

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: 06.06.13
- Staff Governance Committee: 21.03.13
- Area Clinical Forum: 29.04.13

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 6 June 2013 at 12.30 in the Board Room, Newstead

Present:

Mr J Raine	
Mrs C Duthie	
Mr D Davidson	Mr C Campbell
Mr A Lucas	Mrs J Smyth
Mr J McLaren	Dr S MacDonald
Dr D Steele	Mrs C Gillie
Mr J Hammond	Dr E Baijal
Mrs P Alexander	Mr D McLuckie

In Attendance:

Miss I Bishop	Mrs E Peace
Dr T Patterson	Dr C Sharp

1. **Apologies and Announcements**

Apologies had been received from Cllr Catriona Bhatia, Jane Davidson, Hamish McRitchie and Evelyn Fleck.

The Chair welcomed Elaine Peace, Clinical Board Chair, P&CS who was deputising for Evelyn Fleck.

The Chair welcomed Dr Tim Patterson, Consultant in Public Health Medicine to the meeting for the Immunisation Programmes item on the agenda.

The Chair welcomed Karen McNicoll, Associate Director of AHPs, Linda Stewart, Physiotherapist and Nicola Barraclough, Delivery Support Officer to the meeting who presented the Physiotherapy Services update item on the agenda.

The Chair welcomed John McLaren to his first Strategy & Performance Committee meeting in his role as Employee Director and Non Executive Director of the Board.

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 4 April 2013 were approved.

4. **Matters Arising**

Minute 11: Key Performance Indicator Scorecard: The Chair enquired if John Hammond had been content with the email response to his query. John Hammond confirmed that he was content with the explanation that there had been an error in the data provided to the Committee.

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

5. **New Immunisation Programmes for Borders Residents**

Dr Tim Patterson briefed the Committee on the new immunization programmes being implemented for Borders residents from 2013-2016. Dr Patterson detailed each vaccine and the programme associated with each one.

With regard to the Flu vaccine, David Davidson enquired if parental consent was required and if so how it would be obtained. Dr Patterson advised that consent would be sought through the current route of a form being sent home with each child from school from the pilot schools that had been identified. He clarified that if a completed consent form was not received the vaccine would not be administered. He advised that GPs would be vaccinating at risk individuals and some work with GPs would take place to minimize the possibility of individuals being given 2 vaccines.

Pat Alexander enquired how those children not attending the pilot schools would access the vaccines. Dr Patterson advised that if they were considered to be at risk of having a chronic disease, they would access the vaccines through their GP. Dr Patterson confirmed that those not within the pilot schools would not be offered vaccination.

Calum Campbell enquired why the focus was on Universities for the Meningococcal C vaccine and not colleges. Dr Patterson advised that there was a prevalence within Universities given that students resided in halls of residence whereas at colleges the majority of students would return to their homes.

The Chair enquired if the immunization programmes were being commenced in England and Dr Patterson confirmed that they were.

David Davidson enquired if the utilization of health board staff and premises would assist in terms of savings to the organization and in order to reduce GP workload.

Calum Campbell commented that the immunization programme was continually expanding and a discussion with GPs would be required to ascertain what immunizations were contractually carried out by GPs and whether an alternative model could be considered to ensure all immunizations were undertaken under a single programme.

John Hammond enquired if some vaccinations could be administered at the same time in the elderly population. Dr Tim Patterson confirmed that multiple vaccinations could be given in both the elderly and children.

Calum Campbell commented that it had been reported through the media that a Swedish company had produced a vaccine to cover all forms of flu. Dr Tim Patterson confirmed that this was the aspiration but he was unaware of any clinical trials being undertaken at present.

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

6. **Patient and Carer Stories**

Elaine Peace shared the patient story with the Committee. She advised that the organisation was now trying to gather on a daily basis patient stories in order to engage with patients across all services. A small focus group had been drawn together to look at different approaches and tools.

The Chairman congratulated the service on the production of the helpful report.

Mrs Peace then advised that both Dr Sheena MacDonald and Evelyn Fleck endeavoured to respond to any comments that were received as well as stories in the press.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress in developing patient and carer stories.

7. **Borders General Hospital: Car Parking Enforcement**

David McLuckie advised the Committee on the detail of the proposed new arrangements for the management of car parks within the Borders General Hospital.

John McLaren enquired who would be liable for the court fees. David McLuckie advised that if a dispute went to court and was found in favour of the defendant then NHS Borders would be liable for the court fees. Calum Campbell reminded the Committee that any court dealing would be through the small claims court and costs would be expected to be negligible compared to the reputational cost to the organisation.

Catherine Duthie commented that she recognised the need for change to be made and sought further information on the legal aspects of the contract, such as assumptions made about the contract being entered into under Scottish Law given the land is considered as private property. She suggested seeking Central Legal Office (CLO) advice or a legal opinion on the likelihood of a case being successful in the small claims court if pursued given the significant reputational issue at stake.

David McLuckie confirmed that CLO advice had been sought and he suggested he circulate this to Board members. Calum Campbell commented that the legal advice that had been received was clear in that the organisation could pursue entering into a contract of this nature.

Catherine Duthie enquired if there was any case law to say that this contract would be workable. Dr Doreen Steele surmised that the issue would be of an English company operating under Scots Law. Calum Campbell clarified that it would not be an English company but NHS Borders who would be

pursuing cases, the English company would provide the required information from their database to ensure a matter could be pursued.

Dr Doreen Steele sought clarification if the CLO would be paid for raising any court actions on behalf of NHS Borders. Carol Gillie confirmed that the CLO charged for any work it carried out for NHS Borders.

Pat Alexander enquired if the proposal would address the issue of what was considered to be a lack of car parking capacity. She further enquired if the staff car parks were patrolled to see if staff and visitors were parking in the wrong places. David McLuckie advised that people would have to be physically watched in order to ascertain the extent of any misuse of parking places. The implementation plan was looking towards encouraging staff to use public transport to relieve pressure on car parking places.

Calum Campbell commented that in reality the car parks were full at 8.15am with staff cars.

Dr Doreen Steele suggested the proposal was addressing the symptoms and not the cause and whilst she appreciated David McLuckie's comments she considered the signage to be too aggressive and not person centred focused.

Calum Campbell reiterated that the current risk was reputational damage which occurred on a daily basis. He advised that the organisation would have the ability to withdraw from pursuing matters for clinical reasons in an appeal situation.

The Chairman enquired if the appeals process would occur after the parking ticket was issued. David McLuckie confirmed that if a visitor was aware they would be on site for over 4 hours they would be able to park in a long stay area, for those who only needed 2 hours and stayed longer a ticket would be issued. The ticket could then be disputed through the appeals process and consideration of any clinical reasons for the over stay would be taken into account at that time.

June Smyth commented that there were similar schemes available with less generous terms in other areas in Borders and she reiterated that only staff and patients and patient's visitors should be utilising the car parking facilities at the Borders General Hospital.

John McLaren highlighted that there were issues of health and safety for staff given that the fire service would struggle to reach the Education Centre in the event of an emergency given the inappropriate parking in that area.

David Davidson suggested combining the car parking proposal with policing the "no smoking" areas of the Borders General Hospital campus.

Dr Doreen Steele enquired what the personal protective equipment to be issued would be. David McLuckie confirmed that it was reflective jackets.

Pat Alexander sought assurance about contacts within the hospital to assist people with parking issues and enquired if the WRVS had been approached. David McLuckie advised that the WRVS had not been involved but would be able to redirect people to other staff members if an issue arose and needed to be resolved.

David Davidson enquired about looking at other schemes for the staff car parks. Calum Campbell commented that the implementation of the proposal was expected to improve matters dramatically and he was keen to ensure car parking was resolved ahead of the opening of the forthcoming Borders Railway.

John Hammond commented that the key message was that car parking remained free at the Borders General Hospital provided people parked correctly and responsibly. The Chairman commented that it would be good to revisit the signage to ensure that element was clear.

Dr Cliff Sharp advised of his support for the scheme and enquired if the £40 charge could be put in bigger typeface.

The Chairman asked that the signage be reviewed; that the language should be sensitive to disabled people as well as ensuring the message was clear.

June Smyth advised that the communication and engagement plan had been prepared and the comments from the Board discussion would be included.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the introduction of the proposed Car Parking Management regime.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the establishment of a detailed Communications Plan.

The **STRATEGY & PERFORMANCE** agreed that the Appeals Board should contain both a Partnership representative and a Non Executive Director in its membership.

8. **Physiotherapy Services Update**

Linda Stewart and Nicola Barraclough gave an update to the Board on the Physiotherapy Service from the presentation given to the Committee in February 2013.

Adrian Lucas commented that it had been an excellent presentation and that he was most impressed by the enthusiasm and detail and appreciated that the changes that had been implemented were making a difference to the service.

Catherine Duthie noted that Kelso were showing good results, and sought clarification on why that had occurred. Nicola Barraclough advised that locums had been employed who had picked up new referrals and had either sent them an appointment or dealt with them on that day. Other areas had been slow to move towards that system but Kelso had embraced it and were leading the way.

Calum Campbell advised that before any staff vacancies were approved the service had to go through the Productivity and Benchmarking process to ensure establishments were appropriate to the needs.

John Hammond enquired if recruitment had been attempted on during the months where vacancies were recorded. Linda Stewart advised that recruitment to those vacancies had been undertaken and

given the processes and requirements ie interviews, references etc, it could take 3-4 months from a vacancy being agreed to having the post filled.

John Hammond noted that locums had been engaged quickly to cover the vacancy in the service. Karen McNicoll advised that locums were significantly more expensive and only engaged as a last resort.

John Hammond sought clarification that at the moment the service was 3.5 WTE short in the physiotherapy service. Nicola Barraclough confirmed the service was 3 WTE short which on average was 1.6 WTE new vacancies due to a delay in filling them.

Nicola Barraclough confirmed the recruitment to permanent posts could not be undertaken until the service had progressed through Productivity & Benchmarking, hence the current level of fixed term posts within the service. Linda Stewart advised that the fixed term posts were not attractive to specialists.

John Hammond enquired how many physio technical instructor posts there were and the volume of their work load. Linda Stewart advised that there were the equivalent to 7.4 WTE and they were mainly hospital based with small amount of MSK work.

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

9. **2012/13 NHS Borders Efficiency & Savings Programme**

Carol Gillie reported to the Committee on the efficiency and savings programme. She advised that the savings target of £5.9m that had been agreed for 2012/13 had been met and exceeded with just over £6m of savings being delivered, £3.9m of which were recurring.

Pat Alexander noted that the Efficiency Manager had now returned to his substantive post and she enquired how the efficiency programme would be further progressed. Mrs Gillie advised that the management of the efficiency programme had changed and evolved over the previous 2 years through the utilization of Aspyre which was a project management system. She further commented that a stock take of progress to date was being undertaken to inform the best way to move forward in the future.

Pat Alexander enquired if there was a risk to the programme being achieved and Carol Gillie commented that it was jointly managed through Finance and Performance & Planning as well as utilising the Aspyre system and those 3 elements now covered the role previously driven by the Efficiency Manager.

John Hammond enquired if the efficiency savings target for the AHP service of £160k was linked to the 5 vacancies within that service. Carol Gillie confirmed that it was not linked and clarified that all the AHP departments had been given the challenge to reduce their costs by 15% through exploring skill mix. She advised that the majority of the AHP services had reduced their cost base but not their head count and the physiotherapy service was the last AHP service to reduce its cost base which had occurred the previous year.

The Chairman noted that there had been 44% savings achieved since 2010 from support services and central costs instead of front line services. He also enquired to what extent the Orthopaedic activity

may impact on those achieved savings. Carol Gillie advised that the orthopaedic activity encompassed both repatriation of patients and income generation for the organisation. Calum Campbell commented that any patients referred to other areas were a cost to the organisation and June Smyth clarified that the repatriation element was a double hit in terms of the current Service Level Agreement with NHS Lothian as well as the cost of services being provided locally.

David Davidson enquired if NHS Borders was at the stage of pursuing shared backroom services with other organisations. Mrs Gillie confirmed that NHS Borders had always been open to the idea of shared services and an NHS finance national shared services project had been in place for the past 7 years. An example of the work of this project was the national single instance of the finance system which had resulted in savings.

June Smyth advised that other support services also had national shared services under NHS Scotland such as HR, who were adopting the single systems approach that Finance departments already had. Mrs Smyth advised that progress was being made with other support service areas to work more efficiently and gave the examples of a national procurement system, decontamination and laundry.

Calum Campbell advised that 44% savings was a major achievement, however further savings would need to be realized. Mr Campbell advised that work was underway to look at property rationalization across the organisation as once any waste had been removed the only things left to be reduced further were staff, services and buildings. The intention was to provide the Board with a paper at the next meeting to explore the possibility of testing the market for the potential sale of the Newstead and Westgrove sites.

David Davidson enquired if a savings target had been identified for the current financial year and the year following. Carol Gillie advised that a target of £4.8m for the whole organisation with £1m coming from support services for 2013/14.

Calum Campbell commented that the challenge would be how we provide or commission clinical services moving forward and a new clinical strategy was being drawn together to address this.

Pat Alexander enquired with regard to catering if there could be a retention of some on site services as opposed to providing frozen meals only. She wished to see a close scrutiny of the savings that could be achieved before a different approach was taken. Calum Campbell advised that a national group was currently looking at the differences in catering costs.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report on the 2012/13 Efficiency & Savings Programme.

10. **Pensions Auto Enrolment Update**

June Smyth updated the Committee on the NHS Borders position regarding Pensions Auto-Enrolment and associated timescales. She advised that the majority of staff were registered with a pension scheme and some 693 had been identified as not being registered with the Scottish Public Pensions Agency (SPPA) or any other pension scheme. Mrs Smyth clarified that July 2013 was the auto enrolment date given to NHS Borders, however the organisation had the ability to defer auto enrolment for 3 months. A proposal had been discussed with the Area Partnership Forum and it had been agreed to defer auto

enrolment for 2 months. In effect any new employees would be enrolled from 1 July 2013 but existing employees would not be enrolled until September 2013.

Dr Doreen Steele enquired why staff members had not been balloted over the decision. John McLaren advised that the unions had felt it was an automatic right of staff to be able to access pensions and on that basis they had felt that it should happen sooner rather than later and a ballot would have been less than a 100% return and the validity would therefore have been questionable.

David Davidson enquired what contribution the lower paid staff were likely to make to join the SPPA. Mrs Gillie advised that the lowest contribution rate was 6% which was based on individuals' earnings. Employers then made a contribution also.

June Smyth commented that there was a level of opting out that was happening in other Health Boards.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that auto-enrolment for new staff would commence on 1 July 2013 and for existing NHS Borders staff would be implemented by end of September 2013.

11. **Key Performance Indicator Scorecard**

June Smyth advised that this was the first report against the locally agreed efficiency and productivity measures. She spoke of the Clinical Boards reduction in target levels from 15% to 10% and the potential to amalgamate Finance, Performance and HR reports.

David Davidson noted the areas where targets had not been achieved and requested a narrative for each on the causes, timescales and action plans to rectify.

June Smyth advised that the Clinical Executive Operational Group had an oversight of the scorecard and requested an in-depth review for any services that showed as under trajectory for 2 consecutive months. Mrs Smyth advised she would be happy to provide more information in the form of a narrative and suggested she provide a full report after each of the Clinical Boards Quarterly Performance Review meetings.

David Davidson commented that below trajectory appeared to be a common theme and he enquired when the services would return to be on and above trajectory. Calum Campbell commented that using the 9 week waiting times target as an example, as the 18 and 12 week targets were legally binding, why did he need a 9 week target. Waiting times targets had been discussed by the NHS Scotland Board Chief Executives and the Scottish Government and were now beginning to be reduced in number.

Calum Campbell further advised that the HSMR target was a target that all Boards should focus on each month especially given the impact of the patient safety programme on services.

John Hammond noted the performance for the Audiology service was low with a quarter of people on first contact waiting over 18 weeks. Calum Campbell advised that there were robust conversations taking place with the Audiology service. As the service had gone through the Productivity and Benchmarking process it had been noted that it had the second highest number of audiologists per 100,000 population in Scotland and the service was required to reformat itself to ensure outcomes and efficiencies were met. An additional non recurring resource had been awarded to the service in the

short term to cover breaches and the service were now addressing their issues to bring them to resolution.

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

12. **Any Other Business**

Rehabilitation New Models of Care – Hydrotherapy: Calum Campbell updated the Board on the error that had been made in the paper submitted to the Board meeting on 2 May regarding Hydrotherapy. He advised that outline planning permission at Jedburgh had not been received by Jedburgh Leisure Trust and apologised for the error. Mr Campbell advised that it did not however in his opinion fundamentally alter the position that the Board had agreed. He advised that the Chair had asked what would happen if planning permission was not granted by the local authority and it was accepted that if this were to be the case then the Board would be required to revisit its decision.

The Borders Patient Action Group were due to meet with the Chair the following week and had already written to MPs and MSPs regarding the matter, who in turn were writing to NHS Borders. Mr Campbell advised that the Jedburgh Leisure Trust had written to confirm their commitment to working with NHS Borders and had their own internal issues but remained committed to pursuing matters with NHS Borders.

The Chairman commented that the error had not affected the Board's original decision which had been clarified through an email exchange as soon as the error had been known.

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

Selkirk Health Centre: The Chairman noted an issue regarding the removal of trees from the Selkirk Health Centre site. David McLuckie briefed the Board that a Leylandii tree had fallen and damaged the roof of the Selkirk Health Centre. A risk assessment had been carried out and it had been agreed to remove the remaining trees to ensure the safety of the public, patients, staff and property as part of on-going routine maintenance. The Chairman suggested dialogue could take place with the local residents regarding how the gaps left by the removed trees should be filled.

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

Enhanced Recovery and Orthopaedics: Calum Campbell advised the Board of a positive programme being shown on the BBC on 11 June regarding NHS Borders Enhanced Recovery and Orthopaedics services.

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

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

The Chair confirmed that the next meeting of the Strategy & Performance Committee would take place on Thursday 1 August 2013 at 12.30 in the Board Room, Newstead.

The meeting concluded at 2.50pm.



STAFF GOVERNANCE COMMITTEE

Notes of the meeting held on Thursday 21st March 2013 at 2pm in the Board Room,
Newstead.

Present: Edwina Cameron, Chair
Pat Alexander
Adrian Lucas
Doreen Steele

Ex Officio Capacity: June Smyth
John McLaren

In Attendance: Sheila MacDougall
Janice Laing
Karen Maitland

1. Welcome, Introductions and Apologies

Apologies were received from Calum Campbell, Irene Clark, Kath McLaren, Irene Bonnar, Shona Cameron, Hilary Shand, Evelyn Fleck, Maggie Czajka, Bob Salmond and Colin Herbert.

A discussion took place regarding the poor attendance and the amount of apologies received. Edwina Cameron advised that the guidelines state that the non executives require being quorate to enable the meeting to go ahead. It was suggested to address the Terms of Reference and the membership.

June Smyth informed that she would take this issue forward. Doreen Steele suggested taking the same route as local government if members of the group cannot attend to send a deputy.

Action: June Smyth to look at the Terms of Reference, Membership of group and deputies.

2. Minutes of Previous Meeting held 22nd January 2013

Amendment to Item 2, (Action Tracker) Page 1, last paragraph, first line to add after word well 'and what did not work well'.

Page 4, Item 7a), Paragraph 3, line 2, to add the letter H to read the word COSHH.

It was agreed with amendments to the minutes it was a true reflection of the meeting.

Matters Arising

Workforce 20/20 Vision

Pat Alexander informed that the letter received from Derek Feely with the attached link to access the website that she was unable to access the website from her NHS website address but was able to access it from her home computer.

3. (1) Treated Fairly & Consistently

a) Workforce Inventory

June Smyth spoke to the paper 'Inventory of Service Redesign'. June Smyth informed that a report goes to each Area Partnership Forum.

It is related to projects primarily to efficiencies which are taken to the Strategy group. If there is an impact on staff it will be placed on to the inventory. Pat Alexander asked if the Cheviot Project would have been on the inventory. June Smyth informed if there was impact on staff it would have it as a live document so can change as staff impacts are worked through.

June Smyth reported that the Area Partnership Forum had requested to add in to the inventory anything on Productivity and Benchmarking projects. This is currently being actioned.

Doreen Steele enquired about Dentists. Edwina Cameron informed that they now work on shift patterns from 8am to 8pm.

Doreen Steele asked about the age profile of the Estates department and about the Modern Apprenticeship as there is a possibility that we could lose necessary skills. June Smyth reported that she is currently working along with David McLuckie regarding the Modern Apprenticeship Scheme.

Pat Alexander requested if it would be possible to add dates to each of the entries to the list.

Action: June Smyth to look at providing dates to the Inventory of Service Redesign list.

b) Staff Experience

Edwina Cameron reported that 167 staff members were asked to participate in 20:20 Workforce Vision facilitated sessions and 100 members of staff had been able to attend. A lot of good discussions and suggestions came out of each of the sessions from staff on how to influence 20:20 Workforce Vision.

The comments from the sessions were sent to Scottish Government where the comments were collated along with other Boards comments. The consultation document has recently been sent out and you can identify comments from

NHS Borders. The consultation period ends in the middle of April 2013 and the document will be launched at the NHSS Event on the 11th & 12th June 2013.

Edwina Cameron informed from a local perspective at the facilitated sessions we took the opportunity to speak about NHS Borders Corporate Objectives. Staff were asked what our current corporate objectives are and asked what they should be. June Smyth informed that a number of staff were aware of patient safety. A wide range of suggestions were received from staff which was very interesting

Edwina Cameron informed it highlighted that staff are committed to quality, patients and care. Adrian Lucas informed that values are important to staff.

Edwina Cameron reported that the government will run with staff experience to enable to help to change the culture. It will be discussed further at the NHS SECC event in June 2013.

c) **Staff Governance Framework**

Edwina Cameron reported that the framework was out for consultation and a lot of comments were received. The date of the launch of the framework has been moved back as the national group has been asked to look at the comments. NHS Borders will be a pilot site.

4. (2) Well Informed

a) **Workforce 20:20 Vision Verbal Report**

This item was discussed under Item 3b) – Staff Experience.

5. (3) Appropriately Trained

a) **Mandatory & Statutory Analysis**

Janice Laing spoke to the paper ‘Agreement from the Clinical Executive Operational Meeting – Thursday 28th February 2013’. Janice Laing informed that the Mandatory & Statutory Working group is a sub group of the Area Partnership Forum. The aim of this group is to ensure all NHS Borders staff receives appropriate training. A Training Needs Analysis (TNA) was carried out before Christmas which gave managers the opportunity to report their staffs training needs. Due to lessons learned the training needs analysis will be refreshed yearly.

Doreen Steele asked about PDPs if there was any way we could monitor mandatory & statutory training. Janice Laing informed it is difficult to link in to eKSF. Doreen Steele informed that it should be reported to the Board ‘should staff not be responsible for their own training needs’.

Pat Alexander enquired about having a central register. Janice Laing informed that the survey monkey asked managers how many training places they required for their staff. By doing this it enabled to identify the amount of training places required. All of the information can be integrated but currently none of the systems speak to each other. June Smyth informed that training will be incorporated into the Workforce Report during 2013/14.

Doreen Steele raised her concerns regarding DNA. Edwina Cameron reported that a lot of work has been carried out by the Mandatory & Statutory Working group. Managers are accountable for staffs training and Advisors provide training places and will monitor the training.

Edwina Cameron reported that we have a baseline to enable to move forward training. The Clinical Executive Operational group have agreed to the process and will ensure it will be moved forward. Clinicians are also happy with the system. It will also be tied in to the Workforce Report. Training and monitoring will be built in to the Appraisal and PDP policy.

6. (4) Involved in Decisions Which Affect Them

- a) Area Partnership Forum Minutes

For noting.

- b) Public Governance Minutes

Minutes for noting. It was reported that Doreen Steele is now Chair of this group.

7. (5) Provided with an Improved & Safe Working Environment

- a) Occupational Health & Safety Forum Minutes

Sheila MacDougall highlighted the new policy. Edwina Cameron informed that she is happy that the Committee is up and running and commend the members of the group.

8. Any Other Competent Business

- a) People Management Best Value Review

June Smyth informed that it is published by Audit Scotland. A self assessment has been completed and will go the Audit Committee. June Smyth asked for this item to be placed on the agenda at the next meeting and she would circulate the self assessment toolkit in the interim.

Action: June Smyth to circulate the tool kit to the group

- b) Equality Act

June Smyth spoke to the paper 'Equality Act Specific Duty – Equal Pay Statement'. June apologised for tabling the paper. This statement has been agreed in partnership and to be reviewed on a regular basis by this Committee.

Pat Alexander asked should there be an acknowledgment to integration. June informed not with this documents as this is a specific requirement to NHS. June Smyth informed that she will check the councils equal pay statement at the end of April 2013 as it should be on their intranet.

c) Patients Experience Website

Pat Alexander reported that the website is privately run. Pat Alexander asked do we require being aware of receiving adverse comments. Edwina Cameron advised nationally they are keen to encourage people to feedback but her anxieties it is a one way street. Doreen Steele informed that there are more positives than negatives.

d) National Whistleblowing Helpline

Edwina Cameron reported that agreement has been broken to not accept anonymous complaints. A discussion took place regarding the Mid Staffordshire report. It was suggested locally to send out a communication to staff regarding the Mid Staffordshire report to enable them to reflect on the report and to ensure the organisation does not get in to the same position.

It was reported for complaints to be flagged to public governance. Doreen Steele suggested for direct complaints / themes to be highlighted to make people aware. The role of the Board is to look at it as another source of intelligence to enable to support staff. Adrian Lucas informed that it also protects patients.

e) Employee Director's Successor

Adrian Lucas asked Edwina Cameron for an update to who her successor will be when she takes up her new role as Staff Governance Associate in Scottish Government. Edwina Cameron reported that John McLaren and Kath McLaren have both put their names forward. Edwina explained the process for electing Employee Director: -

- The Chair of NHS Borders oversees the process
- The Chair informs the Cabinet Minister of the appointment
- It will be a provisional appointment until approval has been received from the Minister
- The election process is one member one vote.
- The Scottish Partnership Forum signed off our voting process
- The Employee Director is the convenor of the Staff Side.

f) Best Wishes to Edwina Cameron

Adrian Lucas wished Edwina Cameron good luck and best wishes in her new venture and look forward to hear how she is getting on in her new role.

9. Date of Next Meeting

Tuesday 2nd July 2013 at 2pm in the Board Room, Newstead.

DRAFT Minutes of a meeting of the Area Clinical Forum held on Monday 29th April 2013 at 1.00 p.m. in the Committee Room, Education Centre.

Present: John Hammond (Chair) (JH), Nicky Hall (NH), Isabel Swan (IS), Alison Wilson (AW), Nigel Leary (NL), Karen McNicoll (K McN)

In Attendance: Susan Hogg (Minute), Sheena MacDonald (SMacD)

Apologies: Austin Ramage

Agenda Item	Title	Speaker	Summary	Action
1.	Apologies for Absence		Janice Laing, Austin Ramage,	
2.	Minutes of previous meeting held on 4th March 2013		Read and approved. Page 4. Annual Review Letter – report ‘has’ highlighted a close working relationship. Board papers 12 – WL is that waiting lists. Do not make an abbreviation.	
3.	Matters arising		Bank and Agency Update Adverse Events Strategy – IS reported that a new project aimed specifically at reducing the use of staffing agencies is being worked on. The supplementary staffing review is looking at various aspects and especially the workload tools in areas under considerable pressure. They are looking at allocation of annual leave, sickness targets and rota rostering a considerable amount of work is going on. We have been successful in securing a portion of Clinical Excellence funding but not quite sure in terms of numbers.	
4.	Clinical Governance: Mid Staffordshire Public Enquiry Report 2012/13 Infection Control Work Plan & Outcomes		JH reported that an update came to the Clinical Governance and IS explained that a lot of work has been done locally to condense this into the three themes looking at the key messages for Scotland. JH asked the group on their thoughts on how you think these adverse affects are all going to central government and how do you think these things should come out i.e. disseminated, background, lessons learnt. IS explained how this process works. We do not have a national reporting system in Scotland remarked AW. JH asked when a bay in Haylodge was recently closed for 10 days why was this not reported. AW replied that this is not a HEAT target so we do not need to report to the Board	

Agenda Item	Title	Speaker	Summary	Action
	Complaints		<p>IS informed the meeting that there was a good turn around in response times regarding complaints. Our managers are much more engaged in the turn around rather than left to a small group. The supervisory role for charge nurses will be a challenge and we need to show the benefits to resource other areas. AW advised that independent contractors have their own complaints process.</p> <p>There was a discussion around capturing staff feedback and if possible patients within the organisation who would be willing to share their experience. JH asked do we have outpatient waiting times targets. SMacD replied that the Nursing Director is in the process of looking into this.</p>	
5	Public Governance Report		NH – not another meeting since our last meeting.	
6	National ACF Report		JH reported that the meeting on the 21 st March with the Cabinet Secretary had been very positive looking at a variety of things and looking at other ideas.	
7	Strategy Reports Corporate Objectives Dermatology Inpatients		<p>This gave a very powerful message and we have had a very positive response to it reported SMacD. In terms of how we move forward we do appreciate the concerns around negativity regarding no delays and the change to the no harmful delays reported SMacD.</p> <p>NL reported that we are trying to minimise the number of inpatients in Lothian and trying not to maximise the number of inpatients in Borders and this needs to be fed back to the Board. KMcN informed the group the purpose of the project is to provide an inpatient service and we could be held accountable for not installing this. NL will pick this up.</p>	
8.	Significant Adverse Events		JH informed that the group that this had been received from Laura Jones, Head of Quality and Clinical Governance. NL explained that a substantial amount of heads of service and other clinical managers will be required to attend a training course to manage this. It will take 48 hours out of our working week on the same days in the week i.e. Tues and Wed. This may not be suitable for many of those invited to attend. To be fed back to Laura Jones.	
9.	Outpatient Waiting Times		Discussed earlier.	

Agenda Item	Title	Speaker	Summary	Action
10.	Board Papers Rehabilitation: New Models of Care	Karen McNicoll	<p>Covered earlier in the minute. AW informed the group that Calum Campbell would like us to pull together a crib sheet around our co-payments policy. SMacD summarised to the group what the co system is and this will not affect our treatment time guarantee (TGG) as these will still be the same regardless whether or not they are private or an NHS patient.</p> <p>10. We have now moved through the option appraisal process and have identified a preferred option for the Board to consider increased access and equity of access to a wider group within the Borders population. Our activity analysis found that a significant percentage of patients did not need the increased water temperature and could benefit from land and water based based exercise. 70,000 out patient attendances in 2012, 30,000 new referrals physiotherapy 7,000 new patients. 135 patients for hydrotherapy. Option 5 to work in partnership to work in Jedburgh outlining planning process partnership with the wider Borders Sports and Leisure Trust increase accessibility to facilities and work with the existing staff in training. JH main concern re not naming other SBC pools to provide reassurance that equity will be provided. Could you name the pools in the Borders that are going to be looked at. All Border Sport & Leisure pools need to be emphasised in the paper.</p>	
11.	Professional Advisory Committees – Verbal Reports (a) Allied Health Professionals Advisory Committee (b) Area Dental Advisory Committee	Karen McNicoll John Hammond	<p>11 KMCN reported would be trying to refresh the AHPAC and have requested admin support as this group have not met for sometime. Keen to be assured that we have a reference group. The main source for ToR is the Code of Corporate Governance to establish how they are elected or how do they attend their advisory committee.</p> <p>JH informed the group that our benchmarking has all been completed. We have asked our practices to let us have the numbers of their private patients so that we can reach our HEAT target.</p>	

Agenda Item	Title	Speaker	Summary	Action
	(c) Area Medical Committee	Nigel Leary	No report	
	(d) Area Ophthalmic Committee	Nicky Hall	As reported at last week's meeting Optometry Scotland is trying to put a bid together for the DVLA. Dr Murray has sent a letter to the MHRA regarding generic latanaprost and the issues regarding this seem to have settled.	
	(e) Area Pharmaceutical Committee	Alison Wilson	AW reported that SBC carers are to be trained in the use of medicine admin records moving away from compliance devices. The funding for community pharmacies to carry out this work previously has been significantly reduced. The feedback that we have received regarding removing the patient oxygen service from community pharmacies has been positive.	
	(f)			
	(g) BANMAC	Isabel Swan	Nothing to report.	
	(h) Medical Scientists	Austin Ramage	AR not at the meeting so no report given.	
12.	AOCB –	Karen McNichol	KMcN updated the ACF on the current position re the review of rehabilitation models of care, specifically Hydrotherapy and key findings from activity analysis and engagement. She outlined the emerging preferred option for re-provision of this treatment option from Option Appraisal processes and advised that a decision has not been made. The review and proposal will be considered by NHS Borders Board at their meeting on 2 nd May 2013.	
13.	AOCB		None	
14.	Date of next meeting:		24 th June 2013 @ 1.00 p.m. Committee Room, Education Centre.	