

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: 01.08.13
- Endowment Committee: 21.05.13
- Public Governance Committee: 23.05.13
- ELBEG: 20.06.13

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		

Borders NHS Board



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 1 August 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 Smyth
Mr J McLaren	Mrs C Gillie
Dr D Steele	Mr D McLuckie
Mr J Hammond	
Mrs P Alexander	
Mr A Lucas	

In Attendance:

Miss I Bishop	Dr C Sharp
Dr H McRitchie	Mrs E Peace
Mrs R Bacon	Mr K Lakie
Dr C Whellans	Dr A Mordue

1. **Apologies and Announcements**

Apologies had been received from Dr Sheena MacDonald, Dr Eric Baijal, Cllr Catriona Bhatia and Jane Davidson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Karen Hamilton, Non Executive Director who took up a 4 year appointment to the Board of NHS Borders with effect from 1 August 2013.

The Chair welcomed Dr Alan Mordue, Consultant in Public Health Medicine to the meeting who was deputising for Eric Baijal.

The Chair welcomed Rachel Bacon, General Manager Borders General Hospital who was deputising for Jane Davidson.

The Chair welcomed Dr Craig Whellans, Clinical Lead, Borders Emergency Care Service and Kirk Lakie, Service Manager to the meeting who presented the Provision of Primary Care Out of Hours item on the agenda.

The Chair welcomed Mr Robert Henry who presented his story to the Committee. The Chair welcomed Marie Barton, Lifestyle Advisor to the meeting who supported Mr Henry in his presentation to the Committee.

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 6 June 2013 were approved.

4. **Matters Arising**

Action Tracker: Minute 10: Pat Alexander enquired if the CHD item on the agenda included the update on stroke as per the action tracker. Calum Campbell confirmed that the CHD item was that referred to in the action tracker and with regard to stroke a stroke bundle had now been produced by the Stroke Service and it would be presented to a future meeting of the Board before it was presented nationally.

Action Tracker: Minute 7: Adrian Lucas enquired if the CLO advice item on the action tracker related to a fine or a charge. David McLuckie confirmed that it was a charge and advised that progress was being made in regard to road signing and communications plans, etc. It was anticipated that a go live date of end September should be achievable.

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

5. **Patient Story**

Evelyn Fleck introduced the patient story item advising that Patient and carer stories were a useful learning tool for improving patient experience. The stories gave patients and carers a chance to reflect on their experience in a person-centred way.

Mr Robert Henry gave his patient story about the support he had received from NHS Borders Lifestyle Advisor Support Service (LASS) based in the Galashiels Health Centre. The story demonstrated the difference the positive impact that lifestyle support can make to the wellbeing of patients. Mr Henry described his journey to the Committee.

The Chair enquired about the outcome of the national event that Mr Henry had presented at. Dr Alan Mordue advised it had been a positive experience for the conference to understand the immense differences to Mr Henry that undertaking the programme had given him in terms of his wellbeing.

Evelyn Fleck enquired how many LASS Advisers there were and how many referrals they supported. Marie Barton advised there was normally a one month waiting list and the LASS was staffed by 5.5 WTE. Dr Alan Mordue advised that the service dealt with 400-500 referrals per year with each referral receiving between 4-6 sessions.

Calum Campbell enquired about the age range of service users. Ms Barton advised they were from 16 years of age upwards and there was no specific dominating age group. Mr Campbell enquired if any NHS Borders staff were referred to the service and Ms Barton confirmed that some staff had engaged

with the service. Mr Campbell enquired if any staff had been referred through the Occupational Health Service route and Ms Barton advised that had not been the case but that it might be beneficial for the service to engage with Occupational Health in that respect.

Dr Alan Mordue advised of the referral pathway from several different services into LASS and how that could be broadened in the future.

In summing up Dr Mordue advised that the service was patient centered and ensured a wide range of needs could be met. It was holistic and also provided an integrated service with patients engaging through the Keep well, Counterweight or main LASS service and passing seamlessly from one to the other if appropriate.

Pat Alexander commented that she had been aware that the service existed but had not appreciated how much it could mean to patients until she had heard Mr Henry's inspiring story. She enquired if there were any opportunities for Mr Henry to influence other people to engage with the service. Mr Henry advised that he would be happy to champion the service if he was asked to do so.

The Chair suggested it would be helpful for the Committee to also receive carers stories and the experiences of people that were not so positive. Evelyn Fleck advised that electronic stories for those elements were being progressed to bring to a future meeting of the Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress in developing patient carer stories and the positive impact that the LASS can have on patients.

6. **NHS Borders Vision, Values and Corporate Objectives 2013/16**

June Smyth explained that the Corporate Objectives had been refreshed to ensure they were appropriate for 2013/16 and had been designed to support NHS Borders' vision that quality should be at the heart of everything we do. The Corporate Objectives outlined the high level aims of the organisation, which would be underpinned by Clinical Board work programmes.

The Corporate Objectives 2013/16 had been revised through engagement with a cross section of staff, the Strategy Group, Board Executive Team and members of the Board. The version before the Board would be shared with the public at the NHS Borders Annual Review before being brought to the Board for final approve in September 2013. A cascade plan would be developed to ensure the refreshed Corporate Objectives are communicated widely within and outwith NHS Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the Corporate Objectives for 2013/16.

7. **Premature CHD Mortality Reduction 1995 to 2010**

Dr Alan Mordue explained that a broad range of data had been analysed to investigate the differential reduction in premature CHD mortality between Borders and Scotland as a whole. The conclusion was that there was no real difference in performance and that the apparent difference was because of small numbers variation in 1995, the baseline year, and 2010, the final year. Opportunities for improvements in local performance had been identified and included: concerted efforts to reduce prevalence of

smoking, impact on adverse trends in obesity and physical activity in men, improve compliance with secondary prevention treatments, and finally extend cardiac rehabilitation to more patients.

Calum Campbell enquired if CHD 11 was part of the GP QOF. Dr Mordue confirmed that it was and confirmed that although there was slight variation in achievement it was not a significant difference.

Pat Alexander enquired about the availability of cardiac rehabilitation regionally and nationally. Dr Alan Mordue advised that there was a local service that was being looked at in terms of capacity as it appeared that currently it was not sufficient to pick up all patients with heart failure and angina.

Evelyn Fleck advised that traditionally there had been a raft of specialist nurse posts developed in specific areas and a piece of work was being undertaken to look at how the entire pool of specialty nurses who dealt with heart disease could be used more flexibly.

David Davidson noted that compliance was a major issues and enquired if any work was being undertaken with community pharmacies to encourage pharmacist interventions. Carol Gillie advised that from a prescribing perspective the Medical Director had asked the Medicines Management Group to look at compliance and concordance with prescribing medication. Dr Alan Mordue advised that it was intended that a pilot project would look at engaging with community pharmacists, practice nurses, referral of patients to LASS, voluntary and third sector services in order to support patients with Long Term Conditions.

David Davidson suggested engaging with Scottish Borders Council around encouraging home carers to engage with health professionals on the wellbeing of patients.

The **STRATEGY & PERFORMANCE COMMITTEE** discussed the conclusions of the report and the opportunities for further local performance improvement that had been highlighted.

8. **Lauder Community Health Centre**

David McLuckie advised the Committee of the imminent completion of the construction phase of the replacement Community Health Centre serving Lauder and the Lauderdale district, and the timing of plans to occupy the new premises by the GP Practice and the Primary Care Team.

The Chair advised that he had visited the site with Cllr David Parker a few weeks previously and had been impressed by the progress made with the project.

David McLuckie commented that he had given an instruction to the Central Legal Office to speak to Scottish Borders Council (SBC) Legal Department regarding their suggestion that a formal agreement be put in place in relation to NHS Borders closing the Lauder Health Centre car park facility. Mr McLuckie advised that all NHS Borders car parks were open and such an arrangement was not in place for any other NHS Borders site. He suggested that should NHS Borders need to close a percentage of any of its car parks for the use of a Breast Screening vehicle or any other vehicle it should be at the discretion of NHS Borders and not a requirement to advise SBC.

Mr McLuckie further advised that there was a small overflow car park on the Lauder Health Centre site that was to have been completed by SBC in June. SBC were now advising of completion by November

2013 and Mr McLuckie had been clear that the deadline for completion was already overdue and could not drift especially if a financial contribution from NHS Borders was expected.

Dr Doreen Steele enquired if there would be an evaluation of the project carried out to advise the organisation of any learning from it. David McLuckie confirmed that a post project evaluation would be carried out and the report could be submitted to the Committee for consideration.

John McLaren advised that he had been involved in the project in terms of partnership and advised of the difficulties that had been encountered and the strong Project Team work that had been undertaken. He commented that there had been much engagement with the local community and community council and a further work was being developed with the community around health awareness.

David McLuckie advised that the GP Practice was keen for the site to be opened to the local community for them to have a look at the practice and this would happen after the official handover of the keys on 9 August.

The Chair enquired about any resourcing and staffing implications. Carol Gillie confirmed that these had been built into the financial plans.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the successful completion of the Lauder Community Health Centre, which would become operational from Monday 19 August 2013.

9. **Financial Monitoring Report for the 3 month period to 30 June 2013**

Carol Gillie presented the finance report to 30th June 2013 three months into the financial year. The Committee were aware that Mrs Gillie did not normally present a finance report to the Strategy and Performance Committee however due to the significant overspend being reported at the end of June she had felt it necessary to make the Committee aware of the situation.

Mrs Gillie advised that based on current information NHS Borders was reporting an outturn of £1m in excess of its revenue budgets and a break even position on capital costs at the end of June. This was giving some cause for concern however she assured the Board that based on information currently available and with corrective action being taken so early in the financial year she was forecasting a break even position on both revenue and capital at the year end.

Mrs Gillie highlighted several key issues to note from the reported position including: income from non Borders residents was under recovering due to Northumberland activity but also linked to reduced numbers of out of area patients being admitted to the BGH; Clinical Boards were overspent by £0.5m principally in the BGH linked to medical and nursing budgets, drugs and some supplies costs; under external health care providers there was a reported overspend of £0.2m. This was a projected position based principally on the trend experienced in 2012/13 and was mainly related to UNPACS; GP prescribing was a high risk area for the Board and although early indications were reassuring the reported position was based on only one month's price and two month's activity data; In the case of efficiency savings £3.8m of savings had been agreed and withdrawn from budgets which was a good start to the efficiency programme three months into the year. Mrs Gillie advised that monitoring was ongoing to ensure that projects actually delivered the agreed level of savings.

Mrs Gillie reminded the Committee that as part of the financial plan for this year the Board had agreed a contingency and that would be used to support the overall financial position of the Board.

With regard to the capital budget Mrs Gillie reported that it was fully committed. Work continued to generate capital sales to enhance the capital plan and an update on the capital programme would be given at the next Board meeting.

In summary Mrs Gillie advised that the Board was overspent at the end of June by £1.0m on revenue and break even on capital which was a cause for concern. There were a number of pressures which the Board would need to address and based on the work that was being taken forward and the limited information that was currently available the Board was forecasting a break even position on both capital and revenue at the end of the financial year.

Rachel Bacon advised that with regard to the nurse staffing budget, there was a recovery plan that would address the overspends within the current financial year. There were dedicated staff working on supplies budgets to ensure they were brought into line and drugs pressures were being discussed with the Medicines Resource Group. In terms of the small shortfall on the recurrent savings target from the previous year Mrs Bacon anticipated that this would be brought into line.

The Chair enquired of the supplies budget review when it was anticipated that it would be brought back within the budget. Mrs Bacon advised that it was not automatically clear at this point. She advised that a line by line analysis with the supplies budget was being undertaken to identify areas of pressure and whether it could be brought back in line. Carol Gillie advised that work had been done on benchmarking Wards and Departments against each other and that had shown up inconsistencies on supplies and costs and there was a need to understand the reasons why that was. She suggested they could be linked to wastage and inappropriate usage.

The Chair enquired how specifically the Borders General Hospital (BGH) was addressing the overspend on nursing and why it had happened. Mrs Bacon advised that there were areas that were specifically challenging such as theatre staffing as well as the effects of high levels of sickness absence and some one to one nursing requirements for additionally supported patients. Mrs Bacon advised that there were recovery plans in place to address those challenges and monitor progress to bring budgets back into line.

Evelyn Fleck advised that at the Area Partnership Forum meeting the previous day the Rostering Policy had been agreed. Implementation would assist in the rostering of staff being closely monitored to ensure the system was level loaded. Mrs Fleck further advised that the HR Department had been proactive in working with nursing staff to ensure the sickness absence policy was being utilized and sickness absence levels were being reduced.

Dr Hamish McRitchie commented that there was a wealth of work taking place on a ward by ward basis to ensure the various service challenges were being addressed and budgets were brought back into line.

Calum Campbell suggested a small group may be required to be set up comprising of the Chair, Chief Executive, Director of Finance and one or two Non Executives to oversee all of the trajectories.

David Davidson suggested all trajectories should have timescales attached to enable monitoring and achievement before the year end. Carol Gillie advised that her expectation was that monthly monitoring of trajectories would take place so that any corrective measures could be put in place early if a plan was moving off trajectory. She further advised that the Efficiency Board met on a monthly basis to monitor the efficiency programme.

David Davidson enquired how the service managers were involved in the plans. Mrs Bacon advised that the wards and senior charge nurses had monthly meetings with the service managers and departmental managers to ensure they were staying on target and weekly meetings were held in regard to staffing levels. In terms of monitoring she advised that the BGH Senior Management Team and Clinical Board monitored the trajectories to ensure all issues were being appropriately addressed.

David Davidson suggested the procurement of an ePOSS system would flag fluctuations in purchasing given the variances between wards on the usage of supplies. Carol Gillie advised that the organisation was aware of what supplies it was using and was now questioning if it was clinically appropriate to use some of those supplies. Mrs Bacon advised that supplies trays were now being labeled with prices so that staff could make an educated decision on which cost effective supplies were required for which job. She further advised that Dawn Carmichael was undertaking a review with suppliers to assist further in addressing this matter.

Adrian Lucas enquired if any progress had been made in regard to discussions with Northumberland. Calum Campbell commented that Northumberland had now accepted the differences between NHS England and NHS Scotland. Carol Gillie commented that a 2.8% uplift had been agreed with Northumberland and that they were keen to reduce their activity by 5%. Currently their activity had not reduced and was sustained at the same level as last year. She further advised that there would be a £300k reduction in income this year as a result of the contract and this would be greater should activity reduce further.

Adrian Lucas enquired if the organization should be striving to achieve a lower sickness absence rate than the national standard of 4%. Calum Campbell reminded the Committee that the organisation had previously been above the Scottish average for sickness rates but was now half a percent below the Scottish average.

June Smyth outlined some of measures that had been put in place to address sickness absence across the organisation highlighting the revised policy, mandatory training for managers and targeted interventions. She reminded the Committee that the organizations policies were in line with the national PIN guidelines on sickness absence.

Pat Alexander enquired if the organisation was doing enough in regard to the preventative side of staff sickness absence and pre-empting situations building. Calum Campbell advised that there was always more that could be done, and suggested that as well as the Occupational Health service, the LASS might be a further support measure for staff.

June Smyth advised that there was an 18 month plan in place to manage sickness absence and support people back to work and that the report presented recently to the Area Partnership Forum was due to be discussed at the next Staff Governance Committee so they could have sight of the range of activities and management interventions currently underway.

David Davidson asked for assurance that line managers were following up on Return to Work interviews correctly. Calum Campbell advised that there was a zero tolerance approach to sickness absence management and if a manager deviated from the policy it would be addressed.

Karen Hamilton enquired of the measures that had been taken to address the high levels of sickness absence within the Learning Disability (LD) Service. June Smyth advised that a panel approach had been introduced to ensure managers were applying the policy, an escalation route of managers was put in place and that this had proved very successful.

John McLaren advised that the Wellbeing at work group was being relaunched in relation to further preventative work on sickness absence. June Smyth highlighted that NHS Borders remained the highest performing mainland Board in Scotland in relation to sickness absence based on recent monthly performance figures.

Dr Doreen Steele enquired if new software could be procured to automatically trigger when a certain number of days sickness had been reached. June Smyth advised that the new HR system would have a range of monitoring reports built into it for the benefit of managers.

Dr Doreen Steele enquired about the timeline for revisiting the Service Level Agreements (SLAs) prior to the next financial year. Carol Gillie advised that the finance team had already set aside time to review each SLA before their expiry.

The Chairman enquired what assurance could be provided around the achievement of the efficiency programme. Carol Gillie advised that £3.8m had been identified 3 months into the financial year and there would be a continuation of the monthly monitoring mechanism to ensure all programmes were delivered. Should a scheme not be delivered then the service would be required to come up with an alternative programme.

The Chairman sought assurance on achieving a breakeven position at the year end. Carol Gillie advised that the financial year was now 3 months in and she had highlighted the issues early enough that action could be taken to address the challenges. She reminded the Board of the £2m contingency and the plans to address cost pressures, identify slippages, and reduce resources where possible.

David Davidson enquired about the risks to selling a property under the market value. Carol Gillie advised that if a property was sold at less than the net book value the organisation would be liable for loss on sale.

John Hammond enquired which staffing the £620k supplementary staffing identified under the efficiency programme related to. Carol Gillie advised that it was nurse staffing linked to the use of agency and bank. Evelyn Fleck advised that it was a significant risk and it had been agreed with the Clinical Boards to pull the nursing budgets back into line before any supplementary staffing budget would be released.

The **STRATEGY & PERFORMANCE COMMITTEE** noted with a degree of concern the financial performance for the first three months of the financial year.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that it had received an early alert on the financial position.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to form a small group of the Chair, Chief Executive, Director of Finance and 1 or 2 Non Executives to keep a regular check on the number of things to review progress on, look at achievements to the efficiency programme, consider urgent matters that might be additional risks and to review sickness absence and have a discussion on sickness absence taking the point that there was always room for improvement whilst acknowledging that NHS Borders was doing well compared to NHS Scotland.

10. **Medical Workforce Cost Pressures**

Dr Hamish McRitchie highlighted the projected overspend on medical workforce and highlighted the actions being taken to address it.

Adrian Lucas enquired of the difficulties being encountered in respect of recruitment. Dr McRitchie advised that there were a number of elements to this including; geographical location; national shortage of consultants/doctors; job design; teaching hospitals being viewed as more attractive and NHS locum rates being lower than those that could be obtained as an agency doctor.

Calum Campbell advised that all Boards across Scotland were currently struggling with recruitment of consultants and doctors and whilst NHS Borders would mitigate any risks as far as possible it was likely that the position on recruitment would not improve over the coming few years.

Mr Campbell further highlighted that locum costs were likely to continue to remain high if vacancies could not be filled. In some instances a service had two consultants and if one left the service could be down by 50% in terms of capacity.

Adrian Lucas enquired if there was an overseas solution to recruitment. Calum Campbell commented that recruitment from the Indian sub continent was no longer viable and in many instances the UK was no longer an attractive option for EU doctors.

David Davidson noted that recruitment was a national problem and enquired if the Scottish Government were doing anything to assist NHS Scotland. Calum Campbell advised that NHS Scotland was keen to work collaboratively regionally and nationally on recruitment however in reality there was a shortage of consultants and doctors across the UK.

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 planning to recover the budgetary position.

11. **Provision of Primary Care Out of Hours**

Kirk Lakie updated the Committee on the suggested changes to the provision of primary Out of Hours (OOH) service. He explained this in the context of the national difficulties in filling shifts in OOH services across Scotland. He advised that it was becoming more pronounced and that Dr Craig Whellans had looked at the deployment of the Salaried GP resource in order to ensure it was used as effectively as possible in terms of work and geographical areas to be covered.

Dr Craig Whellans gave an overview of the content of the paper advising that due to changes in staffing levels it was anticipated that by the end of September only 30% of OOH shifts would be filled. He suggested moving cover to the BGH on the weekends and reducing evening cover and he highlighted the difficulties in recruiting sessional doctors.

The Chair advised that the Remuneration Committee had met the previous week and agreed an increased sessional rate.

John McLaren enquired if the increase in sessional payment rates would address the issue of gaps in shift rotas. Dr Whellans advised that whilst he anticipated this would have a positive effect on filling rota gaps he was unsure that it would solve all the issues in the long term.

David Davidson enquired if the drivers could be used to bring patients into the BGH if the service was to be condensed into the one site at weekends and evenings. Dr Whellans explained the difficulties in pursuing this suggestion.

Calum Campbell suggested the pilot be trialed. Dr McRitchie advised that some work would need to be done around distinguishing the centralized OOH service from the inpatient service. Mr Lakie agreed noting that many attendances at the BGH did not distinguish between the Emergency Department, Borders Emergency Care and GP OOH services.

Carol Gillie confirmed that the increase in sessional rates had been appropriately costed.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the current difficulties facing the service.

The **STRATEGY & PERFORMANE COMMITTEE** agreed the trial of new service delivery model in August/September.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that longer term service reconfiguration would be required as part of the evolving clinical strategy.

12. **Managing Our Performance End of Year Key Performance Indicator Report 2012/13**

June Smyth introduced the first End of Year Performance Report on the local indicators. She advised that the format gave a brief introduction, summary of KPIs and highlighted the targets achieved, at risk and outwith trajectory as well as detailed information. Mrs Smyth advised that those indicators showing as red at the end of March included: community hospital length of stay; AHP waiting times; mental health community waiting times; LD waiting times and dental DNAs. She advised that more detailed information on the reds would be given in the next scheduled report.

David Davidson advised that he liked the format and the Committee echoed his comment.

The Chair enquired if the electronic reminder service had been rolled out across all clinical areas. Dr Hamish McRitchie advised that it was just out patients clinics. Calum Campbell commented that there was a plan to roll it out wider across more services in due course.

John Hammond sought clarification of the AHP waiting times figure of 69. Calum Campbell advised that it was 69 people waiting over 9 weeks at that single point in time.

Dr Doreen Steele enquired in regard to the Children's Dental service DNAs if a service was offered later than 5pm. Elaine Peace advised that there had been a lot of activity around dental DNAs with appointments being confirmed with clients over the phone on the day of the appointment, yet they still DNA'd.

Dr Steele enquired if there was a contingency for parents who could not get away from work to take their child to a dental appointment and Calum Campbell confirmed that all appointments were negotiated with the parents in advance.

Pat Alexander enquired when a DNA occurred if there was any follow up. Calum Campbell advised that a second appointment was given and if there was a further DNA then it triggered a referral to a school nurse and the child protection route.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the 2012/13 End of Year Managing Our Performance KPI Report.

13. **Any Other Business**

Significant Case Review (SCR): Evelyn Fleck advised that the SCR had been concluded and referred to the Procurator Fiscal.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

Newstead Erosion: David McLuckie updated the Committee regarding the erosion of the river banking at the Newstead site. He explained that there had been a need to cordon off an area of land from the edge of the top of the banking in to the Newstead site which encompassed the Old Mortuary Block and the Portacabin. He further advised of the removal of medical records from the Old Mortuary Block and the content of the survey and potential for works to be undertaken to mitigate the risks of further erosion. Calum Campbell advised the Committee of the recent negative press interest in the matter and provided assurance to the Board that all staff involved in the removal of records had volunteered and undergone health and safety training.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

SABs & C.diff: Evelyn Fleck advised the Committee of the end of year results for SABs and C.diff rates noting that both targets had not been achieved. The SABs target was 0.26 and NHS Borders results were 0.29. The C.diff target was 0.39 and NHS Borders results were 0.42.

Mrs Fleck reminded the Committee that she regularly reported to the Board on the SAB and C.diff targets and would give a fuller report in the next Board paper around the corrective actions being undertaken. She further reassured the Committee that NHS Borders was fully engaged and working with Health Protection Scotland and the HAI Task Force in trying to reconcile any outstanding areas for improvement.

The Chair noted that whilst this was disappointing for the Board it was also disappointing for the staff.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

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

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 3 October 2013 at 12.30 in the Board Room, Newstead.

The meeting concluded at 3.10pm.

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Tuesday, 21st May 2013 at 1.30 p.m. in the Board Room, Newstead.

Present: Mrs P Alexander
Cllr C Bhatia
Mr D Davidson
Mrs C Duthie
Ms E Fleck
Mrs C Gillie
Mr J McLaren
Mr A Lucas
Mr J Raine (Chair)
Dr D Steele

In Attendance: Mr S Bermingham (Item 5)
Mrs B Everitt (Minutes)
Mrs C Oliver
Mr G Reid
Ms S Swan

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Mr C Campbell, Mr J Hammond and Dr S MacDonald.

2. **Declaration of Interests**

There were no declarations of interests.

3. **Minutes of Previous Meeting**

30th January 2013

The minutes were approved as an accurate record.

4. **Matters Arising**

- *Action Tracker*
Cash Requirement Update – Susan Swan reported that the balance of payments for the Margaret Kerr Unit would be transferred at the end of month and that this would significantly reduce the cash holding.

The action tracker was noted.

- *Staff Retiring from NHS Borders – Annual Event*
Carol Gillie reminded Trustees of prior discussion and agreement to hold an annual event for staff retiring from NHS Borders. Carol asked for an indication of when Trustees would like to hold this. Pat Alexander suggested holding this after the Board of Trustees meeting on 17th September. This was agreed. Carol agreed to advise Human Resources of this date so they could take this forward.

The Board of Trustees agreed that the annual event would be held following the meeting on 17th September 2013.

5. Volunteer Co-Ordinator Post

Stephen Bermingham introduced this item. Stephen gave the background on how volunteering is currently managed and highlighted that there is a gap in the service and to employ a Volunteer Co-Ordinator for an initial two year period would enhance the services NHS Borders provides to patients and carers. Stephen advised that there have been a number of notes of interests for volunteering, particularly since the creation of the Margaret Kerr Unit. Clare Oliver added that she felt this would be an excellent opportunity to enhance our service provision.

Evelyn Fleck noted her support for this post and gave examples of how volunteers have worked in other organisations and how successful this has been. John McLaren noted his support but asked for assurance that due process and policies are adhered to when appointing to this post. Stephen gave assurance that these would be followed. John M also referred to the potential use of a clinic room as the Volunteer Co-Ordinator's base and asked if there would be an impact on patient care by utilising this room. Clare replied that there are two clinic rooms as well as another two potential rooms that could be used and gave assurance that this would not impact on patient care at this stage. Carol Gillie confirmed that she was supportive of the proposal but queried whether there would be any potential impact on revenue budgets. Stephen advised that this has not yet been quantified but confirmed if successful then there would be an impact. Carol suggested that this be quantified so Trustees have all the facts prior to making a decision. Stephen agreed to quantify the impact and provide an update to the Trustees. Pat Alexander fully supported this proposal and felt that it was an opportunity for volunteers to see the good work of NHS Borders and convey this to the public. Doreen Steele noted her support as she was aware it was a national commitment to achieve the volunteering award. Catherine Duthie also noted her support and re-iterated Doreen's comments. John Raine enquired about training for volunteers. Stephen advised that at present volunteers are able to access the same training as paid staff but training tends to be on the job. Doreen advised that this has been progressed through the Public Governance Committee and confirmed that due process has been followed. Susan Swan agreed with the addition to enhance this service provision but felt it was important to be clear that it was not just to achieve the accreditation award. Carol asked if there were any other opportunities for funding this rather than solely from the General Endowment Fund. Clare replied that there would be an option to look at this going forward, however initially it was proposed to fund this post from General Endowments.

The Board of Trustees agreed to fund a Volunteer Co-Ordinator post at a cost of £59,028 for a period of two years.

6. Financial Report

6.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham reported that the up-to-date value of the portfolio on Friday, 17th May 2013 was £2.95m. Graham highlighted that this justified the additional investment of cash two years ago. Graham intimated that he expected the market to continue doing well for the next 18 months. David Davidson enquired if there were any particular areas within the market to invest in or take investment out of. Graham advised that he would continue to move funds to outwith the UK and in particular Europe as investments there have been very successful so far as well as increasing exposure within the US over the next 3 – 9 months. David referred to the cash holding and asked if there were any investments where cash could be released quickly should the need arise. Graham replied that this would not

be an issue as there was almost 30% held in bonds. Catriona Bhatia referred to Graham's comments about investing in Europe and the US and highlighted the weakening of the pound. Graham explained that when investing overseas this is a sterling based fund and explained that there would always be a currency issue. Graham added that what is lost on currency is gained on investment. Graham stressed that he was not planning to leave investments in the UK but just to increase these overseas.

The Board of Trustees noted the report.

7. Financial Report

7.1 *Endowment Fund Annual Accounts 2012/13*

Susan Swan spoke to this item. Susan reported that although the accounts were noted on the agenda as draft they were in fact the final accounts. Susan confirmed that a clear Audit Certificate had been issued and that there were no items of significance to be brought to the Trustee's attention. Pat Alexander referred to the narrative and highlighted that the Non Executives were not referred to within the membership of the Fundraising Advisory Committee. Susan agreed to make this addition. Catherine also referred to the wording of the remit of the Fundraising Advisory Committee as she did not think this was correct. Susan agreed to check this against the Terms of Reference that were included in the Code of Corporate Governance to ensure the Trustees Report was consistent.

Susan reported that there was a total of £2,848,497 recorded in the balance sheet as at 31 March 2013. It was noted that the Fund was split £1.4m in restricted funds (for a specific designated purpose) with the balance of £1.4m in unrestricted funds (Funds to be used at the Trustees discretion in line with agreed policy). Susan highlighted that the Annual Accounts format is used to report the Endowment Fund financial position throughout the year in order that the Trustees can become accustomed to the layout and content of the information being presented.

Susan highlighted the response given to Audit within the Management Report relating to the level of creditors held at the year end and that the final contractual payment for the Margaret Kerr Unit, which was within the total financial sum reported, would be made at the end of the month. The total costs transacted in connection with the Margaret Kerr Unit during 2012/13 were detailed on Note 13 of the accounts.

It was noted that the accounts would go to the June Board meeting for noting and where they would be signed along with NHS Borders accounts.

The Board of Trustees approved the final Endowment Fund Annual Accounts for 2012/13.

8. Fundraising Advisory Committee

8.1 *Fundraising Function Going Forward*

Catherine Duthie and Clare Oliver left for this item.

John Raine introduced this item and referred to the proposals within the paper, namely establishing a second full-time fundraising post on a fixed term basis, dedicated admin support, increasing the Fundraising Manager's post to full time and consider engaging a limited amount of external support to ensure that experienced

input is available. Pat Alexander commented that she would find it very helpful to have input from external support as she takes over the Chair of the Fundraising Advisory Committee. John referred to the costs noted against the Band 4 admin support as they appeared from the report to have been double counted. John suggested that only the net additional costs be considered, having deducted the existing cost of admin services. Following discussion Carol Gillie agreed to get clarity from Calum Campbell on the admin support post.

Doreen Steele stated that it was important not to pre-empt any decisions and highlighted that the Fundraising Manager is not currently full-time. Doreen added that there may be more to be gained recruiting to a permanent post rather than a fixed term post. John McLaren confirmed that if a fixed term post goes over two years then the postholder automatically has contractual rights. John M stressed that there would need to be assurance that due process and policies are adhered to when recruiting to these posts. Doreen reminded Trustees around the issues when appointing to the Fundraising Manager's post. Carol Gillie stated that the postholder is an employee of NHS Borders and highlighted the need to adhere to the Code of Corporate Governance even if resources come from endowment funds. David Davidson enquired if we would be able to recruit externally. Carol was unable to advise on this but stressed that the correct procurement process would need to be adhered to for engaging an external advisor. Pat asked if there would be an opportunity to fund through revenue resources as part of the department's productivity and benchmarking process rather than committing endowment funds. Carol replied that this could be looked at but highlighted that the funding proposal is based on models which apply in other Boards. Evelyn Fleck added that in other NHS Boards these posts are self funding.

Carol referred to the 10:1 return as she felt that this would be challenging taking into account the 1% admin charge.

The Board of Trustees supported the proposals within the paper to establish a second full-time fundraising post, dedicated admin support once grade/hours/costs have been clarified, increase the Fundraising Manager's post to 1 WTE and engaging external advice. The additional annual (fixed term) costs detailed within the paper amounted to £68,235.

The Board of Trustees agreed that recruitment and management of these posts would be the responsibility of the relevant managers within NHS Borders.

8.2 *Draft Minutes: 2nd May 2013*

Pat Alexander spoke to this item. Pat referred to the graph on page 4 and highlighted the need to enhance the fundraising function to maximise income.

The Board of Trustees noted the draft minutes of the Fundraising Advisory Committee.

8.3 *Report from Chair of Fundraising Advisory Committee*

- *End of Year Fundraising Report*
Clare Oliver spoke to this item. Clare reported that 2012/13 had been a unique year and the main focus had been around the Margaret Kerr Unit. It was noted that production of the three year fundraising plan will be rolled

forward into the 2013/14 plan where lessons learned from 2012/13 would be applied. David Davidson asked when there would be news on the next major fundraising project. Clare replied that there would be a large focus on children's services within the 2013/14 plan and if it was decided to go to a public appeal then this would be incorporated within the planning process.

John Raine referred to the recent formal opening of the Margaret Kerr Unit and thanked everyone involved for their input.

The Board of Trustees noted the report.

- *Annual Fundraising Plan 2013/14*
Clare Oliver spoke to this item. Clare highlighted that there were no financial targets within the plan and that there is a requirement for ongoing support to level 1 – 3 fundraising activity. Clare referred to objective 1 and the importance to consolidate the Margaret Kerr Unit fundraising project and produce a model for future fundraising support to the unit. Clare also highlighted objective 5 and advised that she had been approached to support the second phase of the Out Patient Department (OPD) development and was a member of the OPD Project Team and OPD Board.

Pat Alexander also mentioned joint working with Scottish Borders Council (SBC) in respect of fundraising and advised that Susan Swan had been asked to liaise with SBC about the potential of doing this.

The Board of Trustees approved the Fundraising Plan for 2013/14.

9. **National Review of NHS Endowment Funds**

NHS Borders Endowment Fund Charter and Operating Procedure

Susan Swan reported that the final report has not yet been received. It was noted that the Chair of the National Group has intimated that there will be no change to the documentation previously issued. Susan advised that it was hoped to have this signed off and operational by the end of March 2014.

The Board of Trustees noted the update.

10. **Any Other Business**

None.

11. **Date and Time of Next Meeting**

19th June 2013 @ 1.30 p.m., Board Room, Newstead – this meeting was subsequently cancelled due to the Endowment Fund Annual Accounts being approved.

17th September 2013 @ 1.30 p.m., Board Room, Newstead.

PUBLIC GOVERNANCE COMMITTEE



**Minutes of Public Governance Committee (PGC) Meeting
held on Thursday 23 May 2013, 2.00 – 4.00pm
Board Room, NHS Borders headquarters, Newstead**

Present:

Doreen Steele (Chair)	Catherine Duthie
Pat Alexander	Andrew Leitch
Fiona McQueen	Fiona Morrison
Cllr Catriona Bhatia	Margaret Simpson
Trevor Jones	

In Attendance:

Allyson McCollam (item 3)	Laura Jones
Cheryl Easton-Wisniewski	Joanne Weir
Clare Malster	Nicky Hall

1. Welcome & Introductions

- 1.1 The Chair welcomed everyone to the meeting, including:
- Trevor Jones, new Chair of the Community Council's Network, to his first meeting.
 - Cllr Catriona Bhatia, Depute Leader – Scottish Borders Council (& Local Authority member of Borders NHS Board) to her first meeting.
- 1.2 The Chair announced that John McLaren had been appointed to new Employee Director, NHS Borders and was therefore now a new member to the Committee.

2. Apologies

- 2.1 Apologies had been received from Evelyn Fleck, John McLaren, Margaret Lawson, Logan Inglis, Stephen Bermingham, Anna Garvie, David Thaw and Shelagh Martin.

3. Public Health Annual Report: Fact or Fantasy? Your Health 2020?

- 3.1 The Chair introduced Allyson McCollam, Joint Head of Health Improvement to the meeting, to provide a presentation on the above.
- 3.2 Allyson referred to her PowerPoint presentation to provide the group with an overview of the report from Dr Eric Baijal, Joint Director of Public Health.
- 3.3 This report aims at identifying what challenges we face with regards to health improvement and determines the vision of NHS Borders and public partners.
- 3.4 The Scottish Borders has approximately 113,000 people and statistics show that people in this area live longer than average. The balance of ratios between working age, older and children have lead to inequalities, as there are a greater amount of older people and children, therefore resulting in the number of working age being less than average.
- 3.5 Allyson reported on the work of Healthy Living Networks – running in areas thought to be deprived to help with health improvement. The work done in Walkerburn was

an example provided, where different activities have been developed to improve community development, involving the Third Sector by looking at the best way to work together and engaging volunteers and the community through social contact and interaction.

- 3.6 Early Intervention Opportunities & Prevention is aimed at reducing current increasing demand on public services. Three main age groups are identified as babies and children, middle age and older people. Allyson provided scenarios for all of these age groups to demonstrate the benefits of early intervention.
- 3.7 The PGC noted that feedback on the Report from the public is being obtained via a web and paper based consultation, as well as consulting with a variety of groups including the Scottish Borders Area Forums.
- 3.8 Fiona Morrison reported that it appears carers have not been referenced in the report and highlighted that they should be, which Allyson acknowledged.
- 3.9 Allyson reported that Scottish Borders Council are co-ordinating necessary work with regards to the new Welfare Reform Act including for the new 'Bedroom Tax' including trying to anticipate the impact this will have on service users. Feedback has highlighted that there has been an increase in the amount of requests for support from GPs with regards to claims and appeals. There are also concerns around the impact on people with regards to this tax who may be forced to change houses.
- 3.10 In order to address health inequalities, NHS Borders and Scottish Borders Council would like suggestions as to what we should be doing or could be doing in the Borders. This is something the Scottish Borders Community Planning Partnership will be looking into. There are some geographic pockets of high deprivation which have been identified and more work is continuing by gathering statistics in the Borders.
- 3.11 Doreen thanked Allyson for her helpful, interesting overview on the Public Health Annual Report. Allyson reminded members of the consultation response form and encouraged everyone to complete.

4. Minutes of Previous Meeting

- 4.1 The minutes of the previous meeting held on 22 February 2013 were agreed as a true record.
- 4.2 Amendment to the attendees for the last meeting to state that Margaret Simpson was in attendance.
- 4.3 An update on actions that "are in progress" on the action tracker was provided by Joanne. Discussions took place regarding the following actions:
- 4.4 **Appropriate naming of job title, currently "complaints officer" in line with Patient Rights (Scotland) Act 2011**
Joanne reported that the overall opinion is that the job title should be changed to Patient Feedback Officer.
- 4.5 **The new Staff Governance Standard to be presented to the Public Governance Committee by Employee Director**
Doreen reported that Edwina Cameron, previous Employee Director (and a member of the PGC) had left NHS Borders to take up a secondment with the Scottish Government as Staff Governance Associate. Doreen informed members that John McLaren had been appointed as new Employee Director.

Joanne tabled the leaflet detailing the NHS Scotland Staff Governance Standard.

- 4.6 **Patient/Public Involvement in NHS Borders Mental Health (MH) Services**
Joanne reported that following receiving a presentation from Mental Health Services on their patient/public involvement at a previous PGC, that a request had been made to the service to provide a quarterly report on such for the committee. Their first report was tabled at the meeting that day and will be provided for each quarterly meeting in the future.
- 4.7 **Format of future PGC meetings / name of Committee / Membership**
The Chair reported that this would be picked up as an agenda item later in the meeting.
- 4.8 **Update on Children & Young People (C&YP) Engagement & Participation Plan**
Joanne reported that Mandy Brotherstone, Head of Children's Services / Child Health Commissioner, had been invited to join the PGC and had accepted. This will provide a more regular report from the service in the future. An annual agenda item for C&YP has been incorporated into the PGC Work Plan.
- 4.9 **Update on National Person-Centred Health & Care Programme**
Fiona Morrison referred to the work being taken forward by NHS Borders relating to the National Programme and asked if Joanne could check with Stephen Bermingham whether tests 5 & 9 did now include carers.

Action: JW / SB

5. Update on: A National Person-Centred Health & Care Programme for Scotland

- 5.1 The Chair invited Laura Jones to speak to this item. A full update report had been provided within the PGC Operational Report.
- 5.2 Laura recapped with the PGC that the Programme had been launched at the two day learning event held back in November 2012, with a 2nd event taking place at the end of May 2013. The aim of the Programme is that by 2015 all relevant health and care services are centred around people. The group were reminded of the helpful visit from Ann Purvis to the PGC back in February, who is the lay member on the National Planning & Implementation Group for Person-Centred Health & Care Programme (& Chair of the BGH Participation Group). Ann had provided the PGC with an oversight on the function of the group.
- 5.3 Laura reported that NHS Borders is actively looking at different ways to seek feedback from patients and staff.
- 5.4 Laura stated that a new way of collecting feedback from patients and relatives / carers is underway. This is being done through questionnaires handed out to patients waiting in the discharge lounge at the BGH. Laura hopes to bring the early outcomes to the next meeting in September.
- Action: SB / LJ**
- 5.5 Laura reported that ipad's are being provided from I.T. services for those who prefer to complete a questionnaire via this method.
- 5.6 Tests are being carried out to look at a variety of options to be made available.
- 5.7 Doreen thanked Laura for her helpful update.

6. Format of future PGC meetings, name of Committee, Membership, Terms of Reference: recommendations

- 6.1 Doreen reminded the Committee of the PGC Review Group meeting which had taken place earlier in the year which had identified changes to be made to the meetings, with the aim to have implemented all changes by the end of the financial year.
- 6.2 Doreen drew the PGCs attention to the proposed timetable of Scottish Borders Area Forum meetings to which a Non Executive Director of the PGC would take turns of attending to represent Borders NHS Board. The Non Executive Directors sitting around the table stated which meeting they could attend. Doreen reported that she would take the timetable of meetings to the next Non Executive Directors meeting in July for discussion. Laura stated that Joanne and Stephen were liaising with colleagues in Primary & Community Services and Public Health to ensure topics of interest to each Area Forum were provided for proactive engagement with the community.
- 6.3 Joanne reported that Shelagh Martin from the Scottish Health Council had helped to evaluate the PGC by undertaking a Survey Monkey questionnaire with members, with the aim to identify areas of improvement for the Committee. Joanne reported that the survey showed that the majority of members would be available on a Wednesday afternoon to attend PGC meetings. Doreen requested that revised meeting dates be circulated for the remainder of that financial year.
- 6.4 Doreen stated that the name of this Committee is also being considered and that it was required to fully understand what "public governance " is about. The name of the PGC was considered and it was suggested that we look further for suggestions, i.e. from the Public Partnership Forum (PPF), Public Reference Group - which is a sub group of the PPF and the BGH Participation Group.
- 6.5 Doreen requested that the Terms of Reference are brought to the next meeting for review and approval (including membership).

Action: JW

Action: JW

7. NHS Borders Process for Co-ordinating Public / Patient Engagement

- 7.1 Doreen invited Joanne to speak to this item. Joanne reported that Public Involvement were still working on update the above local process, which Shelagh Martin has been helping with, and that the updated version would be shared with the PGC as soon as possible.
- 7.2 Joanne reported that the process is in line with the Scottish Governments Guidance on Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services, CEL 4, 2010.
- 7.3 The PGC noted that the process makes reference to the joint Scottish Health Council and Public Involvement (NHS Borders) monthly meetings, which provides for service managers to attend when considering consulting with the public to help identify the appropriate level of engagement. The process makes reference to the function of the Public Governance Committee and the NHS Borders Participation Network. It also includes guidance on engagement planning, criteria for engagement for major service change, and for Equality Impact Assessments.
- 7.4 Allyson mentioned the Community Plan Audit which took place last year. The Community Planning Partnership had been given areas of action, one of which was Community engagement such as through the Area Forums.

8. Update Report from Chair of Public Partnership Forum

8.1 The PGC noted the update report provided by Andrew Leitch, Chair of PPF.

9. NHS Scotland Participation Standard: NHS Borders Self Assessment 2012/13

9.1 Doreen welcomed Joanne to speak to this item. A full update was also provided in the PGC Operational Report. Joanne referred to the current position with the Self Assessment 2012/13:

9.2 In March 2013 Public Involvement met with a sub-group of the Public Partnership Forum and members of the Public Governance Committee to review and endorse the self-assessment of our public involvement work. Following this, the self assessment was submitted to the Scottish Health Council (SHC) on 16 March 2013.

9.3 Health Boards have been assessed for the levels not previously attained from 2010/11 - for NHS Borders this included the Evaluation and Improvement levels. (The Standard includes four measurement levels in total: Level 1 - Development, Level 2 - Implementation, Level 3 - Evaluation and Level 4 - Improvement).

9.4 For this year's submission, the level which NHS Borders self assessed for each of the three sections of Standard 3 was Improvement (Level 4).

9.5 The SHC analysts and Local Officer have now reviewed our assessment and supporting evidence and their initial analysis is: Section 3.1 – Implementation; Section 3.2 – Improvement; Section 3.3 – Improvement.

9.6 The PGC noted that Level 2 for section 3.1 was due to the Board not having an overarching Public Involvement Strategy.

9.7 Laura stated that it would be interesting to know what other Boards scored in this area and suggested investigating more to find out what other Boards have in terms of a Public Involvement Strategy. Joanne reported that Shelagh Martin, Local Officer for Scottish Health Council was looking into this.

10. Scottish Health Council (SHC) Update

10.1 The PGC noted the SHC Update provided from Shelagh Martin, Scottish Health Council Local Officer.

11. Public Governance Committee Operational Report

11.1 The PGC noted the Operational Report which provided an update from all relevant services/areas that report to the PGC.

11.2 Catherine made reference to the recent approval of funding for an NHS Borders Volunteer Coordinator post, by the Endowment Committee for a two year period.

11.3 Fiona Morrison reported that the Annual Respite Residential weekend for carers this year focussed on looking at if they knew what their rights were. Feedback from the attendees included that they would like to work more proactively with Mental Health services, be listened to, and being more involved in care plans. A question was asked if a future event could concentrate on 'Stroke'. Fiona reported that that would be a possibility and that mental health had been the choice for this year.

11.4 Fiona highlighted the Carers Consultation Event scheduled for 12 June 2013 at the Buccleugh Arms Hotel in St Boswells. This will focus on listening to carers and

looking at how services can be best delivered to support them in the current financial climate.

12. Final Public Governance Committee Annual Report 2012/13

Doreen reported that the final report had been submitted to NHS Borders Finance Department by end April 2013.

13. Public Governance Committee Work Plan Update

- 13.1 Doreen invited Joanne to speak to this item. Joanne referred to the 2012/13 Work Plan and reported that a 2013/14 Work Plan was being produced to show the items of business and topic items for the Committee, and would also reference PGC Non Executive Director attendance at the Area Forum meetings. Doreen requested that Joanne find out what the Scottish Health Council were referring to when requesting reference to 'evaluation and impact' within items brought to the PGC.

Action: JW

14. Staff Governance Committee Minutes: 22.01.13

- 14.1 The PGC noted the minutes of the Staff Governance Committee meeting held on 22 January 2013.

15. Clinical Governance Committee Minutes: 20.02.13

- 15.1 The PGC noted the minutes of the Clinical Governance Committee meeting held on 20 February 2013.

16. Carers Planning Group Minutes: 14.02.13

- 16.1 The PGC noted the minutes of the Carers Planning Group meeting held on 14 February 2013.

17. Borders NHS Board Audit Committee Minutes: 14.12.12

- 17.1 The PGC noted the minutes of the Audit Committee meeting held on 14 December 2012.

18. Spiritual Care Committee: 29.01.13

- 18.1 The PGC noted the minutes of the Spiritual Care Committee meeting held on 29 January 2013

19. Public Partnership Forum minutes: 15.02.13

- 19.1 The PGC noted the minutes of the PPF meeting held on 15 February 2013.

20. Any Other Business

NHS Borders Volunteering Policy

- 20.1 Joanne reported that the Policy was currently being revised through the Volunteering Steering Group and would be brought to the next PGC meeting for noting.

21. Date & Time of Next Meeting

- 21.1 The next meeting will be held on Wednesday 25 September 2013 at 2.00pm in the Board Room at Newstead.

Security classification:	Not Protectively Marked
Contents may be seen by:	General Public
Author: DS Wicksted	Organisation: Lothian and Borders Police
Date created: 14 June 2013	Telephone: 0131 311 3793



Edinburgh, Lothian and Borders Executive Group Public Protection Minute of Meeting

Date: Friday 20 June 2013

Location: Scottish Borders Council. Council Headquarters, Newtown St. Boswells Melrose TD6 0SA.

Chair: Mr Andrew Lowe, Scottish Borders Council

Members present:

Mr Andrew Lowe	Scottish Borders Council
Ms Eibhlin McHugh	Midlothian Council
Mr Jim Dustan	Scottish Prison Service
Mr Tim Ward	West Lothian Council
Isobel Swan	NHS Borders
Ms Anne Neilson	NHS Lothian
Ms Michelle Miller	City of Edinburgh Council
Mr Murray Leys	East Lothian Council
DSU Gareth Blair	Police Scotland
DS Deborah Wicksted	Police Scotland

Apologies:

Ms Evelyn Fleck	NHS Borders
DSU Lesley Boal	Police Scotland
Ms Jennifer Scott	West Lothian Council
Mr Rob Strachan	Lothian and Borders Community Justice Authority
Mr Calum Campbell	NHS Borders
Ms Melanie Hornett	NHS Lothian
Ms Mandy Brotherstone	NHS Borders
Ms Jane Richardson	Scottish Prison Service

1. **Welcome**

Mr Lowe welcomed members to the meeting and thanked all for attending the meeting at short notice however there are key issues which made it essential for this meeting to be held.

2. **Apologies**

Apologies were received as outlined above.

3. **Minute of Previous Meeting**

Mr Lowe asked members if they were satisfied with the content of the previous minute (18 January 2013) was a true reflection of the meeting.

Ms Neilson felt that the paragraph 3 as below did not accurately reflect the comments that were made. Mr Lowe requested that Ms Neilson provide the chair with a form of words for consideration, which can be added to the minute for consideration for sign off at the next meeting.

“A Neilson commented that NHS Lothian were supportive of the ELBEG office and underlined the fact that her organisation spanned four local authority areas and that joint training and processes using common procedures and guidelines for Adult Protection and Child Protection made life much more efficient. She acknowledged the need to ensure that the office gave value for money but that there was still a need for a central facility to assist in multi-agency working.”

It was further noted that for accuracy of the last paragraph was noted to have a minor error with the year and should read 2013 not “20123-2014”

4. **Matters Arising/Action Register**

Members reviewed the action register and this has been updated with comments. It was also noted that once the draft review report being undertaken by DCI Lawrie was made available then the outstanding decisions action register can be reviewed fully again.

Action 25 – change of ownership to DSU Blair

5. **ELBEG Public Protection Partnership Office**

Mr Lowe highlighted to all present that DCI Lawrie has written out to all key individuals to interview them in respect of the current review that he is undertaking. Mr Lowe highlighted that all individuals who are being interviewed should give DCI Lawrie full cooperation and assistance throughout the process.

Ms Miller highlighted the point that she felt that this review had been discussed for some time and felt it necessary to confirm that it must be completed in **this** financial year and was for next years budget. She felt that could not be allowed to role on and should be kept very tight in respect of timescales. All members agreed with this comment.

Ms Miller also stated that she was aware of the significant sensitivities in relation to employment and staffing arrangements within the ELBEG office and therefore wanted to ensure that this was not kept ongoing and a lengthy process.

NOT PROTECTIVELY MARKED

Mr Leys stated that DCI Lawrie had been invited to their oversight group meeting in early September 2013 and will have access at that group to all Chief Officers and senior police officers. Mr Lowe commented that this was very beneficial for the review.

Mr Ward commented that he had not seen the correspondence in relation to the interviews however these would most likely have been sent to Jennifer Scott.

DSU Blair noted that the reporting of this review was showing as September/October 2013 and it was noted by the group that the review report should be complete by **mid September 2013** and DCI Lawrie should be notified of this.

Action – DS Wicksted to notify DCI Lawrie that the review report should be made available to the Executive Group by mid September - DS Wicksted.

Mr Leys and other members discussed regarding whether there had been clear direction to DCI Lawrie in respect of what was required from the role in respect of responsibilities, what options are available if the ELBEG office was not to continued in its present form, it should be future focussed, concentrating on the gaps if ELBEG did not exist, the options in respect of financial constraints for the ELBEG office and how we could get to a sustainable position.

Mr Ward also commented that we require considering what we wish to do jointly and what ultimately we want to craft on our own in respect of guidelines.

Mr Lowe highlighted that he has viewed the terms of reference for the Review, however there were a number of comments from the group that this had not been widely circulated.

Action – Mr Lowe asked that the terms of reference for the review were circulated to all members of the Executive Group.

DSU Blair acknowledged that the MAPPA business does sit separately from the rest of ELBEG office. And the group acknowledged this point.

Ms Neilson highlighted that MAPPA was not part of the current review.

5.1. ELBEG PP – Terms of Reference

A discussion took place around whether the group could assign off this Terms of Reference taking cognisance that there is a review currently underway of the ELBEG Partnership Office. The unanimous decision was to pend the sign off of the terms of reference until a draft report of DCI Lawrie's review was completed to allow more informed long-term decision-making.

5.2. ELBEG Work Plan 2012 – 2013

Acknowledged by the group that there was some significant work within the work plan, and this recording method should continue pending DCI Lawrie's review report being prepared.

Ms Millar felt that it was not for the group to review each area of the work plan in detail.

5.3. ELBEG-PP Violent Offenders Protocol

It was unanimously agreed that the Protocol should be signed off and Mr Lowe agreed to do this as current vice chair of ELBEG Public Protection Executive Group.

NOT PROTECTIVELY MARKED

NOT PROTECTIVELY MARKED

Action – Mr Lowe to sign the Protocol and this is to be submitted to DCI Lawrie for circulation to all Chief officer Groups for dissemination as appropriate.

6. Any Other Business

Appoint new chair

Appoint new secretariat

Both of these items were discussed and it was felt by all present that there could be no formal decision making until the draft review report was received and necessary decision making would be taken from there.

Mr Lowe agreed to continue as Vice Chair in the short term, and would be chair the next meeting.

DSU Blair suggested that Police Scotland could continue in the role of Secretariat for continuity until the next meeting in September 2013.

Secondment Opportunity MAPPA – ELBEG Office

DSU Blair highlighted that there was a maternity cover post requiring filled within the MAPPA area of the ELBEG office – and although Police Scotland were actively attempting to resolve this matter it was highlighted to the group that this may be an opportunity for a secondment from elsewhere.

Mr Leys was keen to assist with this and felt that East Lothian may be able to assist.

Action – DCI Lawrie has to be notified and should liaise direct with Mr Leys to discuss – DS Wicksted

7. Date and Venue of Next Meeting

Time/Date - **1330 hours, Friday 20 September 2013**

Location - Council Room 1, Midlothian Council Offices, Fairfield House, Lothian Road, Dalkeith.