

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: 04.04.13
- Audit Committee: 25.03.13
- Audit Committee: 27.05.13
- Endowment Committee: 30.01.13
- Clinical Governance Committee: 03.04.13
- Staff Governance Committee: 22.01.13
- Public Governance Committee: 22.02.13
- Area Clinical Forum: 04.03.13
- CSOG: 29.03.13

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 4 April 2013 at 12.30 in the Board Room, Newstead

Present:

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

In Attendance:

Miss I Bishop	Mrs K McNicoll
Mrs J Beattie	Mrs N Amos
Mr A Pattinson	Mrs F Doig
Mrs J Douglas	Mr T Patterson

1. **Apologies and Announcements**

Apologies had been received from David Davidson, Cllr Catriona Bhatia, Eric Baijal, Hamish McRitchie and Cliff Sharp.

The Chair confirmed the meeting was quorate.

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

The Chair welcomed Karen McNicoll, Associate Director of AHPs and Jan Beattie, Rehabilitation Project Support, to the meeting who presented the Reprovision of Rehabilitation Hydrotherapy item on the agenda.

The Chair welcomed Nic Amos, Health Improvement Specialist, to the meeting who presented the Equalities Mainstreaming Report item on the agenda.

The Chair welcomed Alasdair Pattinson, General Manager, P&CS and Jane Douglas, Group Manager, SC&M, Scottish Borders Council to the meeting who gave a presentation on Delayed Discharges at item 5.4 on the agenda.

The Chair announced that this was Edwina Cameron's final Strategy & Performance Committee meeting in her role as Employee Director and recorded the thanks of the Board to her for all her help and support to the organisation during her time in that role.

The Chair announced that John McLaren had been elected as the nominated Employee Director for NHS Borders subject to Ministerial approval.

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 7 February 2013 were approved.

4. **Matters Arising**

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

5. **Reprovision of Rehabilitation Hydrotherapy**

Karen McNicoll advised the Board that Hydrotherapy was a treatment option and not a discrete service in its own right. She explained that the proposal allowed the service to focus on Allied Health Professionals (AHPs) and Rehabilitation services in more community based settings, working in partnership with both the private and public sector. She further advised that the proposal would assist in meeting the requirements of the AHP national delivery plan.

Given the Out Patient Department redesign the opportunity had arisen for water based therapies and the wider work on rehabilitation practice to be explored and taken forward. Jan Beattie advised that the paper before the Committee remained a work in progress and in anticipation of the paper being submitted to the Board on 2 May the final iteration would include reference to the receipt of the Borders Patient Action Group petition, an EQIA, summary, option appraisal evaluation and patient satisfaction questionnaire results.

Catherine Duthie noted the preferred option capital cost was £75k from NHS Borders with the Jedburgh Sport & Leisure Trust (JSLT) providing the balance dependent on grant applications, and she enquired what the fall back position on grant applications would be. Jan Beattie advised that £75k was the element required to assist patients to self manage. With regard to the JSLT they had confirmed that they were at the point of finalising the design and expected to commence works in September/October 2013 with a conclusion of the scheme in 4-5 months thereafter. She advised that the JSLT already had other monies assured and with the addition of NHS Borders monies they were confident of meeting the timescale. Catherine Duthie enquired if the JSLT could underwrite the balance and Jan Beattie confirmed that that had been the information she had been given.

June Smyth commented on the evaluation option appraisal process last page which referred to the personal opinions of staff and sought clarification on those. Karen McNicoll advised that some clinicians had been expressing personal views on how treatments were validated as well as the caseloads that clinicians managed. An extrapolation of “everybody needs the water temp at a certain

degree” could not be made and this was used as an example. Jan Beattie confirmed that the current users of the hydrotherapy service should be those who benefitted from increased water temperature.

June Smyth enquired if the Scottish Health Council had made a statement on the process that had been followed and if it was in line with their requirements. Jan Beattie confirmed that the Scottish Health Council had been involved at the Option Appraisal and Evaluation stages of the process. The Scottish Health Council had given input to the evaluation questions and had supplied verbal feedback that they were content that the process followed had been robust.

Karen McNicoll advised that on reflection one of the learning points from the process was that the criteria could have been more fully explained and this was being taken forward with the Scottish Health Council so that Option Appraisals were more fully understandable to the public in future.

Adrian Lucas complimented the process commenting that it appeared to have been well conducted and had reached a clear position.

Pat Alexander enquired about the use of Eyemouth Pool. Jan Beattie confirmed that the Eyemouth Pool already had a training pool facility as did Kelso Pool with both pools also having hoist options.

Pat Alexander enquired how much of an impact there might be on the service in terms of making facilities more widely available in local communities. Jan Beattie confirmed that there were proposals for NHS Borders staff to work with the existing pool side staff. She further commented that it was anticipated that the number of people self managing their water based therapy was expected to increase once their NHS Borders treatment had concluded and JSLT would offer an opportunity for those people to continue to use the facilities at a reduced cost.

John Hammond enquired if all local pools would be utilised once the Hydrotherapy Pool at the Borders General Hospital was closed. Jan Beattie confirmed that it was anticipated that the Hydrotherapy Pool at the Borders General Hospital would not close until later in the year. Calum Campbell advised that the capital monies required to undertake Phase 2 of the Out Patients Department redesign were not available this year, unless there was any slippage on the national capital plan in which case it was imperative that progress was made quickly. Jan Beattie advised that whilst there may be a gap in accessing a hydrotherapy pool with an increased water temperature, there would be no gap in accessing normal pools for water base therapies.

Carol Gillie confirmed that at present there were no capital funds available to move forward Phase 2 of the Out Patients Department redesign.

The Chair enquired about the Borders Patient Action Group petition. Jan Beattie advised that the petition contained 2500 signatures and was asking people to “Save the Hydrotherapy Pool and Gym from closure”.

The Chair enquired how many Out Patient Department appointments were made each year. Karen McNicoll confirmed that the actual correct number was 70,000.

The Chair congratulated Karen McNicoll and Jan Beattie on the progress that had been made in addressing this issue and suggested it was a strong argument around outcomes on the basis of equity and greater accessibility across the Borders, and the fact that the current Out Patients Department was

not fit for purpose. In addressing safe patient care the redesign would ensure delivery was made in a safer more appropriate environment for the 70,000 appointments made each year.

John Hammond commented that Peebles swimming pool had been under threat of closure some years ago and enquired if there was any knowledge about how safe the pools would be from future closure. Jan Beattie advised that it was not within NHS Borders gift to provide assurance over the sustained availability of all local swimming pools, and confirmed that she had raised this matter with Borders Sport and Leisure Trust, who had advised that they were not anticipating any of their pools being closed.

The Chair reiterated that it was a clinical imperative to relocate the Out Patients Department and had the full support of clinicians.

David McLuckie noted that NHS Borders would offer expert advice to Borders Sport & Leisure Trust in regard to changing room facilities, health and safety, etc and enquired who would be responsible for day to day maintenance. Karen McNicoll confirmed that Borders Sport & Leisure Trust would be responsible for all day to day management including checking hoists, etc.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the work progressed with the development of options for the provision of Hydrotherapy across Borders.

6. **Patient Story**

Evelyn Fleck explained that the paper described a real patient story. The systems and processes had been in existence through the MacMillan Centre however the couple involved had not been connected to that process and in order to learn from the patients experience further publicity had now been given on the procedures that were in place.

Pat Alexander enquired about the process undertaken to bring a patient story to the Committee. Mrs Fleck advised that Stephen Bermingham, Public Involvement Manager would highlight appropriate patient stories for the Board, however a more robust system of identification would be used through the person centred programme in order to provide more sophisticated stories.

Dr Sheena MacDonald highlighted that with regard to the patient story the process taken to address the issues raised by the patient of offering to meet had been a positive experience for all concerned in the case.

John Hammond enquired how clinicians were reminded of systems and processes. Mrs Fleck advised that the MacMillan centres had contact services for individual patients and were also providing more education and training and publications around this to clinicians.

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

7. **Adult Protection: Mountview Care Home, Duns: 6 month update**

Evelyn Fleck reminded the Committee that adult protection concerns had been raised the previous year and an undertaking had been given to provide assurance to the Committee that those concerns had been addressed and where necessary any further appropriate improvements were being made.

Pat Alexander commented that for 2 years the quality of environment and staff had not been assessed. Mrs Fleck explained that it related to the Care Inspectorate not assessing those items. Calum Campbell advised that the Inspectorate did not address the same things every time.

Dr Doreen Steele enquired if Scottish Borders Council were applying any pressure in regard to the improvements required and the impact on delayed discharges. Jane Douglas confirmed that an internal report had been commissioned on Care Homes in the Borders. A protocol had also been drawn up for measuring quality in care homes along with various trigger mechanisms for a risk assessment to be undertaken. Input was given to Care Homes that triggered as requiring support. She further advised that a training needs analysis for care homes had been undertaken and was being addressed.

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

8. Delayed Discharges

Alasdair Pattinson and Jane Douglas gave an overview of current activity and the challenges faced in addressing delayed discharges. They advised of the improvements that had been taken forward towards meeting and sustaining the national target of no delays longer than 4 weeks to the most appropriate care setting and from April 2015 the target would reduce to no more than 2 weeks as a maximum wait. The ambition to reach in partnership was zero delays.

Alasdair Pattinson highlighted several key elements during the presentation including: single figures waiting over 4 weeks; the national picture and how NHS Borders was bucking the trend in terms of the national picture; genuine community care reasons for delayed discharges; improvement plans to move forward delayed discharges; community hospitals length of stay and discharge management; reduction in bed occupancy from 11.9% to 6.2% and complex case coding.

Alasdair Pattinson further explained the other key items in the plans to continue to move forward during the next 12 months and reflected on some of the discussions on care homes and joint capacity planning that had taken place. He also described how beds were managed across the partnership and the opportunities that might be considered as a partnership in relation to bed management.

Jane Douglas reported that additional assessment beds were being created in care homes to assist in discharging patients from hospital into assessment beds in care homes. She explained that there was also a need to look at intermediate, assessment and community hospital beds and to assess the impact of moving people. Mrs Douglas confirmed that the discharge policy was being updated to manage the shift away from the hospital setting and assist in reaching zero delayed discharges.

Dr Tim Patterson enquired if readmission rates would be looked at given that from a Public Health point of view the local population continued to increase in age. Jane Davidson confirmed that readmission rates and failed discharges were being reviewed and monitored.

Dr Tim Patterson enquired about the potential for managers who were not involved in the clinical care of patients to put pressure on early discharges. Calum Campbell advised that all clinicians understood that if they were being pressurised to discharge inappropriately they would raise it and would not agree to the discharge. He reminded the Committee that patient safety was the number one objective for the organisation and that all staff including clinicians were well aware of that.

Dr Patterson enquired if it was appropriate for those who were not involved in the clinical care of patients to have access to confidential information on the patients and their families. Mr Campbell confirmed that all staff were expected to abide by the organisations confidentiality requirements.

Jane Davidson advised that managers were part of the clinical team and were there to support the clinical team. She confirmed that readmissions were reviewed as a balancing measure and whilst length of stay reduced, the admission rates had stayed the same and so work was being undertaken to further reduce admission rates.

Calum Campbell commented that research had shown that keeping people in their home environment improved mortality for certain conditions.

John Hammond commented that when progress was made in one community hospital it appeared to reduce in the others and he enquired if carers were involved in the multi-disciplinary team meetings to assist with discharge planning. Alasdair Pattinson advised that carers were not involved in the multi-disciplinary team meetings however direct dialogue was undertaken with them regarding planning for the individual patient. Mr Pattinson also confirmed that there had been a trend in decreasing length of stay in all community hospitals except Hay Lodge which had been due to a complex case.

Pat Alexander enquired of the reasons for delays and sought assurance that the community hospitals were staffed at appropriate levels. Mr Pattinson advised that discharge dates were set on the same day as referrals were made to Scottish Borders Council. On occasion some patients were delayed due to infection control reasons such as norovirus. Jane Douglas commented that the health care integration agenda should improve collaboration between the two organisations through utilising not just occupational therapists but also community occupational therapists for assessments and in turn that should strengthen appropriate timely discharges.

Edwina Cameron commented that she was heartened by the discussion and was aware that other Health Boards in Scotland were having difficulties in addressing delayed discharges.

Dr Sheena MacDonald commented that NHS Borders had been recognised nationally as performing well on delayed discharges. She advised that a local joint event was being held on 27 April where senior civil servants from the Scottish Government would be present to hear about progress towards meeting the two week target for delayed discharges.

The Chair commented that the report indicated strong progress and he noted that one of the initial outcomes for joint working integration would be on delayed discharges.

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

9. **Redesigning the Community Justice System**

Fiona Doig detailed each of the 3 options available which were: an enhanced Community Justice Authority model; a Local Authority model; a Single Service model.

The Chair and Jane Davidson recorded their support for Option B.

The **STRATEGY& PERFORMANCE COMMITTEE** discussed the suggested responses to the consultation questions and the reasons for favouring Option B and approved a final response to be sent to the Scottish Government before the deadline of 30 April.

10. **NHS Borders Equalities Mainstreaming Report**

Nic Amos outlined the requirements to report progress on equalities mainstreaming as well as publishing in a manner that is accessible before 30 April. She advised that the report was based on the NHS Scotland template and the information was as accurate as it could be based on the information available. Mrs Amos reported that the equality outcomes had been set in partnership with the Community Planning Partnership.

The Chair commented that if people had declined to answer certain questions the statistical data would be seriously compromised. Mrs Amos agreed and highlighted that it was not just a local issue but a national issue also. Edwina Cameron advised that the report was difficult to collate and the Area Partnership Forum would be asked to drive it forward. She commented that there was an assumption that the detail requested was intrusive when the reality was that it was helpful to have such statistical information to allow the organisation to plan and develop its services moving forward.

Dr Doreen Steele commented that as an organisation we had a duty of care and could not exercise that duty if we were unaware of the evidential statistical information to support our direction of travel.

Calum Campbell enquired why those on TUPE were counted and given that Agenda for Change was equality assessed why was a gender pay gap being declared. June Smyth advised that the TUPE numbers related to the library staff that had transferred from Napier and they were in the process of being transferred to agenda for change grades, however resolution might not be achieved before publication of the report. Nic Amos advised that she would put a disclaimer on the appendix to clarify this point. Mrs Amos further commented that the gender pay gap had been worked out before occupational segregation had been completed highlighting that NHS Borders had a substantial female staff of over 80% compared to male staff.

Jane Davidson enquired if that engendered a gender bias and if the organisation looked at contributions in gender terms and then equalised to see if there was a gender pay gap. Edwina Cameron agreed but noted that the template from NHS Scotland was not wide enough to capture all of the caveats.

Jane Davidson suggested from a top down perspective to include looking at the gender gap on the Board. Mrs Amos commented that something could be included in the implementation plan.

Jane Davidson enquired if there was anything within the report to take the organisation beyond its legal obligation to deliver the equality action. Mrs Amos confirmed that the organisation had gone further than its requirements for delivery.

The Chair enquired if the organisation had met its statutory obligations to employ people with disabilities. Mrs Amos advised that based on employee statistics these were no different to those of Scottish Borders Council and she perceived other Boards and Councils across Scotland.

Pat Alexander highlighted some amendments to be made to page 20 and the chart on relationships and page 26 on community planning partnership. Mrs Amos confirmed a refresh of the document was being undertaken to address those amendments.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the Equality Mainstreaming Report.

11. **Key Performance Indicator Scorecard**

June Smyth highlighted both areas of strong performance and where performance was outwith the targets set. Mrs Smyth focused on strong performance in dental services and the good performance on sickness absence. With regard to AHPs and particularly Physiotherapy the service had improved although it was showing as outwith trajectory.

Regarding eKSF, Edwina Cameron advised that as at 31 March 2013, 84.97% of Annual Reviews had been recorded and 75.5% of PDPs had also been recorded. It was suggested that there remained an issue with recording Annual Reviews and PDPs on the eKSF system and it was anticipated that the level of PDPs undertaken was actually in excess of 80%.

Dr Doreen Steele recorded her congratulations on achieving the eKSF standard and noted the amount of effort that had been put into achieving the target.

Jane Davidson recalled that some 3 years previously it had been suggested that the eKSF target would not be met or sustained and indeed the same had been said of delayed discharges. She reflected that both of these areas were moving forward at a steady sustainable pace and she congratulated her colleagues on these achievements.

Adrian Lucas recorded his congratulations on improving the sickness absence levels and enquired how this had been achieved. Mrs Smyth advised that all line managers had now completed class room training as well as it being a feature of the quarterly Clinical Boards performance reviews.

The Chair noted that NHS Borders was the best in mainland Scotland for sickness absence performance and he enquired how the organisation compared to the Island Boards. Mrs Cameron confirmed that NHS Borders was also out performing the Island Boards.

Jane Davidson recorded her congratulations to June Smyth and her team on such an achievement.

The Chair noted that some psychological therapies patients waiting times were outwith trajectory. Jane Davidson advised that there were a range of reasons for the poor performance including maternity leave and the service expected to be back on trajectory within the next 2 months.

The Chair noted that Theatre utilisation also appeared to be outwith trajectory. June Smyth advised that the figures would include the decontamination issue and agreed that the service had not performed as well as in previous months and further work was being undertaken with Theatres.

John Hammond enquired of the sudden surge in activity for audiology services. Calum Campbell advised that this was expected when utilising a "Treat in Turn" approach however he was unclear if there was an issue with the first contact rise in numbers and advised he would look into this.

John Hammond enquired if Physiotherapy would continue on a downward trend. Jane Davidson confirmed that it would given that the original waiting time had been 26 weeks and that had reduced to an average of 5 weeks with a few anomalies that required to be addressed.

Dr Doreen Steele commented that it was interesting to see the hand hygiene picture and John Hammond enquired if the non returns were chased up. Evelyn Fleck confirmed that they were.

Calum Campbell advised that an End of Year Report would be available towards the end of April which encompassed services across the spectrum and highlighted some of the impressive achievements of the organisation.

June Smyth advised that following the Workforce Conference staff were now commenting that they wished to celebrate their services and their achievements.

The Chair suggested the End of Year Report might coincide with an annual event focusing on the particular achievements of staff.

Jane Davidson suggested a monthly excellence award.

Pat Alexander enquired if there could be an electronic system for Board meetings moving forward and Jane Davidson suggested a business case on the use of ipads be put together. Edwina Cameron noted that the Board wished to be connected to the efficiency savings within the organisation and as a Board she suggested a business case for ipads was not outwith the efficiency programme.

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

12. **Scottish Borders Child Protection Committee Annual Report 2011/12**

Evelyn Fleck highlighted several elements within the report including: child protection procedures; internal audit by NHS Borders to provide the Clinical Governance Committee with reassurance around systems and processes and in terms of the recommendations they had been fully implemented since the audit.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the contents of the report and business plan.

13. **Any Other Business**

UNICEF Baby Friendly Initiative: Evelyn Fleck reported that the UNICEF Baby Friendly initiative had exceeded all expectation and the interim feedback received was that Community Midwives had done well. Formal feedback was expected later than day.

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

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 6 June 2013 at 12.30 in the Board Room, Newstead.

The meeting concluded at 2.25pm.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 25th March 2013 at 10 a.m. in the Board Room, Newstead.

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

In Attendance: Mrs R Bacon, General Manager (Item 8.3)
Dr E Baijal, Joint Director of Public Health (Item 6.4)
Mr C Brown, Deputy Director, SGHD
Mr C Campbell, Chief Executive
Mr M Campbell Smith, Audit Manager
Mr W Clemitson, Senior IT Services Manager (Item 7.3)
Mr D Eardley, Audit Manager, Scott-Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Ms E Fleck, Director of Nursing & Midwifery (Item 6.4)
Mrs C Gillie, Director of Finance
Mr J Laas, Audit Senior, Scott-Moncrieff
Mr K Lakie, Service Manager (Item 7.4)
Mr J Raine, Chair
Mr J Smith, Property & Quality Systems Officer (Item 4)
Mrs J Stephen, Head of IM&T (Item 7.3)
Mrs S Swan, Acting Deputy Director of Finance

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from David Woods.

2. **Declaration of Interest**

Colin Brown declared that his wife works for a company who have just sold diagnostic equipment to NHS Borders.

3. **Minutes of Previous Meetings: 14th December 2012 and 17th January 2013**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

Internal Audit Report – Payroll – Update on Progress

Susan Swan spoke to this item which gave an update on the implementation progress of the Payroll Services Internal Audit recommendation for the Human Resources System (SGIS) and the Payroll System (SSPS). Susan confirmed that the reconciliation, involving employee records

from SGIS and SSPS was now complete. Susan advised that the reconciliation had been completed against NI number, date of birth, pay band and contracted hours. Susan confirmed that where records had been identified for amendment against NI number or date of birth these would be updated before 31 March 2013. An individual review of each of the records identified against pay band and contracted hours where details had resulted in an overpayment of pay has been completed. Susan confirmed that the reconciliation will be undertaken monthly until the new HR system functionality to automatically populate ePayroll is in place. It was noted that the roll out of eESS training will commence in May.

The Audit Committee noted the update.

Audit Follow-Up – Property Portfolio & Management – Update

John Smith spoke to this item. John advised that a property agreement with Napier University regarding the use of the Education Centre will be formalised. It was noted that the proposed agreement with GPs and GDPs at Jedburgh Health Centre were to be agreed with the CLO and completion was anticipated shortly. The principles established for this site would then be rolled out for all current and future P&CS properties. John S confirmed that the documentation for the property sharing agreement for the use of Kelso Hospital by SBC is currently with the respective legal teams. When concluded the principles agreed for Kelso will be utilised for the current sharing arrangements at Hay Lodge, Peebles and SBC HQ. John S added that he had spoken with the Joint Manager for Learning Disabilities who has confirmed that they are willing to move to SBC premises to free up the Annex at West Grove. John Raine referred to the length of time Napier have occupied part of the Education Centre and enquired if there was an agreement in place. Susan Swan confirmed that there is a signed agreement in place and advised that Napier is now down to 15% occupancy of the building. David Davidson enquired if there were any plans for the use of this building. John S replied that this would be considered as part of the space utilisation project. Doreen Steele asked about the current position for Huntlyburn Terrace Susan confirmed that these were part of a lease agreement with Eildon Housing Association which is in force until 2030 and highlighted that there would be a significant penalty if the lease is terminated before this date. Carol Gillie commented that very good progress had been made but queried why the lease agreements for GPs and GDPs would take 6 to 9 months to put in place and asked for assurance around this timescale. John S committed to leases being in place within the next 9 months.

The Audit Committee noted the update.

5. Fraud & Payment Verification

5.1 National Fraud Initiative – Update & Risk Assessment

Susan Swan spoke to this item. Susan reported that the NFI secure database had issued matches to participating organisations in January 2013 and that these are being reviewed to ensure any potential fraud is investigated. Susan highlighted the risk assessment detailed under item 2.3 where it was noted that the one high risk relating to “Payroll to UK Borders Agency” has been investigated and reported back to the UK Borders Agency who in turn have confirmed they are content with the information received. Susan highlighted the table showing the current status on investigations and explained that they have been unable to close all matches as some information is still awaited due to these not all being internal to NHS Borders. It was anticipated that the exercise would be concluded by the end of April.

The Committee noted the update.

5.2 *CFS Quarterly Report to 31 December 2012*

Susan Swan spoke to this item. Susan referred to the patient exemption checking tables and highlighted that NHS Borders continue to record a low number of cases.

The Committee noted the report.

5.3 *CFS Risk Assessment Methodology Exercise 2012/13 – Update Following CFS Meeting*

Susan Swan spoke to this item which had resulted in a recommendation from the initial report from External Audit asking NHS Borders to produce a risk assessment methodology. It was noted that NHS Borders will be the fourth Board to undertake this. Susan reported that she had met with CFS to go through internal controls, systems and processes. It was noted that CFS have taken away information and will come back with advice on how to progress this within the organisation. Susan anticipated a final report being produced in June.

The Committee noted the update.

5.4 *Payment Verification Reporting - Update*

Susan Swan spoke to this item. Susan reported that Practitioner Services Division (PSD) are redefining their reports and are anticipating an annual report which will be more specific in the information provided. Susan advised that Costas Kontothanassis is a regular attendee at the quarterly operational group meeting with PSD and gave assurance that should any significant issues arise they would be discussed at this meeting and subsequently fed back to the Committee.

The Committee noted the update.

5.5 *CFS Intelligence Alerts*

- 2012/06, 2012/07, 2012/08 and 2013/01

Susan Swan gave assurance that all intelligence alerts have been actioned accordingly.

The Committee noted the intelligence alerts.

6. **Governance and Assurance**

6.1 *NHS Waiting Times – Internal Audit Reports – Follow-Up*

Carol Gillie spoke to this item which was a letter from Derek Feeley following the Waiting Times audit for the Committee to note the main findings and recommendations across Scotland. There is an expectation that all recommendations should be implemented before the end of March 2013. Carol advised that a follow-up audit should be undertaken within 18 months. David Eardley confirmed that this has been brought forward to 12 months. Carol explained that she was speaking with Internal Audit on how to take this forward and would update the Committee in June. It was noted that David Davidson, as Chair of the Audit Committee, would be required to sign-off the response to Scottish Government. John Raine referred to the Audit Scotland report which sets out key recommendations and suggested that the Audit Committee submit a report to the Board to allow timelines to be set. John suggested that this be put on the agenda for the May Board meeting (this was subsequently changed to the June meeting). This was agreed. Carol agreed to speak with Iris Bishop to add this to the agenda. David suggested a meeting be arranged with relevant personnel to produce the report for the Board. This was agreed. Brenda Everitt to arrange this.

Colin Brown stressed the importance of NHS Waiting Times within Scottish Government and confirmed that there would be ongoing scrutiny.

The Committee noted the contents of the letter.

6.2 *Audit Committee Terms of Reference*

Susan Swan spoke to this item. Susan advised that the one outstanding issue was within the membership section regarding the lead for Public Health due to changes around leadership for Risk Management. It was noted that this would be agreed at the Board meeting the following week. John Raine commented on the wording about the private meetings with Internal and External Audit. Susan agreed to amend the wording to make it clear that it is only the Non Executive Directors who are in attendance at these meetings. Doreen Steele referred to the wording within the membership section regarding core members being appointed by the Board as she was not aware of the membership of Governance Committees being discussed by the Board. Carol Gillie agreed to speak with Iris Bishop about a formal schedule of the Board Committee's membership being brought to the Board for approval.

The Committee approved the Terms of Reference, with the proviso that the changes discussed are made.

6.3 *Draft Audit Committee Work Plan 2013/14*

Susan Swan reported that the annual work plan had been updated for 2013/14. Martin Campbell Smith referred to the Internal Audit meeting with Audit Committee members and suggested that this should be noted under May 2014 rather than March 2014. Susan agreed to amend this. Martin also commented that instead of the Risk Management Group minutes being noted this should now be the Healthcare Governance Group minutes. Susan agreed to amend this once this has been approved through the Board the following week.

The Committee approved the Audit Committee Work Plan for 2013/14, with the proviso that the changes discussed are made.

6.4 *Audit Follow-Up Report*

Andy McLean introduced this item which was the standard report on outstanding audit recommendations. Andy also tabled a paper giving an update on the recommendations arising from the Waiting Times report. Carol Gillie commented that good progress has been made. David Davidson added that this could be due to the new system recently put in place asking managers to attend the Audit Committee to provide an update on outstanding audit recommendations.

Andy went through the report where it was noted that there were four outstanding external audit recommendations, all of which are in progress. For Internal Audit there were 14 outstanding recommendations, 5 of which are currently in progress and 9 are not yet due for implementation. Andy highlighted that a total of 5 recommendations have been fully implemented since the last update in December.

The Committee noted the report.

- *Eric Baijal/Evelyn Fleck – Update on Outstanding Recommendations re Risk Management Strategy (Recommendation from 2011/12 Interim Management Letter)*
Eric Baijal reported that the Board's Incident Management Policy had been approved in January 2013 and that the Board's action plan has been based on the

recommendations arising from the Ayrshire & Arran review. Eric advised that Evelyn Fleck has recently taken over from him on this and that work is ongoing to embed processes within the organisation. It was noted that there had been a visit from Health Improvement Scotland (HIS) earlier in the month and this had gone very well and it is the intention to produce an integrated Safety, Risk and Governance Strategy once the full report is received. Evelyn advised that HIS are using their visits to Boards to develop a framework that will be focussed on improvement and delivery. David Davidson enquired about the timescale for receiving this report. Evelyn replied that verbal feedback is expected this week and the full report will be issued in 3 to 4 months. Carol Gillie enquired about the timescale for completing the integrated strategy once the report is received. Evelyn replied that she anticipated an integrated strategy to be finalised within 6 months.

David Eardley appreciated that there were other processes in place but would still endorse the initial recommendations within the report. Calum Campbell gave assurance that there are processes in place to assess risks and re-iterated that an integrated strategy would further enhance these processes. Evelyn added that as of 14th January 2013 we have operationally been working as an integrated service and stressed that clinical and non-clinical risks are being assessed. David Eardley suggested that this be disclosed within the Governance Statement to give meaningful assurance. Martin Campbell Smith noted his agreement with this comment. Carol Gillie confirmed that this would be picked up as part of the process in producing the Governance Statement.

It was agreed that the Committee would receive an update in 6 to 8 months.

The Committee noted the update.

6.5 *Debtors Write-Off Schedule*

Andy McLean spoke to this item. Andy confirmed that the report was for the period to 31 December 2012 and that the total debt written off for this quarter was £2,339, the majority of which was due to laundry debts. It was noted that the total debts for the year to 31 December 2012 was £6,544. Andy advised that there is now a one month deposit taken from new Laundry customers to help reduce the amount of debt within this area. Doreen Steele enquired about treatment for dental patients who did not attend for an appointment but then presented themselves as an emergency. Andy confirmed that they would have to be treated if they required emergency treatment. Doreen asked if a monthly repayment could be offered. Susan Swan confirmed that this is already in place and that dental staff are very proactive in this area.

The Audit Committee noted the debtors write-off schedule.

6.6 *SFR 18 Losses and Compensations*

Andy McLean spoke to this item. Andy advised that the report was for the period to 31 December 2012 and confirmed a total of £41,144 for losses and compensations this financial year, 5 of which related to clinical compensations totalling £32,315. It was noted that this was similar to previous financial years and no issues were highlighted for the Committee's attention.

The Committee noted the SFR 18 losses and compensations report.

7. Internal Audit

7.1 *2012/13 Internal Audit Plan Progress Report*

Martin Campbell Smith spoke to this item. Martin confirmed that the plan is progressing on schedule and anticipated completion on time. It was noted that since the report had been produced one draft report had been issued.

The Committee noted the report.

7.2 *2013/14 Internal Audit Plan - Final*

Martin Campbell Smith spoke to this item. Martin confirmed that the plan for 2013/14 has now been issued following discussion at the previous meeting to postpone the Risk Management & Incident Reporting audit until quarter 3, with the Moving & Handling audit being brought forward to commence in February 2013.

The Committee noted the final Internal Audit Plan for 2013/14.

7.3 *Internal Audit Report – IT Disaster Recovery*

Martin Campbell Smith introduced this report that had an overall requires improvement rating. Martin reported that the main recommendation was to update the Disaster Recovery Plan and make it more detailed to include the expectations of third parties who support this. The other recommendation was regarding restoring systems from back-ups as this had not yet been tested.

Jackie Stephen accepted the recommendations made within the report and confirmed that a refresh was to be undertaken and a timeline is now in place for this. Wayne Clemitson added that the update of the Disaster Recovery Plan is almost complete and will be going to the Resilience Committee in April. It was noted that discussions would then take place with the Clinical Boards regarding test restores. Wayne highlighted that there would be a financial impact arising from this plus a requirement of support from the organisation. Jackie stressed that this will be a significant piece of work for IM&T. David Davidson asked if there was an estimate of costs. Wayne replied that this was not yet known. David suggested an update be given to the Audit Committee to provide assurance. Jackie assured that there would be a full discussion at the Resilience Committee as it was more appropriate that they fully understand the risks in the event of a disaster recovery. Adrian Lucas highlighted that this is something we have been aware of previously and that it would be interesting to hear the outcomes of discussion at the Resilience Committee. Doreen Steele asked if the timeline of 30th September would be sufficient to do this. Jackie confirmed that for the actions detailed this would be achievable although there could be some residual actions falling out from this. Carol Gillie enquired how many systems would be tested. Jackie replied that it would be for the Resilience Committee to agree the key systems within the organisation. David asked if the Disaster Recovery Plan could be sent to Lorna Patterson for early circulation around the Resilience Committee to give them adequate time to review these.

The Audit Committee noted the report.

7.4 *Internal Audit Report – Emergency Department*

Martin Campbell Smith introduced this report that had an overall requires improvement rating. Martin reported that the department does not always have sufficient medical staff on duty (issue 1), delays often occur in admitting patients to wards (issue 2), responsibility for responding to security incidents is not clear and some nursing staff have not attended mandatory training (issue 3), information on patients' waiting times is not always entered

correctly in TakCare (issue 4), the service contract has run out for the monitors used to assess patients' vital signs (issue 5), delays in organising transport for patients waiting to be discharged (issue 6) and Datix incidents not always being managed effectively (issue 7). Martin referred to issue 3 and confirmed that the training of staff within the department is being taken forward. It was also noted that issue 5 was being taken forward and new monitors are being purchased.

David Davidson showed concern around the levels of medical staffing not being consistent. Calum Campbell commented that this will always be an issue due to the size of the Emergency Department within Borders. Kirk Lakie advised that historical data is now being analysed to help identify peak activity flows and a staffing profile is in place to accommodate these. Carol Gillie felt there was also a need for doctors to work shifts which matched the level of demand, i.e. starting and finishing later in the evenings. Kirk confirmed that this is being taken forward as well as putting more experienced doctors on shift overnight. Calum highlighted the ongoing problem of patients being brought to the Emergency Department by ambulance but not always being admitted and NHS Borders having to find an alternative way of getting them home. Susan Swan updated that as part of the patient expenses audit, the service for private taxis is going through a Procurement process to ensure the most cost effective mode of transport is used. Susan added that there are two issues relating to this, namely the price to ensure cost effectiveness and the protocol in place around the use of these, both of which are being picked up as per the recommendations within the audit report. David referred to the four hour target for discharge and asked if the Discharge Lounge could be used so this target is not breached whilst patients wait on transport to be arranged. Calum explained that the Discharge Lounge is not open 24/7 which means that the patient is still under our charge. Kirk stressed that staff do explore all options if a patient is unable to make their own way home.

Doreen Steele commented that mandatory training is an ongoing problem and had been raised at the Staff Governance Committee where reassurance had been given that each manager has an objective to ensure mandatory training is undertaken. Doreen enquired who was responsible for this within the Emergency Department. Kirk responded that all managers are asked to keep a plan and this is then reviewed by the Executive Directors when undertaking their monthly walkrounds. Calum added that there has been a lot of progress over the last two years to ensure mandatory training is undertaken.

David referred to issue 7 about Datix incidents not always being managed effectively. Rachel Bacon confirmed that an audit is being undertaken throughout the BGH to see how well these are being completed and how they are being picked up by departments. It was noted that Datix reports are also reviewed by the BGH Clinical Governance & Risk Group. David asked for the Committee to receive an update on progress in 6 month's time.

The Committee noted the report.

8. **External Audit**

8.1 *External Audit Plan 2012/13 - Final*

David Eardley spoke to this item. David advised that the Best Value section has now been updated following agreement to pursue the People Management Best Value Toolkit and confirmation of the fee level for the year which has been set at mid point.

The Committee noted the final plan for 2012/13.

8.2 *External Audit Interim Management Report 2012/13*

David Eardley spoke to this report. David advised that the interim audit had taken place in January 2013 and had focussed on the Board's financial position, governance arrangements and internal controls. David confirmed that it was a very positive report noting good financial controls and procedures being in place. It was also noted that the Board's corporate governance arrangements were appropriate and generally in line with expectations. David highlighted that two relatively minor issues had been picked up regarding management review of account reconciliations and fraud cases not being reviewed within the technical bulletins. It was noted that management have taken on board the recommendations for both these points. David reported that NHS Borders were on track to break even against the Revenue Resource Limit and the Capital Resource Limit. David referred to the outstanding issue from the 2011/12 interim management report about the Risk Management Strategy where he confirmed that today's update had been taken on board and this would be reflected at the final audit. Doreen Steele referred to the wording "generally in line with expectations" within the Governance section on page 1 and queried if some things were not in line with expectations. David replied that the wording was due to two issues, namely not every aspect within the Audit Scotland Code of Audit Practice is looked at every year and the recommendation regarding the Risk Management Strategy can still not be signed off as complete.

The Committee noted the report.

8.3 *Audit Scotland Report: Management of Patients on NHS Waiting Lists*

Rachel Bacon spoke to this item. Rachel Bacon reported that the audit had focussed on the period April – December 2011. It was noted that this had been undertaken using ISD data and then by taking a closer look at NHS Boards data and any unusual trends that appeared. Rachel highlighted the key recommendations and in particular the one to ensure Non Executive Directors have the full range of information available to scrutinise how their Board is applying waiting list codes and planning and managing capacity to meet waiting time targets. Rachel went on to detail where NHS Borders had been mentioned within the report and was pleased to confirm that we were either up-keeping with the rest of Scotland or showing a better trend. Rachel advised that a group is being formed to ensure that the recommendations are picked up within local guidance and taken fully on board. David Davidson enquired if any further guidance was expected going forward. Rachel replied that she was unaware of this. Calum Campbell commented that the audit across Scotland has shown that there has not been a manipulation of waiting times. Calum felt that there would be merit in having a session with the Non Executive Directors around waiting times as this is a very difficult area to understand. David Davidson asked if this should be included within the Governance Statement. Following discussion it was agreed that this should be included as it would in turn be noted at the Board. Carol Gillie referred to discussion under item 6.1 about taking a report to the Board, as an update of the action plan would be required for this. David Eardley suggested that this be presented in the form of the existing report with the addition of a trend analysis.

The Committee noted the report.

9. **Annual Accounts 2012/13**

9.1 *Annual Accounts Timetable 2012/13*

Andy McLean spoke to this item which detailed the timetable for production of the Annual Accounts for 2012/13. Carol Gillie felt there would be merit in inviting the Executive Directors, particular the new ones, to the session on the Annual Accounts for the Non Executive Directors. This was agreed. Brenda Everitt to send an invitation to the Executive Directors.

The Committee noted the key dates within the Annual Accounts timetable for 2012/13.

10. **Items for Noting**

10.1 *Governance Statement 2012/13*

Carol Gillie spoke to this item. Carol Gillie referred to the section on the role of the Audit Committee detailing the role they would play during the Annual Accounts process. David Davidson suggested that the letter be circulated around all Board attendees for information. This was agreed. David also made reference to the Audit Committee handbook and suggested that a copy of this be circulated around the Committee. Brenda Everitt agreed to circulate this. David commented on the Board Diagnostic Assessment tool as he felt that it would be helpful for all Board attendees to have sight of this. It was agreed that this should be circulated. David Eardley referred to the discussion at item 8.3 about adding the Waiting Times audit within the Governance Statement and confirmed that Boards are being asked to do this. David clarified a brief summary would suffice.

The Committee noted the contents of the letter.

10.2 *Minutes of Risk Management Board: 18th December 2012 and 26th February 2013 (Draft)*

Martin Campbell Smith highlighted that the last meeting of the Risk Management Group had taken place on 26th February 2013 and confirmed he had asked Evelyn Fleck how the Audit Committee would be provided with assurance for the full year. David Davidson asked for clarification around the annual assurance of the Resilience Committee as he assumed this would now go to the Healthcare Governance Group and in turn to the Audit Committee. Calum Campbell confirmed that this was the correct process.

The Committee noted the minutes of the Risk Management Board.

10.2 *Minutes of Information Governance Committee: 18 December 2012*

There were no areas of concern raised within the Information Governance Committee minutes.

The Committee noted the minutes of the Information Governance Committee.

10.3 *Technical Bulletin 2012/4*

Susan Swan spoke to this item. Susan confirmed that there no issues to be brought to the Committee's attention. Susan confirmed that as per the recommendation from External Audit she would now review anything relating to fraud across all public sectors.

The Committee noted the Technical Bulletin.

11. **Any Other Competent Business**

Independent Partner Review

Susan Swan reported that she, along with Carol Gillie and David Davidson, had met with Nick Bennett, Managing Partner, Scott Moncrieff to conduct an independent partner review which is undertaken on an annual basis. Susan advised that the feedback in terms of the service provided by Scott Moncrieff had been extremely positive. David Davidson reiterated these comments.

12. **Date of Next Meeting**

Monday, 27th May 2013 @ 10 a.m., Board Room, Newstead

BE
29.3.13



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 27th May 2013 at 10 a.m. in the Board Room, Newstead.

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

In Attendance: Mrs R Anderson, Senior Pharmacist (Item 5)
Mr C Campbell, Chief Executive
Mr M Campbell Smith, Audit Manager
Mr D Eardley, Audit Manager, Scott-Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr C Kontothanassis, Assistant General Manager/Contracts Manager (Item 8.4)
Mr J Lincoln, Audit Scotland (Item 5)
Dr S MacDonald, Medical Director
Ms T Meldrum, Audit Scotland (Item 5)
Mrs J Smyth, Director of Workforce & Planning (Item 8.5)
Mrs S Swan, Acting Deputy Director of Finance
Mrs A Wilson, Pharmacy Director (Items 5 and 8.3)
Mr D Woods, Chief Internal Auditor

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Irene Bonnar.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 25th March 2013**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

5. **Audit Scotland Report: Prescribing in General Practice in Scotland**

John Lincoln gave a presentation on the Prescribing in General Practice in Scotland audit undertaken by Audit Scotland. John went over the key messages where it was noted that the NHS has improved how it manages prescribing in general practice. John highlighted that there is scope to make savings without affecting patient care, mainly by reducing unnecessary waste and reducing the use of drugs considered less suitable for prescribing. John advised that NHS Boards have access to good quality information about GPs' prescribing patterns through PRISMS and prescribing support staff are using this data to support

GPs. John referred to polypharmacy and confirmed that guidance has now been issued to the NHS highlighting that there may be a danger to a person taking too many drugs. John then went over the main findings where it was noted that NHS Borders are prescribing slightly above average. John highlighted that the prescribing spend for NHS Borders will have increased over time. John advised that statins have now come out of patent and they are now looking ahead to see what other drugs are likely to come out of patent and what new drugs will be coming onto the market. John then referred to the key recommendations where it stated that Boards should continue to work with GPs to reduce unnecessary waste, reduce the use of drugs considered less suitable for prescribing, increase generic prescribing and only prescribe more expensive versions of drugs to those patients with a clinical need for them. Boards should also consider the business case for employing additional prescribing support staff as part of an invest to save initiative. It was also recommended that Boards work with GPs to implement the national guidelines on prescribing multiple drugs (polypharmacy) and support GPs in reviewing the medication of patients taking multiple drugs. John advised that follow-up will be undertaken locally and at a point in the future Audit Scotland will be monitoring the pricing of drugs and the effect of free prescriptions as it was too early to see this when the audit was undertaken.

Tricia Meldrum confirmed that the report had been presented to the Public Audit Committee where they confirmed they were content with the findings and no further action was required. David Davidson referred to the slide detailing “prescribing spending and quantities” and enquired if information on GPs prescribing too many drugs would be shared with Boards. John replied that Audit Scotland does not have access to the PRISMS system but the local Pharmacy Department will be able to access this information. David referred to polypharmacy and asked where NHS Borders sat nationally. John advised that this had not been reviewed as the guidance has just been issued nationally when the audit was undertaken. Sheena MacDonald referred to the work that had been undertaken at NHS Highland and advised that a consultant from Highland had visited Borders to share knowledge. Sheena also highlighted that NHS Borders is the highest performing mainland Board in QOF. Sheena confirmed that it has been made clear to GPs that polypharmacy is going to be a huge challenge for Borders. Sheena also believed that there was a large issue around wastage within Borders and we would benefit from a move to 28 day prescribing. It was noted that feedback from GPs intimated that pharmacies are still issuing repeat prescriptions. In brief Sheena summarised that focus must be on waste, compliance and concordance. It was noted that the polypharmacy review findings will be taken to the Clinical Governance Committee. Alison Wilson agreed that waste is a huge issue for NHS Borders and this would be challenging to resolve. Ros Anderson added that there would be a public campaign in the near future reminding patients to tell their GP if they do not require medication.

Calum Campbell referred to the costs increase for NHS Borders due to QOF and highlighted that we should be able to demonstrate a health benefit but he did not feel that this came out within the report. Sheena advised that QOF is only a contributing factor and there is a need to look further and have discussions with Public Health colleagues around health gain.

David asked for an update to be brought back to the Committee in six month’s time.

The Committee noted the report and presentation.

6. **Fraud & Payment Verification**

6.1 *National Fraud Initiative - Update*

Susan Swan reported that no matches had been highlighted for NHS Borders.

The Committee noted the update.

6.2 *CFS Patient Exemption Checking – Extrapolation Results for 2012*

Susan Swan spoke to this item. Susan advised that there had been a number of changes to the calculations. Susan highlighted CFS’s awareness of the increasing trend in fraud/error in dental

claims and poor advice from both dental and ophthalmic contractors during 2012. The plans to address this were noted, i.e. raising awareness and provide advice on how exemption checking can be handled as well as developing an eLearning package for primary care practitioners. Susan confirmed that the final report on risk methodology would be coming to the June Audit Committee meeting.

The Committee noted the report.

6.3 *CFS Quarterly Report to 31 March 2013*

Susan Swan reported that there had been no referrals within the final quarter.

The Committee noted the report.

6.4 *CFS Intelligence Alerts*

- *2013/03*

Susan Swan spoke to this item. Susan advised that this was targeted at staff regarding a tax refund phishing e-mail scam. David Davidson enquired if this had gone to the Staff Governance Committee. Susan replied that it had not gone to the Staff Governance Committee but had been circulated to Human Resources. Susan agreed to look and see how best to communicate this throughout the wider organisation.

The Committee noted the alert.

- *2013/04*

Susan Swan spoke to this item. Susan advised that this alert was regarding an individual who had written to Boards enclosing a CV with incorrect qualifications. It was noted that this had been issued to Medical Staffing within Human Resources.

The Committee noted the update.

7. **Governance & Assurance**

7.1 *Audit Committee Terms of Reference - Final*

Susan Swan spoke to this item and confirmed that the changes had been made as discussed at the last meeting. These were agreed.

The Committee approved the final Terms of Reference.

7.2 *Audit Committee Work Plan 2013/14 - Final*

Susan Swan spoke to this item and confirmed that the changes had been made as discussed at the last meeting. Carol Gillie advised that the Audit Committee self assessment would be added to future Work Plans and would be presented at the June meeting.

The Committee approved the final Work Plan for 2013/14.

8. **Internal Audit**

8.1 *2013/14 Audit Plan Progress Report*

David Woods reported that the plan was progressing on target. David advised that Martin Campbell Smith would be leaving the Internal Audit service as he had secured another post. David went on to explain that the Service Level Agreement with NHS Lothian has expired and due to this recent vacancy it would be used as an opportunity to re-look at this model. It was noted that there would be capacity issues for immediate cover. Carol Gillie added that information is being pulled together and

that she would be meeting with David Davidson later in the week to give an update and look at the options available.

The Committee noted the progress report.

8.2 *New Public Sector Internal Audit Standards*

Martin Campbell Smith spoke to this item. Martin advised that an assessment had been undertaken and gave assurance that the Internal Audit service is compliant with the new standards.

The Committee noted the report.

8.3 *Internal Audit Report – Pharmacy & Medicines Management*

Martin Campbell Smith introduced this report that had an overall requires improvement rating. Martin reported that while good controls operate in many areas, staffing issues within Pharmacy have led to significant gaps in the operation of controls to manage stock and protect against theft or loss. Martin highlighted that the audit was undertaken within the BGH and Community. Martin advised that he had been made aware that staffing issues have now been resolved and the recommendations are being taken forward. David Davidson asked for assurance around staffing levels. Alison Wilson replied that an individual has been in post since January and that they are now looking to train another two members of staff over the coming months to ensure there is cross cover. Carol Gillie enquired if there were operating procedures in place to ensure it is not fully dependent on one person. Alison confirmed that this member of staff will be producing these. Alison referred to the issue around stock takes not being undertaken frequently and agreed that this is a concern and she would be picking up with Vince Summers on how to deal with this as it is proving difficult to undertake a rolling stock take at the moment. Alison confirmed that the issue with controlled drugs procedures not being followed is well on the way to achieving the recommendations now that the member of staff is back in post. In regard to the outstanding orders not being actively chased, Alison confirmed that this is now being undertaken. Alison advised that Pharmacy has recently moved onto Ascribe 3 and once the department gets to grips with the new system they will be looking to review stock levels.

David asked for the Committee to receive an update on recommendations in six month's time.

The Committee noted the report.

8.4 *Internal Audit Report – Primary Care Contractors – Payment & Contracts*

Martin Campbell Smith introduced this report that had an overall satisfactory rating. Martin reported that overall there was a reasonable and well-established framework in place to oversee contracts and payments. Martin highlighted that in general an effective process exists to pay contractors in line with their contracts, although NHS Borders relies heavily on payment processes and verification checks by Practitioner Services Division. Costas Kontothanassis advised that since the audit the system has been updated and there are now two independent valuations for cost and payment. It was noted that a sample test on contractors is now undertaken on a monthly basis to ensure they are what is expected.

The Committee noted the report and congratulated on the very successful outcome.

8.5 *Internal Audit Report – Moving & Handling*

Martin Campbell Smith introduced this report that had an overall requires improvement rating. Martin reported that overall there was a reasonable framework in place for promoting safe moving and handling, although not all staff are being trained and written guidance is not up-to-date. Martin referred to the training of staff and highlighted that all staff are expected to undertake the mandatory eLearning Moving and Handling training on LearnPro. Martin explained that the Moving & Handling Advisory Service and Training & Development report recorded 3,017 passes (78% of staff)

on eLearning in 2012 for completion of the relevant patient handler and non-patient handler courses. However, some of the passes relate to staff who have repeated the course within the year so the actual compliance of staff is not known. David Davidson asked how individuals are identified if they are not listed by name. Martin replied that each department should hold this information which will in turn form the basis of their training needs analysis.

June Smyth explained that managers have not undertaken risk assessments and have not followed the policy as they do not have assessors in place. June confirmed that the recommendations within the report would be taken forward. It was noted that contact is being made with managers and it is hoped to have named co-ordinators by the end of June.

David asked for an update on the recommendations to be given at the September meeting. Doreen Steele felt it would be useful for the report to also go to the Staff Governance Committee. June agreed with this and would also circulate the action plan if timescales allowed before the next Staff Governance Committee.

The Committee noted the report.

9. External Audit

9.1 *Feedback on Year End Audit*

David Eardley reported that External Audit have been on site for two weeks and planned to be here for a further week. David advised that the audit is going well and nothing significant has been identified. It was noted that regular meetings have been taking place with senior staff and a clearance meeting has been arranged for 6th June. David Davidson enquired if this would leave sufficient time for a report to come to the June meeting. David confirmed that there would be a report presented to the next meeting. It was noted that the Annual Report to Members would be presented to the September meeting as per the work plan. Susan Swan gave an update on the timetable and gave assurance that it was intended to issue all documentation within the normal timescales for the Audit Committee meeting on 17th June 2013.

The Committee noted the update.

10. Annual Accounts 2012/13

10.1 *Draft Annual Accounts 2012/13*

Susan Swan spoke to this item. It was noted that a session had taken place with Board Members the previous week to go through the draft annual accounts in detail. Martin Campbell Smith commented that Lauder was not disclosed within the property transactions. Susan advised that this was included as an asset under construction at present.

Susan Swan tabled an extract from the Directors Report which would form part of the Annual Accounts pack that would be presented to the June meeting. Susan advised that this had been produced as per the current accounting manual in the standard format and gave details of the content including the role and remit of the Remuneration Committee. Susan referred to the Hutton Fair Pay Review and advised that discussions had taken place with External Audit on the guidance issued by Scottish Government on how the calculation for 2012/13 required to be completed and that to ensure consistency it had been agreed to recalculate and restate the 2011/12 figures for the report. It was noted that the ratio comparing March 2012 and March 2013 has increased from 6.03 (restated) to 6.04 respectively. Within the Remuneration Report for Board Members Susan referred to part-year appointments and explained that she was liaising with SPPA around the required calculations for these.

The Committee noted the draft Annual Accounts for 2012/13.

10.2 *Draft Endowment Fund Annual Accounts 2012/13*

Susan Swan spoke to this item. Susan advised that the Endowment Annual Accounts had gone to the Endowment Fund Board of Trustees the previous week in their final format. It was noted that these had been approved following some minor amendments to the narrative. These would now go to the June Board meeting for official signing.

The Committee noted the final Endowment Fund Annual Accounts for 2012/13.

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

Susan Swan spoke to this item. Susan advised that the accounts had been given a clean audit certificate and would be going to June Board meeting for official signing.

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

11. Corporate Governance Statement

11.1 *Draft Review of Corporate Governance Statement*

Susan Swan spoke to this item. Susan advised that the document had been formed to give assurance that there were appropriate governance arrangements in place and to ultimately issue a letter of assurance to Scottish Government. Susan went on to explain that she had received a request from External Audit for them to use the document as a good practice example for other Boards. David Eardley added that it was an excellent document which was easy to read and would be good for other Boards to follow. The Committee agreed to this request. David Davidson referred to the CHCP Annual Report and highlighted that it was he and not Adrian Lucas who was a member of this group. Susan agreed to feed this back. Martin Campbell Smith referred to page 4 of appendix 1 and the Statement of Assurance and highlighted that the reference to the Risk Management Group should now be replaced with the Healthcare Governance Steering Group. Martin also commented that the Risk Management Strategy was still to be agreed and queried whether this should be highlighted. It was agreed that this should be included. Martin also referred to paragraph 11 on page 9 and asked if this should read March 2012 rather than March 2013. Susan confirmed that it should be 2012 and would amend this. Martin also made reference to Annex 10 on property transactions and highlighted that Internal Audit had been asked to look at 3 property transactions and noted that Lauder was not included, however Martin appreciated from earlier discussion that this was still included as an asset under construction.

Doreen Steele referred to the Staff Governance Annual Report and highlighted that Sheila McColm's surname required to be changed to MacDougall. Susan agreed to feed this back. Doreen also commented that the Head of Human Resources had not attended the Staff Governance Committee for the year and did not feel that this reflected very well. Carol Gillie agreed to pick this up with June Smyth as it may be the case that the Director of Workforce attended these meetings and fed back to the Head of Human Resources. Doreen referred to the risk appetite for the organisation as she did not feel that this was growing at any great speed. David Davidson advised that he would be speaking with the Chair and Chief Executive about the organisation's Risk Strategy in general. Calum Campbell confirmed that he would be happy to pick this up outwith the meeting.

Doreen referred to the Audit Committee Annual Assurance Statement which stated that the Strategy & Performance Committee met monthly and advised that this should be bi-monthly. Susan agreed to amend this.

Susan confirmed that the finalised Corporate Governance Statement would be presented to the June meeting prior to a letter being sent to the Scottish Government's Audit Committee confirming that NHS Borders have no issues to raise.

The Committee noted the draft Corporate Governance Statement.

11.2 *Draft Audit Committee Annual Assurance Statement*

Martin Campbell Smith introduced this item which is for the Chair of the Audit Committee to sign off to give assurance on the work of the Audit Committee. Susan Swan added that it would also form part of the Annual Accounts package and the final version would be presented to the June meeting.

The Committee noted the draft Audit Committee Annual Assurance Statement.

11.3 *Letter from SGHD re Notification from Sponsored Body Audit Committees 2012/13*

Susan Swan spoke to this item. Susan advised that this is an opportunity to highlight any significant issues for wider interest. It was noted that a draft response had been prepared confirming there were no significant issues.

The Committee noted the letter and agreed that there were no significant issues for wider interest.

11.4 *Chief Internal Auditor's Annual Report 2012/13*

David Woods spoke to this item. David advised that the report confirmed that there were generally adequate and effective internal controls in place. It was noted that there had been no reports with an unsatisfactory rating and that 45% of reports had a requires improvement rating. David highlighted that this was roughly on trend with previous years. The report also gave assurance on Internal Audit work to support the Chief Executive signing off the Governance Statement. It was also noted that Audit Scotland have confirmed that Internal Audit is compliant with the Government's Internal Audit Standards.

The Committee noted the Chief Internal Auditor's Annual Report 2012/13.

12. NHS Waiting Times

12.1 *NHS Waiting Times – Internal Audit Reports – Follow Up Arrangements*

Carol Gillie spoke to this item. Carol advised that a letter had been sent to John Matheson from the Chair of the Audit Committee giving the necessary assurances on the action plan arising from the Waiting Times audit. Carol referred to the letter from Derek Feeley regarding follow-up arrangements and highlighted that the timescale had been brought forward to undertake a follow-up audit by December 2013. Carol explained that in light of Martin Campbell Smith's resignation she had discussed this with David Woods and a paper had been prepared on the options to take this forward for the Audit Committee's consideration. It was noted that discussions had also taken place with the Chief Executive and fellow Board Executive Team colleagues who have confirmed that they are content to go with the decision made by the Audit Committee. David Davidson commented that to use PricewaterHouseCoopers would be cost effective as they undertook the preliminary audit. It was noted that this would result in an additional cost for NHS Borders which was estimated at £425 per days and the number of days was likely to be between 3 and 5 based on current information. David Woods reported his understanding that the Scottish Government is meeting with various parties, including PricewaterhouseCoopers, over the next couple of weeks to consider the likely scope of the follow-up audit.

The Committee noted the letters and report and agreed that PricewaterHouseCoopers should undertake the follow-up audit.

13. Items for Noting

13.1 *Minutes of Healthcare Governance Group: 1st March 2013*

The Committee noted the minutes.

13.2 *Minutes of Information Governance Committee: 5th March 2013 (Draft)*

David Davidson asked for an update on the item on page 1 regarding confidentiality statements and the issue of overlap being raised with the GMC. Sheena MacDonald confirmed that it has since become clear that this had actually arisen from the NHS Scotland Consultant's Contract rather than the GMC and quoted from the guidance which highlighted a considerable difference between their confidentiality statement and NHS Borders'. It was noted that it is the intention to find a compromise between the two. Sheena advised that she has also asked other Boards for a copy of their confidentiality statements as a comparison.

The Committee noted the minutes.

13.3 *Technical Bulletin 2013/1*

Susan Swan spoke to this item. Susan referred to page 53 and confirmed that we have received the 2012/13 accounts manual and are working to this.

The Committee noted the Technical Bulletin.

14. **Any Other Competent Business**

None.

15. **Date of Next Meeting**

Monday, 17th June 2013 @ 2 p.m., Board Room, Newstead

BE
03/06/13

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Wednesday, 30th January 2013 at 1.30 p.m. in the Board Room, Newstead.

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

In Attendance: Mrs B Everitt (Minutes)
Mr M MacLean
Mrs C Oliver
Ms S Swan

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Mrs C Gillie, Dr S MacDonald, Mr G Reid and Mrs J Smyth.

2. **Declaration of Interests**

John Hammond declared that he owned a number of shares with companies that are included within the portfolio.

3. **Minutes of Previous Meeting**

18th September 2012

The minutes were approved as an accurate record.

4. **Matters Arising**

- *Action Tracker*
The action tracker was noted.

Chaplaincy Centre

Calum Campbell gave an update where it was noted that a meeting with Reverend McCosh had taken place and an offer made to pay the insurance charge for public liability rather than waiving the 1% admin charge. Calum advised that legal advice has been sought and confirmed that the legacy was bequeathed to the NHS Borders Endowment Fund for the benefit of the Chaplaincy Centre and as such the title deeds to the property belonged to NHS Borders.

- *Dingleton Hospital Archive - Update*
Susan Swan advised that she had confirmed with the Central Legal Office that this was a justifiable charge against Endowment Funds as it is for the benefit of the public, however the final decision would rest with the Board of Trustees.

The Board of Trustees agreed to fund this year's charge from the General Endowment Fund.

- *Cash Requirement - Update*
Susan Swan gave an update on the cash situation and agreed to circulate the options around the Board of Trustees for their consideration.

5. **Funds Management**

5.1 *Investment Advisor Report*

Mark MacLean spoke to this item. Mark advised that the value of the portfolio stood at £2.63m at 31 December 2012. Mark highlighted that this showed a return of 2.44% against the benchmark of 2.17% and the expectation of an annual yield of 3.1%. It was noted that the value of the portfolio at today's date was £2,754,945. Mark went on to explain that the portfolio was in a very good position and highlighted the investments that had underperformed. Mark reminded Trustees that investments are for the medium to longer term. Mark hoped that we were now through the worst of the economic climate and highlighted that the portfolio had performed well over the last three years and did not anticipate a change to this over the next three years. Mark went on to give an update on the global situation. Mark gave assurance that there is an element of security within the portfolio should there be a change in the situation. David Davidson enquired when, over the next three year period, would decisions be made on non-return investments. Mark replied that this would depend on the timing and how global issues are resolved but would not expect there to be a turn for the worse over the next three years. Calum Campbell referred to page 3 of the report where property was noted as 1.25% of the market value as he was surprised to see a yield of 7.98%. Mark explained that commercial property commands a higher yield than residential property and the yield increases on empty properties as their capital values fall. John Hammond referred to the graph within the commentary paper as he did not feel that this gave a true reflection on how the portfolio is performing. Mark advised that this does not take into account money in and money out as it is based purely on capital value and does not illustrate the performance of the portfolio. John suggested that a note to this effect be added for clarity. Mark agreed to feed this comment back to Graham Reid.

The Board of Trustees noted the report.

6. **Financial Report**

6.1 *Primary Statements and Fund Balances*

Susan Swan spoke to this item. Susan reported that the Income and Expenditure account recorded an in-year deficit of £1.7m for the year to 31 December 2012. Susan highlighted that the deficit reflects the significant costs incurred in the concluding construction of the Margaret Kerr Unit and the relevant capital costs being charged against the appeal fund held within the Endowment portfolio. Susan confirmed that expenditure continues to be monitored against the policies and procedures that were put in place in March 2012. It was noted that work continues to try and develop ways of committing fund balances with the Fund Managers.

Susan referred to the balance sheet and highlighted that the largest item of expenditure to come from the General Fund was to pay for the extra staffing costs for the Occupational Health Service staff counselling service as agreed at the meeting in January 2012. John Raine asked if the investment for staff counselling was for one year only. Susan confirmed that this was the case. Pat Alexander highlighted that one of the funds had gone into deficit and asked if it was normal practice to allow this. Susan advised that this could be due to a timing issue between incurring expenditure and receipt of agreed income but would check this as funds should not be committed if there is insufficient money within the fund to cover this. Doreen Steele referred to the Staff Rest Room Fund and previous discussions about using the Lottery Fund to progress this. Edwina Cameron replied that the BGH Lottery Fund currently sits under the BGH Partnership Forum and advised that there has been no movement in relation to this and it was felt that the appetite for a rest room has now waned. Evelyn Fleck commented that she had undertaken a walkround at the BGH earlier in the day where it had been pointed out there was a lack of facilities for staff taking their breaks. Edwina agreed to speak with the Chair of the BGH Partnership Forum to pick this up again. David Davidson commented that there did not seem to be much spend within the Cancer Fund and queried if there were more restrictions on what this fund could be used for. Susan confirmed that this has no more restrictions attached to it than all the Board's Endowment Funds. David queried whether this could be used in conjunction with the Margaret Kerr Unit. As this is a fund with a significant balance Susan agreed to look at the cashflow statement and pick up any resultant issues with the Fund Manager and Clare Oliver. Evelyn asked if there was an analysis showing when a fund was last spent. Susan confirmed that the schedule is issued on a regular basis and this further level of detail could be supplied.

The Board of Trustees noted the financial report for the period to 31 December 2012.

6.2 *Register of Legacies and Donations*

Susan Swan spoke to this item. Susan advised that the report detailed the legacies and donations received above £5k for the period to 31st December 2012. Susan confirmed that each donation and legacy is reviewed to ensure that it is recorded in line with the donors intended purpose.

The Board of Trustees noted the update.

7. **Fundraising Advisory Committee**

7.1 *Draft Minutes of 17th January 2013*

Catherine Duthie spoke to this item. There were no issues to note.

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

7.2 *Report from Chair of Fundraising Advisory Committee*

Catherine Duthie introduced this report. Catherine advised that the report mainly provided an update on the objectives within the annual Fundraising Plan. It was noted that planning is being undertaken for future fundraising projects now that the Margaret Kerr Unit is complete and has exceeded its target. Catherine referred to objective 2 and the recommendation from the Fundraising Advisory Committee to combine any surplus appeal funds within Fund 407 (Margaret Kerr Unit Fund) with Fund 021 (General Palliative Care Fund). Fund 021 would be renamed "Palliative

Care, Incorporating The Margaret Kerr Unit". Catherine felt that it was highly appropriate to do this as it is important to recognise that the building is part of an overall palliative care service for the Borders. It was noted that the Fundraising Advisory Committee will review this fund on a regular basis.

The Board of Trustees agreed to the recommendation to amalgamate funds and recorded their thanks on the tremendous efforts in achieving completion of the Margaret Kerr Unit ahead of schedule.

Clare Oliver added that she was spending some time at the front of the unit to get feedback from staff, patients and relatives. Clare gave assurance that work is ongoing on how funds are utilised as donations are still being received.

The Board of Trustees noted the report from the Chair of the Fundraising Advisory Committee.

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

8.1 *NHS Borders Endowment Fund Charter and Operating Procedure*

Susan Swan spoke to this item. Susan advised that the final documents had not been issued but when received these would be adapted for NHS Borders and brought to the Endowment Fund Board of Trustees meeting for sign-off. Susan gave assurance that there is compliance with the recommendations of the Steering Group.

The Board of Trustees noted the update.

9. **Any Other Business**

None.

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

21st May 2013 @ 1.30 p.m., Board Room, Newstead.

BE
07.02.13



Minutes of a meeting of the Clinical Governance Committee held on Wednesday 3rd April 2013 at 2.00pm in the Board Room, Newstead

Present: Members: Mr Adrian Lucas, Chair (Non Executive Director)
Dr Doreen Steele, Non Executive Director
Mr John Hammond, Chair of Area Clinical Forum and Non Executive Director

Attendees: Mrs Laura Jones, Head of Quality and Clinical Governance
Dr Alan Mordue, Consultant in Public Health Medicine
Mr Colin Redmond, Infection Control
Dr Tom Cripps, Associate Medical Director for Clinical Governance
Mr Calum Campbell, Chief Executive
Dr Sheena MacDonald, Medical Director
Ms Evelyn Fleck, Director of Nursing and Midwifery

Minutes: Mrs Kerry Lowe, PA to Director of Nursing and Midwifery

Apologies: Mr David Davidson, Non Executive Director

1. **Announcements and Apologies**
Apologies were noted from Mr David Davidson.

2. **Declaration of Interest**
There were no declarations of interest.

3. **Minutes of Previous Meeting**
The previous minutes were accepted as a true record.

4. **Matters Arising**

Action Tracker

Sheena MacDonald requested that the Polypharmacy report is added to the work plan. This runs on an annual cycle with the report being pulled together in July or August and signed off in September.

5. **Assurance**

5.1 *Clinical Governance Committee Draft Annual Report*

Evelyn Fleck suggested some formatting changes which will be made outside the meeting. The sentence "Chair to attend one meeting annually" should be removed. The report was agreed pending the changes discussed.

5.2 *2012/2013 Work Plan*

Adrian Lucas stated that the Work Plan is a changeable document and items can be added or deleted as the year progresses. The Healthcare Governance Steering Group Annual Report should be added as well as an "Audit Column" to state whether items had been completed or deferred.

6. **Patient Safety**

6.1 *Child Health Update and Child Protection annual Report*

The Child Health Update was deferred for Mandy Brotherstone to speak to.

The Child Health Annual Report was noted.

6.2 *Adult Protection Annual Report*

The members noted the hard work that went in to the report and Evelyn congratulated the Adult Protection team on such a well written report. Page 17 of the report was queried as accurate as the results are highly impressive. Evelyn ensured the group that the report was completely accurate. Calum Campbell highlighted that there is a Bi-annual Adult Protection Report which he objects to as there is no evidence to back up the statistics however, Evelyn assured the group that this is a different report. Calum raised concerns regarding Page 12 which states that 7% of adult abuse occurred on an NHS Board premises. Evelyn believes that this is where the patient was at the time of referral but will seek clarity on the issue. Doreen Steele stated that she appreciates the pie charts which display the data in an easy to read fashion.

6.3 *Castlebeck, Monroe House, Dundee*

Evelyn spoke to this item. HIS have inspected the premises and are now monitoring improvements. Castlebeck are in administration but are currently seeking a buyer.

6.4 *Infection Control*

The Infection Control Team were congratulated on there contribution to the unannounced HEI visit before Christmas. Progress has been made on the Antibiotics Work Plan as well as Norovirus and Information Systems. The CDI root cause analysis continues to run and will hopefully be completed this month. Colin Redmond confirmed that NHS Borders C.Difficile rates are sitting mid table nationally and the target is set on performance the previous year. Colin highlighted that the rise in incidents may be attributed to the more vigorous screening process. Evelyn noted that Dumfries and Galloway performed exceptionally and suggested that Colin should inquire as to how this was achieved.

6.5 *Mid Staffordshire Briefing Paper*

Laura Jones spoke to this item which followed on from the Frances Inquiry. Laura highlighted the work done in Clinical Governance and the planning sessions with Directors and Non-Executive Directors. Evelyn and Laura will take this report to the Board Meeting in June. Alan Mordue commended the report and stated that Patient Opinion can be an early warning with any issues highlighted from patients and carers.

6.6 *Clinical Risk Management Report*

The format has been changed in order to present any trends. Laura stated that the points to note are the high incidence of slips, trips and falls. Laura informed John Hammond that the category "Other" has been looked at in more detail and some work needs done on appropriate categorisation. Evelyn stated that she would like to see run charts annotated to show when staff started work etc. Tom Cripps stated that it may not be possible to avoid falls completely. Calum suggested following hospital falls through to 6 or 9 months afterwards. Tom Cripps will present Mortality data Review at the next meeting.

7. **Person Centred Care**

7.1 *Complaints*

Laura spoke to this item. All January complaints were turned around within 20 days although it was noted that it is difficult to respond to complex complaints in this time. Laura highlighted that complaints due to "Attitude" has increased slightly, albeit in small numbers.

- 7.2 *Supervisory Role of the Senior Charge Nurse*
Evelyn spoke to this item for information. The pilot is designed to hone key responsibilities and ensure clinical standards are met. The final report is to be presented to the board in May and a Clinical Excellence bid has been submitted.

8. Effectiveness

- 8.1 *Healthcare Governance Steering Group Structure and Reporting Arrangements*
Laura spoke to this item. The structure has now been streamlined and the Healthcare Governance Steering Group will report to the clinical Governance Committee. Resilience will sit under Healthcare Governance and will be escalated to Clinical Governance as appropriate.

- 8.2 *Public Health Annual Report*
eKSF Appraisal is short of the 80% target. Risk Register will pick up at the quarterly Directorate meeting. John Hammond stated that staff training is currently at 63% yet 100% of statutory and mandatory training is required in order to maintain registration with a professional body. It was noted that the Training Department is not being optimised.

- 8.3 *NHS Borders Services Screening Process Report*
Tim Patterson spoke to the presentation, which covered Cervical screening, Mammography, Pregnancy and Newborn, Retinol, Bowel and Aneurism screening.

The main issue raised was the reduction of screening sites to balance the higher cost of new digital Mammogram screening.

9. Items for Noting

- 9.1 *Statutory and Other Committee Minutes*
The Public Governance Committee minutes were noted.

10. Any Other Business

- 10.1 *HIS Findings from Significant Adverse Events*
Evelyn presented Health Improvement Scotland's findings from the Significant Adverse Event Review which found that 3 out of 4 of reported cases should not have been classed as a significant adverse event therefore, NHS Borders reporting was commended. The report is fair and there were no surprises - staff engagement is to be commended and Evelyn thanked everyone for their hard work. Evelyn and Laura will present the slides in numerous locations to ensure feedback is cascaded. Calum stated that this is the start of a journey and there is still a lot of work to do all issues must be taken seriously.

11. Date and Time of Next Meeting

Wednesday, 5th June 2013 at 2.00pm in the Board Room, Newstead,



STAFF GOVERNANCE COMMITTEE

Minutes of the Staff Governance Committee meeting held on Tuesday 22nd January 2013 at 2pm in the Board Room, Newstead.

Present: Edwina Cameron, (Chair)
Doreen Steele
Adrian Lucas

Ex Officio Capacity: June Smyth
Kath McLaren

In Attendance: Sheila MacDougall
Bob Salmond

1. Welcome and Apologies

Apologies were received from Pat Alexander, Calum Campbell Irene Clark, John McLaren, Irene Bonnar, Janice Laing, Shona Cameron, Hilary Shand, Maggie Czajka, Karen Maitland and Trudy Gane.

2. Minutes from Previous Meeting held Tuesday 6th November 2013

Amendment to minute - Page 6, Item 8a), Line 1 – ‘Healthy Working Lives’ - read ‘Doreen Steele’.

It was agreed with amendment to the minute it was a true reflection of the meeting.

Action Tracker

Good News Stories – Edwina Cameron informed that this item was raised at today’s BET meeting where anxieties were raised regarding staffs stories and confidentiality. Evelyn Fleck, Director of Nursing & Midwifery is the champion for Whole Person Centred strand of the Quality Strategy. Edwina Cameron and June Smyth will work along with Evelyn to develop a piece of work.

Doreen Steele asked to look at the redesigns to highlight what worked well. There are anxieties around identifying individuals due to the smaller redesign working groups. Edwina Cameron informed that the Staff Experience Toolkit to be implemented in 2013/14 will be beneficial to see what worked well and what did not work.

3. (1) Treated Fairly & Consistently

a) Workforce Inventory

June Smyth spoke to the paper which provides an overview of all of the projects. This paper is signed off at the Strategy Group.

June Smyth informed that the Area Partnership Forum agreed that from 2013/14 all Productivity & Benchmarking Reviews were also to be included to the inventory to enable to capture all reviews / redesigns.

A discussion took place regarding risk assessments. Bob Salmond informed that it came from SEAT Plan 2006/2007 and is a recognised assessment within the workforce field. The assessment of risk is worked out on the scoring of the matrix.

Doreen Steele asked if we have enough people to deliver services. Bob informed members that is why the criteria is risk assessed from high to low. Bob informed that the Workforce Inventory is a work in progress document and is the only Board in Scotland that has this process.

b) Staff Experience

Edwina Cameron gave an update. The third stage of the roll out has been completed and Liz Riley has reported the outcome to the Scottish Workforce And Governance group. It will be rolled out further as all of the tools have been tested and evidenced. The tool will be launched at the Scottish Government event in the 11th & 12th June 2013.

Edwina Cameron informed the feedback she has received from Employee Directors whose Boards were pilot sites were 100% enthusiastic from the results. Staff Experience will link to the Staff Governance Standard.

c) Staff Governance Standard Monitoring Framework

Edwina Cameron reported that it is currently out for consultation and comments to be received by 28th February 2013. A discussion took place regarding who should sign off the Framework. The paper talks about the Employee Director signing it off. It was suggested that the Chair of NHS Borders should sign the framework off.

Edwina Cameron informed that she was member of the Staff Governance Standard Monitoring Framework group. For the year 2012/13 the Staff Governance Action Plan will be submitted with the mandatory statistics. Three Boards will be asked to complete the Framework and to be submitted to Scottish Government. NHS Borders is one of the pilot sites. Edwina is keen for staff to provide comments.

Edwina reported further that Scottish Government is asking for assurance regarding the Staff Governance Standards. They are looking for evidence at team levels. The questions are designed to ask staff questions it is used as a diagnostic tool. Bob Salmond informed it is more narrative based which will be appropriate for the Working Group to use.

Edwina got agreement from the group to submit the Action Plan as normal and to pilot the Monitoring Framework. The Committee to take ownership of the pilot. It would also be carried out in partnership similar to the Workforce Plan with HR / Workforce leading on this. Doreen Steele informed it has to be viewed as a diagnostic tool. Doreen Steele reported further that she is glad that NHS Borders is nominated to being a pilot site.

4. (2) Well Informed

a) Workforce 20/20 Vision

June Smyth gave an update and discussed the engagement process with staff: -

- Promoting On Line Forum
- Focus groups (cross section 5% of staff)
- Quality – Staff Experience

Work to be carried out locally:-

- Draft Engagement Plan
- Set questions and a video clip from Scottish Government for the Focus groups
- A Test Focus Group was set up which met last week
- Locally questions have been extended
- Corporate Objectives to be refreshed which will be included in the Focus groups
- Twenty Focus groups to be set up for the month of February 2013
- Partnership Office will attend / facilitate at the Focus groups
- 20:20 Workforce Vision will be a topic at the Workforce Conference

June Smyth informed that she will circulate the Engagement Plan prior to the next meeting. Edwina Cameron reported that the Employee Directors group have been involved nationally.

June Smyth informed that locally we require to link Staff Experience, Patient Experience and 20:20 Vision together. Bob Salmond advised it will help to influence the local Workforce Plan. At the Workforce Conference discussions will take place on the 20:20 Workforce Vision and the Staff Governance Standard Monitoring Framework.

A full report will be given at the next Staff Governance Committee meeting. Edwina Cameron would encourage the Non Executives to look at the website.

Your user name will be anonymous but will be able to provide results from areas.

Action: Elizabeth McKay to send the website link to the group. (Done)

5. Appropriately Trained

a) T&PD Quarterly Report

June Smyth reported that a review took place earlier this year. One of recommendations which came out of the review was how we report training. A piece of work will be carried out on mandatory training and how we record it. Further information will be brought to the Committee in due course.

6. (4) Involved in Decisions Which Affect Them

a) Draft Work Plan for the Staff Governance Committee

June Smyth informed that a Plan was developed a few years ago. Due to the pilot of the Staff Governance Standard Monitoring Framework June proposed the Committee would continue to use the Plan that we have already got. The group agreed to this proposal.

b) Area Partnership Forum Minutes for Noting

Edwina Cameron reported that the Public Holidays for 2013/14 have been signed off.

c) Public Governance Minutes

Minutes for noting. Doreen Steele is the Chair for this Committee.

7. Provided with an Improved & Safe Working Environment

a) Risk & Safety Update

Sheila MacDougall apologised to the group for not providing reports for the past couple of meeting due to being on long term leave.

Sheila spoke to the paper 'RIDDOR Report for 2012/2013 year to date'. Sheila informed that discussions are taking place regarding where it will sit on the corporate structure.

HSE activity centres on Health Care Infection for staff. The visit next week will not be an informal visit. Infection Control sits under COSHH. The RIDDOR reports highlights legislation. The reporting remains consistent. Major incidents reported are slips, trips and falls. Staffing levels are becoming a contributing factor. Clinical Governance colleagues are picking up on this.

All reviews have been carried out by a specialist advisor. RIDDOR is specific reporting. A discussion took place regarding an incident. Edwina Cameron

asked Adrian Lucas if it was reported to Clinical Governance. Adrian Lucas informed no as the Clinical Governance reports on patients and Sheila MacDougal reports on the public.

Doreen Steele highlighted the Workforce Inventory ensuring we have proper staffing levels. Sheila MacDougall informed that they are looking at all of the factors to see if there are trends. Adrian Lucan reported that Clinical Governance has carried out a piece of work regarding slips, trips and falls and this item should be kept on the agenda. Edwina Cameron informed that she is conscious that different Committees report on different things.

8. Any Other Competent Business

Nothing to report.

9. Date of Next Meeting

The next meeting will take place on Thursday 21st March 2013 at 2pm in the Board Room, Newstead.

PUBLIC GOVERNANCE COMMITTEE



**Minutes of Public Governance Committee (PGC) Meeting
held on Friday 22nd February 2013, 2.00 – 4.30pm
Board Room, NHS Borders headquarters, Newstead**

Present:

Doreen Steele (Chair)	Catherine Duthie
Pat Alexander	Margaret Lawson
Fiona McQueen	Fiona Morrison
Logan Inglis	Margaret Simpson

In Attendance:

Ann Purvis	Laura Jones
Dawn Moss (item 3)	Shelagh Martin
Stephen Bermingham	Joanne Weir

1. Welcome & Introductions

- 1.1 The Chair welcomed everyone to the meeting, including:
- Ann Purvis, who is the public member on the National Planning & Implementation Group for Person-Centred Health & Care (& also Chair of the BGH Participation Group) who was in attendance to talk about the work of the national group.
 - Laura Jones, new Head of Clinical Governance & Quality, NHS Borders
 - Dawn Moss, Nurse Consultant, Vulnerable Children & Young People, who was in attendance to provide an overview on the Children & Young Peoples Engagement & Participation Plan.
- 1.2 Doreen reported that Cllr Catriona Bhatia, Depute Leader – Scottish Borders Council (Local Authority member – Borders NHS Board) had recently joined the PGC but that she had had to give her apologies for the meeting that day.

2. Apologies

- 2.1 Apologies had been received from Edwina Cameron, Andrew Leitch, Jenny Miller, Allyson McCollam, Evelyn Fleck, David Thaw, Anna Garvie, Clare Malster and Nicky Hall.

3. Update on Children & Young Peoples Engagement & Participation Plan

- 3.1 Dawn Moss referred to her PowerPoint presentation. Dawn also tabled hard copies of “Involved” Strategy: The Participation of Children & Young People in the Scottish Borders (2012 – 2015)”.
- 3.2 Dawn highlighted that Mandy Brotherstone, Manager for Children & Young Peoples (CYP) Services, NHS Borders, is the “champion” for children’s services in the Borders.
- 3.3 The PGC noted that the Participation Theme Group of the Children & Young People’s Planning Partnership (CYPPP) had been greatly involved in the development of the above Strategy. This group is the only kind in the whole of Scotland and oversees the participation work in the Borders, including the design of

opportunities for children and young people to be part of decision making. Dawn highlighted that the Theme Group are currently collaborating with a group in Sweden regarding children's rights.

- 3.4 Dawn informed the PGC of the development of a DVD and education resource "Its Not Just Me" to promote access to health services to young people, which had been developed in conjunction with Borders Youth Health Forum and the Children & Young People's Health Network.
- 3.5 Dawn referred to the newly developed Scottish Borders Parents/Carers Group which includes membership from 16 parents from across the Borders, Borders Voluntary Community Care Forum, Borders Carers Centre, NHS Borders and Scottish Borders Council. This is a group to help support children with complex needs. The PGC noted the issues for children with additional support needs which had been highlighted by this group.
- 3.6 Pat stated that she is a member of the Corporate Parenting Group and that the group feel it is not always easy for children to input into the strategy. Dawn reported that the work of the new "Voice" group should help to ensure that we capture all children's feedback.
- 3.7 Fiona Morrison asked how it is ensured that children with disabilities have access to the Participation Theme Group. Dawn reported that children with disabilities are invited through schools and that it is encouraged for them to join, but that she recognised there is more to be done to ensure this.
- 3.8 Fiona Morrison asked how the whole ethos of participation with children is embedded across the Borders. Dawn reported that work has been underway to develop participation champions in each area.
- 3.9 Doreen reported that there is currently a seat on the PGC for a children's services representative but that the committee are thinking about how to get the governance aspect right with the PGC. Dawn reported that she would speak to Susan Robb and Mandy Brotherstone about this.

Action: DM

- 3.10 Doreen suggested that the PGC could provide something annually for a children & young peoples topic, at a time that would suit the children and young people. Dawn reported that she would look into providing a quarterly report from the service.

Action: DM

- 3.11 Doreen referred to the series of seminars which she was aware of taking place for Getting it Right for Every Child (GIRFEC) and asked what the current position was with this work. Dawn reported that there was a lot of work ongoing for this and that the service would be looking at the Rights of Children & Young People Bill.

- 3.12 Stephen reported that he would like to thank the Borders Youth Health Forum for all their work in developing the "Its Not Just Me" DVD and resource pack and that he recommends everyone looks at the resource pack. Dawn stated that she would send the resource pack to Joanne for circulating.

Action: DM

- 3.13 Doreen thanked Dawn for her very helpful, interesting overview on the participation and engagement of children and young people.

4. Minutes of Previous Meeting

4.1 The minutes of the previous meeting held on 22nd February 2013 were agreed as a true record.

4.2 An update on actions that “are in progress” on the action tracker was provided. Discussions took place regarding the following actions:

4.3 Appropriate naming of job title, currently “complaints officer” in line with Patient Rights (Scotland) Act 2011

Stephen reported that the overall opinion is that the job title should be changed to Patient Feedback Officer, however, this was still to be confirmed.

4.4 The Staff Governance Standard to be presented to the Public Governance Committee by Employee Director

The PGC agreed that as Edwina Cameron, Employee Director (PGC member) was leaving NHS Borders to take up her secondment with the Scottish Government as Staff Governance Associate, that leaflets regarding the Standard could be made available to PGC members at their next meeting.

Action: JW

4.5 How can Borders NHS Board make stronger links with people in the Borders

Joanne reported that this would be discussed later in the meeting as it was an agenda item, see item 6: Format of future PGC meetings, name of Committee, membership, terms of reference.

4.6 The PGC to be kept updated on patient/public involvement activity in Mental Health Services

Joanne reported that she was liaising with Brian Paterson to see if this is something that can be provided from next PGC meeting.

Action: BP / JW

4.7 To improve charities table facility in the agreed stairwell location at the BGH

Joanne reported that a full update on this was provided within the PGC Operational Report: a source of funding has been agreed to provide an interim solution to make improvements.

4.8 Format of future PGC meetings / name of Committee / membership

As above, this was discussed later in the meeting – see item 6.

4.9 PGC and Clinical Governance Committee to link – explore possibility of PGC & CGC meeting together

Doreen suggested that if this was to happen in the future that this could be when the committees are producing their annual reports. Laura stated that she would discuss this with Stephen and Joanne.

Action: LJ / SB / JW

The Committee agreed that the actions which were now complete should be removed from the action tracker.

Action: JW

5. Update on: A National Person-Centred Health & Care Programme for Scotland, including National Planning & Implementation Group for Person-Centred Health & Care Programme

5.1 The Chair welcomed Ann Purvis and Stephen Bermingham to speak to this item.

- 5.2 Stephen referred to his update paper which he had shared with the committee prior to the meeting. The PGC noted that the Programme had been launched at the two day learning event held back in November 2012. The aim of the Programme is that by 2015 all relevant health and care services are centred around people.
- 5.3 Ann reported that she is the only public member on the National Planning & Implementation Group and that there had been two meetings to date which had considered the principles of the Programme. The PGC noted that there is a lot of good person-centred work already underway and that the Programme aims to put extra emphasis on person-centredness. Ann stated that she is ensuring that the group adheres to communicating the programme in plain English.
- 5.4 Stephen reported that the programme is designed in four work streams which cover: leadership, care experience, staff experience and co-production. The PGC noted that the Programme is about ensuring small changes are made to what Boards' are already doing which will lead to improvement.
- 5.5 Stephen reported that at the first learning event Boards' had been asked to identify areas to test the programme on. The PGC noted that NHS Borders had agreed nine test areas (all detailed within the paper Stephen had shared), e.g. incorporating person centredness into patient safety walk rounds.
- 5.6 Stephen referred to the NHS Borders meeting with the Scottish Government which had been held locally in Melrose back in August 2012, to provide for the Government to explain what the aims of the Programme are. This meeting also provided the opportunity for staff to share areas of person-centred work already underway – a local Person-Centred Handbook had been produced for this meeting. The PGC noted that it is expected the Government will want to meet with Health Boards again.
- 5.7 Ann reported that the emphasis of the Programme is not just on health but about working with partners. Stephen reported that one of the workstream is to improve our relationship with the Third Sector. Ann praised the Planning and Implementation Group for being very inclusive and making her very welcome.
- 5.8 Catherine Duthie arrived at this point.
- 5.9 Pat enquired about the composition of the Planning & Implementation Group and asked if there is GP representation. Ann reported that the group does include GP / Consultant members.
- 5.10 Fiona Morrison referred to the PDSA monitoring sheet which showed monitoring of the nine test areas for NHS Borders. Fiona stated that she thought areas 5 and 9: Patient Stories to the Board and Improving Patient Voice at Mental Health Meetings should include for both patient and carer. Stephen reported that he would speak to the leads for these areas regarding such and would also discuss with Fiona out with the meeting.
- Action: SB**
- 5.11 Laura reported that the Programme is greatly linked to the Clinical Governance & Quality agenda, therefore, it is required to have a link with clinical delivery of care.
- 5.12 Doreen reported that the PGC will be taking a role as overseeing the Programme.
- 5.13 Margaret reported that it is important to remember that every person is different and this is what person-centredness is about, the emphasis should be that individuals get individual care. Ann commented that this is something which is raised a lot in the Planning & Implementation Group meetings.

- 5.14 Doreen thanked Ann for her very interesting overview and for attending the meeting that day. Doreen also thanked Stephen for his update.

6. Format of future PGC meetings, name of Committee, membership, terms of reference – recommendations

- 6.1 Doreen reported that the PGC Review Group had met in January to discuss the above. The group includes the Chair, Fiona McQueen, Andrew Leitch, Catherine Duthie, Shelagh Martin, Stephen Bermingham and Joanne Weir. The PGC noted the notes and actions from the review group meeting.
- 6.2 Doreen referred to the proposal for the PGC to link with the new Scottish Borders “Area Forums” as a way of engaging with the public. There are five Forums in total representing the different areas of the Borders and the public are invited to attend. The PGC noted that the idea is for the Non Executive Director members of the PGC to take it in turn to attend the Forums along with a key note speaker who would have a topic of specific interest to the area. Stephen reported that he had met with Scottish Borders Council officials regarding the above and they are keen to have input from NHS Borders. Stephen added that John Raine, Chair of Borders NHS Board is also meeting with the Clerk to the Council regarding such.
- 6.3 Doreen reported that she had met with Allyson McCollam, Joint Head of Health Improvement, who had indicated that Health Improvement are happy to support the above and will identify topics of relevance for each of the areas.
- 6.4 Doreen reported that anyone from PGC that would like to attend the Forums was welcome.
- 6.5 Logan (Scottish Borders Community Council’s Network) reported that he would be very interested in the above given his role with the network.
- 6.6 Doreen stated the name of this Committee is also being considered and that it was required to fully understand what the “governance “ is about.
- 6.7 Catherine enquired with regards to the format of the agenda for the Area Forums. Logan reported that items can be requested but that there is also some standing items. Logan stated that the recent Berwickshire Area Forum had been well attended by members of the public.
- 6.8 Doreen highlighted that linking to the Area Forums would be on a trial basis to see how it works.
- 6.9 The PGC referred to the other items of discussion which had taken place at the PGC Review Group meeting. This included the format of PGC meetings, i.e. agenda content and frequency of meetings. Also discussed was the membership of the PGC as this was required to be reviewed.
- 6.10 Doreen reported that Shelagh would helpfully be doing an evaluation with PGC members to get their views with regards to the function of the current PGC format including the day that the PGC meets.

Action: SM

- 6.11 In summary, the format of meetings will start changing from the next meeting in May, with the aim to have made all necessary changes by the end of the financial year. The review of membership is ongoing and the Area Forums will be trialled for the year ahead.

- 6.12 Doreen asked if the Committee could consider the above and provide feedback by the next meeting.

Action: all

7. Draft Public Governance Committee Annual Report 2012/13

- 7.1 Doreen referred to the draft PGC Annual Report which had been prepared and shared with the Committee via Joanne prior to the meeting. The PGC noted that the draft report was required to be submitted to NHS Borders Finance Department by 16th April for their comment, and then the final report re-submitted to Finance by end April 2013. The PGC noted that submission of Annual Reports from Borders NHS Board Committees' is in line with the Board's Annual Accounts process.

- 7.2 Doreen asked that if anyone had any comments to make on the draft report before its first submission to Finance to let Joanne know by end March.

Action: all

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 Stephen provided an update on the current position with the Self Assessment 2012/13:

- 9.2 The Scottish Health Council (SHC) Participation Standard was first introduced in 2010/11. The Standard requires all Health Boards to submit evidence that demonstrates effective public/patient engagement. This year (2012/13) Health Boards are being formally assessed in relation to Corporate Governance and are being asked to evidence improvement in embedding Patient Focus Public Involvement (PFPI) within the governance arrangements of NHS Borders.

- 9.3 Health Boards need only complete self assessment sections for the levels not previously attained from 2010/11 - for NHS Borders this includes 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 In addition, Health Boards were required to submit 6 case studies that demonstrated good practice in relation to public/patient engagement. The Scottish Health Council have reviewed our submissions and selected two examples for us to further report against as part of our Self-Assessment submission. This includes (1) Breastfeeding Volunteers and (2) Better Together Inpatient Survey: working with the public, patients and carers to improve services within the Borders General Hospital.

- 9.5 Shelagh reported that this year the Self Assessment process will involve an enhanced role of patients and the public, i.e. Boards are to ask public participants to endorse their self assessments and the Scottish Health Council analysts are looking to carry out interviews with public representatives who have been involved with the Board's work. Joanne reported that a sub-group of the Public Partnership Forum (PPF) is being arranged to review and endorse the NHS Borders Self Assessment, and that an extra meeting of the Public Governance Committee was to be arranged to review and approve the Self Assessment – before submission to the Scottish Health Council by 18 March 2013. Joanne added that she would be contacting PGC members to ask who would like to be involved in this reviewing/approval process.

Action: JW

- 9.6 Stephen paid thanks to the review of the Participation Standard Self Assessment by the Scottish Health Council, which had led to the self assessment process not being as paper onerous this time round.

10. Scottish Health Council (SHC) Update

- 10.1 The PGC noted the update report provided by Shelagh Martin, SHC local officer.
- 10.2 The update report included reference to local support from the SHC with regards to volunteering. Stephen referred to the helpful visit from Alan Bigham, SHC Programme Manager for Volunteering, to the recent Volunteering Steering Group, who had attended to provide guidance and support with regards to NHS Borders renewing its Investing in Volunteers Standard and developing improvement plans for volunteering.

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 Doreen referred to the Equality and Diversity update and reported that she had asked for an update with regards to progression with the Single Equality Scheme.
- 11.3 The PGC noted the achievement of NHS Borders responding to formal complaints within the 20 working day response rate over the past several months.
- 11.4 The PGC referred to the NHS Borders Communications Activity report for the past quarter. Doreen referred specifically to staff enquiries through the "Ask the Board" process, stating that she still wondered if the expected response rate for such was realistic.

12. Public Governance Committee Work Plan Update

- 12.1 The PGC noted and agreed the updated Work Plan.

13. Staff Governance Committee Minutes: 06.11.12

- 13.1 The PGC noted the minutes of the Staff Governance Committee meeting held on 6th November 2012.

14. Clinical Governance Committee Minutes: 14.11.12 & 20.02.13

- 14.1 The PGC noted the minutes of the Clinical Governance Committee meetings held on 14th November 2012 and 20th February 2013.

15. Carers Planning Group Minutes: 13.12.12

- 15.1 The PGC noted the minutes of the Carers Planning Group meeting held on 13th December 2012.

16. Audit Committee Minutes: 25.09.12 & 08.11.12

- 16.1 The PGC noted the minutes of the Audit Committee meetings held on 25th September and 8th November 2012.

17. Public Partnership Forum minutes: 11.12.12.

- 17.1 The PGC noted the minutes of the PPF meeting held on 11th December 2012.

18. Any Other Business

New Chair of Scottish Borders Community Council's Network

- 18.1 Logan informed the PGC that he is no longer Chair, he is now Vice Chair and Trevor Jones is the new Chair of Scottish Borders Community Council's Network. Logan reported that he would speak to Trevor about joining the PGC but that he would still attend in Trevor's place if he was unavailable, i.e. they would share attending.

Action: LI

19. Date & Time of Next Meeting

- 19.1 The next meeting will be held on Thursday 23rd May 2013 at 2.00pm in the Board Room at Newstead.

Minutes of a meeting of the Area Clinical Forum held on Monday 04 March 2013 at 1.00 p.m.

Present: John Hammond (Chair) (JH) Allyson McCollum (AMcC) Nicky Hall (NH) Austin Ramage (AR) Chris Richard(CR) Nigel Leary (NL)
Alison Wilson (AW) Isabel Swan (IS)

In Attendance: Marion James Smith

Apologies: Karen McNichol

Agenda Item	Title	Speaker	Summary	Action
1.	Apologies for Absence		As recorded	
2	Presentation – Health Promoting Health Services	Julie Murray	<p>John Hammond introduced Julie Murray to present an appraisal of her paper – Health Promoting Health Services</p> <p>Julie outlined its purpose to update the Area Clinical Forum on progress around implementation of the Health Promoting Health Service (HPHS) and discussions around local governance arrangements together with continued support for implementation.</p> <p>The HPHS initiative aims are to achieve the aspiration that every health care contact is a health improvement opportunity and that hospital settings can help create a change in health and well being and contribute to a reduction in health inequalities through a range of actions that promote health and well being. This extends original actions included in a 2008 CEL beyond original acute hospital setting to include maternity units, community hospitals and mental health.</p> <p>Original topics already being delivered as part of the</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>2008 CEL are: Smoking cessation services and organisational tobacco policies Alcohol screening and brief interventions in A&E Promotion of breastfeeding A consistent approach to healthy eating for all food service providers and retail outlets that meets Health Living Award criteria Healthy Working Lives awards for all acute services. With the 2012 CEL these have now been extended to include: Advice around contraception for all women (postnatal and after termination) and offers of contraception for vulnerable women. Increased Opportunities and promotion of physical activity for staff, visitors and patients. Promotion of more active green travel choices by staff and visitors</p> <p>Regarding the current position, an audit has been carried out to assess the current status which has identified that many activities are already being delivered but there are some new requirements for development. A Steering Group has been established to provide strategic guidance, agree an action plan and support implementation. Membership of this group is still being confirmed to ensure the right people and avoiding duplication. The Area Clinical Forum is asked to note this update of the HPHS initiative and make</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>recommendations to the HPHS Steering Group to promote collaborative working and support implementation.</p> <p>General discussion after presentation highlighted difficulties and lack of progress to move forward despite being taken to several meetings. JH said he will take it to Board meeting to seek higher level of support.</p> <p>John Hammond thanked Julie for her presentation.</p>	JH
3	Minutes of Previous Meeting		The Minutes of Previous Meeting held on Monday 14 January were discussed and approved.	
4	Matters arising		<p>Waiting Times: JH: A&E Four hour waiting target at BGH is better than rest of Scotland.</p> <p>General discussion regarding problem of patient flow for achieving discharge.</p> <p>Nigel Leary commented that some of the problems are 20% patients should not be in beds but unable get them out because for example extensive social work arrangements involved. Some could be discharged to community hospitals but organisation and implementation take time. Delays also regarding pharmacy hours of work. Mondays are a problem to achieve discharge due to review and assessment and patients end up being discharged on a Tuesday.</p> <p>Discharge procedures need to be commenced 8.00 a.m. to be implemented and hold ups around protected meal times and protective times are a problem.</p>	JH

Agenda Item	Title	Speaker	Summary	Action
			<p>AW said there is some work going on looking at patient flow and that consideration should be given to change service to needs of organisation. JH said that the issue will come up at national ACF</p> <p>Clinical Handovers: Ongoing</p> <p>Ipads and Wardview: JH reported he had attended a demonstration of Wardview and was very impressed, though it was not clear if results and investigations viewed by doctors can be seen by nurses and got the impression they do not link. Handover sheets will be integrated with Ward View. Austin commented some new tablets are still not compatible.</p>	
5	Annual Review Letter	JH	<p>JH said that the review went well and commented favourably about the relationship and support between NHS Borders and ACF. The report has highlighted the close working relationship between General Dental Practitioners and the Community and the effect on reducing dental waiting lists.</p>	
6	Clinical Governance		<p>Clinical risk management report to Clinical Governance committee by Evelyn Fleck. It was agreed that it is a useful report but not clear if all clinicians had been consulted or ACF asked to be involved. Concerns that reporting identified that second highest recorded types of incident are 'other events' but does not clarify what these are. Also third highest incident is Infection Control events but</p>	

Agenda Item	Title	Speaker	Summary	Action
			does not identify infection control actions or risks. Needs flagging up for clarification.	JH
7	<p>Public Governance</p> <p>National ACF</p>	<p>Nicky Hall</p> <p>JH</p>	<p>General improvement that complaints now are passed onto Service Managers but complex cases are bound to take longer. Charge nurses be more involved.</p> <p>JH reported no National ACF meeting since last one.</p>	
	Mid Staffordshire Public Enquiry	JH	JH reported that the copy he had obtained was a shortened version of the report but reflected that standards should not be to be driven by finance and targets and there should be balance in monitoring. Committees should be informed when something of concern.	
10	Adverse Events			
11	Strategy		Identified aim Reducing Bank & Agency Not desirable working with agency staff as lack of continuity identified	
12	Board Papers		<p>Waiting Times: Number of specialties Waiting List down to zero. Identified that building up a small Waiting List would free up theatre for another speciality Aim try to get anaesthetist to do preoperative assessment on day of clinic so clock does not start until patient fit. Public Health reports death rate rising, even though</p>	

Agenda Item	Title	Speaker	Summary	Action
			smoking has gone down.	
13	Professional Advisory Committees – Verbal reports	JH	<p>Reported two Dental Practices for sale in Peebles and that Singlehanded don't normally sell very well.</p> <p>Nicky: No meetings since last. CET no date yet.</p> <p>Alison Wilson. Nothing in particular came out. Urgent medicaton service.– polypharmacy.</p> <p>BANMAC. No feedback from previous meeting.</p>	
14	Any Other Business		<p>Marion to circulate dates of meetings and update circulation list to include Secretaries.</p> <p>Coffee & refreshments for next meeting.</p>	



**CRITICAL SERVICES OVERSIGHT GROUP
MINUTE OF MEETING OF 29 MARCH 2013**

Present:	<p>CSOG : Tracey Logan, Chief Executive SBC (Chairman) (TL), Calum Campbell, Chief Executive NHS Borders (CC); Andrew Lowe, Director of Social Work SBC (AL), Stella Everingham, Head of Integrated Children's Services SBC (SE), Jackie Swanston, Head of Schools Services (East) (JS), Detective Superintendent Lesley Boal, Lothian & Borders Police (LB)</p> <p>Attendees: Alan Blackie, Chair of the Child Protection Committee (AB); Jim Wilson, Chair of the Adult Protection Committee (JW), Alana Notman, Adult Protection (AN); Gordon Forsyth, Group Manager Service Provision (GF)..</p> <p>Apologies: Glenn Rodger, Director of Education and Lifelong Learning SBC (GR), Graham Fraser, Procurator Fiscal.</p>
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1.	<p>Welcome</p> <p>Ms Tracey Logan welcomed everyone to the meeting and introductions were made.</p>
2.	<p>Minute of Meeting of 19 November 2012</p> <p>There had been circulated copies of the Minute of 19 November 2012.</p> <p>DECISION NOTED the Minute.</p>
3.	<p>Matters Arising from the Minute</p> <p>With reference to Item 3 Action (d) of the Minute of 19 November 2012, it was noted that the report had now been received and that a further Workshop would be progressed at the next meeting of CSOG.</p> <p>With reference to Item 4 of the Minute of 19 November 2012 and the Discussions with the Fire and Ambulance Services, it was agreed that this item would be continued to the next meeting of CSOG and a further update as to the discussions with Lothian and Borders Fire and Ambulance Services be presented at that time.</p> <p>With reference to Item 7 of the Minute of 19 November 2012 and the Adult Protection Update, JW noted that there were very positive reports relating to the Scottish Borders within the APC Biennial Report but that there were also areas which would require further clarification. TL and JW agreed to arrange a meeting to consider and evaluate the processes currently in place for consultation and providing comments on the Biennial Report.</p> <p>With reference to Item 8 of the Minute of 19 November 2012 and the recruitment of the Adult Protection Chair, it was reported that Jim Wilson had been appointed as the Chair of the Adult Protection Committee.</p>

	<p>ACTIONS:-</p> <p>(a) Arrangements for a further Workshop to be discussed at the next meeting of CSOG on 20 May 2013;</p> <p>(b) An update on discussions with Lothian and Borders Fire and Ambulance Services to be presented to CSOG on 20 May 2013;</p> <p>(c) TL and JW to arrange a meeting to consider and evaluate the processes currently in place for consultation and providing comments on the Biennial Report.</p>
4.	<p>Adult Protection Committee Update</p> <p>There had been circulated copies of an Adult Protection Committee (APC) update. The last business meeting of the APC was held on 12 February 2013 and the Minute of that meeting could be accessed directly from the Adult Protection Unit and also via the SBC intranet, as agreed at the previous meeting of CSOG. The update noted the appointment of Mr Jim Wilson as the new independent Chair of the APC and the imminent retiral of the Adult Protection Co-ordinator, Alana Notman.</p> <p>The Partnership Self-Evaluation and file audit had been progressed by the small working groups while the service user audit would be taken forward by BIAS to ensure full evaluation of the Adult Protection process.</p> <p>The 2011-2012 Annual Report had now been uploaded and could be accessed via the internet. In terms of critical cases, no new cases had been noted at the time of the Report, with only one review undertaken and an Action Plan completed. AN explained that death which occurred within three months of a fire was regarded as a fire death and that there had been two subsequent critical cases under this category. Lothian and Borders Fire and Rescue had been engaged fully in the follow-up and monitoring of these cases.</p> <p>There had been two reports published by Ekosgen giving positive comments in relation to the Scottish Borders.</p> <p>The APC had agreed to the amalgamation of the NHS Operational Sub-Group with the Interagency Operational Sub-Group to reduce the number of meetings required and to enhance the health personnel presence at the interagency group meetings.</p> <p>The multi-agency protocol for children and young adults at risk had been discussed by the APC and had been welcomed as a means of ensuring that adolescents at risk of significant harm would receive appropriate support within the legislation.</p> <p>Two days of Level 3 Skills training had been delivered from out-with the Council to SBC adult protection staff to supplement the in-house rolling training programme.</p> <p>JW advised that he had visited a number of Council offices and had received very positive comments from staff on the multi-agency working in relation to Adult Protection.</p> <p>ACTION:-</p> <p>NOTED the report.</p>
5.	<p>Data Sharing Update</p> <p>SE advised CSOG that the Scottish Government would provide funding to replace the Child Protection Messaging Service (PMS) currently in use but which is due to discontinue at the end of June 2013. As yet, no new Protocol was available. Discussion took place regarding the operation of the PMS. It was noted that the present system enabled information to be shared by the various agencies and it was agreed that work would be required to ensure that</p>

	<p>this joined up working continued after June 2013. A small sub-group would be convened to consider how this could be progressed and JS agreed take this forward. The Group also considered the potential for the replacement system to be used within adult protection.</p> <p>Further discussion took place in respect of a project outline. SE indicated that West Lothian was already progressing this work and that it might be useful to meet with them at an early stage. TL would take this forward.</p> <p>ACTION:-</p> <p>(a) JS to set up a sub-group to consider how the replacement system of data sharing would operate to ensure the continuation of joined up working; and</p> <p>(b) TL to take forward the development of a project outline.</p>
6.	<p>ELBEG Update</p> <p>The Group were advised by AL that the future of the position of Public Protection Officer was discussed at the last meeting of ELBEG on 16 January 2013. The outcome of discussions indicated that there was not sufficient support within Scottish Local Authorities to continue funding the post. It was noted that the view of NHS Borders was that funding support should continue. The minute of the ELBEG meeting of 16 January 2013 would be made available to the Group.</p> <p>ACTION:-</p> <p>AL would arrange for the Minute of the Meeting of ELBEG held on 16 January 2013 to be made available to members of CSOG.</p>
7.	<p>Child Protection Committee Update</p> <p>There had been circulated a paper which provided an update from the Child Protection Committee. The paper advised that there had been two Child Protection Committee (CPC) meetings since the previous CSOG meeting on 19 November 2013, and that the next meeting of the CPC on 18 April 2013 would be an extended development session to consider its current business plan and to begin the business planning process for 2013-14, and to discuss Police Reform. The paper also advised that DCI Kenny Gray had replaced DCI Amanda McGrath on the CPC, and that Linda Jardine, Assistant Director of Children 1st had joined the Committee as the new voluntary representative.</p> <p>The Group were advised that an Annual Training Sub-Group (TSG) Development event had taken place on 12 February 2012, during which the revised Child Protection Awareness Raising Training Pack was explained. This event also included the identification of future priorities and challenges for the TSG to address.</p> <p>The paper explained that, following CPC agreement to implement the new National Risk Assessment Tool for Child Protection which had been launched in December 2012, discussions were underway to determine how this would fit with existing risk assessment processes. Eighteen attendees from the Scottish Borders attended the Lothian and Borders training for trainers course being delivered by the Scottish Government on 18 and 19 March 2013 and will now assist the TSG to disseminate the training to staff within their own agencies. There had also been a seminar on Child Protection and six delegates from the Scottish Borders attended the workshops and presentations in March 2013.</p> <p>Actions agreed at the CSOG meeting held on 20 August 2012 had been progressed and were reported to CSOG. An initial meeting involving co-ordinators from child protection, adult protection and criminal justice to address (a) Risk Assessment Management and (b) the involvement of service users and carers in the development, practice and evaluation of processes and procedures for protection had taken place in January 2013 and this would be followed up with a further meeting to include MAPPA. An initial meeting with co-ordinators from child protection, adult protection and safer communities took place in January 2013 and</p>

	<p>it was agreed that Safer Communities would include information from child and adult protection units in their bulletins as a means of raising public awareness. This meeting also discussed families with complex problems and a follow up meeting will take place in include representation from MAPPA. It was reported that a meeting scheduled to discuss the promotion of inter-agency co-operation and joint working, and improving exchange of information had been cancelled and that a further meeting will be arranged. A meeting of the Joint Training Group had not been possible due to sickness but this would be arranged as soon as possible.</p> <p>ACTIONS:-</p> <ul style="list-style-type: none"> (a) Risk Assessment Management – a meeting to be arranged with co-ordinators from child protection, adult protection, criminal justice and MAPPA to take this forward; (b) Enabling and ensuring the involvement of service users and carers in the development, practice and evaluation of processes and procedures for protection – a meeting to be arranged with co-ordinators from child protection, adult protection, criminal justice and MAPPA to take this forward; (c) Raising public awareness – Safer Communities to include information from child and adult protection units in their bulletins as a means of raising public awareness; (d) Families with complex problems – a meeting to be arranged with co-ordinators from child protection, adult protection, Safer Communities and MAPPA to take this forward; (e) Promoting inter-agency co-operation and joint working, and improving exchange of information – a meeting to be arranged to take this forward; and (f) Joint Training Group – a meeting to be arranged to take this forward.
8.	<p>Significant Case Review</p> <p>It was explained that the original completion date of February 2013 for the Significant Case Review (SCR) had not been possible due to additional time being required for staff and the CPC Review Sub Group to give feedback following interviews and consideration of the draft report respectively. The reviewer was also on holiday therefore progress was delayed. CSOG was advised that the final draft report was expected at the beginning of April and that opportunities for individual agency groups (Social Work, CAHMS, Police and School) to read the report would take place on 15 April 2013. A meeting scheduled for the same date would enable AB and the SCR reviewer to meet with the young person's mother to share the findings of the review. Support had been offered to staff and the young person's mother. A short-life working group comprising members of the CPC and operational staff would be convened to consider the recommendations from the report and to develop an action plan. Further discussion highlighted that the Procurator Fiscal could have an interest in this case should a Fatal Accident Inquiry be initiated. It was also noted that procedures and systems and inter-agency co-operation had been positive. Following agreement of the final report by the CPC, a joint Press Release would be drafted by the Communications Team, in consultation with TL and AL. CSOG agreed that a "lessons learned" exercise should follow and this should be arranged for some time after mid-April. Further information is provided in Appendix A to the Minute and details of the timeline for the SCR actions are attached at Appendix B.</p> <p>ACTION:-</p> <p>NOTED the report</p>

9.	<p>Critical Cases:</p> <p>CC explained that there had been an incident at Galashiels Health Centre which was regarded as not preventable. There were a number of factors which contributed to the incident and these included issues which the individual concerned had in relation to previous Social Work and Police involvement and to difficulties relating to Welfare Benefits. CC confirmed that the incident was contained but that there were lessons to be learned from the situation. It was noted that further incidents might be expected following the implementation of Welfare Reform and that work should therefore be undertaken to ensure that services were prepared for such eventualities.</p> <p>Information was shared regarding the case of a taxi driver who had been granted an operator's licence despite a previous conviction of approximately forty years ago being held on record and a more recent situation when the individual re-offended. Discussion took place in relation to the need for a policy review for disclosure. Assurance was given that measures were now in place to ensure that a similar situation could not happen in the future. It was highlighted that it was important to maintain a balance in relation to which staff within the organisations should be subject to PVG.</p> <p>DECISION NOTED the report.</p>
10.	<p>Any Other Business</p> <p>There were no items for consideration under Any Other Business.</p>
11.	<p>Date of next meeting</p> <p>The next meeting of CSOG was scheduled to take place on Monday 20 May 2013 at 2.00pm in CR2, Council HQ.</p> <p>The meeting concluded at 2.25pm</p>