

**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:-

- Staff Governance Committee: 10.03.14
- Area Clinical Forum: 31.03.14
- AH&SC Integration Shadow Board: 28.04.14

**Recommendation**

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

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

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Calum Campbell	Chief Executive		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Iris Bishop	Board Secretary		



***STAFF GOVERNANCE COMMITTEE***

Notes of the meeting held on Monday 10<sup>th</sup> March 2014 at 10am in the Lecture Theatre, Education Centre

**Present:** John McLaren, Co-Chair  
Pat Alexander  
Doreen Steele  
Stephen Mather

**Ex Officio Capacity:** Irene Clark  
Kath McLaren

**In Attendance:** Irene Bonnar  
Sheila MacDougall  
Bob Salmond  
Nicola Barraclough  
Sheila MacDougall

**1. Welcome, Introductions and Apologies**

Apologies were received from June Smyth, Helen Clinkscale, Calum Campbell, Maggie Czajka and Isabel Swan

**2. Minutes of Previous Meeting held Wednesday 18<sup>th</sup> December 2013**

John McLaren, Joint Chair, welcomed all to today's meeting.

Page 5, bullet point four – A brief discussion took place regarding John Raine's discussion around the Staff Survey results. This was about the distinction about "patient care" and "patient safety". The Staff Survey results indicated, compared to 2010, a decrease of 11% in staff who responded positively to the statement "Care of Patients is NHS Borders' top priority" There was concern that this had been interpreted as being a statement about patient safety. Our corporate objective states patient safety is our number one priority. The correction to the previous minute was agreed 'the results indicated approximately half of our staff felt that patient care is not a priority for NHS Borders'.

Page 6, Item 6, Reporting Framework, line four. To add the word 'required' after few amendments.

With the above amendments it was agreed an accurate record of the minutes was given.

### **Action Tracker**

Action 10 – Bibliography Section – ongoing June Smyth is working on this piece of work and the timescale to be amended to the 5<sup>th</sup> June 2014.

Action 12 – Clinical Governance Committee Action Plan - Assurances are to be given to Clinical Governance regarding Staff Governance Action Plan being progressed. At the next Staff Governance Committee meeting on the 5<sup>th</sup> June 2014 a progress report will be given.

Pat Alexander advised it is necessary as a group to make a decision how we will communicate back to the Clinical Governance Committee. Also, an agreement is required how often we report in to Clinical Governance Committee.

Action 13 – Clinical Governance Committee Action Plan – Health & Safety matters around patient safety / care. Sheila MacDougall informed she met with Laura Jones and Evelyn Fleck and they asked for Staff Governance Committee members to attend a Clinical Governance meeting to have a formal discussion regarding Standard Five as it has been extended to health, safety and wellbeing of staff and in addition to patients. Doreen Steele reported that she will wait for the discussion to take place before taking it forward with the Public Governance Committee.

**Action:** Sheila MacDougall to liaise with Laura Jones regarding the Action Plan.

### **Matters Arising**

There were no other matters arising.

### **3. Car Parking Verbal Update – (Standards 1, 2, & 5 apply)**

John McLaren gave a verbal update. Currently various options are being looked at regarding the usage of the short stay car park. Kath McLaren informed one of the options being looked at is number plate recognition as there is some staff who move their cars from one part of the car park before their four hours are up. The car plate recognition will ensure that people are leaving and returning within the agreed process. The appeals process is continuing and work has been carried out to minimise the appeals.

Pat Alexander asked if work has been carried out to coordinate public transport with shift patterns. Kath McLaren informed currently a piece of work is being carried out on this. Discussions are taking place with First Bus. Doreen Steele asked to be reassured that the staffs' perspective is taken in to account to ensure that the next Staff Survey results will be more positive.

It was suggested that public transport is not always suitable and is there a possibility the sickness absence rate might go up. It is a two way process as patients cannot be cared for if we do not look after the staff. Irene Clark highlighted the staff Bicycle to Work Scheme. Doreen Steele asked how achievable would this scheme be given the demographics of the Borders and the distance staff has to travel to work. John McLaren assured the Committee that the Car Parking Group is being diligent and realistic around all the issues identified on car parking.

Nicola Barraclough asked about monitoring as staff approached her about changing their starting time. Pat Alexander asked if staff are coming in to work late. Irene Clark asked for these questions to be taken to the Car Parking Steering Group. John McLaren asked Nicola Barraclough to feedback to BGH management as managers have not attended the meetings. Doreen Steele asked about flexible working. John McLaren advised the policy was out for consultation to the end of February 2014 and has yet to be Borderised. Nicola Barraclough reported staff are encouraged to use public transport and car share.

Stephen Mather asked how many staff have applied for the car sharing scheme and how many car parking spaces are available. Stephen suggested using a car park barrier system.

Sheila MacDougall reported Datex reports have been submitted for staff being late for work due to parking. Flexible working is about the service and the delivery of service.

Staff within Risk, Health & Safety Team are contracted and are duty bound to have their car. There are other cohorts of staff who require their cars are these staff being advantaged.

Doreen Steele agreed with Stephen Mather about collating the numbers of staff that require car sharing spaces.

Bob Salmond suggested we measure the impact of flexible working. Doreen Steele suggested having this item as a standing item on the agenda.

#### **4. HR Shared Services – (Standards 1, 2, 3, 4 & 5 apply)**

John McLaren reported that this paper is for noting and spoke to the paper on behalf of June Smyth. John advised he has been involved in the option appraisal process.

At the beginning of the process there were six options which have now been reduced to three options. They were scored and will apply to the weighting which will be carried out at the Programme Board. NHS Borders raised concern that they did not know what the weighting was before scoring the appraisal. Ten different Boards will be used for the next part of the process

which is looking at views of the users of the HR service. NHS Borders is not identified as one of the Boards in this exercise. At the last meeting comments were made that all of the Boards should take part. Stephen Mather asked if the process has been nationally imposed or nationally agreed. John McLaren informed that there has been full involvement in the process. John advised the three options will be assessed against weightings identified separately and the financial option appraisal process has yet to be carried out.

The programme does not start until 2016. Doreen Steele spoke about the integration agenda which has to be taken in to consideration. John McLaren informed that the option appraisal impact was taken into consideration for each individual board. Pat Alexander suggested that integration should be taken into consideration and as a Committee can we raise our concerns. John McLaren suggested placing this item on the next agenda and for the group to provide questions to enable challenge and raise concerns. Pat Alexander suggested that as a governance committee we can take it to a broader level. Stephen Mather highlighted that the Chair of this Committee could raise this issue at the Board meeting on the 3<sup>rd</sup> April 2014. John McLaren asked the group to feed their concerns identified today at the next Public meeting.

Irene Bonnar raised her anxieties regarding the first three options which could have an impact on other options in the future. We should be thinking about impacts to the service. Sheila MacDougall agreed with Irene and informed that this will become the template for other services that will not have a say.

**Action: Option Appraisal Process to be placed as a substantive item on the next agenda.**

## **5. Staff Governance Action Plan – (Standards 1, 2, 3, 4 & 5 apply)**

Bob Salmond gave a presentation on the findings of the Staff Governance Working Group in response to the Staff Survey. The results of the survey have been posted on to the intranet.

A partnership approach was taken to consider the priorities arising from the Staff Survey. Actions were required which were achievable and the group agreed six high level, one action from each standard and one overarching corporate action was on mainstreaming the corporate objectives.

- 53% of staff cited Care of Patients as being NHS Borders top priority which is down 11% from 2010. Bob informed that the overarching corporate action was on mainstreaming the corporate objectives.
- Well Informed - Actions to review our internal communication as the last review was held in 2008/2009. In the 2010 Staff Survey, responses to the well informed standard were positive, suggesting the review was successful. There were several initiatives taken as a result of the last review e.g. Ask the Board, Chief Executive Open Forums, Team and Corporate Brief. The responses in the 2013 Staff Survey were less positive about the well informed standard suggesting the momentum had fizzled out. There was a view that we needed to better

utilise Social Media and a policy was needed. Clear recommendations about internal communication required to be endorsed by the BET.

- Appropriately Trained – generally positive feedback for this standard. 85% of staff has a KSF development review the national target is 80%. A massive increase of 22% since 2010 and well ahead of the NHSiS average. The action is to commit to a quality audit of PDR in the next year. John McLaren felt this action would benefit a number of related areas, improving quality of the KSF and outcomes from PDPs. A quality appraisal should allow staff to identify and address work related problems and allow them to see benefit of both appraisal and the use of KSF framework..
- Involved in Decisions – ‘I Matters’ diagnostic tool will give more of an insight to employee engagement, Irene Bonnar informed that she attended a national meeting last week and was informed there will be a three year plan for the tool, enables monitoring. The implementation plan will be phased in from October 2014.
- Treated Fairly & Consistently – Equality & Diversity. Staff Survey suggested poor performance and that our workforce are not confident that there is equality of opportunity in relation to recruitment and promotion decisions. The action is to review recruitment and the selection process in the next year with an aim for several outcomes including accredited recruiters.

Doreen Steele asked about the use of person specifications in recruitment. Bob Salmond informed it is important as it can highlight redeployment and is the criteria to justify decisions. Redeployed members of staff receive protection and priority to apply for vacancies if they meet the criteria for the post. John McLaren felt reason to the poor response is that staff are dissatisfied with the redeployment process, and feel that there are restricted opportunities as redeployees have priority. He was aware that a Redeployment PIN would be issued in the near future.

- Safe and Improved Working Environment. An interesting feature of the Staff Survey, fewer staff felt bullied and harassed but more staff felt bullied and harassed by their colleagues rather than their manager. This was relevant to the appropriate action in response. The likelihood of staff reporting their concerns and the satisfaction of response were key to addressing the issue. Staff do feel more confident about speaking up and challenging on their concerns – the responses to this question indicated an increase of 5% from 2010. The action was to report the “Dignity at Work” road show and extend to scope to Whistle-blowing. Doreen Steele asked if we now have ACAS Mediators trained within the organisation. Irene Bonnar informed that the mediators had been trained by ACAS and appointed, and their

development would form part of the Staff Governance Action Plan commitments.

- Summary – six actions, consisting of one overarching corporate action and five high level Board wide actions one for each of the standards. Bob Salmond indicated that the framework for the Staff Governance Action Plan may benefit from a change in format to a project focus, so that the Committee can identify success criteria and ensure progress and improvement throughout the year.

Doreen Steele spoke about the pyramid model measuring success from bottom up. Bob Salmond informed that six high level corporate actions had been agreed this year but in year two, the Clinical Boards and Local Partnership Forums would drive local actions. This was described as a conventional pyramid for year one and an inverted pyramid in year two. Irene Bonnar informed that 'I Matter' diagnostic tool will consider staff engagement from the bottom up.

Bob Salmond informed the Self Assessment return is required to be submitted to Scottish Government by the end of May 2014, and suggested asking Scottish Government if we could delay submitting the return to enable it to come the next meeting prior going to Scottish Government. After discussion it was agreed that the content of the self assessment would be an updated version of the pilot assessment submitted in 2013, much of the content was still relevant and had been approved by the Area Partnership Forum and Staff Governance Committee.

## **6. EESS Verbal Update**

Claire Smith gave a presentation to this item. 'eESS'

Claire Smith informed the system is being rolled out and is in the third phase of the process. The current status information was unsuccessfully migrated from SGIS last year. It is starting to provide standard reports. Some of these reports will be given nationally. NHS Borders is ahead of other Boards.

The Oracle Learning Management system has been rolled out and has gone live within the Training department. The standard reports are at an early stage at national level.

Claire spoke about the overview which will be made available for managers. The SSTS interface is currently being tested. It will enable managers to request annual leave. It will provide yearly notification notice reminding nursing staff to renew their registrations. Managers will receive alerts that staffs registrations are due to expire.

In terms of future developments - introduction to online recruitment will be introduced. The Payroll interface has been changed which provides information. The eKSF system will be implemented from the 1<sup>st</sup> April 2015.

Line managers will be up and running to the introduction of Employee / Self Service. Sickness Absence will be measured locally and nationally. The Workforce report will be provided from EESS. Nicola Barraclough asked about refresher training. Claire Smyth informed there will be drop in sessions organised for staff.

## 7. Items for Noting

### a) Occupational Update

Irene Bonnar gave an update. A discussion took place regarding colour copies of the papers. It was reported organisationally there may not be a great saving for four copies but there could be a cost if you escalate throughout the organisation. Pat Alexander informed it is not only this Committee but it is a Board issue. .

Irene Bonnar took the group through the Quarterly report which is the third report within the financial year. The aim of the Flu Vaccination programme was to reach a 50% uptake. The achieved target number was 38%.

There was a total of eighty five drop in clinics on site. Staffs were able to make their own appointments. The BGH staff uptake was 38%. Only 16% of staff within ITU received the vaccination. There was a 76% increase of the uptake of the vaccination within the Emergency Department.

Management referrals – there was a decrease within this quarter.

Counselling - there has been an increase of 8%

Physiotherapy – remains static

Non Attendance at Appointments - decreased DNA rate in October 2013 which was attributed to the flu vaccination programmes.

Team Vitality – piloted for four years.

Sickness Absence Case Reviews – fifteen reviews has taken place. There has been a slight increase this quarter.

Safety Devices - this is a success story as we are ahead of other Health Boards. A short life working group was pulled together. A consultation took place and a trial took place on the safety devices.

Pat Alexander expressed concern about the uptake to the flu vaccination and could not understand staffs reluctance to have it. Irene Bonnar informed that the team go in to the wards to give the injections. Irene



Bonnar informed it was a success story within the Emergency Department. The statistics do not capture if staff receive the injection elsewhere. Irene Bonnar informed that other Health Boards send out an appointment to all staff and they still do not uptake the vaccination. It would be a very big resource and time consuming sending out appointments to staff. Hopefully Health Infection Control will be able to provide advice. Irene informed that it is also down to management.

Moving & Handling Report - the charts are fairly straight forward. Stephen Mather asked if there are any difficulties getting medical staff to attend the training. Irene Bonnar informed it is difficult getting staff to attend Mandatory training. The Moving & Handling passport is given to each Health Board. Doreen Steele informed through integration the Care Inspection Service will look at this. John McLaren informed that there is Mandatory & Statutory Training Working group which is a sub group of the Area Partnership Forum. Pat Alexander stated that as a committee we require assurance. Doreen Steele asked about legal liability if staff do not turn up for training.

John McLaren asked if we require having a deep dive in training at the next meeting.

*Action: John McLaren and Pat Alexander will pick this item up with June Smyth.*

b) Risk& Safety Update

To be deferred to next meeting.

**8. Any Other Competent Business**

a) Tobacco Policy

Sheila MacDougall informed that the policy will go out for approval shortly. The statistical information around Adverse Events will be given at the next meeting.

b) Appropriate Access to other Committee Minutes

John McLaren informed that the Public Governance Committee minutes were placed on the last agenda and he and Pat Alexander had a conversation regarding relevant minutes for noting at this meeting. Stephen Mather advised the Board received all of the minutes. The agreement was not to have other Committee minutes on the agenda.

c) NMC Revalidation Committee

This is revalidation to NMC Code of Conduct. This is on of the back of Mid Staffordshire. It has been decided to review revalidation.

There is an on line consultation which anybody can feed in to until the 31<sup>st</sup> March 2014. The second part of the consultation will be the focus groups. Information will be given on the Nursing Midwifery website. Doreen Steele spoke about the Medical Training report. Doreen asked if we would like sight of the report. Pat Alexander asked if we could influence it. Doreen Steele is not sure if we could influence it locally but we cannot influence it nationally. There is a single Deanery for Scotland.

*Action: Doreen Steele to pass the diagram on to the two Chairs.*

**9. Date of Next Meeting**

*The date of the next meeting will be – Thursday 5<sup>th</sup> June 2014 at 1.30pm in the Committee Room, Borders General Hospital, Melrose*

**Minutes of a meeting of the Area Clinical Forum held on 31 March 2014 at 1pm in Huntlyburn Meeting Room, Huntlyburn**

Present: Nigel Leary, Alan Brown, Robert Irvine, Nicky Hall, Isabel Swan

Apologies: Karen McNicoll, Sheena MacDonald, Alison Wilson, Iris Bishop.

Agenda Item	Title	Speaker	Summary	Action
1	<b>Apologies &amp; Announcements</b>	NL	The ACF noted the apologies.	
2	<b>Minutes of Previous Meeting</b>	NL	<p>The minutes of previous meeting had been deleted in error.</p> <p>The following were recorded and approved as the minutes of the previous meeting held on 17.02.14.</p> <p>Nicky Hall had spoken of the e-module increases in supply and demand and making training a mandatory subject. It was suggested a few key people undergo the training.</p> <p>Increased patient access to Hydrotherapy was discussed.</p> <p>The minutes of the ACF meeting held on 4 November 2013 were approved.</p> <p>The Pharmaceutical plan was noted.</p> <p>A discussion on the clinical strategy ensued with comments regarding inflation being noted.</p> <p>The Local Delivery Plan contents was discussed.</p> <p>Clinical governance papers were circulated.</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>It was noted that NHS Lanarkshire were making an action plan for patient safety acute care.</p> <p>The AHP Committee had undertaken to promote health and physical activity as one of their main themes of business over the coming year.</p>	
3	<b>Matters Arising</b>	NL	The action tracker was not available.	
4	<b>Clinical Strategy Consultation Document</b>	NL	<p>The ACF noted the consultation period and considered how to feedback on the document.</p> <p>The ACF agreed to have a separate session on the Clinical Strategy inviting all the advisory committee members to attend.</p> <p>The ACF reviewed the questions within the consultation document and agreed to support in principle.</p> <p>Nigel Leary suggested there would be an issue from his perspective in being able to drive the key principles down to a stop.</p> <p>It was suggested the model required certain substructures but they were not specified.</p> <p>It was noted a key judgement model was lacking, and support would need to be gathered from the acute, critical care and emergency department services.</p> <p>The committee discussed co-dependencies.</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>In regard to supporting people in their own homes, it was suggested this would be a challenge for the mental health service in relation to inpatient beds and the elderly.</p> <p>Adult psychiatry was highlighted as a risk due to the unsustainability of a 24 hour service.</p> <p>The Committee suggested it was important to identify what was critical to have and what may assist in achieving it.</p>	
5	<b>Clinical Governance Committee</b>	NL	Nothing identified for noting.	
6	<b>Public Governance Committee</b>	NH	<p>Nicky Hall gave an overview of the content of the 12 March Public Governance Committee agenda items highlighting; patient transport; ambulance service; volunteer drivers; update on the child health strategy; minutes from the various groups that feed in the Public Governance Committee.</p> <p>The ACF noted the update.</p>	
7	<b>Clinical Executive Strategy Group</b>	NL	Nigel Leary advised of the content of the last meeting of the CE Strategy Group where items discussed had included the future of the Efficiency Board, Clinical Strategy Groups, LDP and the Clinical Strategy consultation.	
8	<b>National ACF Chairs Group</b>	NL	The ACF noted that feedback had been previously circulated.	
9	<b>NHS Borders Board Papers</b>	NL	The ACF noted that the Borders NHS Board meeting papers for 3 April 2014 had been circulated.	

Agenda Item	Title	Speaker	Summary	Action
			<p>The ACF reviewed the papers and discussed the Financial Plan for 2014-15 and Performance Report highlighting several elements including: length of stay, reduction in beds, pressures in the acute sector, patient flow, resources and GP input.</p>	
10	Professional Advisory Committees	NL	<p>A – Allied Health Professionals Advisory Committee. No update provided.</p> <p>B – Area Dental Advisory Committee – Robert Irvine advised that there had been little interest in the advertised post for an Inspection and Dental Practise Advisor.</p> <p>C – Area Medical Committee - Nigel Leary advised that the AMC had not met however sub committees were meeting to discuss new protocols, revamp the committee structure and look at workforce planning and staffing issues for April/May.</p> <p>D – Area Ophthalmic Committee – Nicky Hall provided an update on the new electronic referral system.</p> <p>E – Area Pharmaceutical Committee. No update provided.</p> <p>F – BANMAC. No update provided.</p> <p>G - Medical Scientists. No update provided.</p> <p>The ACF noted the updates.</p>	

<b>Agenda Item</b>	<b>Title</b>	<b>Speaker</b>	<b>Summary</b>	<b>Action</b>
<b>11</b>	<b>Any Other Business</b>	NL	There was none.	
<b>12</b>	<b>Date Of Next Meeting</b>	NL	The next meeting was confirmed as 23 June 2014 at 1pm in Huntlyburn Meeting Room, Huntlyburn.	A session on the Clinical Strategy would be organised for 19 May if possible.

DRAFT



Minutes of a meeting of the **Integration Shadow Board** held on Monday 28 April 2014 at 2.00pm in the Board Room, Newstead

**Present:**  
Cllr C Bhatia  
Mrs P Alexander  
Mr D Davidson  
Dr J Kirk  
Cllr J Mitchell  
Cllr F Renton  
Dr D Steele  
Cllr J Torrance  
Dr S Watkin

**In Attendance:**  
Mr C Campbell  
Dr E Baijal  
Mr D Robertson  
Mrs E Torrance  
Miss I Bishop  
Mrs J Wilkinson  
Mrs J MacDiarmid  
Mrs C Gillie  
Mrs F Morrison  
Mrs E Fleck

### 1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Cllr Sandy Aitchison, Dr Stephen Mather, Mrs Tracey Logan, Dr Sheena MacDonald, Mrs Jenny Miller, Mr Andrew Leitch, Mrs Laura Jones, Mrs Karen McNicoll.

Cllr Catriona Bhatia assumed the role of Chair with the support of the Integration Shadow Board.

The Chair confirmed the meeting was quorate.

### 2. Declarations of Interest

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

The **INTEGRATION SHADOW BOARD** noted there were none.

### 3. Minutes of the Previous Meeting

The minutes of the Scottish Borders Community Health & Care Partnership (CH&CP) Board meeting held on 24 March 2014 were considered.



The minutes of the Health and Social Care Pathfinder Board meeting held on 24 March 2014 were considered.

The **INTEGRATION SHADOW BOARD** noted the minutes.

#### **4. Matters Arising**

**4.1 CH&CP Minutes:** It was noted that Children and Housing would appear as standing items on future Integration Shadow Board meeting agendas.

**4.2 CH&CP Action Tracker:** The CH&CP Action Tracker was noted and it was agreed that the two outstanding matters, Early Years Collaborative reports and Change Fund Exit Strategy, would be agenda items for the next Integration Shadow Board meeting in June.

The **INTEGRATION SHADOW BOARD** agreed the above actions.

#### **5. Programme Highlight report**

Mrs Elaine Torrance gave an overview of the structure behind the Integration Shadow Board. She highlighted a range of work that had been undertaken including issues and risks that had been identified and work that would be undertaken within the next reporting period.

Mr David Davidson enquired of the work of the ICT/Performance workstream. Mrs Torrance explained that the workstream would cover a range of IT issues to ensure that staff had the systems and equipment they required such as a single IT software provision, etc.

Dr Jonathan Kirk enquired about progress of the Communications Plan. Mrs Torrance advised that a newsletter had been released in February and a further iteration was being worked up. She further confirmed that the Communications Plan would link to the Strategic Plan to ensure engagement and consultation at all levels and particularly locality level.

The **INTEGRATION SHADOW BOARD** noted the Highlight report.

The **INTEGRATION SHADOW BOARD** agreed to receive the Communication Strategy at its next meeting.

#### **6. Integrated Resources Advisory Group – Guidance**

Mrs Carol Gillie gave a summary of the latest professional guidance from the Integrated Resources Advisory Group (IRAG) on the financial implications for integrating health and social care. She advised that the guidance reflected the live situation post April 2015 and that the Integration Shadow Board had a duty to take into account the guidance during the Shadow year. Mrs Gillie highlighted several elements including; financial information, the strategic plan, VAT status and the role of the Section 95 Officer.

Cllr John Mitchell requested sight of the guidance issued by IRAG. Mrs Gillie undertook to email a copy of the guidance to him.

Dr Doreen Steele enquired about the status of insurance provision and if the Integration Shadow Board required its own insurance. Mrs Gillie confirmed that during the shadow year insurance provision was as per parent organisations arrangements. As progress was made to true integration then the need to review, revise and amend certain financial requirements would be considered and altered as required.

Mr David Davidson sought clarification on the assets of the Integration Shadow Board. Mrs Gillie confirmed that the Integration Shadow Board would not own any assets. Any assets purchased would belong to the appropriate parent organisation.

The **INTEGRATION SHADOW BOARD** noted the summary guidance from IRAG.

The **INTEGRATION SHADOW BOARD** agreed that the Integration Finance working group continue to review the full guidance and update the agreed integration programme plan to cover Financial Governance, Financial assurance and reporting, Financial planning and Capital planning.

## **7. Membership**

Miss Iris Bishop advised of the membership of the Integration Shadow Board.

The **INTEGRATION SHADOW BOARD** noted the membership.

## **8. Scheme of Delegation – Chief Officer**

Mr David Robertson advised that during the shadow year the Chief Officer would work within the updated Governance Frameworks of the parent organisations. He noted that the range of services proposed for the Shadow Integration Board would require the level of delegation for the Chief Officer to be equivalent to that of the Chief Operating Officer for NHS Borders and the Deputy Chief Executive (People) for SBC lead services.

The **INTEGRATION SHADOW BOARD** noted that a level of delegated authority would be given to the Chief Officer as detailed in the updated governance arrangements within the partner organisations for the appropriate services included within the integrated budget at the level of the current Chief Operating Officer for NHS Borders and the Deputy Chief Executive (People) for Scottish Borders Council.

## **9. Code of Governance**

Miss Iris Bishop introduced the suite of documents that formulated the Governance Code for the Integration Shadow Board.

Cllr Jim Torrance sought clarification that the quorum for the Integration Shadow Board was six members and Miss Bishop confirmed that it was six members of which there had to be three members from each parent organisation.

The **INTEGRATION SHADOW BOARD** noted the Governance Code.

The **INTEGRATION SHADOW BOARD** requested clarification of the term “service users” to mean patients, carers and service users, be publicised via the next Integration newsletter.

#### **10. Chief Officer Appointment Update**

Mr Calum Campbell advised that a broad range of applications had been received for the post of Chief Officer. A short-listing exercise had taken place earlier that day and five applicants would be invited for interview on 8 May.

The **INTEGRATION SHADOW BOARD** noted the update.

#### **11. Scope/Integrated Budget**

Mr David Robertson confirmed that the intention was to provide a shadow budget that would be as representative of the arrangement that would apply from April 2015 as possible. He advised that during the shadow year the budgets would be managed on an aligned basis. Mr Robertson advised that the paper detailed the rationale for the services to be included within the proposed integrated budget for the initially agreed scope and the extended proposed scope.

Mrs Carol Gillie commented on the NHS initial scope for the clarity of the Board confirming that the base of the initial scope was what had been previously included in the CH&CP and then based on information available in the previous calendar year, other budgets within NHS Borders had been looked at and it was considered that they were prime services for integration.

Mrs Gillie advised that she and Mr Robertson had agreed that any budgets where the majority spend fell into the adult health category, the whole budget would be transferred to the integrated budget. Mr Robertson advised that in terms of initial budgets this equated to £71m for NHS Borders and £47m for Scottish Borders Council giving a combined budget of £118m.

Discussion then focused on several key elements including: the extended scope and its implications for both organisations; the staffing numbers within the partnership; confirmation that pharmacy equated to both community pharmacy and Borders General Hospital pharmacy services; most acute services currently remained outwith the scope; amendments to the appendices documentation; a workshop/seminar to flesh out the wider scope and the integration resource framework database which detailed activity and costs where possible at an individual patient/client level across the NHS and social work services.

Dr Simon Watkin challenged what would be done by the next meeting to agree the extended scope.

Dr Jonathan Kirk sought clarity on what was outwith the scope. He suggested that in order to maximise the chances of success it needed to be understood at this stage what required to

be delivered to best effect for the patient, service user, carer, etc as that may not be the way services were currently delivered.

Cllr Catriona Bhatia suggested the Strategic Plan would be the route for identifying the delivery of services and how they may evolve in the future. Dr Kirk cautioned that looking at current service delivery models may be an incorrect benchmark for providing future service delivery.

Mrs Gillie advised the Board that although the acute services remained outwith the scope there was an opportunity to include them. Given that they currently remained outwith the scope the Board would receive information on the notional budget for acute care.

Cllr Bhatia referred to a diagram detailing the partnership shadow year initial scope and advised that it would be circulated to Board members once Mr Robertson had agreed its content with Mrs Gillie.

Mr Davidson suggested that it would be difficult to quantify how much acute care was provided to the older person and it would therefore be difficult to leave acute care out of the scope. He suggested this be explored at the proposed workshop/seminar. Cllr Bhatia agreed that the patient journey for older people and those with LD be part of the subject matter for the workshop/seminar.

The **INTEGRATION SHADOW BOARD** agreed the initial scope of the integrated base budget for the shadow year 2014/15 totalling £118m prepared on an aligned basis.

The **INTEGRATION SHADOW BOARD** noted that the draft Partnership Strategic Plan would be developed based on the extended scope, as set out in the consultation papers.

The **INTEGRATION SHADOW BOARD** noted that a further paper would be submitted to the June Shadow Board detailing those services that were highlighted for inclusion in the current Scottish Government consultation paper with recommendations on how to proceed with regard to the future delivery of those services.

The **INTEGRATION SHADOW BOARD** endorsed the budget principles set out in Appendix 3 which were applied to enable calculation of the initial base integrated budget to be managed on an aligned basis for the financial year 2014/15.

The **INTEGRATION SHADOW BOARD** agreed to undertake a workshop/seminar in May/June.

## 12. Care and Clinical Governance

Mrs Evelyn Fleck advised that within social care and healthcare there were different systems for clinical and care governance. In moving forward the intention was to bring the systems together to provide assurance to the Board that the standards of care provided were of high quality and appropriate systems were in place.

The **INTEGRATION SHADOW BOARD** noted the current position and work underway and approved the role of the short life clinical and care governance oversight group.

### **13. Reviewing Capacity and Demand in SBC and NHS Borders Occupational Therapy Services**

Mrs Elaine Torrance gave an overview of the paper and focused on the current progress being made towards integration of the Occupational Therapy services operated by both organisations. Discussion focused on the outcome measures and national delivery plan for AHP services.

Mr David Davidson suggested integration of the OT service needed to take place at a pace consistent with ensuring a single service prior to April 2015 as the service would ultimately be directly answerable to the Integration Board. Mrs Torrance advised that OT services in Social Work were already integrated into Assessment and Care Management Teams and could involve various elements including professional leadership and resources. She advised that the budget for the service was already included in the scope. Mr Davidson requested a timeline for delivery and October 2014 was agreed by the Integration Shadow Board.

Dr Doreen Steele sought clarification that the report in October would clearly provide outcome measures, key performance indicators, trajectories and future service planning.

Dr Simon Watkin commented that the integration of OT services was a good example of the challenges that might be faced in similar areas. Mrs Torrance advised that there had been various reviews of OT services in the past and it was anticipated that resources could be used more effectively and there would be learning outcomes from this work.

The **INTEGRATION SHADOW BOARD** commissioned and supported testing of an NHS Borders process across both services which would improve understanding of the OT resource and capacity available.

The **INTEGRATION SHADOW BOARD** sought recommendations and actions in October 2014 from the OT services for strengthening integration of available resources and practice to improve outcomes for people who use services.

The **INTEGRATION SHADOW BOARD** considered how to further integrate OT services in order to ensure seamless services to people.

### **14. Any Other Business**

**14.1 Workshop/Seminar:** The **INTEGRATION SHADOW BOARD** agreed to a workshop/seminar in May/June on the scope of the partnership in terms of the service user journey and performance measurement.

**14.2 Arms Length Organisation for Care Services:** The **INTEGRATION SHADOW BOARD** agreed to receive a briefing on the Arms Length Organisation which was to be within the scope of the partnership.

**14.3 Complaints:** Cllr John Mitchell commented that it was important that integration worked at all levels of the partner organisations and he enquired how the Board would be aware of any issues at a grass roots level and indeed if the Board should be involved at that level. Mr David Davidson commented that presumably both organisations operated complaints procedures and there would be a requirement for the Integration Board to develop its own complaints procedure. Cllr Catriona Bhatia advised that the NHS had a sophisticated complaints process that was reported at Board level.

Dr Jonathan Kirk noted that both organisations would have different models for performance monitoring, etc and he suggested the Integration Board find a common language and have an active role in deciding what it wanted to know and monitor as opposed to accepting only what was available.

#### **15. Date and Time of next meeting**

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 30 June 2014 at 2.00pm at Scottish Borders Council.