

Borders NHS Board**STATUTORY AND OTHER COMMITTEE MINUTES****Aim**

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

Background

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

Summary

Committee minutes attached are:-

- Strategy & Performance Committee: 06.03.14
- Audit Committee: 29.05.14
- Audit Committee: 24.03.14
- Endowment Committee: 30.01.14
- Endowment Committee: 30.04.14
- Clinical Governance Committee: 12.02.14
- Clinical Governance Committee: 09.04.14

Recommendation

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

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

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 24th March 2014 at 10 a.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Dr S Mather
Dr D Steele (*Left meeting at 11.45 a.m.*)

In Attendance: Mr C Brown, Partner, Scott Moncrieff
Mr D Eardley, Senior Manager, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mrs K Grieve, Associate Director of Nursing (Item 4)
Mrs J Laing, Operational Lead, Training & Professional Development (Item 4)
Mr P Lunts, Head of Service Improvement (Items 8.2 & 11.1)
Mrs L Paterson, Resilience Manger (Item 4)
Mr J Scully, Senior IT Services Manager (Item 4)
Mr J Smith, Property & Quality Systems Officer (Item 4)
Mrs J Smyth, Director of Workforce & Planning (Item 7.3)
Mrs J Stephen, Head of IM&T (Items 4 & 8.2)
Ms S Swan, Deputy Director of Finance
Mr M Swann, Manager, PricewaterhouseCoopers
Mr M White, Director, PricewaterhouseCoopers
Mr D Woods, Chief Internal Auditor

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Andy McLean, Calum Campbell and Evelyn Fleck.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 5th December 2013 (Extraordinary) and 17th December 2013**

The minutes were noted as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

Internal Audit Report – IT Disaster Recovery - Update

Jackie Stephen introduced this item and passed over to Jonathan Scully to provide an update. Jonathan took the Committee through the paper and gave an update on each of the actions. It was noted that the action to update the IT Disaster Recovery Pages was now complete as well as the

contract management information being updated and sent to the Resilience Committee for information. Jonathan referred to the action to undertake a risk/options assessment of disaster recovery testing and IT services training assessment and confirmed that this had been undertaken and had resulted in a further action to undertake an options appraisal around disaster recovery. Findings and recommendations would be presented to the Strategy Group before 30th June 2014. David Davidson asked why the test to restore systems had not been undertaken. Jonathan explained that to do this would have incurred a cost but gave assurance that this would be taken into account as part of the options appraisal and would be incorporated within the new software. Jonathan went on to give an update on the disaster recovery solution for Trakcare where it was noted that the server would be relocated to Galashiels Health Centre and would have an uninterruptable power supply. David enquired about the national Swan contract and how this would affect us around integration. Jackie explained that this would replace our N3 connectivity and would provide better opportunities for disaster recovery as well as enhance working together. Jackie stressed that this had yet to be worked through and would be challenging as there are issues around NHS security which made it a potential risk for integration. David asked if there was a timescale for this work. Jackie replied that there is no timescale at the moment as it is only being worked through at national and local level.

The Committee noted the update.

Internal Audit Report – Community & Public Health Nursing - Update

Karen Grieve spoke to this item. Karen referred to the action regarding case notes not being held securely and advised that following discussion with Estates this is now in hand and will be complete by 31st March 2014. It was noted that ongoing discussion was taking place on the data sharing partnership agreements as part of health and social care integration. Karen went on to give an update on the action which highlighted that the community nursing review had not been implemented. It was noted that the levels of community nursing had been reviewed over a number of years and current establishments were based on the outcomes in 2011/12. Two separate reviews had since been undertaken, namely BECS and evening nurses. Following a non financial appraisal in December 2012 the preferred option had been to move these from the BGH Clinical Board to P&CS Clinical Board, however it had not been possible to do this until the treatment room review had taken place. Karen explained that there were complexities around the treatment room review and this had gone to a non financial appraisal in September 2013 with the preferred outcome being joint community nursing. Following these reviews concerns had been raised by GPs on the process undertaken. A meeting had taken place the previous week that included the Director of Nursing and Medical Director to look at the option appraisal process used. Findings from this meeting showed that there had been errors in the processes and would need to be looked at again. For BECS and evening nurses a community workload tool would be used to provide a two week snapshot and this would be signed off by the Director of Nursing with support from the Finance Department. As the treatment room review does not fit with the workforce tools it would require something more radical to be done.

David Davidson asked how patient information is passed from one team to another if there are significant gaps between shifts. Karen advised that this is either done by clinical emails or phone calls. David also enquired about the revised timescale for the nursing review. Karen replied that the BECS and evening nurses element should be simpler and would hope to have this complete by the end of September 2014. As the treatment room element was more complex the P&CS Clinical Board would need to explore options with the Nurse Director, however it was hoped to also have this resolved by the end of September 2014. Doreen Steele asked if September would be achievable taking health and social care integration into account. Karen confirmed that this would not be an issue as only shadow arrangements are in place in 2014/15. Stephen Mather referred to the issue around patients records not being held securely and asked why the timescale for completion was noted within the narrative as 31st March 2014 but had now been revised to 30th April 2014. Karen confirmed that this was a typing error and the correct date was 30th April.

Karen agreed to attend the September Audit Committee meeting to provide a further update.

The Committee noted the update.

Internal Audit Report – Property Portfolio & Management - Update

John Smith spoke to this item. John reported that the piece of work being undertaken on primary care premises modernisation was nearing completion and minor works were taking place. John confirmed that a central register for leases, including dates for rental values being assessed, would be produced. John advised that a meeting would be taking place the following month to discuss property sharing and the layout of buildings for all NHS Borders health centres. It was noted that John would be visiting all properties and would work with Finance to produce a central register to put in place individual leases with GP practices. It was hoped to conclude this work by 30th July 2014. David Davidson enquired if Costas Kontothanassis was involved in this work. John confirmed that he was. David asked how often GP leases were reviewed. John advised that they are reviewed every three years on the rental they pay. Carol Gillie clarified that GPs do receive free accommodation in the main and that the rental is actioned as an internal accounting transaction.

It was noted that the agreement with Scottish Borders Council on the sharing of premises has now been signed off.

The Committee noted the update.

5. Fraud & Payment Verification

5.1 *National Fraud Initiative - Update*

Susan Swan spoke to this item. Susan reported that the 2013/14 exercise would be closed off by 31st March 2014. Susan advised that there will be a 2014/15 exercise and that the timetable and information on the data sets would be shared with the Audit Committee as in previous years.

The Committee noted the update.

5.2 *CFS Quarterly Report to 31 December 2013*

Susan Swan spoke to this item. Susan referred to the recent “BBC Scotland Investigates Scotland’s NHS Thieves” television programme and confirmed that nothing had been received within Borders following this broadcast.

The Committee noted the report.

5.3 *CFS Patient Exemption Checking – Results of 2013 Extrapolation Exercise*

Susan Swan spoke to this item. Susan explained that CFS is required to undertake an annual extrapolation exercise. Susan reminded the Committee about the circular received to combat fraud within the NHS and the Countering Fraud Operational Group that had been formed following a recommendation from External Audit. Susan reported that this group had met for the first time in January and would report back to the Audit Committee. Stephen Mather enquired about the measures taken to combat fraud within NHS Borders. Susan explained that a risk assessment exercise is undertaken to provide assurance that all necessary measures to reduce fraud are being taken. Susan added that there is representation on the Counter Fraud Operational Group from Primary Care, Finance, Procurement, Pharmacy, Estates and Human Resources as well as CFS. It was also noted that a Board Development Session with CFS would be taking place on 1st May 2014.

The Committee noted the results of the 2013 extrapolation exercise.

5.4 *CFS Intelligence Alerts*

- 2013/24, 2013/25, 2014/01 & 2014/02

Susan Swan gave assurance that she links with the relevant departments within the organisation for each intelligence alert received. Susan highlighted that alerts 2014/1 and 2014/2 are linked to GP practices and advised that Costas Kontothanassis has brought these to the attention of all practices.

The Committee noted the alerts.

6. Governance & Assurance

6.1 *Audit Committee Terms of Reference*

Susan Swan spoke to this item. Doreen Steele highlighted that the Director of Nursing was noted as a member of the Audit Committee but had not attended many meetings. Carol Gillie advised that Evelyn was a member due to being the lead for risk and highlighted that feedback is reported through the minutes of the Healthcare Governance Steering Group. David Davidson felt that it would be useful to receive an update report on risk along with the minutes to inform this discussion. Carol agreed to pick this up with Evelyn Fleck.

Mark White commented that there was no mention within the Terms of Reference on the assessment of the Audit Committee. Carol Gillie confirmed that an annual self assessment is undertaken. Susan Swan agreed to add narrative to this effect.

Stephen Mather felt that there was a need for a group to look at all risks within the organisation and refer them to the relevant Committee. Doreen noted her agreement with this comment. Carol reminded the Committee that the Risk Management Strategy was out for consultation and it would be an opportune time to look at this in a co-ordinated way through the Board. Carol Gillie agreed to feedback these comments to Evelyn Fleck. Chris Brown felt that the main risks within the organisation are clinical and as such would be reviewed by the Clinical Governance Committee. Chris highlighted that it was the Audit Committee's role to oversee this process. Stephen did not agree that the main risks were clinical but in fact were business related and felt that it would be more appropriate for the Chief Executive to have ownership of these rather than being the responsibility of the Director of Nursing. Carol advised that the Chief Executive is the accountable officer and all risks and targets sat with him. The Chief Executive can delegate responsibility but ultimately he was accountable. Chris and Carol agreed to pick this up outwith the meeting to discuss how risk is managed within other Health Boards.

Doreen referred to item 1.4 (to review the system of internal financial controls) and the second bullet point "the maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication" as she felt it should read "..... of financial and other information". Susan agreed to amend this.

Chris felt that the review of the annual reports from the Governance Committees should also be clarified within the Terms of Reference. Susan agreed to add this.

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

6.2 *Draft Audit Committee Work Plan 2014/15*

Susan Swan spoke to this item. Susan advised that she would include the waiting times update for the June meeting and the Technical Bulletin cross reference report on fraud. Matthew

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

6.2 *Draft Audit Committee Work Plan 2014/15*

Susan Swan spoke to this item. Susan advised that she would include the waiting times update for the June meeting and the Technical Bulletin cross reference report on fraud. Matthew

Swann highlighted that the External Audit Plan was noted as 2015/16 and assumed this should read 2014/15. Susan confirmed that this was correct and agreed to amend this.

The Committee noted the 2014/15 work plan.

6.3 *Audit Follow-Up Report*

Susan Swan spoke to this item. Susan reported that as at March 2014 there were two outstanding External Audit recommendations, namely the Risk Management Strategy which is currently out for consultation and has a revised implementation date of 30th June 2014. The other noted within the report was the A&E HEAT target which had now been closed as the action plan had been submitted to Scottish Government.

It was noted that there were 3 External Audit recommendations not yet due for implementation and that comments had been received from the individuals leading on these to confirm all are on track. Susan referred to the actions that are no longer applicable and advised that she is liaising with Elaine Torrance on bringing a report to the May meeting to get assurance on how the recommendations relevant to the CHCP are being taken forward. Carol Gillie added that it would likely be the Shadow Board who would pick these up.

Susan referred to the Internal Audit recommendations, where it was noted that there is a total of 15 due to be implemented, 8 of which are currently in progress and are regularly being reported to the Audit Committee. Susan highlighted the recommendation on Patient Records Management and confirmed that rollout is now complete. For Pharmacy and Medicines Management it was noted that there was a revised timescale of June 2014 due to staff sickness within the department. David Davidson showed concern around this date being postponed yet again. Carol Gillie suggested that Alison Wilson attend the September meeting to give assurance that all actions are complete. This was agreed. Carol agreed to feed back to Alison the discontent of the Audit Committee and enquire if any assistance is required.

The Committee noted the report.

6.4 *Debtors Write-Off Schedule*

Susan Swan spoke to this item. Susan reported that a total of £5,398 had been written off at the end of 31st December 2013. Susan highlighted that the main category is dental at £3,556. It was noted that debtors write-off is constantly monitored through the performance scorecard presented at the Finance Department performance review meetings. Susan advised that discussions have taken place with both Internal and External Audit on how to strengthen this process. The other main element within the write-off schedule was laundry and it was noted that a deposit is now requested from any new significant laundry customers.

David Davidson enquired about overseas patients. Susan confirmed that work continues with CFS who are the link with the UK Borders Agency to determine whether or not charges will be applicable. It is hoped to complete the process prior to admission to hospital. David enquired about the process within dental on the requirement to provide credit card details prior to treatment. Carol Gillie gave an update following a meeting with Morag McQuade and Marion Wood where it was noted that patients are currently provided with an estimate of the cost of treatment but no credit card details are recorded at this time. A further meeting has been scheduled to discuss progress.

The Committee noted the debtors write-off schedule.

6.5 *SFR 18 Losses and Special Payments Schedule*

Susan Swan spoke to this item. Susan reported that the majority related to a legal claim that had been settled. It was noted that the maximum payable under CNORIS was £25,000 and contingency had been put in place for this.

The Committee noted the SFR 18 losses and special payments schedule.

7. **Internal Audit**

7.1 *2013/14 Internal Audit Plan Progress Report*

David Woods spoke to this item. David reported that the plan is progressing on schedule and highlighted that one report had been finalised after the progress report had been issued. No concerns were raised.

The Committee noted the progress report.

7.2 *2014/15 Draft Internal Audit Plan – Final*

David Woods spoke to this item. David reminded the Committee that this had been approved at the previous meeting and the final plan was presented today for information on what audits would be coming forward.

The Committee noted the final Internal Audit Plan for 2014/15.

7.3 *Internal Audit Report – Staff Training & Development*

Matthew Swann introduced this report which had an overall medium risk rating. Matthew gave an overview of the audit where good practice had been noted and highlighted that no critical or high risks had been identified. A total of six recommendations had been made, three medium and three low risks. The three medium risk recommendations were noted as there being no centralised overview provided to employees for internal training courses, no formal process is in place to update the statutory and mandatory training checklist and little guidance is provided to department managers when performing the annual training needs analysis.

June Smyth welcomed this audit as it followed a review of the Training and Development Department undertaken 18 months ago to improve this function. June felt that the department had moved on substantially and that the findings of the audit would help move things forward. June confirmed that all recommendations are being taken forward following informal feedback in January. David Davidson enquired about the timescales for these. June went over the timescale for each recommendation and confirmed that these would all be achievable. June went on to explain that the department are currently going through productivity and benchmarking and that the findings from the audit would be built into the process. Stephen Mather referred to page 8 of the report regarding the introduction of cross charging for non-attendance at training courses and asked if this was really necessary. Stephen felt that it would be more appropriate to discipline the individual rather than charging the department. June explained that records are kept with reasons why people do not attend training courses and quite often these are recorded as operational issues. June also highlighted that it is only worded within the recommendation as an option for consideration. Doreen Steele commented that there appeared to be a lack of training around the corporate risk strategy and she would like to see improvement in this area. June advised that an update to the training strategy work would come out of the productivity and benchmarking exercise.

The Committee noted the report.

7.4 *Future of Internal Audit Service*

Carol Gillie spoke to this item. Carol advised that this situation had resulted following the resignation of the Audit Manager who had responsibility for NHS Borders in July 2013. It was noted that PricewaterhouseCoopers (PWC) have taken forward the remainder of the 2013/14 audit plan. Carol felt that this had given an opportunity to look at further options available on the provision of the Internal Audit service. The two options detailed within the paper were noted as reverting to the consortium arrangement with NHS Lothian or undertake a tendering exercise for this service. As either of these options would take time to put in place, Carol proposed extending the current arrangement with PWC for a further six months.

Stephen Mather, on behalf of Doreen Steele who had left the meeting earlier, voted to go out to tender. Stephen personally felt that it would be better to use a partner organisation with no connection to the NHS. David Davidson felt that it was a matter of routine principle to undertake a tendering process. David enquired if there had been any comments on this from BET colleagues. Carol advised that they proposed to go through a tendering process. Carol added that she had discussed the situation with John Matheson at Scottish Government and he had no preference on the way forward. Chris Brown added that External Audit were unable to offer advice but highlighted the need to look at value for money.

The Committee agreed to proceed to undertake a tendering process for the Internal Audit service. The Committee also supported extending the current arrangement with PWC for a further six months.

8. **External Audit**

8.1 *External Audit Interim Management Report 2013/14*

Chris Brown introduced this report which summarised the findings of the 2013/14 interim audit carried out in January 2014. Chris confirmed that no significant issues had been identified in the operation or design of internal financial controls over the Board's key financial systems. It was noted that there were three minor recommendations to strengthen systems, namely the reconciliation of payroll control accounts should be completed and authorised by 2 separate officers and delegated authority limits should be reviewed to ensure that this control remains operational during periods of staff absence. A lack of supporting documentation to confirm that the debtors statements are regularly issued may reduce the Board's ability to recover debts therefore improvements in treasury management would aid the Board in meeting financial targets. It was also noted that credits notes are not always authorised prior to issue and there is a risk that weaknesses in the operation of this control may lead to invalid or fraudulent notes being raised. Chris highlighted that the Board is forecasting to breakeven and a Financial Position Oversight Group had been established to oversee this. It was noted that at the end of December 2013 the Board had realised 92% of planned efficiency savings and expected to achieve its targets for 2013/14. Chris confirmed that all governance arrangements are reviewed on an annual basis. Two minor recommendations had arisen which would help strengthen these, namely the results of the National Fraud Initiative (NFI) investigations should be recorded on the NFI website. Also to minimise the risk of non-compliance all key circulars received from Scottish Government should be documented around who they were issued to and what action was taken. Chris explained that the key risk was around the target for the year end position but he was happy with how this was being managed.

David Davidson referred to paragraph 38 on page 9 about integration and asked what is in place for the Shadow Board that will come into place on 7th April 2014. Carol Gillie advised that as far as she was aware the Shadow Board would include six NHS Borders Board members and six Scottish Borders Council members and it was anticipated that the integrated

budget for the Shadow Board would be signed off before the end of April. It was noted that aligned budgets would be in place and following the appointment of the Chief Officer integrated budgets would be implemented within each organisation. The Chief Officer would be supported by each Finance Department to undertake this. Carol added that a paper on the Shadow Board would be going to the Board meeting on 3rd April. Chris confirmed that he was content with the progress for arrangements being put in place. Stephen Mather referred to paragraph 13 on page 5 where it was noted that copies are not retained for statements that are issued detailing all outstanding invoices and requesting payment. Susan Swan confirmed that an audit log is kept as part of the system functionality and that this process will continue. Stephen asked if it was correct that debts over 90 days overdue are written off. Susan gave assurance that debts are not written off after 90 days and that all avenues are explored to recover debts.

The Committee noted the report.

8.2 *Audit Scotland Report: Management of Patients on NHS Waiting Lists incl Self Assessment*

Jackie Stephen introduced this item. Jackie confirmed that the report has been reviewed and an action plan had been produced. It was noted that Audit Scotland had recognised that a lot of work has been undertaken and are now looking to strengthen the process with follow up actions. Jackie referred to the self assessment checklist within the report to support Boards and took the Committee through this and gave an update on action being taken. Jackie gave assurance that all actions would be complete by early June 2014. David Davidson enquired about letters being sent out to patients providing clarification on the codes detailed within letters delaying/cancelling appointments. Jackie accepted that currently these are not understandable to patients and confirmed that they are looking to review all letters during April to avoid this. Stephen Mather appreciated that it would be difficult to tailor these to individual patients as the system does not work in this way.

Mark White confirmed that NHS Borders were on target with progress. Carol Gillie asked for timescales for an update to the Audit Committee. Jackie and Phillip Lunts agreed to attend the June meeting to provide an update. Phillip also agreed to circulate further information on the quality of the letters being issued to patients around cancellations to give assurance that these are meaningful. Doreen Steele felt that a leaflet would be helpful in providing explanations on why appointments are being delayed. Jackie agreed with this and would review existing leaflets.

The Committee noted the report and update on progress.

9. **Annual Accounts 2013/14**

9.1 *Annual Accounts Timetable 2013/14*

Susan Swan took the Committee through the timetable for the production of the 2013/14 Annual Accounts. Susan highlighted that the timescales were tight to deliver the various elements. Susan confirmed that she had written out to the Chairs of the various Governance Committees for copies of their annual reports to get the necessary assurances as they form part of the Governance Statement. It was noted that External Audit would be on site from 12th May 2014 and a detailed session was planned on the accounts with Non Executive Directors on 20th May.

The Committee noted the timetable for the 2013/14 annual accounts.

10. Items for Noting

- 10.1 *Minutes of Healthcare Governance Steering Group: 1st November 2013 and 10th January 2014*
There were no issues raised.

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

- 10.2 *Minutes of Information Governance Committee: 3rd December 2013*
There were no issues raised.

The Committee noted the minutes of the Information Governance Committee.

- 10.3 *NHS Borders Countering Fraud Operational Group: 30th January 2014*
Susan Swan provided feedback earlier in the meeting under item 5.3.

The Committee noted the update.

- 10.4 *Technical Bulletin 2013/4*
There were no issues raised.

The Committee noted the Technical Bulletin.

11. Any Other Competent Business

- 11.1 *Orthopaedic Waiting Times – Use of Medinet*

Phillip Lunts spoke to this item. Phillip explained that the paper was to bring to the Committee's attention the verbal approval to contract with Medinet outwith the tendering arrangements detailed within the Code of Corporate Governance to provide additional operating capacity in support of the reduction in waiting times in a number of specialties by the end of March 2014. Phillip explained that NHS Borders is required to meet Treatment Time Guarantee by ensuring all patients are treated within 12 weeks of joining the waiting list. However, due to challenges with Theatre staffing and patients not willing to be treated outwith Borders, an informal approach was made to the Non Executive members of the Audit Committee to use Medinet who provide their own medical staff and nurses to undertake surgical procedures on NHS premises at weekends. It was noted that Medinet are the only provider for this type of service and are used by other Boards. This was approved with the proviso that assurance was given that funding was in place, the proposal had received medical sign-off and staff governance were comfortable with the proposal. Phillip confirmed that funding was in place, Sheena MacDonald, Medical Director had given approval and John McLaren, Employee Director agreed with the process and had given approval.

Phillip reported that Medinet had been at the BGH for the last four weekends and the feedback received from patients on the quality of service had been very positive.

Stephen enquired if it had achieved the capacity issues expected. Phillip confirmed that overall this had been achieved, however Norovirus had impacted on this.

David Woods asked if Medinet had signed an agreement, particularly around patient confidentiality. Susan Swan confirmed that an agreement had been signed and patient confidentiality had been taken into account. David W also asked if NHS Borders were comfortable with the quality of the doctors working for Medinet. Phillip confirmed that

medical staff within NHS Borders reviewed CV's prior to any engagement to ensure they were content.

Phillip agreed to attend a future meeting to provide an update on statistics to give an indication of how many patients had been seen and the types of operations etc.

The Committee noted the contractual agreement with Medinet.

12. **Date of Next Meeting**

Monday, 26th May 2014 @ 2 p.m., Board Room, Newstead.

BE
09.04.13



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Thursday, 29th May 2014 at 10 a.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Dr S Mather
Dr D Steele

In Attendance: Mrs V Buchan, Senior Finance Manager
Mr C Campbell, Chief Executive
Mr D Eardley, Senior Manager, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr G Ironside, Senior Health Information Manager (Item 7.3)
Mrs S MacDougall, Risk & Safety Manager (Item 7.2)
Mr A McLean, Senior Finance Manager (Item 9)
Mr D McLuckie, Director of Estates & Facilities (Items 4 and 7.4)
Ms S Swan, Deputy Director of Finance
Mr M Swann, Manager, PricewaterhouseCoopers
Mrs E Torrance, Chief Social Work Officer, Scottish Borders Council (Item 4)
Mr D Woods, Chief Internal Auditor

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Evelyn Fleck, Chris Brown and Mark White.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 24th March 2014**

The minutes were noted as an accurate record.

4. **Matters Arising**

Action Tracker

The following updates were noted.

Mid Year Update – Information Governance

Susan Swan reported that this is being progressed to include a disclaimer within eExpenses rather than staff having to submit a copy of their driving licence and insurance documentation on an annual basis. Susan agreed to share the wording of the disclaimer with Calum Campbell.

Audit Scotland Report: Management of Patients on NHS Waiting Lists incl Self Assessment

It was agreed that Phillip Lunts should take the standard letter being produced around cancellations to the Clinical Governance Committee to give assurance that these are meaningful to patients. Carol Gillie agreed to raise this with Phillip Lunts.

Audit Scotland Report: Management of Patients on NHS Waiting Lists incl Self Assessment

Doreen Steele felt that it would be helpful for Jackie Stephen to take a sample of the revised leaflet to the Public Governance Committee prior to these being printed. This was agreed. Carol Gillie agreed to raise this with Jackie Stephen.

The Committee noted the action tracker.*NHS Scotland Property Transactions Handbook - Update*

David McLuckie spoke to this item. David advised that as Chair of the Health Facilities Scotland, Scottish Property Advisory Group (SPAG), he had been asked to review and update the NHS Scotland Property Transactions Handbook. It was noted that the main objective for doing this was to reflect the changes through Health and Social Care Integration, particularly around joint sharing of property. David reported that a sub group of SPAG was created to do this and had met in April and May 2014. At these meetings they had considered an additional section on the issues associated with Health & Social Care Integration, reviewed the authorisation processes reflecting updated procurement methodologies and clarified the position with regard to certification of transactions. David confirmed that having considered the current handbook the sub group were of the opinion that a fundamental rewrite was not required. It was noted that the Central Legal Office have produced a list of issues associated with premises sharing agreements and the sub group have had the opportunity to comment on this. David highlighted the need to reference any other emerging policies and gave examples of these. David estimated that the final document would be available in July 2014.

David Davidson felt that when the issues around integration were clearer it would be useful to have a further update. It was agreed that David McL would provide an update to the Audit Committee in December 2014. David D also enquired if a similar exercise was being undertaken within Scottish Borders Council (SBC). David McL replied that this is an NHS Scotland exercise and that he had not had any dialogue with colleagues within SBC but agreed that it would be ideal if all Health Boards and Local Authorities across Scotland were to sign up to the same reference document. David McL agreed to feedback the comments received from the Committee to the SPAG Sub Group.

The Committee noted the update.*External Audit Recommendations Regarding CHCP*

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- *2014/03*

Susan Swan reported that she links with Costas Kontothanassis for intelligence alerts linked to Primary Care and confirmed that this alert regarding telephone hacking had been issued to all GP practices. Susan gave assurance that any issues arising from intelligence alerts would be brought to the Audit Committee's attention if necessary.

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6.1 Audit Committee Terms of Reference - Final

Susan Swan spoke to this item. Susan confirmed that she had actioned the three changes agreed at the previous meeting.

The Committee noted the changes made on the previously approved Terms of Reference.

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7.1 *2013/14 Internal Audit Plan Progress Report*

David Woods spoke to this item. David reported that the 2014/15 plan was commencing and that the outstanding report from the 2013/14 plan, namely IT Operations and Support, was in draft format and required further discussion with management before it was released as a final report. Carol Gillie advised that it was the intention to bring this report to the June meeting.

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Matthew Swann introduced this report which had an overall high risk rating. Matthew gave an overview of the audit which was to assess the design and operating effectiveness of controls in place within the risk management and adverse events functions. It was noted that the findings had resulted in one high risk, three medium risks and three low risks. Matthew went on to explain that the high risk recommendation was in relation to a lack of heads of service/senior management monitoring operational risk and their progress by risk owners. The three medium risks were in relation to operational risks being managed outwith the JCAD system, operational sub risk registers not containing operational risks and there being no Board Executive Team (BET) minutes to evidence discussion or approval of the Strategic Risk Register.

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8.1 Feedback on Year End Audit

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David advised that a clearance meeting was scheduled with the Senior Finance Team for the following week.

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8.2 *Audit Scotland Report: Reshaping Care for Older People*

Carol Gillie spoke to this item. Carol advised that this report had gone to the Healthcare Governance Steering Group and they had recommended that it came to the Audit Committee. Carol highlighted the key statistics on page 4 and the recommendations on page 8. Carol recommended that the sub group looking at the strategic plan on Health and Social Care Integration should take forward the recommendations within the report. This was agreed. Carol agreed to pick this up with the joint chairs of this group, namely Sheena MacDonald and Eric Bajjal.

The Committee noted the report.

9. **Annual Accounts 2013/14**

9.1 *Draft Annual Accounts 2013/14*

Susan Swan introduced this item. Susan referred to the session held the previous week with Non Executive and Executive Directors and advised that a report detailing a summary of the changes made since this session had been produced. Susan confirmed that NHS Borders had achieved its financial targets for revenue and capital budgets. It was noted that a full list of changes would be presented at the meeting on 16th June. Andy McLean went on to take the Committee through the main changes since the first draft.

The Committee noted the summary of changes to the draft Annual Accounts for 2013/14.

9.2 *Draft Endowment Fund Annual Accounts 2013/14*

Susan Swan spoke to this item. Susan advised that these accounts had been audited by the new External Auditors, Geoghegans, and were being presented in draft format with the final version going to the Endowment Fund Board of Trustees meeting on 2nd June 2014. It was noted that the Endowment Accounts were now included within the narrative of the main Annual Accounts supporting report. Susan highlighted that these accounts were in the same format as those presented at the Endowment Fund Board of Trustees meetings. Susan referred to the balance sheet on page 16 where it was noted that the portfolio was valued at £2,918,302 with £466,143 cash at bank. The total assets less current liabilities was noted as £3,253,161. Susan also referred to the income and expenditure account on page 19 which detailed transactions in year. The surplus for the year per statement of financial activities was noted as £340,356 which was a significantly reduced level of income from the previous year. Susan advised that this was connected to the Margaret Kerr Unit which has now been mainstreamed within the Palliative Care Fund.

The Committee noted the draft Endowment Fund Annual Accounts for 2013/14.

9.2 *Draft Patient's Private Funds Annual Accounts 2013/14*

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The Committee noted the draft Patient's Private Funds Annual Accounts for 2013/14.

10. **Corporate Governance Statement**

10.1 *Draft Review of Corporate Governance Statement*

Susan Swan spoke to this item. David Davidson referred to the Resilience Committee's annual report which appeared to still be a draft unsigned version. Susan explained that the statement had been compiled using draft annual reports and that the final document would be presented at the meeting on 16th June. David D referred to the Financial Position Oversight Group Terms of Reference and queried whether this should be a Board Sub Committee rather than a Sub Committee of the Audit Committee. David Woods commented that from a governance perspective the mix of membership seemed to be an anomaly. Calum Campbell felt that it was appropriate for Executive and Non Executive Directors to work together to ensure the financial delivery of the organisation in an open and transparent way. Carol Gillie added that this was a governance group which could deep dive into an issue as required. Carol proposed that the Executive Directors should be altered to be in attendance rather than core members. This was agreed.

Susan went on to explain that the review of the Governance Framework for 2013/14 consisted of a Statement of Assurance from each Governance Committee, a Statement of Assurance from the Audit Committee, the Governance Statement and letter to the Health and Wellbeing Audit Committee identifying any issues that were felt to be of significance.

Doreen Steele asked if a summary of changes could be provided for the next meeting. Susan agreed to produce this. David Eardley referred to appendix 3 (Governance Statement) and in particular reference to the Governance Framework where it was noted "... that NHS Borders is compliant with the UK Corporate Governance Code". David advised that as far as he was aware it had been agreed by the Technical Accounting Group that there was no longer a need to make reference to this. Susan agreed to look into this and amend if necessary.

David Woods referred to page 12 and the paragraph on property transactions. David highlighted that this report had been presented in June 2013 so there may be no need to include this. Following discussion it was agreed to leave this to keep consistent with previous years.

Susan advised that she did not feel that there were any significant issues to raise with the Health and Wellbeing Audit Committee. This was agreed.

The Committee discussed and commented on the draft Corporate Governance Statement.

10.2 *NSS Audit Reports 2013/14*

- *Practitioner and Counter Fraud Services*
- *National IT Services Contract*
- *National Single Instance of the Finance System*

Susan Swan spoke to this item. Susan explained that these audit reports were included as part of the Governance Statement review. It was noted that these reports are produced by independent auditors where there is an IM&T solution which services other Boards and gave assurance just as it would had it been an in-house service. It was noted that full reports were available but due to the size of the documents these had not been circulated but were available on request. Susan highlighted that the covering letters noted any issues that had arisen and confirmed that they had all received an unqualified audit opinion.

The Committee noted the reports.

10.3 *Chief Internal Auditor's Annual Report 2013/14*

David Woods spoke to this item. David advised that Scottish Government guidance requires the Chief Internal Auditor to submit a report to be considered prior to the Chief Executive signing the Governance Statement. David highlighted that ten Internal Audit reports had been produced which was in line with previous years. David gave assurance that Internal Audit can report that the requirements of the guidance had been met.

The Committee noted the contents of the report.

11. **Items for Noting**

11.1 *Financial Position Oversight Group – Terms of Reference*

Discussion on this had been covered under item 10.1. Carol Gillie would update the Terms of Reference and bring back to the next meeting.

The Committee noted the Terms of Reference for the Financial Position Oversight Group.

11.2 *Technical Bulletin 2014/1*

Susan Swan spoke to this item. Susan referred to the supplementary report that had been produced following a recommendation from Scott Moncrieff to ensure NHS Borders is not at potential risk of fraud. Susan highlighted that the two cases identified were linked to secondary employment and tenancy and benefit fraud. For the secondary employment case Susan confirmed that sickness absence will be completed for NHS Borders and a check will be made with any other Boards the member of staff is employed with. It was noted that the tenancy and benefit fraud case was not applicable in a Health context.

Susan also confirmed that work to date by External Audit gave assurance that NHS Borders was compliant with changes to the Capital and Revenue Annual Accounts Manual.

The Committee noted the Technical Bulletin.

12. **Any Other Competent Business**

Chief Internal Auditor

Carol Gillie announced that David Woods had resigned from his post of Chief Internal Auditor and would be leaving NHS Lothian in August. Carol advised that alternative arrangements would be put in place. David Davidson, on behalf of the Audit Committee, thanked David for his input over the years.

13. **Date of Next Meeting**

Monday, 16th June 2014 @ 2 p.m., Board Room, Newstead.

BE
02/06/14



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Thursday, 29th May 2014 at 10 a.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Dr S Mather
Dr D Steele

In Attendance: Mrs V Buchan, Senior Finance Manager
Mr C Campbell, Chief Executive
Mr D Eardley, Senior Manager, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr G Ironside, Senior Health Information Manager (Item 7.3)
Mrs S MacDougall, Risk & Safety Manager (Item 7.2)
Mr A McLean, Senior Finance Manager (Item 9)
Mr D McLuckie, Director of Estates & Facilities (Items 4 and 7.4)
Ms S Swan, Deputy Director of Finance
Mr M Swann, Manager, PricewaterhouseCoopers
Mrs E Torrance, Chief Social Work Officer, Scottish Borders Council (Item 4)
Mr D Woods, Chief Internal Auditor

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Evelyn Fleck, Chris Brown and Mark White.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 24th March 2014**

The minutes were noted as an accurate record.

4. **Matters Arising**

Action Tracker

The following updates were noted.

Mid Year Update – Information Governance

Susan Swan reported that this is being progressed to include a disclaimer within eExpenses rather than staff having to submit a copy of their driving licence and insurance documentation on an annual basis. Susan agreed to share the wording of the disclaimer with Calum Campbell.

Audit Scotland Report: Management of Patients on NHS Waiting Lists incl Self Assessment

It was agreed that Phillip Lunts should take the standard letter being produced around cancellations to the Clinical Governance Committee to give assurance that these are meaningful to patients. Carol Gillie agreed to raise this with Phillip Lunts.

Audit Scotland Report: Management of Patients on NHS Waiting Lists incl Self Assessment

Doreen Steele felt that it would be helpful for Jackie Stephen to take a sample of the revised leaflet to the Public Governance Committee prior to these being printed. This was agreed. Carol Gillie agreed to raise this with Jackie Stephen.

The Committee noted the action tracker.*NHS Scotland Property Transactions Handbook - Update*

David McLuckie spoke to this item. David advised that as Chair of the Health Facilities Scotland, Scottish Property Advisory Group (SPAG), he had been asked to review and update the NHS Scotland Property Transactions Handbook. It was noted that the main objective for doing this was to reflect the changes through Health and Social Care Integration, particularly around joint sharing of property. David reported that a sub group of SPAG was created to do this and had met in April and May 2014. At these meetings they had considered an additional section on the issues associated with Health & Social Care Integration, reviewed the authorisation processes reflecting updated procurement methodologies and clarified the position with regard to certification of transactions. David confirmed that having considered the current handbook the sub group were of the opinion that a fundamental rewrite was not required. It was noted that the Central Legal Office have produced a list of issues associated with premises sharing agreements and the sub group have had the opportunity to comment on this. David highlighted the need to reference any other emerging policies and gave examples of these. David estimated that the final document would be available in July 2014.

David Davidson felt that when the issues around integration were clearer it would be useful to have a further update. It was agreed that David McL would provide an update to the Audit Committee in December 2014. David D also enquired if a similar exercise was being undertaken within Scottish Borders Council (SBC). David McL replied that this is an NHS Scotland exercise and that he had not had any dialogue with colleagues within SBC but agreed that it would be ideal if all Health Boards and Local Authorities across Scotland were to sign up to the same reference document. David McL agreed to feedback the comments received from the Committee to the SPAG Sub Group.

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9.2 *Draft Patient's Private Funds Annual Accounts 2013/14*

Susan Swan spoke to this item. Susan advised that these accounts had been audited by the new External Auditors, Geoghegans, and were being presented in draft format with the final version being presented at the meeting on 16th June 2014. Susan confirmed that there were no adjustments to the SFR template and that she had received a letter from Geoghegans confirming this. Susan referred to the audit planning arrangements document which detailed the process undertaken for carrying out this audit. It was noted that the template would form part of the Annual Accounts submission to Scottish Government.

The Committee noted the draft Patient's Private Funds Annual Accounts for 2013/14.

10. **Corporate Governance Statement**

10.1 *Draft Review of Corporate Governance Statement*

Susan Swan spoke to this item. David Davidson referred to the Resilience Committee's annual report which appeared to still be a draft unsigned version. Susan explained that the statement had been compiled using draft annual reports and that the final document would be presented at the meeting on 16th June. David D referred to the Financial Position Oversight Group Terms of Reference and queried whether this should be a Board Sub Committee rather than a Sub Committee of the Audit Committee. David Woods commented that from a governance perspective the mix of membership seemed to be an anomaly. Calum Campbell felt that it was appropriate for Executive and Non Executive Directors to work together to ensure the financial delivery of the organisation in an open and transparent way. Carol Gillie added that this was a governance group which could deep dive into an issue as required. Carol proposed that the Executive Directors should be altered to be in attendance rather than core members. This was agreed.

Susan went on to explain that the review of the Governance Framework for 2013/14 consisted of a Statement of Assurance from each Governance Committee, a Statement of Assurance from the Audit Committee, the Governance Statement and letter to the Health and Wellbeing Audit Committee identifying any issues that were felt to be of significance.

Doreen Steele asked if a summary of changes could be provided for the next meeting. Susan agreed to produce this. David Eardley referred to appendix 3 (Governance Statement) and in particular reference to the Governance Framework where it was noted "... that NHS Borders is compliant with the UK Corporate Governance Code". David advised that as far as he was aware it had been agreed by the Technical Accounting Group that there was no longer a need to make reference to this. Susan agreed to look into this and amend if necessary.

David Woods referred to page 12 and the paragraph on property transactions. David highlighted that this report had been presented in June 2013 so there may be no need to include this. Following discussion it was agreed to leave this to keep consistent with previous years.

Susan advised that she did not feel that there were any significant issues to raise with the Health and Wellbeing Audit Committee. This was agreed.

The Committee discussed and commented on the draft Corporate Governance Statement.

10.2 *NSS Audit Reports 2013/14*

- *Practitioner and Counter Fraud Services*
- *National IT Services Contract*
- *National Single Instance of the Finance System*

Susan Swan spoke to this item. Susan explained that these audit reports were included as part of the Governance Statement review. It was noted that these reports are produced by independent auditors where there is an IM&T solution which services other Boards and gave assurance just as it would had it been an in-house service. It was noted that full reports were available but due to the size of the documents these had not been circulated but were available on request. Susan highlighted that the covering letters noted any issues that had arisen and confirmed that they had all received an unqualified audit opinion.

The Committee noted the reports.

10.3 *Chief Internal Auditor's Annual Report 2013/14*

David Woods spoke to this item. David advised that Scottish Government guidance requires the Chief Internal Auditor to submit a report to be considered prior to the Chief Executive signing the Governance Statement. David highlighted that ten Internal Audit reports had been produced which was in line with previous years. David gave assurance that Internal Audit can report that the requirements of the guidance had been met.

The Committee noted the contents of the report.

11. **Items for Noting**

11.1 *Financial Position Oversight Group – Terms of Reference*

Discussion on this had been covered under item 10.1. Carol Gillie would update the Terms of Reference and bring back to the next meeting.

The Committee noted the Terms of Reference for the Financial Position Oversight Group.

11.2 *Technical Bulletin 2014/1*

Susan Swan spoke to this item. Susan referred to the supplementary report that had been produced following a recommendation from Scott Moncrieff to ensure NHS Borders is not at potential risk of fraud. Susan highlighted that the two cases identified were linked to secondary employment and tenancy and benefit fraud. For the secondary employment case Susan confirmed that sickness absence will be completed for NHS Borders and a check will be made with any other Boards the member of staff is employed with. It was noted that the tenancy and benefit fraud case was not applicable in a Health context.

Susan also confirmed that work to date by External Audit gave assurance that NHS Borders was compliant with changes to the Capital and Revenue Annual Accounts Manual.

The Committee noted the Technical Bulletin.

12. **Any Other Competent Business**

Chief Internal Auditor

Carol Gillie announced that David Woods had resigned from his post of Chief Internal Auditor and would be leaving NHS Lothian in August. Carol advised that alternative arrangements would be put in place. David Davidson, on behalf of the Audit Committee, thanked David for his input over the years.

13. **Date of Next Meeting**

Monday, 16th June 2014 @ 2 p.m., Board Room, Newstead.

BE
02/06/14

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Thursday, 30th January 2014 at 10 a.m. in the Board Room, Newstead.

Present: Mrs P Alexander
Mr D Davidson
Mrs C Gillie
Mrs K Hamilton
Mrs K McNicoll
Mr J Raine (Chair)

In Attendance: Mrs B Everitt (Minutes)
Mrs A McCollam
Mrs C Oliver
Miss M Patterson
Mr G Reid
Ms S Swan

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Mr C Campbell, Dr S MacDonald, Dr D Steele, Cllr C Bhatia, Mrs E Fleck, Mr S Mather and Mr J McLaren.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting**

17th September 2013

The minutes were approved as an accurate record

4. **Matters Arising**

- *Action Tracker*

The action tracker was noted.

5. **Breast Feeding in Scottish Borders – Development of Peer Support**

Allyson McCollam spoke to this item. Allyson advised that a breast feeding peer support volunteering project for the Scottish Borders had been successfully piloted as part of the local Baby Friendly Initiative programme. Allyson explained that they would like to build on this which would require a dedicated role to recruit, train, support and maintain effective liaison with maternity services, health visiting services and other early years services. It was noted that funding was being sought for the development and consolidation of the breast feeding peer support volunteer programme for an initial period of 18 months with a possible extension for a further 18 months subject to a positive evaluation. An evaluation would be undertaken between months 12 and 15 and an exit strategy would commence at 18 months.

The funding being requested for the initial 18 months was noted as £33,707 which would cover both staff and non-staff costs.

Susan Swan highlighted that there were a number of bids on the agenda looking for funding and felt that there was now a need to agree a criteria to measure each bid against. David Davidson agreed with this comment.

David enquired if the funding being requested included costs for disclosures. Allyson replied that these were included within training costs. Karen McNicoll commented that she would have expected the exit strategy to have taken place earlier than 18 months and asked if there would be any costs associated with this. Allyson confirmed that this would form part of the work undertaken by the Health Improvement Team and that any costs would be absorbed within the department. Pat Alexander also supported the comment made by Susan regarding the impact on the overall funding situation. Pat highlighted that this post would link closely with the Volunteer Co-Ordinator post and enquired what impact this would have. Clare Oliver provided an update on the Volunteer Co-Ordinator post where it was noted that this was currently being re-advertised. Susan confirmed that the funding is available once this post is recruited to. Carol Gillie enquired if contact had been made with the relevant fund managers to secure funding for this. Allyson advised that she was not aware of this option. Susan agreed to provide Allyson with contact details for the relevant fund managers to allow her to take this forward. David felt that it would be useful to see the various options where funding could be sourced as part of each bid. John Raine highlighted that the report did not include the resource implications and how these would be dealt with. Pat asked for clarification on the banding of this post. Allyson advised that the job description was yet to be finalised therefore the job matching process to determine the banding had not been undertaken. Carol also commented that it would have been helpful to see a matrix within the report giving an indication on how successful this project would be to help Trustees form a view on whether or not to approve funding.

The Board of Trustees approved in principle the funding of £33,707, subject to ascertaining whether or not other funds were available and the further information requested to be provided at the April meeting.

6. Request for Support of a Clinical Innovation Fund

Clare Oliver spoke to this item. Clare advised that the request for funding was to create a Clinical Innovation Fund to promote excellence within NHS Borders through the publication of promotional material and attendance at quality award/innovation events when appropriate. It was noted that there were no costs associated with this at the moment. David Davidson fully supported this as he felt it was an excellent way to boost staff morale. Karen McNicoll agreed with this comment and enquired if any limits had been built into the process to award a maximum amount at a given time. Clare confirmed that this would be built into the process.

The Board of Trustees approved in principle the creation of a Clinical Innovation Fund. A more detailed report would be provided at the April meeting.

7. Green Space & Forestry Commission for Scotland – Request for Funding

Susan Swan advised that this had been discussed at the recent Endowment Advisory Group where they had agreed that it should be considered at today's meeting. Susan reported that this initiative was supported by Scottish Government and gave an allocation up to a maximum of £150k. Susan explained that a condition of the funding is that NHS Borders

would be required to match the level of funding requested. Susan confirmed that this fitted the criteria and would develop a green space around the BGH for the benefit of staff as well as aid rehabilitation. Susan highlighted that this was only at the early stages and if the Trustees agreed in principle then a wider stakeholder group would be formed. Susan confirmed that she would also review the various funds to see if there was anything appropriate that could be used towards this.

Pat Alexander felt that it appeared to be a lot of money to invest but there did not seem to be sufficient gain. Susan pointed out that it did not have to be the maximum of £150k but any amount up to this. David Davidson highlighted that there would be ongoing costs to ensure that the area was maintained and kept safe and stressed that there was a need for an indication of these costs prior to a decision being made. Susan appreciated this comment and explained that it had only come to today's meeting to gain initial views on whether or not it was a viable bid for the use of endowment funds. Karen Hamilton agreed with the proposal in principle as it tied in with health promotion but she did have concerns around proceeding, particularly taking David's previous comments into account. Karen McNicoll suggested undertaking a phased approach with a fully developed risk assessment. Carol Gillie reminded Trustees that this is money being offered and she would like to see the scheme being developed to the next phase rather than turning it down immediately. Karen H agreed with this and felt that it would be palatable if it commenced with something smaller scale, such as the area around Huntlyburn House.

The Board of Trustees noted the draft proposal to develop the BGH estate and gave support in principle. This would be developed and a fuller report would be brought to the June meeting.

8. **Proposed Palliative Care Needs Assessment**

Susan Swan spoke to this item. Susan reported that the bid met the criteria as it related to enhanced patient care. Susan explained that this would put a plan in place to bring staff up to date through a comprehensive training programme and enhance skills to provide excellent patient care. Susan highlighted that the funding being requested was £2k above the delegated limit and had come to today's meeting for approval. David Davidson enquired if donations were still being received within this particular endowment fund. Susan confirmed that they were.

The Board of Trustees supported the use of endowment funds, approximately in the region of £22,000, to allow for a comprehensive palliative care needs assessment to be carried out.

9. **Staff Welfare Projects - Feedback**

Clare Oliver spoke to this item. Clare gave feedback on the success of the Royal Navy 'Go Live' leadership development and team building day and advised that a further event was due to take place in March. Clare advised that the £440 transport costs were being requested from endowment funds. Clare also referred to the recent retiral event and the step count challenge which had both proved extremely successful and should these be arranged in the future it was hoped to secure funding support from endowments to support these. Karen Hamilton enquired if there was any quantifiable evidence showing the benefits of these events. Although there was no quantifiable evidence Morven Paterson advised that positive feedback had been received, particularly around team building. Clare noted this comment and would take this into account for any future events.

The Board of Trustees noted the update and approved the £440 transport costs.

10. **NHS Borders Staff Awards Event - Update**

Clare Oliver spoke to this item. Clare reported that the event had originally been planned to take place at Borders College at an approximate cost of £3k. Following discussions a proposal had been made to move the event to Springwood Park, Kelso as this would open it up to a wider group of staff. It was noted that this would increase costs to approximately £6k. Clare advised that the Board Executive Team are looking at the categories for awards and how people will be able to vote against each of these. Clare confirmed that members of the public would also be able to vote for some of the awards.

The Board of Trustees noted the update.

11. **Fund Management**

11.1 *Investment Advisor Report*

Graham Reid advised that the total value of the portfolio at 31st December 2013 was just over £2.9m. This compared to the previous quarter's value of just over £2.8m and equated to an uplift of 3.25%. Graham referred to the value of the portfolio at 31 December 2012 which stood at £2.6m and showed an increase of £350k. Graham reported that it had been a very successful year which had seen a 13.2% rise in the portfolio. Graham explained that volatility is part of being a participant in the stock market, however it was Investec's view that the economy was generally in a healthier place. Karen Hamilton referred to the future outlook and noted there was no comment within the report on the impact of the referendum. Karen asked if there was a view on this. Graham advised that Investec have a company policy not to comment on how this would affect the market.

The Board of Trustees noted the report.

11.2 *Review of Investment Portfolio Benchmark*

Susan Swan introduced this item. Susan reminded Trustees that the paper had been produced following discussion at the last meeting to review the benchmark and portfolio performance. Susan referred to the background of the report and advised that the portfolio is benchmarked against the APCIMS (Association of Private Client Investment Managers). Susan highlighted that the portfolio performance reported for the period to 31st December 2013, which after adjustment for fees results in actual performance of 5.54 against the APCIMS performance of 5.64. It was noted that historical performance from the portfolio has tracked the APCIMS benchmark. Susan reminded that there had been discussion at the last meeting about using an alternative benchmark such as the Charities Index, however as NHS Borders do not have any property holding which forms a significant part of the Charities Index this was not felt to be appropriate. Following the review it was recommended to continue using the APCIMS as a benchmark.

Susan advised that following a meeting between the Director of Finance and Investment Advisor it was recommended to reduce by 5% the holdings in fixed income Government Bonds and increase holdings in Share Equities which would maintain a balanced medium risk portfolio. This would be invested at the Investment Advisor's discretion. The revised portfolio would be more in line with those organisations within the APCIM benchmark. Susan also proposed undertaking a review of the investment portfolio benchmark on an annual basis.

Graham Reid referred to the “relative performance” graph within the commentary of the previous report and took the Trustees through this. Graham explained that although the portfolio was doing well on an income return, it would be more rewarding over the next 2 – 3 years if investments were made in shares rather than bonds. Graham anticipated a slight decline in bonds during 2014 and proposed taking 5% out of these, equating to approximately £100k, as this would keep the portfolio as medium risk. Graham expected to see a benefit of doing this in the medium term. Carol Gillie asked for reassurance that should the market change we would be able to change our approach. Graham confirmed that this would be the case. Pat Alexander enquired if the investments would be similar to those already within the portfolio. Graham replied that he would like to invest more in the UK.

The Board of Trustees noted the review had been undertaken and agreed the continued use of the APCIMS benchmark to monitor performance of the Endowment Fund investment portfolio.

The Board of Trustees approved a 5% transfer of value within the investment portfolio from fixed income Government Bond holdings to Share Equity holdings. The timing of this would be at the discretion of the Investment Advisor.

12. Draft Endowment Funds Work Plan 2014/15

Susan Swan spoke to this item. Susan referred to the bids received today and the likelihood of these increasing, therefore thought would need to be given on how to deal with these in advance of them coming to the Board of Trustees meeting. Susan referred to the tender exercise to be undertaken during January 2015 and advised that this should be disregarded as an appointment had recently been made for a five year period. David Davidson enquired if it would be the intention to have deadlines for submissions and if these would be measured against other bids received. Susan replied that she anticipated producing a managed process that would ensure Trustees receive an overall report to ensure the enhancement and quality of services. It was noted that one option would be for the Endowment Advisory Group to look at bids received and agree whether these should come forward to the Board of Trustees meeting.

The Board of Trustees noted the work plan for 2014/15.

13. Endowment Fund Board of Trustees Terms of Reference

Susan Swan referred to the Terms of Reference which would be processed as part of the Code of Corporate Governance and confirmed that it was in line with the new Endowment Operating Charter.

The Board of Trustees agreed the Terms of Reference.

14. Financial Report

14.1 *Primary Statements and Fund Balances*

Susan Swan reported that the Income and Expenditure account continues to record an in-year surplus of £399,670 for the 9 month period to 31st December 2013. Susan highlighted that money continues to be received for the Margaret Kerr Unit. Susan referred to the supporting statements which were presented in the Annual Accounts format and went on to give a brief overview of these. Susan confirmed

that fund statements are issued and the top 20 fund managers are asked to produce a forecast income and expenditure plan. Going forward from 1st April 2014 it was hoped to increase this number. Pat Alexander referred to fund 7 which appeared to be in deficit. Susan explained that there are some timing issues and confirmed that there is a firm pledge against this and when received this element will be recharged from revenue. Susan gave assurance that any funds in deficit are followed up. David Davidson enquired if there were any opportunities to merge funds. Susan confirmed that this can be done if they are for similar purposes.

The Board of Trustees noted the report.

14.2 *Register of Legacies and Donations*

Susan Swan spoke to this paper which detailed the legacies and donations received for the period 1st September to 31st December 2013.

The Board of Trustees noted the legacies and donations to 31st December 2013.

14.3 *Financial Position on Fundraising Function Costs - Update*

Susan Swan reported that a scoping exercise for the Women and Children's Service was being undertaken and therefore did not anticipate any further fundraising income for the remainder of the financial year. Susan reminded Trustees that they had previously given approval to fund the Fundraising function from endowment funds and advised that the projection of costs until 31st March 2014 was £51k. Susan confirmed that this would be repaid once fundraising commenced during 2014/15.

The Board of Trustees noted the update.

15. **Endowment Advisory Group**

15.1 *Draft Minutes of Meeting – 13th January 2014*

John Raine spoke to this item. John explained that the Endowment Advisory Group had met to go through the Endowment Operating Charter in detail to provide assurance to Trustees. John advised that very few changes had been made to the national charter and highlighted that this had resolved a number of issues for NHS Borders. John confirmed that there was no conflict of interest for Trustees with their two roles. John referred to the recommendation within the national charter that the Chair of the Board of Trustees is elected by Trustees. John highlighted that the local recommendation was to keep the view that the Chair of the Board was the Chair of the Endowment Fund Board of Trustees but stressed that he would be content if any other Trustee wished to fulfil this role.

Susan advised that the one area which requires development at national level was in relation to Fundraising. It was noted that the NHS Borders recommended Endowment Fund Operating Charter is based on the current governance, structure and process for the Fundraising function. It was noted that there is a planned annual review of the charter and as national work develops the intention is to encompass any recommendations to the Board from the nationally developed options.

Susan also referred to the recommended number of meetings held each year and recommended that they continue with the current cycle.

The Board of Trustees noted the draft minutes of the Endowment Advisory Group.

16. **Fundraising Advisory Committee**

16.1 *Minutes of 5th September 2013*

Pat Alexander spoke to this item which were self explanatory and advised that a further meeting had taken place on 20th January 2014.

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

16.2 *Report from Chair of Fundraising Advisory Committee*

Pat Alexander introduced this item. Pat asked Trustees to approve Karen Hamilton as Vice Chair of the Fundraising Advisory Committee. This was unanimously agreed. Pat explained that the report covered the two main projects, namely the closure of the Margaret Kerr Unit project and to assess the feasibility of the Women and Children's service as the subject of the next fundraising project. Clare Oliver added that there is ongoing support with the Margaret Kerr Unit but advised that they are becoming a self supporting group. Clare explained that there are two elements of work surrounding the scoping of the Women and Children's service, namely Obstetrics & Gynaecology and ante and post natal care. It was noted that a three month feasibility period had been requested and it would need to be ascertained if the £6m would be achievable. Clare advised that at present all work is based on opening the unit in 2017 which would be a tight timescale for a sizable fundraising target. Pat added that Catherine Duthie is also heavily involved in this project. David Davidson referred to the section on the closure of the Margaret Kerr Unit project and in particular the creation of a new post of Bereavement Support Co-Ordinator. David enquired if there had been any communication on this with David Thaw. Clare confirmed that the Chaplains had been involved in this work.

The Board of Trustees noted the report.

17. **Governance Framework**

17.1 *NHS Borders Endowment Funds Operating Charter*

Susan Swan spoke to this item. Susan referred to the Financial Operating Procedure and guidance for officers on the use of charitable funds which it was proposed to keep as supporting documents for the Endowment Funds Operating Charter. Susan highlighted the list of changes/amendments recommended for the NHS Borders Operating Charter and advised that the Endowment Advisory Group had gone through these in detail. It was proposed to undertake a review on an annual basis. Clare Oliver asked if Fundraising could be added to the distribution list. Susan agreed to add this. Susan advised that the final document would be added to the NHS Borders intranet and circulated to all Endowment Fund Managers, Clinical Board General Managers and others as appropriate.

The Board of Trustees adopted the NHS Borders Endowment Funds Operating Charter.

17.2 *Review of Investment Policy*

Susan Swan advised that the review of the investment policy formed part of the work plan and would come to Trustees on an annual basis for review.

The Board of Trustees approved the Investment Policy.

17.3 *External Audit Contract Tender Exercise*

Susan Swan advised that the appointment of Hogg & Thorburn had ceased and a recent tender exercise had been undertaken to appoint a new External Auditor. Susan advised that letters requesting expressions of interest had been sent to a number of companies but only three notes of interest had been received. Susan advised that Geoghegans, Chartered Accountants based in Edinburgh had submitted a tender response which delivered the requirements of the Board in the area of Endowment Funds. John Raine highlighted a governance issue around the appointment of the External Auditors as this was noted within the Endowment Fund Board of Trustees Terms of Reference as being the Trustees, however the appointment had already been approved by the Chief Executive and Director of Finance. Susan advised that this had been undertaken as per the Code of Corporate Governance delegated limit but on hindsight appreciated that this should have been a recommendation to the Board of Trustees to approve.

The Board of Trustees noted the tender exercise and subsequent appointment of the External Auditors. On recommendation of the Chief Executive and Director of Finance, the Board of Trustees retrospectively approved the appointment of Geoghegans as the External Auditors for the NHS Borders Endowment Fund for a period of five years.

18. **Any Other Business**

Volunteers

David Davidson enquired if there was a need to look at volunteers in general and how this would be formalised following appointment of the Volunteer Co-Ordinator. David asked if there was anything Trustees could do to help support the role of the volunteers. Pat Alexander confirmed that this is being discussed by the Public Governance Committee. Clare Oliver added that the Board has a policy and that this post had been processed as per this policy.

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

Wednesday, 30th April 2014 @ 2.30 p.m., Board Room, Newstead.

BE
17.02.14

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Wednesday, 30th April 2014 at 2.30 p.m. in the Board Room, Newstead.

Present: Mrs P Alexander
Mr C Campbell
Mr D Davidson
Mrs C Gillie
Mrs K Hamilton
Mr S Mather
Mr J McLaren
Mr J Raine (Chair)
Dr D Steele

In Attendance: Mrs B Everitt (Minutes)
Mrs A McCollam (Item 4)
Mrs C Oliver
Miss M Patterson (*from 3.15 p.m.*)
Mr G Reid

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Dr S MacDonald, Mrs K McNicoll, Ms S Swan and Cllr C Bhatia

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting**

30th January 2014

The minutes were approved as an accurate record

4. **Matters Arising**

- *Action Tracker*

The action tracker was noted.

John Raine highlighted that there had been no firm conclusion following discussion at the last meeting on how to deal with bids coming forward to the Endowment Fund Board of Trustees meeting. One suggestion had been for these to be seen by the Endowment Advisory Group in the first instance. It was agreed that Susan Swan would bring a proposed business cycle back to the next meeting.

- *Breast Feeding in Scottish Borders – Development of Peer Support*

Allyson McCollam spoke to this item. Allyson advised Trustees that a breast feeding peer support volunteering project for the Scottish Borders had been successfully piloted

as part of the local Baby Friendly Initiative programme. It was now hoped to build on the pilot and create capacity to develop and sustain a breast feeding peer support programme. This would require a dedicated role to recruit, train and support volunteer peer supporters and maintain effective liaison with maternity services, health visiting services and other early years services. To achieve this a bid for funding of £34,982 was being requested for an initial period of 18 months, with a possible extension for a further 18 months subject to positive evaluation. It was noted that there had been a slight rise in costs as figures were now based on the actual number of volunteers. Allyson confirmed that she had spoken with the Fund Manager for the Maternity Endowment Fund but they did not feel that this was an appropriate scheme to contribute towards. Calum Campbell agreed with the proposal in principle but was concerned as agreement had just been given to extend the Breast Feeding Initiative for a further two years which would be funded from revenue. Calum felt it would be beneficial if these were linked together. Doreen Steele also noted her agreement with the proposal in principal. Clare Oliver advised that it was the intention for the Fundraising function to work with the Breast Feeding Initiative to raise awareness and get more people involved. David Davidson enquired if there was an opportunity for Scottish Borders Council to contribute towards this. Allyson confirmed that there are already active working links through the early years centres to try and reach more populations within the Scottish Borders.

The Board of Trustees approved the funding of £34,982 for a period of 18 months. Depending on the outcome either a further bid would be put forward or an exit strategy would be presented.

5. Fund Management

5.1 *Investment Advisor Report*

Graham Reid reported that the total value of the portfolio was just over £3m. Graham highlighted that this was an increase of £55k over a 14 month period which equated to 6.5%. Graham confirmed that as per discussion at the last meeting the portfolio has now moved to 22% bond exposure and he expected a benefit from capital growth due to this move. John Raine commented that the return was slightly below the benchmark. Graham advised that at today's date this had risen and was slightly above at 1.6%. Pat referred to the Referendum and asked if there was any indication on how this would affect the portfolio. Graham advised that he was unable to provide a company view on this, however any impact would not be immediate and would require a consultation period.

The Board of Trustees noted the report.

6. Endowment Fund Annual Accounts 2013/14

6.1 *Audit Planning Update*

Carol Gillie spoke to this item. Carol reminded Trustees that new External Auditors had recently been appointed and the paper presented gave details of their audit approach and timetable. Carol asked the Trustees if they had anything further to add to the plan. No additions were requested.

The Board of Trustees noted the update.

6.2 *Draft 2013/14 Report of the Trustees*

Carol Gillie spoke to this item. It was noted that the report had been shared with External Audit and they are currently working through this. Carol explained that the report had come to today's meeting to provide Trustees with an opportunity to make any changes to the narrative before this is finalised. David Davidson referred to the bottom of page 4 about the NHS Borders Endowment Charter and asked if there was anything expected to arise from this. Carol explained that NHS Borders are ahead of many other Boards in this area so it was likely that the actions would be linked to a need to document more clearly. Pat Alexander referred to the first paragraph on page 9 which was worded to sound like NHS Borders are training patients. Carol agreed to ask Susan Swan to amend this wording. John Raine felt that there was a need for more information to be included on the achievements from fundraising and asked for any comments to be submitted to Susan Swan by 9th May 2014.

The Board of Trustees reviewed and commented on the draft Report of the Trustees for 2013/14.

6.3 *External Audit – Investment Income Allocation*

Carol Gillie advised that the new External Auditors had requested that interest from cash deposits be shared with all funds rather than go directly into the General Endowment Fund. It was noted that this was interest on cash balances only and not interest incurred from the portfolio. The total amount of interest was noted as approximately £2,800. Carol explained that this was being brought to the Trustee's attention as it differed from NHS Borders' current policy. Carol recommended that Trustees comply with this request.

The Board of Trustees agreed with this recommendation that interest on cash balances be shared amongst all Endowment Funds. NHS Borders policy to be updated to reflect this decision.

7. **Fundraising Advisory Committee**

7.1 *Minutes of Meeting on 20th January 2014*

Pat Alexander spoke to this item which was self explanatory. Pat went on to give feedback from the last meeting held on 23rd April 2014 which had focussed on the feasibility exercise for the Women and Children's Service. Clare Oliver explained that they are currently in the process of speaking with potential supporters and are planning to finalise a report in August.

Pat advised that they are also looking proactively on how to modernise the Fundraising function within NHS Borders, i.e. social networking. It was also hoped to produce a leaflet on legacy funding as well as introducing software to keep more detailed records of fundraising activity. Calum Campbell stressed that it would be essential to get a timeline for going forward on the paediatrics project during August, particularly to tie in with the Sick Kids Hospital re-provision and the Clinical Strategy consultation. Clare confirmed that this would be in keeping with the report planned for August.

Clare advised that the current key focus is compiling the fundraising plan for 2014/15 which would be going to the May Fundraising Advisory Committee. It was noted that a work plan is also being written up. Clare confirmed that the recruitment process was well underway for the Fundraising Manager post and an interview would be taking place the following week.

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

7.2 *Report from Chair of Fundraising Advisory Committee*

Discussion was covered under the previous item.

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

8. **Any Other Business**

'Go Live Event' – 24th May 2014

Clare Oliver referred to discussion at the last meeting where approval had been given to pay travel costs for this event from Endowments. Clare went on to explain that the format had been changed slightly and it would now be 20 members of staff from NHS Borders taking part against 20 members of staff from NHS Greater Glasgow & Clyde.

The Board of Trustees noted the update.

Staff Awards Event

Clare Oliver advised that a draft report had been produced on the lessons learnt from the recent staff awards event and that this would be presented at the next meeting. Clare thanked Trustees for their input on the evening.

Out Patients Department, BGH

Pat Alexander advised that a small group of Non Executives had been given a tour of the new Out Patients Department earlier in the day. Pat gave feedback from this where they had found that the décor was been very bare and there was a lack of seating within the consulting rooms. When asked about using endowment funds to make improvements, staff had not been aware that funds could be used for this. Carol Gillie agreed to speak to Susan Swan to ensure that Endowment Fund Managers have the necessary knowledge on how to use their funds. Calum Campbell added that there is also a BGH Arts Group and this could be flagged up to them.

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

Monday, 2nd June 2014 @ 2 p.m., Board Room, Newstead.

09.05.14



Minutes of a meeting of the Clinical Governance Committee held on Wednesday 9th April 2014 at 2pm in Board Room, Newstead

Present: Dr Stephen Mather (Chair)
Dr Doreen Steele
David Davidson

In Attendance: Evelyn Fleck
Dr Alan Mordue (Deputising for Dr Eric Baijal)
Laura Jones
Dr Sheena MacDonald
Mairi Pollock (attended at 3.05pm)
Marion Wood (Deputising for Karen Grieve) (attended at 3.07pm)
Susan Cottrell (attended at 2pm)

1. Apologies and Announcements

The Chair noted that apologies had been received from Karen Grieve, Karen McNicoll, Dr Eric Baijal, Isobel Swan and Sam Whiting.

The Chair welcomes Marion Wood who is attending as a Deputy for Karen Grieve and Dr Alan Mordue who is attending as a Deputy for Eric Baijal.

2. Declarations of Interest

None declared.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 12 February 2014 had one typographical error, which was amended and the minutes were then approved.

4. Matters Arising

As detailed on the Action Tracker.

5. Patient Safety

5.1 Blood Transfusion Annual Report

Susan Cottrell updated the Committee on the Blood Transfusion Annual Report, this report reflects the work of the transfusion service for 2012/13 and was deferred from the Committee meeting in September 2013. The 2013/14 Annual Report is currently being drafted.

Susan Cottrell advised that in terms of Better Blood Transfusion, there is an overarching Group which meet on a monthly basis. Based on this year's work plan the transfusion team have identified concern over the level of attendance at the group from the multi-disciplinary team. The group's terms of reference has been revised recently. During which membership was reviewed and governance and reporting structures were clarified with input from the Clinical Governance and Quality Team.

Areas which required ongoing improvement were highlighted including training attendance which has affected full delivery against the training Key Performance Indicators (KPIs). The main staff group where training remains a problem is with middle grade doctors.

Susan highlighted that they have been working to improve timeliness of reporting of transfusion events through the Datix system and the categorisation of events on Datix has improved, but that timeliness of final approval of adverse events remains an issue which can impact on the ability to meet national reporting requirements for transfusion incidents.

David Davidson asked Susan to comment on resources within the transfusion team. Susan highlighted that there are four core team members and interviews for Consultant Haematologist posts will take place the week following this meeting. Sheena MacDonald highlighted that they hope to appoint two Haematologists which will address the capacity issues resulting from these vacancies. Evelyn Fleck asked Susan to benchmark the transfusion team resource against other areas and to provide feedback on this action to her also drawing on the outcome of the recent productivity and benchmarking exercise carried out in Laboratories.

Stephen Mather asked about the development of a local Blood Policy. Susan was asked to prioritise getting this policy completed and signed off through the organisation. Susan was asked to liaise with Clinical Governance and Quality to clarify the policy sign off process if required.

The Committee members agreed that the Stephen Mather, Chair, will write to the BGH Clinical Board (as host clinical board for the transfusion service) on behalf of the Committee to ask them to review and address the concerns highlighted in Susan's report. In particular, the letter should cover the concerns raised about training, maintaining a functional transfusion committee and the timeliness of final approval of adverse events.

Susan was asked to provide the BGH Clinical Board with a short interim report to summarise the current performance position against the KPIs and any areas of concern which require action, ahead of the next BGH Clinical Board meeting. Susan was asked to attend the next BGH Clinical Board meeting accompanied by either Evelyn Fleck or Sheena MacDonald to

discuss the issues raised. The BGH Clinical Board will be asked to attend the September meeting of the Committee to provide an update on their progress in addressing these issues.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.2 Infection Control Report

Evelyn Fleck updated the Committee and advised that this report is “out of sync” as went to the Board first, which was held last week.

Sheena MacDonald had one question regarding the figures of MSSA community cases against other NHS Boards. Evelyn Fleck advised that NHS Borders are targeting to reduce this group of patients but our rates are increasing compared to other Boards so there are concerns. NHS Borders have invited Health Protection Service (HPS) to support us.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.4 Adverse Events Report

Laura Jones spoke to the adverse event report. Laura highlighted graph one which presents the number of adverse event by month over the last three years noting that 2013/14 does not include frequency reporting of events as a result of a change to collection of data on the Datix system. A separate report can be provided if required for the committee. Laura advised that timeliness of the final approval of adverse events need to be improved and that this measure has been built into this year Clinical Executive Operational Group scorecard for ongoing review and discussion within the Clinical Board performance review process.

Laura highlighted the table summarising significant adverse events since the launch of the new Adverse Event Management policy was introduced in January 2013. Good progress has been made in establishing the systems and processes to support significant adverse event reviews. There are a number of reviews which are still underway and need to be brought to conclusion at Clinical Board Governance Groups to track actions to completion and to share learning.

Doreen Steele asked Laura to seek clarity from Risk and Safety and the Moving and Handling team to ensure any training issues had been addressed, which may have been identified as a contributory factor in the five staff absences over seven days classified as moving and handling related.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.5 Patient Safety Programme Report

Laura Jones updated the committee on this report. Laura highlighted work underway to develop the new work streams for the adult acute programme and noted that early work is underway to understand how Catheter Acquired Urinary Tract infections can be recorded which will form part of the Scottish Patient Safety Indicator.

The medicines reconciliation work stream is being reviewed and additional clinical leadership added to support that already in place from the pharmacy team to accelerate spread into other wards.

Doreen Steele enquired about the Leadership walkrounds schedule for 2014/15. Evelyn Fleck advised that there were initially three types of walkrounds in each clinical area. A workshop held in January 2014 has informed the future design of walkrounds and inspections which will be tested this year. Non-executives have been invited to join the walkrounds and public involvement members will also be invited to fill any slots not filled by non-executive directors.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

6. Person Centred Care

6.1 Patient Feedback Report

Laura Jones talked to the patient feedback report.

Stephen Mather commented on the themes of complaints suggesting that if the two communication categories were combined with attitude and behaviour it would may be the theme which represents the highest number.

Doreen Steele asked about written communication highlighting that feedback had been given that the waiting times letters were often difficult to interpret. Sheena MacDonald agreed that this had been raised in another meeting and that the medical records and waiting times team had been asked to review the letters, Sheena MacDonald agreed to follow up on this action and an update would be requested for the committee.

Alan Mordue asked if the information provided from Patient Opinion feedback could be more detailed. Laura advised that unfortunately the information given is taken directly from the website and often not a lot of detail is given to enable a full description.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7. Clinical Effectiveness

7.1 Clinical Board update (BGH)

Mairi Pollock attended to update the Committee on the BGH Clinical Board. The Older People in Acute Hospitals test inspection took place in the BGH, the purpose being to test the methodology for the inspection process to enable Healthcare Improvement Scotland to refine the process. Staff from the BGH provided a lot of input to the process and two areas were inspected (Ward 4 and Margaret Kerr Unit). A verbal report was provided by the inspection team on their findings and feedback given from NHS Borders on issues with the methodology and approach. Poor documentation was noted and I something which the BGH need to take action on.

The committee were advised at their last meeting of a wrong site surgery case which was part of a significant adverse event review. The review report has been prepared and the BGH is preparing an action plan to address the recommendations. This case is now part of the claims process.

Mairi highlighted that work is continuing in Theatres to address some of the staffing turnover issues and that a staff competency assessment has been completed as part of this process.

Stephen Mather enquired about staffing issues in other parts of the BGH. Mairi highlighted that Anaesthetics have had several recent retirements and they are working to ensure staffing is addressed in this area.

Mairi advised that the BGH is reviewing their healthcare governance systems and processes due to poor attendance at the existing BGH Clinical Governance Group. Mairi agreed to provide an update at the next meeting on timescales for revising this structure and ensuring active participation.

Mairi confirmed that actions required from the HAI inspection are now complete with the exception of replacement of the shower in Ward 12 which is scheduled to be done at the end of May 2014.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.2 Clinical Board update (Mental Health)

Deferred as no representative.

7.3 Clinical Board update (Primary and Community Services)

Marion Wood spoke to this update. The investigation at Kelso Hospital about the nursing staff has now concluded, there were recommendations and an action plan is being processed. It highlighted issues regarding staff development and training which are being addressed.

Marion highlighted that there have been a number of retirements and people leaving P&CS which is being managed internally. Alasdair Pattinson now holds the post of General Manager for Primary, Community and Acute Services and is preparing a revised structure to bring together a more integrated management structure between BGH and P&CS.

Marion advised that Datix is now being used more effectively with a focus also on learning and improving practice for issues that continually arise, e.g. patient falls. Jonathan Kirk (Associate Medical Director – P&CS) is taking now taking a lead on this.

The community nursing review is underway but following some concerns about the process the review was paused to ensure due process was being followed. The work is now underway and staffs are being engaged. Marion highlighted that some work has begun to look at night staffing as a sustainable model needs to be developed. The committee asked for a regular update on both of these issues.

P&CS have been looking at standards of cleaning in community hospitals.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8. Assurance

8.1 Draft CGC Annual Report

Laura Jones asked that comments should be emailed to her out with the meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.2 Work Plan for 2014/15

Laura Jones had reviewed the work plan for the committee and added some items that had been requested for this years work programme. Laura asked for comments on the work plan. Laura highlighted that she would be meeting with Stephen Mather, David Davidson and Sheila MacDougall to discuss risk and what should come to both Clinical Governance Committee and Audit Committee. The outcome of this meeting will be reflected in the work plan.

Doreen Steele wondered whether the Chair's Report could be removed from the work plan, however, Stephen Mather preferred it be left on so the option was available to provide a verbal or written report if required,

Evelyn Fleck requested that the annual work plan items of care of older people in acute hospitals and dementia be taken as separate items.

Sheena MacDonald advised that the organ donation report should also be brought through the Committee and asked that it be added to the work plan.

The **CLINICAL GOVERNANCE COMMITTEE** noted the work plan.

9. Items for Noting

Research Governance Meeting Minutes:

The **CLINICAL GOVERNANCE COMMITTEE** noted the minutes.

Infection Control Committee Minutes:

The **CLINICAL GOVERNANCE COMMITTEE** noted the minutes.

Public Governance Committee Minutes:

The **CLINICAL GOVERNANCE COMMITTEE** noted the minutes.

Adult Protection Committee Minutes:

The **CLINICAL GOVERNANCE COMMITTEE** noted the minutes.

Child Protection Committee Minutes:

The **CLINICAL GOVERNANCE COMMITTEE** noted the minutes.

10. Any Other Business

No other business

11. Date and Time of Next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on 11th June 2014 at 2pm, Committee Room, Education Centre.

The meeting concluded at 4pm.

APPROVED



Minutes of a meeting of the Clinical Governance Committee held on Wednesday 12th February 2014 at 2:00 pm in the Board Room, Newstead

Present: Stephen Mather (Chair)
Dr Doreen Steele
David Davidson
Karen McNicoll

In Attendance: Evelyn Fleck
Dr Alan Mordue
Sam Whiting
Laura Jones
Marion Wood
Dr Sheena MacDonald
Mairi Pollock
Terry O’Gorman
Marion Phillips (Minutes)

1. Announcements & Apologies

The Chair noted that apologies had been received from John Raine, Calum Campbell, Tom Cripps, Isabel Swan, Eric Baijal and Karen Grieve

Welcome to Marion Wood (who is deputising for Karen Grieve) and Sam Whiting

2. Declaration of Interest

None noted

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 6th November 2013 were approved

4. Matters Arising

Independent Contractors complaints: Sheena Macdonald provided an update on the committee’s role in overseeing complaints from independent contractors. Data is now received for GP practices and will be incorporated into future patient feedback reports.

Child Health update: Doreen Steele had not yet received information from Mandy Brotherston relating to the Child Health update action from the November meeting. Marion Phillips will ask for this information to be sent to Doreen Steele.

Hand Hygiene: Doreen Steele reported to the committee that she has been in contact with NES who have requested that we share any information that would help them to influence university training on this topic. Evelyn Fleck suggested this was an action for Sam Whiting to take to the Infection Control Managers Network to pick up for boards in general that universities need to send information and encourage basic skills with new student intake. David Davidson asked should we not pick this up at our local induction for new doctors and Sam Whiting advised that training is provided.

The **CLINICAL GOVERNANCE COMMITTEE** noted the Action Tracker.

5. **Patient Safety**

5.1 **Infection Prevention and Control Report**

Sam Whiting updated the committee and reported that in the quarter July to September NHS Borders rate was 51.1% compared to Scottish rate of 31.4%. He went on to explain that the unoccupied bed rates can affect the figures and some percentage could be brought in from other boards with transfers.

He would like to reassure the group that all root cause analysis is in place to try and reduce this. The MRSA rates have consistency reduced across NHS Borders and Scotland and MSSA rates have increased. This is due in part to a reduction in the ages being assessed in HEAT target and the ages have been reduced to include 15 year olds and the rate in the younger years is higher. The Infection Control team are looking at data on rolling year for C Dificile and can see steady reduction and would like to again reassure group.

Surgical site infections, comparing with other health boards and our rates are not significantly different.

Stephen Mather commented that we are not doing well at hand hygiene, Sam Whiting replied that they are trying to improve on this. Stephen Mather added that this is good work but more needs to be done.

David Davidson asked if figures can be split to compare like for like against other groups and Evelyn Fleck said that there is a chart in board papers that does show the breakdown of figures.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.2 **Hospital Standardised Mortality Ratios**

Laura Jones highlighted this report noting that the HSMR remains within normal parameters. Mortality reviews are completed on all deaths occurring in BGH using the IHI global trigger tool. These reviews now also include any deaths within 30 days of admission to hospital. Tom Cripps is preparing a report to consolidate the learning from the last year's reviews this will be brought to the Clinical Governance committee at a future meeting.

Laura asked the committee to note a revision to the way HSMR is calculated by the information and statistics division. The change in calculation has altered some data points from the historic data, however this does not change the position reported to the committee previously.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.3 A Rapid Review of Safety & Quality of Care for Acute Adult Patients in NHS Lanarkshire

Laura Jones reported to the committee that the above report has now been published. Evelyn Fleck added that there is no requirement to report back to the Scottish Government with this report on local actions.

NHS Borders will undertake a detailed review of the actions contained within the report and develop an improvement action plan developed to address any issues. A paper on local implications will be brought to the Clinical Governance Committee in June 2014.

Doreen Steele asked if HIS will be carrying out a workforce review in all NHS Boards. Evelyn Fleck replied she was not aware of any planned reviews in other NHS Boards.

It was noted that one of the recommendations in the Lanarkshire report related to the use and understanding of data. Doreen Steele advised the committee that she felt that this would be a useful topic for a Board Development session.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.4 Notification of Never Event

Laura Jones updated the committee on a Never event which has occurred and is now under review. The outcome of the Significant Adverse Event Review will be reported to the Clinical Governance Committee following consideration through the BGH Clinical Board Governance Group.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

6. Person Centred Care

6.1 Patient Feedback Report

Laura Jones talked to the Local Patient Feedback Report. Stephen Mather enquired about the graph on concerns received and Laura highlighted that both formal complaints and concerns are managed through the same process and to the same timescales. David Davidson commented on the trend in the graph relating to themes of complaints, David enquired if clinical treatment complaints had increased, Evelyn suggested the graph does not show this however it is important that we continue to monitor this. Doreen Steele highlighted that it would be useful to receive additional information on commendations relating to what we are doing well. Laura Jones commented that this was not really possible as not every card is logged and recorded but she will consider if there is the ability to record additional information moving forward

Laura Jones highlighted the publication of the Scottish Health Council 'Review of NHS Boards Annual Reporting on Feedback, Comments, Concerns and Complaints Report'.

This report reflects an analysis of NHS Boards' annual reports which covers the period 1 April 2012 to 31 March 2013. This is the first year that there has been a requirement on all 21 NHS Boards to produce an annual report on their use of feedback, comments, concerns and complaints. This requirement stems from The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

Laura Jones reported that the Scottish Health Council are undertaking a review of complaints handling processes across NHS Scotland with a view to making recommendations for improvement to the Scottish Government.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7. Effectiveness

2.55 Medical Appraisal & Revalidation Update

Sheena MacDonald gave an update on progress with Medical Appraisal and Revalidation. NHS Borders are making good progress and all revalidations undertaken this year have been approved.

David Davidson raised concerns that there has been no additional support for NHS Boards from the centre to facilitate local implementation. Sheena MacDonald agreed it is a concern and commented that this has had a significant impact on both clinical and administrative teams. . Alan Mordue said that the new GMC rules include the need to build time into job plans which could add additional pressure.

Sheena MacDonald also noted that nursing revalidation is also being developed which will have significant resource implications. Evelyn Fleck will bring paper to the board as proposals develop. Stephen Mather remarked that this is a serious resource issue that the Board should consider this as a priority. Sheena MacDonald to take update to the Board

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.2 Scotland's National Dementia Strategy

Terry O'Gorman deputised for Isabel Swan and summarised the paper. He updated about the Psychiatric Liaison Team taking basic Dementia training to communities. The initial session of the Newcastle Model Stress and Distress Training is now completed, this was very successful and the service is currently seeking funding to roll out to 300 health and social care staff over next year.

The team are Working together with Alzheimer Scotland to strengthen Dementia friendly community in Morebattle, building on the willingness and interest in the community. There has been good feedback on the success of dementia cafes in communities.

David Davidson asked if there are systems in place to identify patients on admission or should we not be looking to pick up people at GP level and perhaps GPs should be testing before admission to hospital. Terry O'Gorman agreed that there is a need to improve education and allow this in surgeries as the majority of referrals from communities are via GPs.

Doreen Steele asked is there are end of life pathways in place and are there continuing care beds available. Terry O’Gorman replied that the pathway is in place and implemented but needs to be reviewed to check experiences of people using it and their carers. Sheena MacDonald added that there is guidance available around end of life care pathways and our own local interpretation has been implemented. Evelyn Fleck concluded that there is a local process in place where patients can apply for continuing care and there is an appeals group being set up.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8. Assurance

8.1 Borders General Hospital Clinical Board Update – including HAI Unannounced Inspection Report

Mairi Pollock attended for this item and highlighted that she and the senior charge nurses have been actively meeting with complaints to take a different approach to addressing concerns. There has been a good response to this process so far.

Mairi Pollock highlighted that NHS Borders are participating as a test site for the OPAH inspection methodology. The test inspection will take place on the 3rd March and specific areas will be visited, a presentation on local work will be given and discussion will take place around the self assessment which has been completed prior to the visit.

Mairi Pollock reported that they are looking to improve the timeliness of the management of adverse events. Karen McNicoll highlighted that it is critical that Heads of Clinical Service are engaged in this.

Mairi Pollock advised that there is work underway to mitigate risks within Theatres resulting from a period high staff turnover causing the loss of specific skills. Moving forward the plan is to monitor this very closely to reduce risks.

David Davidson asked do we have a core of staff that can be up-skilled to help. Mairi Pollock replied that they are exploring all possibilities. Evelyn Fleck said that theatre staff are being specialist trained and Mairi Pollock added that staff who are really keen to work in this area are being encouraged and appropriately trained. Doreen Steele enquired why there is a high turnover and Mairi Pollock replied that several trained theatre staff have moved to posts in other areas.

The unannounced HAI inspection report was discussed. Mairi Pollock was asked to bring an update on hand hygiene in her next report. Evelyn fleck advised that all the actions required are on target.

The **CLINICAL GOVERNANCE COMMITTEE** noted the reports.

8.2 Mental Health Clinical Board Update

Terry O’Gorman spoke to the report highlighting that there had been significant progress in the Falls Prevention work being led in Melburn Lodge. Renewed lighting remains a priority. It was noted that Elaine Auld has provided support to the team and should be thanked for this.

Terry O’Gorman commented that HIS will be visiting to review the local suicide reporting and learning system

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.3 Primary & Community Services Clinical Board Update

Marion Wood summarised the report noting that medical cover for Community Hospitals in Hawick and Duns has been problematic, however a short term solution is in place. In addition a Community nursing redesign is underway.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.4 Work Planning for 2014/15

Laura Jones asked the NED if they can provide any requests for the 2014/15 workplan.

The annual report for the committee will be prepared in preparation for the next meeting.

Stephen Mather noted thanks to Dr Tom Cripps for his sterling work over the years as associate medical director for Clinical Governance and Quality and his contribution to the committee. The committee members wished their thanks to be noted.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

9. Items for Noting

Healthcare Governance Steering groups minute were noted. David Davison asked for information on the visit which had taken place to Hexham NHS trust. Evelyn Fleck and Sheena MacDonald gave a brief summary of the model of nurse led care.

The **CLINICAL GOVERNANCE COMMITTEE** noted the above.

10. Any Other Business

11. Date and Time of Next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday, 9th April 2014 at 2:00 pm in the Board Room, Newstead

The meeting concluded at ...4.00pm.....

Borders NHS Board

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 6 March 2014 at 12.30 in the Board Room, Newstead

Present:

Mr J Raine	
Mrs K Hamilton	Mr C Campbell
Dr S Mather	Mrs E Fleck
Clr C Bhatia	Mrs J Smyth
Mrs J McLaren	Dr E Baijal
Dr D Steele	Mrs C Gillie
Mrs K McNicoll	Mr D McLuckie

In Attendance:

Miss I Bishop	Dr C Sharp
Mrs C Oliver	Mr S Bermingham
Mrs M Aitkenhead	Mrs W Ward

1. Apologies and Announcements

Apologies had been received from Mrs Jane Davidson, Mr David Davidson, Mrs Pat Alexander, Dr Jonathan Kirk, Dr Hamish McRitchie and Dr Sheena MacDonald

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Wendy Ward to the meeting who spoke to the Patient Story item on the agenda.

2. Patient and Carers Stories

Mrs Wendy Ward presented her story to the Committee advising of her journey through life, the complexities of her condition and how it affected her life. Mrs Ward then spoke about the Dialectical Behaviour Therapy (DBT) process.

The Chair enquired how the service could be sustained and staff upskilled. Dr Cliff Sharp commented that whilst there was no cure for Borderline Personality Disorder (BPD) the service provided did assist some patients. The service required intensive training and support for staff to deal with people in constant distress and was currently reliant on a small team staff. There was a waiting list for the service.

The Chair enquired if the service could use Mrs Ward's experience to support and encourage others. Mrs Ward commented that she had met other people with the same diagnosis who had utilized some of the DBT skills and she suggested that working with others at a peer made a difference to those with BPD.

Mrs Ward spoke of the support in place once the DBT had concluded and how people could choose to remain in the system for support until they were comfortable with a complete discharge. She explained that it had been important to her to have felt safe by utilising the skills she had learnt prior to being fully discharged from the service.

Mrs Karen Hamilton thanked Mrs Ward for speaking to the Committee and enquired if she thought there were any things that could be improved to assist people with DBT in their consultations with their GPs. Mrs Ward was unsure as it would mean the patient would need to declare they had DBT to the GP during the consultation.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Patient Story.

3. Declarations of Interest

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

There were none.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 16 January 2014 were amended and approved.

5. Matters Arising

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

6. Local Delivery Plan

Mrs June Smyth updated the Committee on the current status of the Local Delivery Plan (LDP). She highlighted issues including: feedback received on the HEAT targets; transitional year for LDP; submission to the Scottish Government by 14 March subject to Board approval.

Mr Calum Campbell reminded the Committee that the LDP did not cover police transfers (healthcare for individuals in police custody). Mrs Carol Gillie commented that she was a member of the national Network Board for Police Transfers and reminded the Committee that NHS Borders was part of South East and Tayside Group (SEAT) who were building a hub and spoke model. Mrs Gillie clarified that agreement had been reached that the police transfers requirement would not be moved across to SEAT until 1 August 2014.

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

7. Staff Survey Results

Mr John McLaren introduced the staff survey results and updated the Committee on the outcome of the staff survey from 2013 and the actions that had been put in place. Mr McLaren highlighted several points including: highest return rate of all territorial boards; recording his thanks to Partnership and HR

colleagues; identifying a matrix of top line actions and gaining buy-in from the Clinical Boards to contribute to the Staff Governance Action Plan.

Discussion focused on both positive and negative feedback; the nature of questions; top 10 patient safety priorities; top priorities and patient care; financial imperatives; reviewing the action plan; generating contact with front line staff.

Mr Calum Campbell reminded the Committee that he was the Co Chair of the national Scottish Partnership Forum and that the forum would feed into future staff surveys.

The Chair suggested that the Staff Governance Committee distill from the Action Plan those elements that resided with the Board so that the Board could play an active part in discussions at a higher level.

Mr McLaren commented that the NHS Borders results were available via the HR/Staff Governance microsite.

The **STRATEGY & PERFORMANCE COMMITTEE** requested to see the Action Plan.

The **STRATEGY & PERFORMANCE COMMITTEE** requested a mini survey be undertaken on the key items.

8. Key Performance Indicator Scorecard

Mrs June Smyth introduced the scorecard.

Dr Stephen Mather challenged the waiting times performance for in patients and out patients at 9 weeks. Mr Calum Campbell commented that the national target was 12 weeks, the 9 week local target was in place to open up discussions with services to aim for 9 weeks to ensure the 12 week target was met and sustained.

Dr Mather enquired of any actions that had been taken to reduce the number of out patient DNAs. Mr Campbell advised that several actions had been put in place to address DNAs including a partial booking system and text reminders. He emphasised that the DNA rates had improved over the previous 2 years and reminded the Committee that the NHS Borders children DNA rates for dental services were the best in Scotland.

Dr Mather enquired if the length of stay rates for elderly medicine equated to a small proportion of patients with extensive lengths of stay. Mr Campbell advised he would clarify outwith the meeting.

Dr Mather challenged the bed occupancy rates and enquired if they were being actively addressed. Mr Campbell confirmed that the figures were disproportionate for the winter period and bed occupancy was actively managed throughout the system.

Dr Cliff Sharp commented that work was being progressed by Dr Simon Watkin on a project on connected care and the day of care survey and it had highlighted that the previous week there had been in the region of 78 patients in the Borders General Hospital who no longer required clinical care.

Dr Mather commented that the day case conversion rate was generally good apart from Ophthalmology. Mrs Smyth advised that the majority of Ophthalmology was carried out as day cases and the data referred to a specific target from the previous year and was carried forward to other specialties.

Dr Mather questioned the Rheumatology figures. Mr Philip Lunts explained that the Gastro Enterology service was undertaking a catch up on review patients. In regard to Rheumatology he commented that the consultant undertook acute patients onto the list and handled the majority of referrals as telephone consultations.

Dr Doreen Steele enquired about the Physiotherapy services performance. Mrs Karen McNicoll confirmed that a Project Board had been set up to collect and analyse the data at 9 and 18 weeks, combine the various data systems into a single system and monitor waiting times performance.

Mr Campbell assured the Committee that the physiotherapy service was challenged and scrutinised on its performance and benchmarked against the rest of Scotland. He further commented that NHS Borders had the highest ratio of physiotherapists to population in Scotland.

Dr Steele enquired if there were any links to social exclusion or health inequalities in relation to readmissions to the Psychiatry Service. Dr Sharp advised that readmissions were within 5 days. There was a Crisis Team in place which assisted in addressing brief crisis admissions and support arrangements were provided by the Mental Health Service to follow up discharges within 5 days.

Dr Mather enquired about the Theatre utilization figures. Mrs Smyth commented that she would look into the detail behind performance in that area. Mr Philip Lunts advised the Committee that performance for Theatres for the February period was expected to be low.

The **STRATEGY & PERFORMANCE COMMITTEE** sought an update on the position of the Physiotherapy service since the previous presentation.

The **STRATEGY & PERFORMANCE COMMITTEE** requested the report detail the 9 week target numbers, an explanatory narrative for average length of stay and theatres.

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

9. Any Other Business

9.1 Provision of Out of Hours Services: Mr Calum Campbell gave feedback to the Board following a factually inaccurate story in the media in relation to the provision of Out of Hours services in Berwickshire.

9.2 Borders Patient Action Group (BPAG): The Chair advised that he had met with the BPAG in regard to the Hydrotherapy Pool provision at the Borders General Hospital. He had agreed with BPAG that they would work with Mrs Karen McNicoll to explore their proposition of utilizing the BGH pool for sports clubs as well as looking at the facilities available at the community pools.

Mr David McLuckie advised the Committee that there would be issues with opening the Hydrotherapy Pool to the public in terms of insurance liabilities, infection control and increased deep cleans of the

pool, as well as increasing the footfall of members of the public into an acute hospital environment. Mrs McNicoll shared Mr McLuckie's concerns and advised that she was happy to assist the BPAG in their dialogue with the community pools.

9.3 Evaluating Improvement Science Collaborative: Ms Evelyn Fleck advised the Committee that the collaboration had been awarded funding from the Scottish Improvement Science Centre Collaborative and would now be reviewing projects for evaluation.

10. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 1 May 2014 at 12.30 in the Board Room, Newstead.

The meeting concluded at 2.40pm.