to provide evidence for the figure noted within the accounts. Carol advised that there is evidence confirming that we will receive an invoice from NHS Lothian so it was prudent for this to be noted within the accounts. David D thought it would be helpful for Carol to brief Calum Campbell as Accountable Officer on this. Carol agreed to do this. David E referred to Appendix 4 and highlighted that the figure on the last line should read 20 and not 25. David agreed to amend this.

The Committee noted the report.

8.2 *Best Value Toolkit – People Management*

June Smyth introduced this item. June reported that the audit had been carried out in conjunction with Scott Moncrieff and was very pleased with the results. June explained that there was a number of recommendations and that meetings have taken place with leads to assess these. Meriel Smith advised that the report would be going to the Area Partnership Forum and Staff Governance Committee meetings and that consideration is being given to the formation of an action plan to take forward enhancements to people management arrangements within the Board. It was noted that the action plan will be broader than the one within the toolkit. David Davidson enquired about the timescales for when they would be in a position to report to the Board. June replied that it is the intention to produce the action plan by the end of September. David asked if it would be beneficial for an update to be given to the Strategy & Performance Committee or a Board Development Session later in the year. Carol Gillie asked External Audit for their view on where this should go within the organisation. Chris Brown replied that the point of the toolkit is to provoke thought on how functions are carried out and to make improvements. Chris felt that it would be appropriate to take this to the Staff Governance Committee.

The Committee noted the report and agreed that it should go to the Area Partnership Forum and Staff Governance Committee.

9. **National Audit Reports 2012/13**

9.1 *Practitioner Services*

Susan Swan reported that this was the first in a suite of reports from appointed External Auditors for NHS Scotland Boards for audits undertaken on the technically supported information systems provided to NHS Borders. Susan advised that these reports provide assurance to support NHS Borders' Corporate Governance Statement. Susan highlighted that an unqualified opinion had been received from the Service Auditors and there were no significant issues to raise.

The Committee noted the report.

9.2 *National Information Technology Contract Services*

Susan Swan spoke to this item. Susan reported that an unqualified opinion had been received from the Service Auditors and there were no significant issues to raise.

The Committee noted the report.

9.3 *National Single Instance*

Susan Swan spoke to this item. Susan reported that an unqualified opinion had been received from the Service Auditors and there were no significant issues to raise.

The Committee noted the report.

10. Annual Accounts 2012/13

10.1 *Review of Corporate Governance Statement*

Susan Swan spoke to this item. Susan advised that the amendments discussed at the last meeting had been made. Susan highlighted that David Davidson had still not been included within the CHCP Board membership but would ensure he was added. Doreen Steele referred to the membership of the CHCP Board and queried where Councillor Bhatia, as Chair, should sit within Health or Local Authority. Susan agreed to check this and amend if necessary. David Davidson referred to item 3.2 on page 22 about the session facilitated by PricewaterHouseCoopers in 2011 to update the Strategic Risk Register. David asked if it would be useful to have a further review of this facilitated by an external body. Chris Brown advised that Scott Moncrieff would be able to assist with this if

required. Carol Gillie agreed to pick up with Calum Campbell about the potential of undertaking this during 2013/14.

Doreen referred to the Healthcare Governance Steering Group minutes about the risk appetite of the organisation and asked for clarification if it is the Board who would agree this. Carol agreed to pick this up at the next Healthcare Governance Steering Group meeting.

The Committee noted the Corporate Governance Statement with the proviso that the minor amendments are made. The Committee approved the Audit Committee Annual Assurance statement for submission to NHS Borders Board on 27th June 2013.

10.2 *Presentation Annual Accounts 2012/13*

Susan Swan spoke to this item. Susan reported that there had been no amendments to the figures from the set of accounts seen at the May meeting. Susan referred to page 4 and advised that David Davidson required to be added to the membership of the CHCP Board. Susan confirmed that this addition would be made prior to the accounts being signed at the Board meeting the following week.

The Committee noted the presentation annual accounts for 2012/13.

10.3 *Final Patient's Private Funds Annual Accounts 2012/13*

Susan Swan spoke to this item. Susan advised that this was the accounts for money held within NHS Borders for longer stay patients and would form part of the template for the annual accounts. Susan confirmed that the accounts had received a clean audit certificate and would go to the Board the following week for signing.

The Committee noted the final 2012/13 Annual Accounts for Patient's Private Funds.

11. **Items for Noting**

11.1 *Minutes of Healthcare Governance Steering Group: 19th April 2013*

Martin Campbell Smith advised that the group would be reviewing the organisation's risk tolerance at the May meeting.

The Committee noted the minutes of the Healthcare Governance Steering Group.

12. **Any Other Competent Business**

Internal Audit Service

Carol Gillie reported that she had been in discussion with David Woods on how to bridge the gap when Martin Campbell Smith leaves his post of Audit Manager. It was noted that various options had been looked at and that the favoured one is to bring in external support for the remainder of 2013/14. Carol advised that she had prepared a paper for BET on covering this in the interim and proposed circulating this around the Audit Committee for comments and agreement. This was agreed.

David Davidson announced that this would be Martin's last meeting. On behalf of the Committee, David thanked Martin for his input over the years as he would be greatly missed and wished him every success for the future. Carol re-iterated these comments on behalf of the Finance Department.

13. **Date of Next Meeting**

Tuesday, 24th September 2013 @ 2 p.m., Board Room, Newstead.

BE
11 July 2013

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Tuesday, 24th September 2013 at 2 p.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Mr A Lucas
Dr D Steele

In Attendance: Mrs I Bonnar, Occupational Health Manager (Item 4)
Mr C Campbell, Chief Executive
Ms G Collin, Manager, PricewaterhouseCoopers
Mr D Eardley, Audit Manager, Scott-Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs J Gething, General Services Manager (Item 7.3)
Mrs C Gillie, Director of Finance
Mrs S Hall, Head of Procurement (Item 4)
Dr J Kerr, Consultant, Emergency Department (Item 6.1)
Mr D McLuckie, Director of Estates (Items 7.2 and 7.3)
Mr A Pattinson, General Manager (Item 6.1)
Mr M Pringle, IT Infrastructure Manager (Item 4)
Mrs K Shakespeare, Service Desk Manager (Item 4)
Mrs J Smyth, Director of Workforce & Planning (Item 4)
Ms S Swan, Acting Deputy Director of Finance
Mr M White, Director, PricewaterhouseCoopers
Mr D Woods, Chief Internal Auditor

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from John Raine and Evelyn Fleck.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 27th May 2013**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker
The Committee noted the action tracker.

Internal Audit Report – Moving & Handling – Update
June Smyth introduced this item. June advised that an action plan had been provided to give an update on all recommendations to date. June was confident that the actions due at the end of the month would be achieved within the timescale. Irene Bonnar added that the actions with a

December deadline would also be completed by the deadline. June stressed that managers play a vital role in this and as such are required to progress the actions. June referred to the Training Needs Analysis and confirmed that these are now built into the performance reviews as a standing item on the agenda. David Davidson enquired when work would finish with the Clinical Boards. June replied that the last meeting was due to take place the second week in October. David referred to integration and asked if there had been any joint working with SBC colleagues. Irene advised that both organisations had met earlier in the week and had signed up to look at both organisation's risk assessments with a view to creating one format.

The Committee noted the update.

Internal Audit Report – IT Disaster Recovery – Update
Karen Shakespeare introduced this item. Karen reported that extensive work has been undertaken and that they are on target to meet the deadlines. Karen advised that there has been engagement across the organisation to ensure key dependencies for each service are fully considered. It was noted that work is also well underway to update the existing contract management information to support the Disaster Recovery Plan in the event of a disaster. Karen confirmed that the updated IT Disaster Recovery Grey Pages would be presented to the Resilience Committee for their review and recommendation. David Davidson noted his concern around the statement on page 5 that the existing IT knowledge within IM&T would be sufficient in the event of a disaster. Mike Pringle replied that training needs will be re-assessed as a number of staff who had previously received training have since left the department. David felt that it would be useful to co-ordinate this with Lorna Patterson.

David referred to the second last paragraph on page 4 about the Senior IT Services Manager updating the Disaster Recovery Plan to reflect current systems and IM&T's structure. David highlighted that this did not have a timescale against it. Karen Shakespeare advised that this is part of ongoing work. Mike added that there are various levels of testing and the work required on the back of decisions by colleagues will determine the timescales. Doreen Steele felt that as some of the actions would fall outwith the deadline of 30th September it would have been helpful to have received an action plan as part of the update. As this would be going to the Resilience Committee in November, David felt that it would be useful to receive a further update at the December Audit Committee meeting.

Calum Campbell stressed that he would expect a clear recommendation to the Resilience Committee on the level of testing to be undertaken. It was anticipated that detailed discussion around all aspects of Disaster Recovery should take place at the Resilience Committee. David Davidson agreed, as Chair of the Resilience Committee, that he would be asking IM&T to make recommendation, based on a risk assessed position, on the levels of disaster recovery in place and the appropriateness of each recovery solution.

Audit Follow-Up – Stock Management – Update
Shona Hall gave a presentation as way of an update on the stock management audit report. Shona reported that the weekly ward top up system is in place within the BGH. It was noted that within the community staff are responsible for their own levels and they are issued with a "shopping list" where there are no preset maximum levels. Shona highlighted that there have been particular issues in the four Community Hospitals. Shona advised that an options appraisal exercise had been undertaken to look at three options, namely extend top-up scheme at a recurring cost of £16k, implement top-up in the 4 main Community Hospitals at a recurring cost of £10k or preset the maximum levels on the shopping list at no cost. It had since been discovered that the levels could not be reset on the shopping list so they had looked at what the stock holding level should be and the maximum was reset to stop anything above this amount being ordered. It was noted that this is working well across the Community Hospitals. David Davidson enquired how much was anticipated in savings. Shona added that she is meeting with Senior Charge Nurses and this has

greatly helped communications. Shona explained that they are looking at usage overall within the Community Hospitals to open up discussions if there is a particularly high usage within one area. Shona also highlighted the need to get a low level of stock which is also a safe level of stock. Doreen Steele asked if there would be contingency plans for situations such as Norovirus. Shona confirmed that there would be and that she had recently attended a winter planning meeting with the National Distribution Centre.

The Committee noted the update.

5. Fraud & Payment Verification

5.1 *National Fraud Initiative - Update*
Susan Swan spoke to this item. Susan reported that work continues to close down actions and confirmed that no fraud had been identified.

The Committee noted the update.

5.2 *CFS Quarterly Report to 30 June 2013*
Susan Swan spoke to this item. Susan advised that there were no issues to note.

The Committee noted the report.

5.3 *CFS Risk Assessment Methodology Exercise 2012/13 – Final Report & Action Plan*
Susan Swan spoke to this item. Susan reported that following completion of the Risk Assessment Methodology (RAM) further work is now required to develop a Pro Active Plan for the Board. Susan proposed creating an NHS Borders Countering Fraud Operational Group where the remit would involve work to conclude the 2012/13 RAM exercise. Susan added that Counter Fraud Services are happy to provide support.

The Committee noted the progress made on the NHS Borders RAM exercise.
The Committee noted the conclusion of the RAM exercise will be included within the remit of the NHS Borders Countering Fraud Operational Group.

5.4 *Strategy to Combat Financial Crime in NHS Scotland – CEL 2013(11)*
Susan Swan spoke to this item. Susan advised that the circular has a number of measurable tasks which require to be undertaken by Boards and although NHS Borders has taken a proactive stance on fraud, further work is now required to meet these requirements. Susan explained that NHS Borders can work to address the requirements within the circular by creating a Countering Fraud Operational Group with a terms of reference based on the measurable tasks detailed within the circular. Susan anticipated that this group would report to the Clinical Executive Operational Group but have direct access, and provide regular updates to the Audit Committee. Calum Campbell referred to the Fraud Task Force who have offered to visit Boards. Susan agreed to pick this up with CFS.

The Committee noted the issue of CEL 2013(11) "Strategy to Combat Financial Crime in NHS Scotland".
The Committee supported the formation of an NHS Borders Countering Fraud Operational Group to address the requirements of CEL 2013(11).
The Committee agreed an initial objective for the Operational Group is the completion of the Counter Fraud self assessment checklist.
The Committee noted further discussion of CEL 2013(11) at the Partnership meeting with CFS being held on 24th October 2013.
The Committee requested regular updates from the NHS Borders Countering Fraud Operating Group at future Audit Committee meetings.

5.5 *CFS Intelligence Alerts*

- *2013/07, 2013/08, 2013/11, 2013/12, 2013/13, 2013/14 & 2013/15*

Susan Swan reported that she links in with Human Resources and Procurement to ensure intelligence alerts are taken forward appropriately across the organisation. David Davidson asked if there had been any fraudulent activity made against NHS Borders. Susan advised that NHS Borders had not been targeted directly but she was aware of this through a partner organisation. Susan confirmed that it has now been built into the process to have a specific contact within a company before a bank change is made.

The Committee noted the alerts.

5.6 *Revised Payment Verification Protocols – CEL(2013)15*

Susan Swan spoke to this item. Susan gave assurance that Costas Kontothanassis is in regular contact with Practitioner Services Division (PSD) and attends quarterly meetings. It was noted that new protocols have been implemented as part of the PSD requirement and reminded the Committee that assurance is received as part of the year end reporting process.

The Committee noted the guidance.

6. Governance & Assurance

6.1 *Audit Follow-Up Report*

Andy McLean spoke to this item. Andy reported that as at September 2013 there were a total of 5 outstanding external audit recommendations, all of which are not yet due for implementation. For internal audit recommendations it was noted that a total of 24 are outstanding, 5 of which are currently in progress and 17 are not yet due for implementation. Andy highlighted that there were various recommendations overdue for implementation for the Emergency Department and advised that a verbal update would be provided later in the meeting. Andy also referred to the outstanding recommendation within the Property Portfolio & Management report and confirmed that progress continues to be made against this recommendation in terms of the space utilisation review and preparation of property agreements. Andy confirmed that a total of four recommendations have been fully implemented since the last update. David Davidson referred to one of the actions implemented regarding the Staff Governance Action Plan and enquired if this had been on the agenda at the last Staff Governance Committee. Adrian Lucas confirmed that this had been discussed at the last meeting.

The Committee noted the report.

- *Alasdair Pattinson/Jacques Kerr – Update on Outstanding Audit Recommendation – Emergency Department*

  Jacques Kerr referred to the issue around the department not having sufficient medical staff on duty and advised that they are recruiting a second Consultant within the Emergency Department who will specialise in surgical and orthopaedics. It was noted that shift times have also been changed to ensure that the evening shift is better covered and it was noted that the results look promising. Jacques explained that they are trying to match demand with capacity and are looking at different models to stream patients better. Jacques reported that they have undertaken a trial on treating patients with a fractured neck of femur. It was noted that this had worked successfully and they had put a patient through the department in 35 minutes. Jacques explained that they are also looking at minor injuries and are trying to empower the Emergency Nurse Practitioner by putting

them on a prescribing course. It was also noted that they are also looking to train paramedics to help with the minor flows throughout the department. Jacques referred to the issue around delays in admitting patients to wards and advised that they are looking at different pathways of care and that their ultimate goal is to have patients streamed by their first point of contact. Calum Campbell suggested that the Non Executive Directors may find it beneficial to pay a visit to the alpha zone within the Emergency Department. Carol Gillie agreed to co-ordinate a visit.

It was noted that the majority of the backlog of Datix incidents related to breaches and that June Nelson now goes through these every week and proactively signs off any breaches on a four hour standard. Alasdair Pattinson added that this is also reported through the Healthcare Governance Committee within the BGH. Jacques referred to the delays in organising transport for patients waiting to be discharged and advised that the Scottish Ambulance Service have a new Area Manager and that Kirk Lakie and June Nelson are working with him to look at better streamlining patient transfers.

The Committee noted the update.

6.2 *Debtors Write-Off Schedule*

Andy McLean spoke to this item. Andy reported that for the first quarter a total of £2,377 had been written off. Andy advised that this related to mainly two categories, namely dental and laundry which was similar to issues from the previous year. Calum Campbell asked if there were patients who repeatedly request emergency dental care as he would be extremely keen to retrieve this debt. Andy agreed to look into this to see if there were any patients in this category. David Davidson commented that in Hawick you are not asked for your payment details prior to your dental appointment. Carol Gillie agreed to pick this up with Marion Wood as this was not normal practice.

The Committee noted the debtors write-off schedule.

6.3 *SFR 18 Losses and Compensations*

Andy McLean spoke to this item. Andy referred to the report which detailed losses and special payments for the first quarter which amounted to £3,965. Andy advised that there were no issues to bring to the Audit Committee's attention. David Davidson referred to the appendix and the "other" line under "claims abandoned" as he felt it would be helpful to have more information included in future reports. Andy advised that this was a standard template and agreed to incorporate this in the future.

The Committee noted the SFR 18 Losses and Compensations.

7. Internal Audit

7.1 *2012/13 Internal Audit Plan Progress Report*

David Woods spoke to this item. David reported that the plan had started on schedule and there were three final reports on the agenda. David reminded the Committee that the Lothian & Borders Audit Consortium agreement had expired on 31 March 2013 and as previously agreed PricewaterhouseCoopers would cover the remaining seven audits until the way forward is agreed.

The Committee noted the progress report.

7.2 *Internal Audit Report – Property Transactions*

David Woods introduced this report which had an overall requires improvement rating. David reported that during 2012/13, two properties had been sold and land had been purchased. It

was noted that transactions were conducted largely in accordance with NHS Scotland's Property Transactions handbook. David highlighted that certificates required for the transaction at Lauder had not been completed, although correspondence provided had given the necessary assurances. David highlighted the second issue had been failure early in the process to clarify title to the land at Lauder which had led to significant delays in the purchase. David McLuckie responded that it had not been possible to predict this technical breach and confirmed that he had worked with James Barr, the Board's property advisors and the Central Legal Office. David Davidson stressed that the Board should be kept fully updated around the Lauder situation.

The Committee noted the report.

7.3 *Internal Audit Report – Hospital Cleaning*

David Woods introduced this report which had an overall satisfactory rating. David reported that Domestic Services have good cleaning and monitoring programmes to comply with the National Cleaning Services Specification. However, it was noted that local cleaning specifications do not comply fully with the National Cleaning Services Specification, especially with some cleaning not done as often as required. It was also noted that delays were evident in issues being addressed following inspections. Assurance had been given that these should be resolved within the week. It was also noted that equipment used for cleaning is not always being maintained or repaired on time. David Davidson referred to the first bullet point on page 4 stating that cleaning behind appliances does not meet national requirements. Jane Gething confirmed that a typing error had been made in local documentation and these have since been robustly checked and the process in place does meet the national requirement. Jane also added that there is a misunderstanding of the service spec and confirmed that Health Facilities Scotland are reviewing this to make it an easier document to understand. It was noted that Jane is part of the group reviewing this. David McLuckie referred to issue 3 about not all staff attending relevant training and training records not being kept up-to-date. David McL advised that Jane and her team have volunteered to help train clinicians on cleaning their equipment, i.e. commodes and zimmer-frames. It was noted that more work is required on the risk assessments. Jane confirmed that there are timescales in place for this and it was noted that Andy McLean would continue to monitor this through the follow-up process.

The Committee noted the report.

7.4 *Internal Audit Report – Patients' Funds & Valuables*

David Woods introduced this report which had an overall requires improvement rating. David highlighted that patients are advised not to bring cash or valuables into hospital. David reported that procedures for managing patients' funds and valuables are not consistent or comprehensive. Also, complete and accurate records of patients' cash and valuables are not maintained. David highlighted that valuables are not always being held securely.

Susan Swan advised that governance arrangements have now been verified and Helen Smith, Facilities Administration and Linen Services Manager, is the point of contact. Susan reported that the policies have been consolidated so there is now only one document with revised appendices. A copy of this is on the Intranet. It was noted that there is a schedule of training during September and October 2013 for the areas in most need of this. Follow-up will also take place with the Senior Charge Nurses on the wards who do not regularly hold valuables for patients. Adrian Lucas enquired what the Emergency Department do with valuables. Susan confirmed that they would hold these initially and they would be transferred with the patient onto the ward.

The Committee noted the report.

7.5 *Internal Audit Recommendations – Ratings and Comparisons*
Mark White spoke to this item. Mark explained that PricewaterhouseCoopers have their own format in reporting and classifying reports and the comparisons table was to give the Committee an indication of what the differences would look like. Mark added that he expected there to be very little difference.

The Committee noted the ratings comparisons and were content providing there was consistency.

8. **External Audit**

8.1 *Annual Report to Members 2012/13*
David Eardley introduced this report. David advised that the majority of the format would be familiar as it had come in various guises and this was just the overarching report. David referred to the financial statements section within the executive summary where he confirmed that the audit opinions are unqualified and there were no material issues. David highlighted that future years for NHS Borders financially will continue to be challenging. David reported that there was a good performance management framework in place and there were no significant issues to raise. David referred to two issues, namely A&E targets as it was felt that more detail would challenge the scrutiny around the large surge in attendance level. The other issue was regarding sign-off of the Risk Strategy and it was noted that this is in progress.

The Committee noted the report.

8.2 *Audit Scotland Report: Developing Financial Reporting in Scotland*
Carol Gillie spoke to this item. Carol reminded the Committee that all Audit Scotland reports initially go to the Healthcare Governance Steering Group for them to agree where the report should go within the organisation for action/noting.

Carol highlighted that this report clearly lays out why good reporting is essential and gave excellent background information.

The Committee noted the report.

8.3 *Audit Scotland Annual Review 2012/13*
Carol Gillie spoke to this item. Carol advised that this was self explanatory and had been circulated for information.

The Committee noted the report.

8.4 *Audit Scotland Report: Auditing Best Value in the NHS*
Carol Gillie spoke to this item. Carol referred to the last page of the report and highlighted that Audit Scotland are developing their approach to auditing Best Value in the NHS and that they would welcome comments either through External Audit or direct to Audit Scotland.

The Committee noted the report.

9. **Items for Noting**

9.1 *Minutes of Healthcare Governance Steering Group: 24th May and 21st June 2013*
David Davidson referred to the mortality review work being undertaken by Dr Cripps and asked if this had gone to the Clinical Governance Committee. Adrian Lucas confirmed that the

Clinical Governance Committee had received a presentation and confirmed that they were content with this.

The Committee noted the minutes of the Healthcare Governance Steering Group.

9.2 *Technical Bulletin 2013/2*

Susan Swan spoke to this item and reported that she had no issues to raise. Susan reminded the Committee of the recommendation from External Audit to review the bulletin and report to the Audit Committee on the cross public sector fraud cases. Susan referred to the additional paper she had circulated and highlighted that she had given an assessment on the impact of each case. David Woods referred to case 1 and highlighted that at the last Payroll audit, it was noted that both the Payroll Manager and Deputy Payroll Manager have a high level of access rights. It was noted that management have confirmed that they are content with this and David suggested that a footnote to this effect would be helpful.

The Committee noted the Technical Bulletin.

9.3 *Mid Year Review of Code of Corporate Governance*

Susan Swan reported that a paper had been presented at the Board meeting on 5th September 2013 following a review of the Code of Corporate Governance. Susan advised that the Code of Corporate Governance Steering Group meet on a quarterly basis and they had reviewed a number of issues put forward by the Chair. It was noted that the Board had approved these amendments earlier in the month and the document will now be updated. Doreen Steele advised that the Chief Executive had asked for a Non Executive Director to join the Steering Group and it was noted that Doreen would fill this role.

The Committee noted the paper.

10. **Any Other Competent Business**

10.1 CFS Annual Review Meeting – 24th October 2013

Susan Swan reported that the CFS annual review meeting was taking place on 24th October 2013. Susan confirmed who was attending and explained that a number of the issues on the agenda linked to CEL 2013(11) as discussed earlier in the meeting. It was noted that there was a questionnaire to be completed prior to the meeting which Susan would be undertaking.

The Committee noted the update.

11. **Date of Next Meeting**

Tuesday, 17th December 2013 @ 2 p.m., Board Room, Newstead.

BE
23.10.13

Borders NHS Board

Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday 6 November 2013 at 2.00pm in the Board Room, Newstead.

Present:
Adrian Lucas (Chair)
Alan Mordue
Evelyn Fleck
Tom Cripps
Laura Jones
David Davidson
Doreen Steele

In Attendance:
Colin Redmond
Mandy Brotherstone
John McLaren
Pat Alexander
Stephen Mather
Marion James Smith

1 ANNOUNCEMENTS & APOLOGIES

Apologies had been received from Sheena MacDonald, Karen McNicoll and Calum Campbell.

The Chair introduced and welcomed Dr Stephen Mather, Non Executive Director who would be taking over as Chair of the Clinical Governance Committee at the next meeting. Everyone attending the meeting introduced themselves to Dr Mather.

The Chair also announced that Pat Alexander, Non Executive Director and John McLaren, Employee Director, would join the meeting for Agenda item 8.

2 DECLARATION OF INTEREST

There were none declared pertaining to items on the agenda.

3 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting of the Clinical Governance Committee held on Wednesday 4 September 2013 were approved.

4 MATTERS ARISING

The **Clinical Governance Committee** noted the action tracker.

5 CLINICAL EFFECTIVENESS

5.1 Child Health Update

Mandy Brotherstone spoke to this item focusing on preparation for implementation of the Children's Bill and GIRFEC (which was the methodology for the delivery of services for children). It was noted that in Scotland 17% of children were perceived to live below the poverty threshold and the aim of the Bill was to help those children become effective contributors to society in their lifetime.

The service delivery model ensured that all children had a named person from birth to 18. The professional responsibility changed according to the age of the child and Health would take a staged approach to the implementation of the named person. A Health Visiting (HV) review would consider capacity and competencies to achieve the named person requirement. The review was due to report locally in April 2014.

The Scottish Government assessed that for 80% of children there would be no additional activity. The timescales for information sharing with partners if there was a concern about wellbeing without consent was 2016. However locally, working with families would be promoted as best practice to ensure that they were aware that information would be shared.

David Davidson and Stephen Mather enquired further regarding the governance around sharing information without parental consent. They were assured that further guidance would be issued regarding the powers and responsibilities of the named person in April 2014.

Evelyn Fleck enquired if there was enough input from Non Executive and Executive Directors to the Corporate Parenting agenda.

Doreen Steele enquired about the benefit elements. Mandy Brotherstone clarified the corporate parenting elements and undertook to provide Doreen Steele with an emailed update re the benefits elements.

Alan Mordue asked about information governance. Mandy Brotherstone confirmed that it would be discussed at the Information Governance Group.

David Davidson asked about what sanctions would exist for organisations. Mandy Brotherstone responded that there were ongoing discussions around that.

The **Clinical Governance Committee** requested an annual update**.**

The **Clinical Governance Committee** noted the content of this paper and the actions regionally and locally that have been undertaken in preparation for the Bill.

6 ASSURANCE

6.1 Clinical Governance Committee Workplan 2013/14

Adrian Lucas asked members to note the 2013/14 Workplan. Laura Jones outlined the three outstanding areas which were scheduled for the February 2014 meeting.

The **Clinical Governance Committee** agreed to add the draft Annual Report, Dementia Strategy and an update on Care and Clinical Governance for H&SCI be added to the work plan.

7 PATIENT SAFETY

7.1 Infection Control Report

Colin Redmond spoke to the paper highlighting that with regard to SAB's an aggregated review of all cases since April had concluded that the opportunities for intervention were limited, although some learning was identified re PVC insertion and Catheter care. Colin Redmond further reported that since the last meeting HPS had revised their figures and NHS Borders has met the c.diff HEAT target for 2012/13. An aggregated case review of Orthopaedic SSI was to take place on 7 November 2013. Hand hygiene data was now being provided directly to Senior Charge Nurses and figures had improved since the previous intervention.

Stephen Mather asked if there was a correlation between hand hygiene, pvc compliance with the rotation of junior doctors. Colin responded that the educational process had been tightened up and the ICT were very much aware that staff needed the information. Doreen Steele responded that she would raise the matter with NES.

David Davidson asked if any account was taken of visitors and carers. Evelyn outlined the actions re signage, practice and PPE.

Tom Cripps identified that Andy Longmate had visited the BGH and the discussion in relation to the need to ensure universities covered this for undergraduates.

Doreen Steele asked about laminar flow for orthopaedics. Colin Redmond advised that this was not a factor in relation to SSI's and advised that a systematic review published earlier that year was not conclusive in relation to Laminar Flow.

Evelyn Fleck advised the Committee of the HEI HAI unannounced inspection and that the draft report was awaited.

The **Clinical Governance Committee** noted the report.

7.2 Falls Thematic Event Report

Evelyn Fleck spoke to the item and outlined that the report highlighted a specific breakdown of slip/trip fall events from October 2012 and illustrated the ongoing work within the organisation to reduce the number of inpatient falls and resultant harm caused by falls.

Doreen Steele enquired if continuation of funding had been confirmed for the Falls Lead post after March 2014. Evelyn said that discussions and negotiations were still ongoing.

The **Clinical Governance Committee** noted the report and sought an update on progress until clarified.

7.3 Patient Safety Report

Laura Jones spoke to the item and highlighted the introduction of the ten patient safety essentials and how the organisation assure itself that they were embedded reliably. Laura Jones outlined the communications in training, staff written information and targeting casual/locum staff groups. She also highlighted the new set of adult priorities and the Scottish patient safety indicator. A baseline would be established and brought to the Committee and more work was required around CAUTI.

Laura asked the committee to note the developments and assurance requirements.

Stephen Mather enquired if the organisation collects information on 'never' events. Laura responded that a list of 'never' events were articulated in the NHS Borders Adverse Event policy. Stephen Mather responded that an organisation needed to obviously articulate attention to those. Laura advised that never events were included along with all other adverse events in the overview report provided to the committee.

Laura Jones advised that NHS Borders would be an early implementer site to work on social marketing around the 10 safety essentials, Andy Longmate as the National Clinical Lead for safety had visited NHS Borders last week and plans to work jointly on this.

Adrian Lucas asked Tom Cripps if he was confident regarding the organisations' ability to achieve the SPSI outcomes. Laura Jones confirmed that it was under discussion in order to clarify the base line.

The **Clinical Governance Committee** noted the report.

8 NHS Borders Improvement Plan – In response to Francis, Keogh and Berwick Reports

June Smyth, John McLaren and Pat Alexander joined the committee at 3.05pm. The Chair introduced the paper from the Head of Quality and Clinical Governance. John McLaren outlined that there was crossover between some of the items and suggested that there may be an opportunity to ensure a presence at each of the committees. Adrian Lucas identified that the common non executive amongst the committees was Doreen Steele. Adrian Lucas suggested that this link be formalised at the next Board meeting.

Doreen Steele advised that there had been a discussion that there should be at least an annual meeting of the Board Committees. There was discussion about a balanced scorecard.

Pat Alexander suggested each committee needed to consider how to embed the action plan into their workplans.

The action plan was approved and it was agreed that it should remain joint. June assured the committee that it was a continuation of the way the organisation worked and the importance of ensuring that a variety of committees added to the scrutiny to ensure assurance. David Davidson supported committees looking at the actions from their own brief and perspective.

Laura Jones confirmed that the action plan was 'live' and there was an opportunity to influence the actions. John McLaren identified that retention of staff could be included. Adrian Lucas suggested that Staff Governance should take this and action as they saw fit.

Adrian Lucas ensured that members were content to give assurance to the Board that the specifics were being actioned. It was agreed that an annual progress report should be taken to the S&PC.

The **Clinical Governance Committee** noted the paper providing an update on the adult acute patient safety workstreams including the 10 patient safety essentials and introduction of the Scottish Patient Safety Indicator.

9 PATIENT FEEDBACK

9.1 Patient Feedback Report

Evelyn spoke to the item and outlined that the report provided an oversight of patient feedback received about NHS Border Services and that information provided was dealt with in a timely and effective manner and shared across the organisation. Evelyn advised that it was reassuring that the report showed that complaints and concerns were now managed consistently with the aim of providing a response within 20 working days apart from the more complex cases.

Evelyn outlined that the report was a useful tool to pick up best practice examples for staff training.

There was general discussion about the quality of response letters. Doreen Steele suggested some modification and re-phrasing regarding appreciation that concerns had been brought to the attention of the organisation.

Adrian Lucas suggested that regarding DNA correspondence it would be helpful to stress the importance of implications of non-attendance.

Adrian suggested that it should be noted that when the public or relatives were attending health services that they could be stressed and perhaps have less tolerance and that staff should be trained to take that into account.

The **Clinical Governance Committee** discussed with invited members of the Staff and Public Governance Committees the improvement plan contained in Appendix 1 in relation to the most appropriate governance and oversight of the actions outlined.

The **Clinical Governance Committee** agreed the frequency of reporting and level of oversight the Clinical Governance Committee require to assure the Borders NHS Board of progress.

10 ITEMS FOR NOTING

10.1 Statutory and Other Committee Minutes

Public Governance Committee Minutes: 23.05.13

The **Clinical Governance Committee** noted the minutes.

Adult Protection Committee Minutes: 13.08.13

The **Clinical Governance Committee** noted the minutes.

Child Protection Committee Minutes: 24.10.13

The **Clinical Governance Committee** noted the minutes.

HCGSG Minutes: 30.08.13 Unapproved

The **Clinical Governance Committee** noted the minutes.

11 ANY OTHER BUSINESS

David Davidson thanked Adrian Lucas on behalf of the Committee for his guidance and support during his chairmanship of the committee.

12 DATE AND TIME OF NEXT MEETING

The Chair confirmed the next meeting of the Clinical Governance Committee would be held on Wednesday 12 February 2014 at 2.00pm in the Board Room at Newstead.

Borders NHS Board

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 5 December 2013 at 12.30 in the Board Room, Newstead

Present:	Mr J Raine	Mr C Campbell
	Mrs K Hamilton	Mrs E Fleck
	Mr D Davidson	Mrs J Davidson
	Cllr C Bhatia	Mrs J Smyth
	Mr J McLaren	Dr S MacDonald
	Dr D Steele	Dr E Baijal
	Mrs K McNicoll	
	Mrs P Alexander	
	Dr S Mather	
In Attendance:	Miss I Bishop	Dr C Sharp
	Ms J Cockburn	Mrs K Grieve
	Mrs S MacDougall	Mr G Arkley
	Mr A Pattinson	Mrs C Oliver
	Mrs J Stephen	

1. Apologies and Announcements

Apologies had been received from Carol Gillie, David McLuckie and Hamish McRitchie.

The Chair confirmed the meeting was quorate.

The Chair welcomed Stephen Mather, Non Executive Director to his first meeting of the Board in its role as the Strategy & Performance Committee. Dr Mather had been appointed as a Non Executive for 4 years from 1 December 2013.

The Chair welcomed Karen McNicoll, Non Executive Director to her first meeting of the Board in its role as the Strategy & Performance Committee. Mrs McNicoll had been appointed as a Non Executive, in her capacity as Chair of the Area Clinical Forum, for a period of 3 years from 1 November 2013.

The Chair welcomed Janice Cockburn, Deputy Director of Finance, who was deputising for Carol Gillie.

The Chair welcomed Karen Grieve who shared her patient story with the Committee.

The Chair welcomed Sheila MacDougall, Risk, Health & Safety Manager who spoke to the Strategic Risk item on the agenda.

The Chair welcomed Gary Arkley, Head of Estates to the meeting who spoke to the Future of Newstead item on the agenda.

The Chair welcomed Alasdair Pattinson, Interim General Manager, Kirk Lakie, Service Manager, Holly Irwin, Service Manager, Jackie Stephen, Head of IM&T, Philip Lunts, General Manager who contributed to various items on the agenda.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

There were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 3 October 2013 were approved.

4. Matters Arising

Minute 7: Borders General Hospital (BGH) Car Parking Enforcement: Clare Oliver updated the Committee on the BGH car parking media issues in relation to car parking management. The most significant development had been the launch of a Facebook page that had been set up seemingly by a member of NHS Borders staff. The majority of press enquiries received that week had been in relation to the Facebook page. Mrs Oliver advised that she had raised a concern with Radio Borders regarding their reporting of the situation on car parking management and they had apologised.

The Committee noted that there were 1000 car parking spaces on the BGH campus and the hospital contained 250 beds which equated to a 4:1 ratio of beds to spaces. Staff had been asked not to park directly opposite the hospital and one of the planning conditions of the Margaret Kerr Unit had been that NHS Borders introduce a car parking management system. Mr Campbell advised that matters appeared to be improving and the car parking management system would be subject to minor adjustment.

The residents of Darnick were keen to meet with the Chairman and himself on Monday 9 December in regard to the impact of additional parking occurring in the village.

Dr Stephen Mather commented that in comparison to other hospitals he was surprised at how much parking was actually available on the BHG site and agreed that those who parked inappropriately should be challenged.

Mr Campbell advised that feedback from both patients and the public had been positive and he shared with the Committee his conversation with Mary Wilson, previous Chair of the Board, on her recent positive experience of parking at the BGH campus and how not having to worry about parking when attending for an appointment made the patient experience more positive and less stressful.

Karen Hamilton advised that she was the Chair of the Car Parking Appeals Panel which had met for the first time earlier that day. 20 Appeals were considered and 2 were not upheld. The Panel had agreed

that signage at the Huntlyburn road way needed to be improved and made clearer and it was intended to review those tickets that had been issued for that area and to refund any that would have been paid and not appealed where appropriate to do so.

Evelyn Fleck commented that without exception patients and public were reporting to her that they were pleased and happy with the changes and that the impact had de-stressed their visits.

Karen Hamilton said the Panel had asked for a "meet and greet" process to be put in place at the entrance to the hospital site so that people could be directed to the short stay car parks and not assume they were full and drive up towards Huntlyburn to park.

John McLaren commented that in regard to the "meet and greet" initiative the attendants had been extremely obliging in trying to support staff and patients to ensure they were in appropriate parking locations. He confirmed that car sharing initiatives would be explored and observations would be made of the capacity of the short stay car parks over the following 3-4 weeks.

Dr Stephen Mather enquired in view of the potential move from the Newstead site to the BGH campus if there were any contingency plans in regard to further impacts on car parking. Calum Campbell advised that one of the initiatives being looked at was how to spread the workload across 7 days instead of the traditional 5 as well as challenging those who use the BGH campus as a free "Park and Ride" facility. He commented that over the previous 3 years an additional 190 car parking spaces had been introduced on the site.

David Davidson commented that he had previously raised the point of people bringing in patients to the site and then exceeding the 4 hour parking limit and he sought assurance that processes were in place to mitigate any stress to those people. John McLaren assured the Committee that the car parking group had agreed a "white list" for exemptions and that Charge Nurses were able to report vehicle registration numbers to the appropriate Estates Office to ensure a ticket was not issued. As a further measure Charge Nurses were also able to issue exemption certificates if required.

Dr Doreen Steele enquired about NHS Borders Social Media Policy and detail of what could be expressed in a public environment. Calum Campbell advised that staff were at liberty to express their opinions provided they did not slander individuals. He reminded the Committee that the car parking management system had been brought into place as a patient safety measure and not for income generation.

Dr Sheena MacDonald said that the new car parking arrangements were enabling clinicians such as visiting consultants to work more efficiently and she had received positive feedback from the Area Dental Committee both on behalf of patients and staff who previously would have had difficulties in attending meetings due to car parking.

Minute 8: Report & Analysis of the Performance of the Borders General Hospital Intensive Therapy Unit: Evelyn Fleck had requested the mortality data and expected to receive that in February 2014. She suggested inviting Dr Richards back to a meeting of the Committee in the spring of 2014 to discuss this further.

Minute 7: eHealth Delivery Plan: David Davidson confirmed that Jonathan Scully had been nominated and agreed to join the Resilience Committee.

Minute 5: Patient and Carer Stories: The Chair enquired if Mrs Dennett had made any decision as to being involved in assisting the organisation with its learning around carer involvement. Mrs Fleck confirmed that Mrs Dennett had been involved in making the DVD for learning purposes and was still considering options on how she could best help NHS Borders further.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the action tracker.

5. **Patient and Carer Stories**

Evelyn Fleck introduced Karen Grieve who had agreed to take part in a DVD describing her Grandmother's care and that of the family as a learning resource for staff.

There were now 3 DVDs produced for learning purposes and to help staff to reflect on their practice. The Care Behaviours Assurance system had now been rolled out to all wards and all those with a supervisory role had completed the training.

Karen Grieve commented that when she had been approached by Mrs Fleck to undertake a DVD of her experience she had wished to undertake that as a learning and reflection tool for staff to assist them to remember their compassion that all staff had when they first entered their clinical professions.

David Davidson enquired if the tools would be used when staff were being inducted into the organisation and Mrs Fleck confirmed that they would be.

David Davidson enquired if there had been any follow up to the wards that had not performed appropriately. Mrs Fleck confirmed that the wards in question had been spoken to and more work was being done with Senior Charge Nurses and Staff Nurses. Mrs Fleck further advised that a complaint had been received in regard to nursing at a Community Hospital and Elaine Peace had gathered the nursing staff together, read out the complaint and gone through the learning with all those staff.

June Smyth advised that the care and behaviour framework was being embedded into the recruitment process. In addition Mrs Smyth reminded the Committee of the Competency Frameworks introduced for all staff across the NHS.

Mrs Grieve suggested that the NHS needed to be more supportive of teams so that people did not get to the point where they lost sight of the need for compassion and supporting patients on a human level. She suggested that if the demands of the role were moving towards administration tasks instead of patient care then organizationally that should be explored in terms of releasing time to care for patients and carers.

Pat Alexander enquired if Charge Nurses were more visible on the wards whether that would make a difference. Karen Grieve commented that on wards where Senior Charge Nurses were visible there was a difference in the attitude and attention of nursing staff. Evelyn Fleck commented that one of the key deliverables of the supervisory role was daily conversations with staff, patients, carers and families.

Dr Stephen Mather enquired if the collection of data by nursing staff could be reduced. Evelyn Fleck commented that in terms of documentation, there were certain requirements such as risk assessments

and care plans and these were both communication tools and data collection tools. In terms of patient safety the organisation worked hard to ensure there was no duplication of data collection and Senior Charge Nurses used a performance scorecard to push forward improvements in clinical areas around reducing complaints, etc.

Jane Davidson advised that any new system had to support what people were trying to do to make it easier for staff, patients and families, ensuring patient safety and care were the top priorities.

David Davidson suggested there was a need to focus on quality and that the core duties of nursing staff were about person centered care. Jane Davidson commented that the organisation had moved on to a system to collect information on quality indicators and she advised that it was very visible to all ward staff.

Pat Alexander compared the patient story to the experiences in Mid Staffordshire highlighting that the Board could not be complacent on such issues.

Calum Campbell suggested that a measure of the Board was the ability to hear both positive and negative stories. He reflected that NHS Borders provided good quality care, however there was always room for improvement. NHS Borders was not in the position that Mid Staffordshire had been in and there was evidence to support that. He welcomed constructive criticism and complaints in order to ensure the culture at NHS Borders was positive and appropriate and not dismissive or complacent.

Cllr Catriona Bhatia suggested that another learning point would be whether the patient was in the right place for the care they required in the first place. She enquired if there were intermediate assessment care beds that could be used to assist patients to return to the community. Evelyn Fleck commented that assessment care beds would be explored with social work colleagues through the integration agenda.

The Chair thanked Karen Grieve for sharing her experience with the Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story.

6. Medical Workforce Cost Pressures

Dr Sheena MacDonald updated the Committee on the cost pressures in the medical workforce budgets, the envisaged cost pressures and the corrective actions taken to date. There were a number of matters contributing to the challenges in medical workforce provision including: sickness absence, planned sickness absence, specific issues in the obstetrics & gynaecology service, and suspension from medical registration by GMC of a trainee.

Dr Stephen Mather enquired if there was scope for more use of specialist nurses in areas such as routine endoscopy and if there were any plans in regard to transfer of maternity leave. Dr MacDonald confirmed that there was skill mixing and work was underway to look at further up-skilling of nurses and Allied Health Professionals (AHPs), as well as exploring the Assisted Nurse Practitioner (ANP) model for the longer term. Dr MacDonald highlighted that it was both financially challenging and difficult for small Boards to recruit to a sustainable medical workforce and therefore alternative solutions were being explored through working closely with the Training & Development function and the Nursing profession.

June Smyth advised that paternity and maternity arrangements would be within the organisation wide budgets.

Janice Cockburn confirmed that there was a Board wide contingency within the Local Delivery Plan for maternity and sickness however that had been insufficient as a contingency for the current financial year.

Jane Davidson advised that in terms of under supply of medical staff the organisation was taking the opportunity to explore redesigning where it could, making more use of its part time workforce, up skilling staff and looking for alternatives such as paramedics instead of GPs where appropriate.

Pat Alexander noted that there was a national shortage in some specialisms and enquired about specific difficulties in recruiting. Dr MacDonald advised that medical recruitment, especially for specialties, was a rural Board issue. Rural Board costs appeared to be higher for both agency and locum costs around medical staffing. With regard to specialisms, she gave the example of Dermatology where there were currently 180 vacant posts across the UK for Dermatologists. Given the choice of a 2 person unit locally or a larger unit in a city environment, the majority of Dermatologists would be attracted to the city environment where the opportunities for them were seen as greater compared to a small rural Board environment. Dr MacDonald suggested the key to recruitment was to showcase the Borders as both an excellent employer and somewhere that consultants could expand on their knowledge and experience, etc.

Calum Campbell advised that the South East and Tayside Group (SEAT) had undertaken a comprehensive piece of work on recruitment across the region and the region had fewer vacant senior medical posts that other Boards in Scotland, however it was still important to both retain and continue to attract medical staff to the Borders.

June Smyth suggested the next update to the Committee include the risk assessment process and how NHS Borders compared to the other SEAT Boards.

The Chair said he had recently raised at the Technical Advisory Group on Resource Allocation (TAGRA) the financial disadvantages faced by smaller Boards regarding locum costs. The issue had been noted.

Dr Doreen Steele commented that NHS National Education Scotland (NES) had undertaken some work on recruitment in rural areas and they had discovered that the majority of people returned to rural areas as part of returning to their grass roots.

Karen McNicoll commented that in terms of time, part of the risk assessment of a new service had to be looking at extended ANP roles. Dr Sheena MacDonald confirmed that there were good examples of the ANP model in Paediatrics and Obstetrics & Gynaecology. The medical profession was embracing the model and conversations were taking place around unscheduled care and doctors working with paramedics to up their skill mix. Evelyn Fleck commented that she had now commissioned some scoping work about moving towards Nursing & Midwifery Assisted Practitioners.

Jane Davidson suggested that there was an opportunity to embrace good practice in other areas such as NHS Greater Glasgow & Clyde where orthopaedic fracture clinics had reduced by 40% as a result of

decisions being taken by the Emergency Department instead of the Emergency Department in conjunction with the Orthopaedics service. Mrs Davidson suggested a simple streamlining of services where possible could lead to substantial positive outcomes for the patient, service and organisation.

David Davidson enquired about the cost of locums for NHS Borders compared to neighbouring Boards. Dr Sheena MacDonald advised that NHS rates were set nationally and NHS locums were always the first to be approached. Where NHS Borders was unable to attract an NHS locum at a reasonable rate, the organisation reviewed the standard rate against neighbouring Boards and where appropriate might seek approval of the Remuneration Committee for an uplift in the level offered, however in some instances that still remains unsuccessful giving the limited medical workforce currently available. Dr MacDonald advised that the organisation worked off prioritization and off contract as a last resort.

David Davidson enquired if medical workforce shortages were an issue that SEAT should be looking at to ensure Boards were cooperating in a support system. Calum Campbell confirmed that the SEAT Boards discussed the matter on a regular basis and were supportive of each other in terms of joint posts and there was further work to be undertaken in that area.

Dr Doreen Steele enquired if there were GP sessions available for those with specialist interests. Dr MacDonald confirmed that there were and part of the longer term solution was to bring those 2 elements together and encourage GPs to work in roles within working hours and not just the Out of Hours system.

The Chair asked that the Financial Position Oversight Group discuss Medical Workforce Cost Pressures.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the financial projection for an overspend in BGH Medical Workforce Budgets.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the corrective action taken and planned to recover the budgetary position.

7. **Strategic Risk Register 2013/14**

Evelyn Fleck introduced Sheila MacDougall who updated the Committee on the strategic risk register and the future plans to identify additional risks to the organisation.

Dr Stephen Mather enquired under the “Destabilisation of BGH as a full District General Hospital” risk if there was a process in place for GP referrals outwith Health Board areas. Dr Sheena MacDonald confirmed that there was a process in place to enable compliance.

Dr Stephen Mather enquired under the “Failure of Resilience” risk why the impact of the resignation of GPs from providing medical cover at Hawick Community Hospital was moderate. Calum Campbell responded that the Hawick Community Hospital was a 23 bedded hospital which he suggested would present us with problems if the GPs resigned, but ultimately we could cope.

Dr Doreen Steele was concerned about the document and suggested that in terms of good practice from Audit Scotland the whole Board should see the strategic risk register. In every other Board she sat on, an update and narrative on identified risks was provided at every meeting. She enquired where the

organisation was in terms of mitigation and advised that she felt the Board should revert back to doing the strategic risk register from the beginning and should then receive regular reviews against where each risk was and how it was being addressed. Dr Steele requested that the Board take control of populating the Risk Register.

Sheila MacDougall commented that all elements of the risk register focused on the current and potential future risks to the organisation, the document was condensed to provide the Board with the most critical risks so that the document was both focused and not unwieldy.

Calum Campbell disagreed with Dr Steele. He reminded the Committee that it had undertaken a Strategic Risk session where it had agreed the top level risks and had agreed they be reviewed by the Board on an annual basis. The next review of the Strategic Risk Register would be in light of the new Clinical Strategy as that would fundamentally change the risks that were currently identified.

Dr Steele suggested that Mr Campbell was welcome to disagree and she gave the example of risk 3, "Industrial Action" suggesting that if the Board had received a regular update that risk would have been removed from the register as soon as the threat had diminished. She suggested in terms of operational and strategic risk there was a strategic risk for the Board and Executive Strategic Risk potentially and it was about getting an overall review and a total review she felt would do no harm. Dr Steele suggested that after the previous Board session on strategic risk that the Board had felt there was not enough free discussion and issues had been brought to the Board from the Board Executive Team and she suggested one of the key risks on the register should be the loss of a Chief Executive. Dr Steele commented that she did not think it untoward to get a new sheet of paper. Calum Campbell commented that he did not disagree with a new sheet of paper but thought it had been agreed that it was to be in light of the new Clinical Strategy.

Dr Eric Baijal commented that generally the exercise had been to refresh the strategic risk register with the risks as they stood and to group them and have those that were of a high level identified at the top of each row. He confirmed that strategic risks were identified through the systems and processes in place that flagged up risks at different levels and where multiple incidents occurred it assisted in identifying strategic risks. Dr Baijal advised that he saw the register as a refreshed update of the current risk register that had been previously agreed and anticipated a future exercise be undertaken going forward in light of the new Clinical Strategy. He advised that in terms of specifics the Executives and the Officers worked hard to identify the risks and in terms of the Industrial Action risk this had been identified as a common risk across Scotland through the Commonwealth Games in 2014 template. He advised that his team had completed a large piece of work on business continuity and remedial actions in preparation for the Commonwealth Games. Dr Steele conceded that it would be appropriate to list Industrial Action as a risk in that context and suggested that should have been given in the narrative to the item and if the Committee had received the report on a regular basis it would have been sighted on that as a risk.

June Smyth reminded the Committee that the strategic risks identified were brought to a session of the Board with PricewaterhouseCoopers (PWC) in 2011 where other risks were also identified and the Board agreed those that were to populate the Strategic Risk Register. A prioritisation approach had been taken to identify higher level risks and those of a lower level were referred back to the appropriate Executive lead to address and mitigate as appropriate. The Industrial Action risk was identified by the Board and it was for the Board to remove that risk from the register when it was content that the risk had been mitigated or concluded. Following notification of the Commonwealth Games in 2014 it was

considered the risk should remain on the risk register and it was here for the Board to note and agree that it stayed as a strategic risk to the organisation at the current time. The Board had agreed the reporting structure around strategic risk and that it was mapped across to the Managing Our Performance review cycle to the public Board.

The Chair commented that the PWC session had been held just over 2 years previously.

Jane Davidson suggested the comments by Dr Steele were fair and she commented that it would probably be appropriate to review the register following the implementation of the new Clinical Strategy.

Dr Stephen Mather enquired how often the register was updated. Evelyn Fleck confirmed that it was bi annually in terms of being presented to the Board.

Pat Alexander queried the "Non-achievement of Financial Targets" risk, noting that it was marked as unlikely, and she questioned if that was optimistic in moving into the next financial year. Calum Campbell responded that the Board received a financial report at every meeting which clearly set out the contingency arrangements, overspend and projected year end breakeven and he suggested that the Committee should be comfortable that the financial planning and contingency arrangements placed the organisation in a positive position in forecasting a breakeven at the year end for the current financial year.

Jane Davidson advised the Committee that none the less the Board Executive Team were scrutinising the financial position on a weekly basis to ensure overspends were addressed and mitigated.

David Davidson commented that the Resilience Committee had an overview of risks on a regular basis. He advised that the Chief Executive appointment had been addressed through appointing a Deputy Chief Executive and he felt it would be useful to undertake an annual exercise of reviewing the top 10 strategic risks. He further suggested that at that time it would also be useful to find out what other Health Boards were doing as they went through their assessments.

Karen Hamilton noted that in regard to the "Industrial Action" risk it had a review timescale of September 2012 and she presumed it should have been September 2014.

Sheila MacDougall commented that the organisation networked with other Health Boards on strategic risk registers and when NHS Borders looked to develop its own register it was difficult to balance the governance and development aspects and in moving forward she took the cogniscence of the governance structure that was identified strategically and under the new Corporate Objectives and the strategic direction was based on the national audit priorities and risk framework.

Calum Campbell commented that the Risk Health and Safety function had been working through the Productivity and Benchmarking process and Sheila MacDougall had advised him that the outcome of that process was a recommendation to invest 80% more in the service in order for it to remain static. Sheila MacDougall had outlined this to Mr Campbell in an email in order to ensure that he was aware of the current risk being managed by that service.

Mr Campbell commented that as the Committee would appreciate he was required to balance both financial and legal responsibilities and requirements and in that regard the Productivity and

Benchmarking Team had met again 2 weeks previously to consider the options available to the Risk, Health & Safety function. Mr Campbell believed that there should be a separation of the Risk service element from the Health & Safety service and he concluded that an external review of the Health & Safety function should be commissioned. Mr Campbell sought the support of the Committee to that proposed way forward.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that an external review of the Health and Safety function and Risk service be commissioned.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the revised Strategic Risk Register and the ongoing actions to identify additional strategic risks for 2014/15.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive on an annual basis the top 10 strategic risks.

8. **Future of Newstead**

Calum Campbell commented that the Committee were well sighted on the plan to reduce the NHS Borders property footprint and that Newstead had been identified as a property for disposal. He gave the Committee an overview of the issues regarding the banking at the Newstead site.

David Davidson commented that he was content to support the recommendations however, he was concerned at the delays encountered for the tendering exercise and enquired if the process mechanisms should be reviewed. Mr Campbell advised that existing processes would be reviewed in that regard.

Pat Alexander commented that she also supported the recommendations but was concerned about the move to the Borders General Hospital (BGH) campus in regard to meetings space. Mr Campbell advised that utilization of the meeting rooms on the BGH site would be maximized and just that morning an enquiry had been made from the Scottish Pensions Agency (SPPA) in Tweedbank enquiring about the possibility of using each others meeting rooms on a quid pro quo basis and that would be explored further in the New Year. Mr Campbell advised that great efforts had been made to minimize any impact on clinical services at the BGH and the majority of staff moves would be focused on the Education Centre building.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the proposed closure plan for the Newstead site.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the transfer of services to both BGH and West Grove.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the enabling works cost of £321K; gross, to be funded from Capital.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the Newstead Banking post tender review of submissions from interested specialists, with a view to establishing the detail of information which would be included within the Newstead site sale particulars, following formal approval of surplus to requirement status, from NHS Borders Board.

The **STRATEGY & PERFORMANCE COMMITTEE** considered the car parking risks and noted the work being undertaken to address that concern.

9. Borders General Hospital (Unannounced HAI Inspection)

Evelyn Fleck advised the Committee of the receipt of the draft report of an HAI Unannounced Inspection of the BGH and the 7 requirements and 1 recommendation contained within the draft report. Mr Campbell advised that in mapping the report against the previous report and against other Health Boards reports it appeared that the HEI Inspectors had been unfairly pedantic and the report appeared to have been written by several different individuals as there were a range of inconsistencies contained within it ie one of the recommendation was based on a link to a recommendation from December 2012 and in fact the recommendation at that time was on a completely different issue.

Mr Campbell advised that a submission had been made to Health Improvement Scotland (HIS) to advise that NHS Borders were keen to discuss the factual accuracy of the report and the content of the requirements and how they had been established.

Mr Campbell assured the Committee that overall the report was relatively positive however it was the number of requirements and recommendations that were of concern as well as reputational damage.

The Chair commented that when the Older People's Acute Health (OPAH) Inspections had been piloted by NHS Borders the initial report had not been positive and that had been discussed nationally by the Health Board Chairs to ensure that if criticism was justified it was acceptable to be reported on however, if it was gratuitous then it was not acceptable to be reported on as it encouraged undue media attention and lead to reputational damage for the Health Boards concerned.

Karen McNicoll commented that from a clinical point of view it would be fair to reflect that there would be a negative impact of adverse media attention on clinicians and healthcare providers who undertook considerable work to improve the patients experience and meet their needs to ensure all patients are comfortable with our clinical services.

Evelyn Fleck advised that the report was due for publication on 19 December 2013 and a copy would be forwarded to all Board members at that time.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the action to be taken in regard to responding to the draft report.

10. Clinical Strategy Event Update

Calum Campbell gave the Committee an overview of the content of the event held the previous week. Clinicians, Managers and Scottish Borders Council partners had all supported the Clinical Strategy and the key principles to be applied to all services.

June Smyth advised that there would be a formal feedback on the session to the Board at its meeting in February 2014.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Clinical Strategy Event Update.

11. **NHS Borders Efficiency Report**

Janice Cockburn presented the efficiency report to the Committee advising that it gave a 6 monthly update on the Efficiency Programme. Mrs Cockburn highlighted several elements of the report including: updates on invest to save projects; achievement of £2.5m recurring and £1.7m non recurring savings and £600k savings to be achieved by the end of March 2014.

Dr Stephen Mather enquired if the figures £1000m to £6000m were correct. Janice Cockburn advised that they appeared to be a typographical error and she would amend them to £1m and £6m respectively.

Dr Mather enquired if there was a breakdown of primary and secondary spend in terms of prescriptions. Janie Cockburn advised that the majority of spend in that area was in primary care.

David Davidson commented that in regard to prescribing he had spoken to a GP earlier that week who had given him the impression that they were doing well compared to the previous year. He enquired if there was any means through Primary & Community Services (P&CS) to gain access to efficiency and number per head statistics. Mr Campbell advised that the Financial Position Oversight Group had asked the Director of Pharmacy to give a presentation on that issue to that group and that could in turn be brought to a future Strategy & Performance Committee meeting if requested.
The **STRATEGY & PERFORMANCE COMMITTEE** noted the Efficiency Report and progress to 30 September 2013.

12. **Key Performance Indicator Scorecard**

June Smyth introduced the report and highlighted areas of both strong and poor performance as well as the actions being taken to move back on to trajectory. Mrs Smyth assured the Committee that all areas that were under performing were discussed and reviewed on a regular basis.

David Davidson enquired in regard to the Did Not Attend (DNA) rates if there was a way of linking into the deprived areas and at risk family groups to follow up on those. Eric Baijal suggested that those issues were being explored through geographical communities.

Cllr Catriona Bhatia advised that the Early Years Strategy Group had set up 2 family centres which were to incorporate a range of services such as antenatal and postnatal support for young families and she suggested dental might be another service to be incorporated into that model.

The Chair enquired if incentivizing youngsters to attend had been looked at.

Dr Eric Baijal commented that in Tayside they had incentivized the Breast Feeding initiative and whilst it appeared to be proactive there were issues around incentivisation and in terms of dental care he reminded the Committee of the very active local Childsmile programme and the positive outcomes that that programme had attained.

Jane Davidson commented that NHS Borders was currently at the beginning of discussions with NHS National Services Scotland (NSS) about how they could assist from a person perspective with the Pathfinder Board and learning from both organizations to draw people into the system to provide support.

John McLaren advised that he understood there was evidence and links around Dental DNAs and children and child protection issues. There were links in place whereby Health Visitors were alerted of attendances and suggested that Dental DNAs for children be linked into the Health Visitors Review that was about to commence.

Dr Sheena MacDonald assured the Committee that the Dental Service worked closely with child protection on DNAs.

Karen Hamilton noted that the Delayed Discharges figures appeared to be increasing and she enquired if the organisation was being robust around people awaiting a care home of their choice and undertaking an interim move until that care home of choice was available. Jane Davidson commented that work was taking place with partners in Scottish Borders Council around interim moves and connecting care between the two organizations and engaging with the patient and families at an earlier stage about what the expectations are. Cllr Bhatia commented that some specific care homes were unavailable.

Pat Alexander sought assurance that the organisation was planning the patient journey early enough during the admission to hospital. Jane Davidson confirmed that the discharge planning process should begin from the day of admission for an anticipatory care plan. She confirmed that that was not currently the process followed and a workshop was held the previous week with social work colleagues, community and acute staff to progress that.

Dr Stephen Mather noted that the average length of stay for May 2013 mirrored the number of readmissions and enquired if patients were being discharged too early. Jane Davidson advised that the readmissions figure was one month out of synchronization, so the corresponding readmission rates would be for the following month period. Mrs Davidson confirmed that readmissions had increased in May due to significant operational difficulties that month. Dr Sheena MacDonald commented that readmission rates were regularly scrutinized. Wider work was now being launched on codings and quality of care with clinicians taking ownership.

Dr Stephen Mather enquired about Theatre utilization noting that all figures appeared to be poor for the month of October apart from Theatre 2. Holly Irwin explained that during October there were a number of challenges in the hospital and occasions where there were delayed start times in theatres due to bed capacity issues for elective patients. A new process to anticipate problems in advance had now been introduced to address those issues before they became high level difficulties.

David Davidson enquired if the Pathfinder Integration Board could be set the target for zero delayed discharges to be met by May/June 2014. Jane Davidson confirmed that the Integrated Board could be tasked with ownership of delayed discharges and she reminded the Committee that both organizations had since July 2011 been addressing delayed discharges jointly. She further reminded the Committee that Scottish Borders were performing at the highest level in Scotland on delayed discharges at the current time. Although delayed discharges had increased over the past few weeks the intention was to remain ambitious with the delayed discharges target and to get to no delays over 2 weeks by the end of March 2014.

Cllr Catriona Bhatia welcomed a smoother process of discharging patients provided they were not being readmitted shortly after discharge.

John McLaren assured the Committee that the eKSF and PDPs standard would again be met by March 2014.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the October Key Performance Indicator Scorecard.

13. **Information Governance Incident**

Dr Sheena MacDonald appraised the Committee on the closure of the Information Governance incident from May 31st 2013. The incident pertained to the theft of patient identifiable information through a criminal act. The incident was reported to the Information Commissioner's Office.

The Information Commissioner has accepted that NHS Borders had appropriate controls in place at the time of the incident and subsequently took proportionate remedial action in response to the incident. The Information Commissioner would therefore not be taking any enforcement action against NHS Borders.

Dr Stephen Mather enquired if Information Governance was part of mandatory training requirements. Dr Sheena MacDonald confirmed that it was and that all employees were required to sign a Confidentiality Statement.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the position and the further actions planned.

14. **NHS Scotland Chief Executive Annual Report 2012/13**

The Chair suggested inviting Paul Gray to NHS Borders for a visit.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report and agreed to invite Paul Gray to NHS Borders for a visit.

15. **Any Other Business**

Acronyms: Dr Stephen Mather sought explanatory narratives for the first time acronyms are introduced in papers and reports to the Committee.

Retirement: Cllr Catriona Bhatia advised that Andrew Lowe, Director of Social Work had now retired from Scottish Borders Council on the grounds of ill health. She confirmed that a recruitment process was now taking place to find his replacement and in the meantime Stella Everingham would be Acting Director of Social Work.

The Committee agreed that the Chair should send a letter to Andrew Lowe on behalf of the Board thanking him for his support over the years and wishing him well in his retirement.

Incident: David Davidson advised the Committee of an incident at Hawick Community Hospital the previous day whereby an office door and subsequent drug cupboard door within the office had been open and unattended. Evelyn Fleck advised that she would investigate the matter.

16. **Date and Time of next meeting**

The Chair confirmed that the next meeting of the Strategy & Performance Committee would take place on Thursday 16 January 2014 at 12.30 in the Board Room, Newstead.

The meeting concluded at 2.55pm.