

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: 30.06.11
- Clinical Governance Committee: 13.04.11
- Public Governance Committee: 15.04.11
- Public Governance Committee: 19.05.11
- Staff Governance Committee: 11.05.11
- CH&CP: 28.06.11
- Borders Strategic Board: 07.02.11
- Borders Strategic Board: 16.05.11
- ELBEG: 13.08.10
- ELBEG: 01.03.11
- CSOG: 15.11.10

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 & Executive Assistant		

Borders NHS Board



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 30 June 2011 at 12.30 in the Victoria Hall, Selkirk

Present:

Mr J Raine	
Mrs C Duthie	
Mrs J Edey	Mr C Campbell
Mr D Davidson	Mrs J Smyth
Cllr S Scott	Dr R Cameron
Mrs E Cameron	Dr E Baijal
Dr D Steele	Mrs C Gillie
Mrs P Alexander	Mrs S Wright
Mr J Hammond	Mrs J Davidson

In Attendance:

Miss I Bishop	Mrs H Irwin
Mrs K McNicoll	Dr A Mordue
Mrs A Wilson	Mr V Summers

1. **Apologies and Announcements**

Apologies had been received from Adrian Lucas and David McLuckie. It was noted that Sheena Wright would arrive late.

The Chair welcomed Dr Alan Mordue, Consultant in Public Health Medicine and Alison Wilson, Director of Pharmacy, to the meeting who spoke to the Implantable Cardioverter Defibrillators and Primary Prevention of Cardiovascular Disease items on the agenda.

The Chair welcomed Vince Summers, Director of Efficiency Programme, to the meeting who spoke to the Efficiency Savings Plan item on the agenda.

The Chair welcomed Holly Irwin, Locality Manager to the meeting who spoke to the Hay Lodge HUB Business Case item on the agenda.

2. **Declarations of Interest**

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

Pat Alexander advised that she had a personal interest in the item regarding Implantable Cardioverter Defibrillators (ICDs) and Cardiac Resynchronisation Therapy (CRT).

3. **Minutes of Previous Meeting**

The minutes of the previous meeting of the Strategy & Performance Committee held on 31 March 2011 were amended and approved.

4. **Matters Arising**

June Smyth advised that with regard to the action tracker item the section of the key performance indicator scorecard referred to had been revised for 2011/12 and therefore contained a different format.

Minute 4: Review of Cleaning Costs & Identification of Revenue Savings: The Chair enquired about the communication of messages to affected staff. Karen McNicoll advised that those areas directly affected had received appropriate communications.

Minute 5: Functionally Ill Elderly Interim Solution: The Chair noted that the National Dementia Strategy had been publicised and advised that the Cabinet Secretary for Health, Wellbeing and Cities Strategy viewed the strategy as a key priority. He further suggested the Dementia Strategy feature as a future Board Development & Strategy session discussion.

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

5. **Hay Lodge HUB Business Case**

Jane Davidson advised that the Board would be familiar with the initiative following the Integrated Healthcare Strategy event held in December 2009. She advised that much data had been collected and analysed around how the organisation could become less bed dependent and more supportive of local community care, as described in the initiative “Shifting the Balance of Care” to support people to be cared for in their own homes.

Holly Irwin advised the Committee that she was seeking an investment of £200k to develop the Hay Lodge HUB with a focus on shifting the balance of care and moving away from the current in-patient model of care. Mrs Irwin advised the main driver of the proposed HUB was to enable health services, social work services and the voluntary sector to work together in different ways and to support other work around efficiencies, workforce and redesign, etc.

Calum Campbell advised the Committee that Cllr Bhatia had suggested the community had not been engaged with as much as they would have liked and he advised that local councillors were being invited to attend a meeting the following week where he would brief them on the proposals. He further advised that Holly Irwin would be attending the Peebles Community Council meeting being held on 14 July to further update the community.

John Hammond enquired if the £200k was currently available for reinvestment. Carol Gillie advised that the £200k had been ring fenced in the capital plan specifically for the Hay Lodge scheme. She further advised that she expected the balance of the funding to come from the Change Fund as the purpose of the Change Fund initiative focused on joint issues such as delayed discharges, shifting the balance of care, etc.

Jane Davidson advised that following a meeting held the previous day support had been secured for both the Cheviot and Hay Lodge programmes.

Pat Alexander commented that in terms of the Change Fund she had understood that the majority of that funding had been committed for the current financial year and enquired if there would be enough available to make a contribution to the Hay Lodge HUB project. Calum Campbell advised that it was strategically beneficial to over commit the Change Fund as there was a three to one return on investment criteria set for its utilisation.

David Davidson enquired if a commitment had been received from Scottish Borders Council with regard to rental income. Jane Davidson advised that there had been no firm commitment received to date and she was exploring that matter with them as both the NHS and the local authority were keen to avoid any cost shunting. However she advised that should a saving being created then it would be recognised.

Catherine Duthie commented that in thinking of on-going sustainability of the service it would be crucial to have the provision of effective AHP services and her recollection was that Peeblesshire was an area that had difficulty in providing AHP services. Holly Irwin commented that work was on-going with regard to the provision of AHP services in the Tweeddale area and input to the proposed Hay Lodge HUB. Jane Davidson commented that AHP services had been an on-going issue with regard to the performance scorecard and suggested a discussion on AHP services across the whole system feature as a future Board Development & Strategy session discussion.

Julia Edey advised that she was supportive of the Hay Lodge HUB Business Case and enquired that with the provision of less beds being available would the community nursing team need to be bolstered to ensure appropriate patient safety in the community. She further commented that both the community nursing team and the social work home care services would need to be optimal operating services in order to ensure the throughput required and suggested this might be explored further.

Julia Edey then suggested that parking on the Hay Lodge site might be explored as this was often an issue for patients and staff. Holly Irwin commented that the provision of car parking had been explored with the local authority to ensure the right access was available for the right people, whether staff or patients. Mrs Irwin was keen to reiterate that community nursing and home care services were not being looked at in isolation as the focus of the project was encompassed in shifting the balance of care and ensuring the right workforce with the right level of skills were available to meet the changes required and sustain services for the future.

Pat Alexander enquired with regard to the drawings where the location of the social work department would be. Holly Irwin explained the current and future layout of the Ward 2 floor plan and provision for services to share appropriate space and knowledge.

The **STRATEGY & PERFORMANCE COMMITTEE** supported and approved the investment of £200,000 to support delivery of the Hay Lodge HUB.

6. **Property – Surplus & Disposal**

Carol Gillie advised the Committee that the property at Eildonburn Cottage, Dingleton Road, Melrose was no longer required by Streets Ahead and was therefore surplus to requirements and available for

disposal in line with the Board's long term strategy to vacate and dispose of properties surplus to operational requirements.

The **STRATEGY & PERFORMANCE COMMITTEE** declared the property at Eildonburn Cottage, Dingleton Road, Melrose surplus to requirements.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the disposal of the property Eildonburn Cottage as per the NHS Scotland Property Transaction Handbook.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the delegation of authority to approve/accept the best offer, to the Chair and/or Non Executive Director, the Chief Executive Officer and the Director of Finance.

7. **Older Adults with Functional Mental Illness**

Jane Davidson advised that the paper outlined progress on the redesign and relocation of the Tier 4 service to older people with functional mental health needs, highlighting that it brought to an end a significant corporate risk.

The Chair commented that the service had now been open for a period of some 10 days and enquired if there were any issues. Jane Davidson commented that the service was working well and had been visited by the Director General and Chief Executive of NHS Scotland, Derek Feeley, the previous week. During Mr Feeleys' tour of the facility he had been able to see how difficult it had been to work within that facility previously and could clearly see the benefits of the redesign.

The **STRATEGY & PERFORMANCE COMMITTEE** formally approved the name of the unit as "Lindean".

The **STRATEGY & PERFORMANCE COMMITTEE** noted the final update report relating to the service development.

8. **Financial Monitoring Report for the two month period to 31 May 2011**

Carol Gillie highlighted that on page 8 there was a mistake as the sub total should read 786 and not 781 as currently stated. Carol Gillie then detailed the content of the report and reported that at the time of producing the report the annual accounts for the previous year were being finalised and whilst it was not expected that there would be an impact on this report she advised that this report should be read with caution. Mrs Gillie highlighted the key issues facing the organisation at the end of May including reporting a £500,000 overspend in excess of operational budgets and the continued forecast of a break even position at the year end; increase in respect of external healthcare providers; significant overspend on nursing budgets; increase in supplies budget linked to theatres and orthopaedics; increase in Estates & Facilities spend due to an unmet savings target.

Mrs Gillie confirmed that at the end of May £1.2m savings had been delivered with potential schemes to take the figure to over £5m. Re capital reporting the capital spend to the end of May was linked to Jedburgh Health Centre and it is forecast that the capital targets will be achieved in the financial year. By keeping tight controls and continuing to focus the organisation on efficiency schemes there was a forecast year end position of break even.

David Davidson commented on the continuing trend in relation to overspend on medical supplies and advised that the subject had been raised at various committees he had attended. He enquired if a stock control facility was in place or would be reviewed. Carol Gillie commented that the Business Improvement Support Team had been asked to look at stocks and stock controls within the organisation. She further advised that a review group had been looking at the supplies budget and early indications were that the overspend was linked to an increase in activity levels in relation to theatres.

David Davidson suggested that some items of implantable equipment were out of date as they were held as stocked items for too long and he enquired if he could receive an email to confirm if his understanding was correct and if so, how the organisation was addressing the matter. Jane Davidson advised that she would seek the detail of Mr Davidson's comment outwith the meeting and make sure it was fed into the system.

Calum Campbell commented that whilst activity had increased and this did address the overspend to a certain extent, he was aware that the organisation appeared to carry high stock levels in some areas and he was keen to have that minimised particularly in areas where space was a premium.

Pat Alexander noted that one of the key elements in achieving savings targets was the release of workforce savings and changes in skill mix. Carol Gillie advised that any increase in savings was dependent on workforce turnover and she commented that there were increased controls in place which highlighted such issues. June Smyth advised that there were constraints in managing workforce numbers in terms of: no detriment protection; no redundancies, etc. She further advised that in reality the organisation relied on turnover of staff to flex the staff in the system. Mrs Smyth commented that at the workforce conference held recently the organisation had exceeded workforce reduction targets that it had been set in previous workforce plans. She advised that the Human Resources (HR) Department was actively monitoring vacancy requests and had tighter vacancy control processes in place, as well as actively managing the redeployment register. Mrs Smyth advised that a workforce tool had been commissioned which would create scenarios to look at flexing staff across the whole system and provide quality improvements.

Julia Edey noted that there was limited information available regarding prescribing costs and enquired if there was an early heads up in this regard. Carol Gillie advised that the figures were due the following week and she was therefore unable to comment on them at this stage, she did however advise that the impact of free prescriptions would be taken into account in those figures.

Dr Doreen Steele commented that with regard to workforce numbers, staff often did not wish to leave the posts in which they were in and she enquired how the organisation managed that scenario. June Smyth advised that the organisation managed its redesign of services through the Organisational Change Policy and worked in partnership to support staff in going through that process.

Dr Doreen Steele enquired about areas that were not part of a redesign process. Calum Campbell commented that any areas that had been identified as being overstaffed would have those excess staff placed on the redeployment register. Once on the redeployment register staff were offered three suitable alternative posts of the same status, salary and reasonable location. Should staff decline those roles they then made themselves redundant. June Smyth advised that there were currently 19 staff on the redeployment register.

Cllr Sandy Scott enquired about progress with the Lauder Health Centre project. The Chair advised that the organisation was still in negotiation with Scottish Borders Council regarding resolution of legal issues. Carol Gillie advised that she was actively pursuing a revenue solution to the Galashiels (Roxburgh Street) and Lauder Practices and had spoken to both Practices and the HUB, Scottish Futures Trust and Scottish Government. She advised that a session on HUB had been organised for the next Board Development and Strategy Session taking place on 1 September to fully acquaint the Board with the intricacies of these arrangements.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the financial performance for the two months of the financial year.

9. **Year End Efficiency Savings Plan Report 2010/11**

Carol Gillie advised the Committee that she had given an undertaking to produce a detailed report for members on the Savings Programme for 2010/11 and had asked Vince Summers, Director of Efficiency Programme to produce and present that report. Vince Summers detailed the content of the report highlighting the achievement of the set savings target of £7.9m, of which £6.3m had been recurring and would enable the organisation to achieve breakeven at the year end. He advised that the organisation had actually over achieved the savings target and had realised savings in the region of £9.6m which had enabled the organisation to minimise the savings target for 2011/12. He further advised that over 50% of the savings achieved had been in support services.

The Chair and Julia Edey formally recorded the excellence of such an achievement.

Julia Edey enquired of the savings delivered for 2010/11 how the 15% savings target had been set. Carol Gillie commented that the Board Executive Team had discussed the scope of the savings target and agreed to apply the 15% savings target to support services and to exclude clinical areas. The 15% was 15% of the balance of the budget and the majority of services achieved that target. Vince Summers advised that within the 15%, 10% had been recurring and 5% non recurring.

Julia Edey commented that at the National Counter Fraud Conference it had been noted that there was a lot of synergy between the counter fraud agenda and the efficiency programme, such as the issue of stock and a potential tendency for people to purloin said stock. She further commented that Susan Swan and Andy McLean were looking at the synergy between the efficiency programme and counter fraud.

David Davidson recorded his congratulations to the team for their achievement and enquired of the savings figure for 2011/12. Calum Campbell advised that it was intended to make the non recurring target a recurring target for 2011/12 and to apply the 15% savings target challenge to clinical services. He further advised that there were clinical areas where activity was being increased such as maternity and orthopaedics and advised that the challenge for those services would be to meet the increased activity without increasing service costs.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report and acknowledged the considerable achievements made.

10. **Key Performance Indicator Scorecard**

June Smyth detailed the content of the report advising that it was the first report produced within the current financial years activity. She advised that the report would remain challenging and that some targets had been refreshed and others would be added to the next report.

Julia Edey commented that with regard to dental services it was helpful to be able to see the new measures put in place, registration rates, size of waiting lists, etc. She further advised that it would be useful to receive regular information with regard to the Learning Disability Service.

June Smyth advised that the Learning Disability Service were beginning to produce performance information on a regular basis.

Catherine Duthie enquired about the background to the Wilton View situation. June Smyth advised that length of stay activity was calculated on discharges and some patients remained in hospital for significant amounts of time and that was not captured until they were discharged. In terms of Wilton View the figures were distorted due to two continuing care patients.

David Davidson enquired if a regular update on the delayed discharges figures was produced that clearly showed where the delays were. Calum Campbell advised that in order to address many of the joint issues/targets between health and social services the Cabinet Secretary for Health, Wellbeing and Cities Strategy had made it clear that health and social care would integrate through a joint approach. He further advised that the Change Fund outcome for delayed discharges was zero.

Jane Davidson reported that with regard to delayed discharges at the last operational group meeting it had been agreed that Sheena MacDonald would pull together a group to look at the five top issues for rapid improvement.

Dr Doreen Steele commented that with regard to Allied Health Professionals (AHP) waiting times they all appeared to be declining after a period of meeting targets. Calum Campbell advised that with the exception of Physiotherapy services at the Borders General Hospital they were actually all moving in the right direction and there had been substantial improvements made. Mr Campbell advised that the reason for the below trajectory recording was that new reduced waiting targets had been applied in terms of weeks which were more challenging levels for that service.

John Hammond commented with regard to dental registrations that it appeared that there was enough capacity in the system to cover those as the four dentists on maternity leave had their patient lists covered by other dentists. He further enquired why the Do Not Attend (DNA) target for dental appointments at the Borders General Hospital was 5% when for the local dentists it was 4%. June Smyth advised that the services themselves set the challenging targets and Calum Campbell advised that there was no national imposed DNA target set.

Dr Ross Cameron advised that the waiting list for dental registrations was not a waiting list in the sense of normal waiting lists. He advised that as the dental service had increased in capacity patients began to move across from being private patients to NHS patients. He advised that the demand for private dentistry was dropping and one or two dentists were now beginning to reopen up their services to NHS registered patient.

Pat Alexander commented that the Stroke HEAT Target appeared to have been met only a handful of times over the past 12 month period. Calum Campbell advised that the Stroke service measured the admissions to the Stroke unit per day and advised there were some 10-12 different indicators used yet the service was assessed against one. He advised that he would bring a paper to a future Board meeting on Stroke Services.

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

11. Any Other Business

Implantable Cardioverter Defibrillators (ICDs) & Cardiac Resynchronisation Therapy (CRT): Dr Eric Baijal noted the high standard of work that had been put into the production of the proposal by Dr Alan Mordue. Dr Alan Mordue set out the background to the item and detailed the content of the paper highlighting the criteria for ICDs and CRT and the appeals process. He further advised of the importance of effective and cost effective interventions earlier in the patient pathway to prevent the development of CHD reducing both incidence and prevalence (primary prevention), and delay disease progression (secondly prevention). He advised that the proposals should improve population health, patients' quality of life and limit the number of patients requiring ICDs and CRT in the future.

Cllr Sandy Scott advised that this matter had been discussed in depth at the Clinical Governance Committee.

Julia Edey enquired of the 16 patients recorded from 2010/11 how many had been emergencies. Dr Mordue advised that he was unable to clarify the individual status of those patients but expected them to be made up of a mixture of both primary prevention cases and emergencies.

Julia Edey enquired of the length of life of the batteries. Dr Mordue advised that they lasted in the region of 3-5 years depending on the number of shocks they received.

Julia Edey enquired if there was a three year rolling programme to even out peaks and troughs. Carol Gillie advised that there was no funding set aside for a rolling programme. Dr Ross Cameron confirmed that there was a defined clinical criteria and if it was unaffordable then the criteria would be reviewed. He further advised that this was not the kind of clinical issue to set that kind of boundary against.

David Davidson enquired what would happen if someone was approved through the clinical criteria to have the ICD and that patient become number 9 which was over and above the limit of 8. Dr Mordue advised that normally the patient would be the first patient seen and fitted with an ICD in the next financial year.

Dr Doreen Steele noted that there was nothing negative in the EQIA. Dr Mordue advised that the EQIA covered the clinical aspects and ensured that decisions were made on the grounds of meeting the clinical criteria whilst being mindful of the financial implications.

Dr Eric Baijal confirmed that the proforma did not reflect the assessment of financial decisions involved and advised that an amendment would be made to the proforma to take that into account for future matters.

The **STRATEGY & PERFORMANCE COMMITTEE** discussed the findings of the needs assessment and approved:-

- the adoption of the interim local criteria in Appendices 2 and 3;
- an agreed number of ICD devices and CRT devices to be implanted each year or a budgetary equivalent – 7/8 ICDs and 7/8 CRT devices are recommended per annum, plus an estimated 5 replacement devices pa;
- implementation of the recently agreed mechanism to approve individual device implants through the UNPACS system;
- improved monitoring arrangements for the future;
- providing an appeals mechanism through the ECR Panel;
- a review of this policy and its implementation after one year;
- engagement with colleagues in SEAT and the Regional Cardiac Planning Group to develop a regional consensus for the longer term.

Primary Prevention of Cardiovascular Disease: Dr Alan Mordue detailed the content of the paper and highlighted two key issues regarding which population groups should have their 10 year CVD risk assessed and what should be the threshold for considering treatment with statins.

David Davidson enquired if clinicians retained the freedom to breach the 30% threshold if they had appropriate clinical evidence. Dr Mordue confirmed that was correct.

Catherine Duthie enquired if a clear message could be given to the public regarding the benefit and effect of statins. Dr Mordue advised that there was much material in the national press regarding statins which the public found very confusing. He advised that he was keen to focus positive messages on the lifestyle support services available.

The Chair enquired about the potential for 500 patients and some local GPs being concerned at the withdrawal of statins from the prescribing formulary. Alison Wilson advised that it was the suggestion of GPs to take forward the withdrawal of statins and on current feedback this had been positive. She advised that each individual patient case was reviewed by the GP and some had remained on statins however the majority were moving away from them.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the updated policy and the guideline at Annex 5 and supported its implementation within NHS Borders.

Annual Reviews: Calum Campbell advised that the Cabinet Secretary for Health, Wellbeing and Cities Strategy had decided to refine her attendance at Annual Reviews for Health Boards from annually to alternate years. He advised that Health Boards were to remain committed to holding an Annual Review in public. He confirmed that the Cabinet Secretary would not be attending the NHS Borders Annual Review in 2011 however Scottish Government officials would be in attendance to ensure continuity.

It was suggested that the Annual Review be organised for September.

IB/14/11/2011

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

Strategy Committee: Calum Campbell advised that it had been intended to hold a risk session for the Board facilitated by PricewaterhouseCoopers, however the suggested date of 7 July was now unsuitable. Mr Campbell advised the Committee that it was intended to run the risk session on Thursday 1 September and a programme for the day would be worked up which would include a session on Risk, Fundraising Launch and a session on HUB.

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

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

The Chair confirmed the next meeting of the Strategy & Performance Committee would take place on Thursday 4 August 2011 at 12.30 in the Tait Hall, Kelso.

The meeting concluded at 2.30pm

Borders NHS Board Clinical Governance



Minutes of a meeting of the Borders NHS Board's Clinical Governance Committee held at 2.00 pm. on Wednesday 13th April 2011 in the Boardroom, Newstead

Present

Members

Mr Adrian Lucas	Non-Executive Director (Chair)
Mrs Catherine Duthie	Non-Executive Director
Mr John Hammond	Non-Executive Director
Dr Doreen Steele	Non Executive Director
Mr David Davidson	Non Executive Director
Mr John Raine	Chair NHS Borders

Attendees

Mrs Helen Clinkscale	Strategic Lead for Quality and Patient Safety
Mr Sam Whiting	Infection Control Manager
Mrs Erica Nisbet	Head of Clinical Governance
Mr Tom Cripps	Associate Medical Director for Clinical Governance
Dr Alan Mordue	Public Health Consultant
Mrs Sheena Wright	Director of Nursing and Midwifery
Mrs Alison Wilson	Director of Pharmacy

Mrs Alison McHutchison (Minutes)

Mr Adrian Lucas welcomed Mr John Raine, Chair NHS Borders and Mrs Alison Wilson, Director of Pharmacy to the meeting. Mr John Raine declared an interest in any Child Protection issues as he is continuing as Chair of the Child Protection Committee at the moment.

1 Apologies:

Dr Ross Cameron	Medical Director
Mr Calum Campbell	Chief Executive

2 Minutes of Previous Meeting held on 9th February

The minutes of 9th February were noted and approved.

3 Action Tracker

Mr Adrian Lucas asked that item 2 be kept on the action tracker. Mrs Erica Nisbet queried whether Mrs Susan Cottrell should attend the next meeting. It was agreed she would be requested to submit a paper as an update.

Mr Adrian Lucas confirmed that discussions are ongoing regarding future Healthcare Governance structures and once these were complete the remit and focus of the committee and format of the agenda would be reviewed.

4 **Matters Arising**- ***Anticoagulant Prescription***

Mrs Alison Wilson updated on the pilot of the new medicine chart. This was a recommendation from a recent Fatal Accident Inquiry. The new medicines chart has been designed to incorporate a separate section for anticoagulants, antiplatelets and thrombolytic medicines only with all other medicines being prescribed as usual. A small preliminary pilot has been conducted in Ward 4 and agreement has been reached to a full pilot which will commence for all patients admitted to ward 4 from 6th April. A plan is in place to audit the chart and respond to any potential problems. Mrs Sheena Wright queried if there was anything that the Board Clinical Governance could do to help. Mrs Alison Wilson responded that once the new pilot has been audit she would take this back through the Clinical Executive Operations Group. Mr David Davidson queried if there were any protocols in place for double checking dosage calculations. Mrs Alison Wilson explained that according to the medicines policy two people check drugs if weight related. Mrs Catherine Duthie asked how the proposed medicine chart and associated process compared with other Boards. Mrs Alison Wilson confirmed that NHS Borders would appear to be ahead of other Boards in the implementation of this process. Mrs Sheena Wright updated that Scottish Nurse Directors now have a system in place to report back on any drug incidents in their individual Boards. Mrs Doreen Steele updated on an article in the recent Health Service Journal for evaluating drug errors. **Mrs Alison Wilson agreed to feedback on the use of these pilot charts at the June meeting.**

5 **Priorities**

There were no priorities to discuss.

6 **Standing Items**- ***Clinical Governance Steering Group***

The Board Clinical Governance Committee noted these minutes of 17th March. Mrs Erica Nisbet gave a brief update on the use of abbreviations which will be included in the next Health Records audit.

- ***Clinical Risk Management Group***

The Board Clinical Governance Committee noted these minutes of 20th January and 10th February. Mr John Raine queried the Action 100 short life working group on medication errors and Mrs Alison Wilson gave a brief update on this piece of work around Obstetrics and Gynaecology and Paediatrics.

- ***Quality and Patient Experience Update Report***

Mrs Helen Clinkscales discussed that the aim of this paper was to provide an overview of progress on the Healthcare Quality Strategy within NHS Borders, the NHS Scotland Participation Standard and the Scottish Patient Safety Programme. She confirmed that the self-assessment scale for the Patient Safety Programme NHS Borders has achieved a 3 rating. Mr John Hammond queried the apparently high rate of mortality in one particular ward. It was confirmed this had been investigated and nothing appeared to be untoward. Dr Alan Mordue asked if the self-assessment for the Participation Standard had been done by each individual Clinical Board. This was confirmed. The Board Clinical Governance noted this report.

- ***Infection Control Work Plan***

Mr Sam Whiting updated on the progress for the 2010 work plan. There were 13 actions outstanding and this has now been reduced to 12. This will now be transferred to the new work plan for 2011. NHS Quality Improvement Scotland Healthcare Associated Infection standard 3b.1 requires the production of an annual

infection control work plan. The Board Clinical Governance Committee had a brief discussion around the importance of this report and felt it was very beneficial mechanism for reporting into the Board from a clinical risk aspect. The Board Clinical Governance noted this report.

- ***Public Health Report***

Dr Alan Mordue updated the members of the Board Clinical Governance Committee on the evaluation of the Lifestyle Adviser Support Services (LASS). The project had been piloted in Kelso and has now been rolled out to all but one practice across Borders. This practice will be joining the service imminently. Implementation has demonstrated the feasibility and benefits of this approach and has given confidence to advocate this approach for other areas in Scotland. Mrs Catherine Duthie queried the age range from 17 to 74 and given the ageing population in Borders was this significant. She also asked about cost benefits from this approach. Dr Alan Mordue explained the reasons for age range focus and reported that at the moment no cost benefits analysis were available due to limited research resources. Mr David Davidson asked if something similar could be rolled out across secondary schools to give under 17's a better understanding of the health improvement agenda. Mrs Alison Wilson updated that some work around smoking cessation is ongoing within secondary education and some of the issues from this report could be included in the curriculum. **Dr Alan Mordue agreed to bring an update to the next meeting.** Mr John Hammond enquired the criteria for acceptance on this programme. Dr Alan Mordue explained that a motivational assessment was conducted prior to participation on this programme. Mr John Raine asked whether funding to continue this piece of work was available. Dr Alan Mordue confirmed that some funding was available to maintain these targets. Dr Doreen Steel raised the issue around the use of statins in men as there appeared to be no difference in the reduction in cholesterol levels achieved. She asked if NHS Borders had reviewed ceasing this medication as part of savings in pharmacy. Dr Alan Mordue confirmed the results should be investigated further as he had similar thoughts. The Board Clinical Governance noted this paper.

7 **Specific Items**

- ***Clinical Governance Annual Report***

Mr Adrian Lucas reported that the Clinical Governance Committee is a standing committee and is accountable to the NHS Borders Board with the assurance that clinical governance mechanisms are in place and effective across NHS Borders. This final version has now been submitted the Audit Committee for ratification. The Board Clinical Governance noted this report.

- ***Research Governance Strategy***

Dr Tom Cripps updated on this report and confirmed this committee is responsible for the development of policies and procedures for Research Governance. Research Governance aims to provide a context framework to promote research and development across NHS Borders. Dr Doreen Steele asked whether funding was available through a general health board formula or by activity, and whether there was any hope for increasing this funding. Dr Tom Cripps explained that, although our research activity has increased year on year, additional funding had not followed and that the method for calculating funding was unclear. Mr David Davidson queried whether participation in commercial research could be used to raise funding within NHS Borders. Mrs Catherine Duthie asked whether the Research Governance Committee minutes should go to the Public Governance Committee. Mrs Erica Nisbet confirmed that Research Governance reports through the Clinical Governance Support Team Report, which is noted by both the Clinical Governance and Public

Governance Committees. The Board Clinical Governance noted this strategy. Dr Doreen Steele asked that any research work within NHS Borders be commended.

8 **Systems Update**

- ***Complaints Report Q3***

Mrs Erica Nisbet reported on the reduction in complaints reporting figures for this quarter. Mr John Raine requested information on how commendations were reported. Mrs Erica Nisbet explained on how these are collected and collated. Mrs Erica Nisbet gave a brief update on the Ombudsman's reports. ***An update report on current Ombudsman cases will be provided at the next meeting in June.*** The Board Clinical Governance noted this report

9 **Items for Noting**

- ***Clinical Governance Work Programme***

Mr Adrian Lucas asked for any comments on this programme. No comments were received. The Board Clinical Governance noted this programme

- ***Clinical Governance Support Team Update***

The Board Clinical Governance noted this update.

- ***External Review Programme***

Mrs Erica Nisbet gave an update on the recent Sexual Health Peer Review. The feedback presentation has been issued. The draft report is expected within two months. She then discussed the JAG review which is due to take place next year. The Board Clinical Governance noted this external review programme.

MINUTES

- ***Child Protection Committee Minutes***

Mrs Sheena Wright confirmed that HMIE will be visiting Borders later this year. She reported that the Child Protection Team is due to give a presentation to the Board Executive Team on initiatives within the organisation relating to Child Protection. The Board Clinical Governance noted these minutes.

- ***Adult Protection Committee Minutes***

Mrs Sheena Wright updated on risks related to suicide and reported a protocol has now been prepared. She stated that funding for the implementation of the Adult Protection Act has been received. The Board Clinical Governance noted these minutes.

- ***Other Papers – HDLs etc.***

There were no papers to discuss.

10 **Any Other Business**

Mr David Davidson raised the issue of Falls Reporting, having attended a recent Primary and Community Services Clinical Board. He has requested that be placed on Clinical Governance Committee agenda. Mrs Erica Nisbet confirmed that this issue is already on the Committee work plan (June 2011) He also updated that discussions at the PACS Board had been around Sickness Absence and he had requested that a paper be prepared and submitted to the Board Clinical Governance Committee given the risks to provision of care associated with staff sickness absence. Mr Adrian Lucas asked that this concern be taken to the Audit Committee rather than the Board Clinical Governance Committee as discussions have been ongoing with the Staff Governance Committee in relation to this issue.

Mr Adrian Lucas thanked Mrs Erica Nisbet for her contribution to the Board Clinical Governance Committee and wished her well in her retirement.

11 **Date of Next Meeting**

The next Board Clinical Governance Committee will take place on Wednesday 15th June 2011 at 2.00 pm. in the Boardroom at Newstead.

PUBLIC GOVERNANCE COMMITTEE



Minutes of Special Meeting of Public Governance Committee (PGC)
(to discuss & agree PGC Annual Report 2010/11)
held on Friday 15 April 2011, 1.00 – 2.00pm in
Board Room, Newstead

Present: Catherine Duthie (Chair) Doreen Steele
 Edwina Cameron Pat Alexander
 Andrew Leitch Margaret Simpson
 Allyson McCollam

In Attendance: Karen McNicoll Joanne Weir

1. Welcome & Introductions

- 1.1 Catherine Duthie welcomed Allyson McCollam to her first PGC meeting and reported that Allyson is now a member of the PGC representing the Health Improvement Partnership and also in attendance as Head of Health Improvement.

2. Apologies

- 2.1 Apologies had been received from Logan Inglis, Fiona Morrison, Jenny Miller, Nicky Hall, Clare Malster, Sheena Wright, Rev Ron Dick and Shelagh Martin.

3. Public Governance Committee (PGC) Annual Report 2010/11

- 3.1 Catherine introduced the draft Annual Report which had previously been shared with the PGC via email from Joanne Weir to ask for any comments/amendments before the meeting that day. The PGC noted that it had been required to submit the draft Annual Report to the Finance Department by 31 March 2011 and that comments were also awaited from Finance as to whether any amendments/additions are required for the report. The PGC are meeting today to discuss and suggest any required changes to the report and to approve before the finalised report can be submitted to Finance by 29 April 2011.
- 3.2 The PGC noted the comments received prior to the meeting:
- 3.3 Clare Oliver, Fundraising Development Manager, had confirmed that she was content with the Fundraising section.
- 3.4 Fiona Morrison, Centre Manager – Princess Royal Trust Borders Carers Centre, had confirmed that she was content with the report.
- 3.5 The above comments were the only comments received prior to the meeting.
- 3.6 Joanne reported that the awaited figures for item 7.1 within the report, “Feedback and Complaints”, had now been received and included within the report.

- 3.7 Karen McNicoll spoke to the report and the following key points were identified:
- There is some duplication of reporting between the PGC and the Clinical Governance Committee in the areas of, for example, Infection Control, Patient Experience Programme, Patient Safety Programme and Complaints.
 - The NHS Borders process for Co-ordinating Patient / Public Engagement, and responding to external consultations, has been revised and approved by the Board in March 2011.
 - A draft Single Equality Scheme (SES) has been developed and is due to go out on consultation.
 - The Participation Standard national review/evaluation meeting on 3 May will provide the opportunity for all Health Boards to submit their comments/thoughts on the Participation Standard Self Assessment process for 2010/11. NHS Borders, through the PI&C Team, has already provided comments informally.
 - The PI&C Team co-ordinates the patients/carers meeting with the Cabinet Secretary for Health & Wellbeing as part of the NHS Borders Annual Review.
 - The PGC noted the engagement areas with the Public Partnership Forum over the past year.
 - The second National Strategy for Carers has been launched and work is underway to produce the draft Scottish Borders version.
 - Action for Children is the new service provider for the Young Carers Service.
 - The Investing in Volunteers (IiV) Standard award had been achieved by NHS Borders during October 2010.
 - Karen paid thanks to all the hard work of Clare Oliver, Fundraising Development Manager, to which Catherine reiterated, for all the successful fundraising activities over the past year.
 - Person centeredness and patient experience is of particular interest to the PGC.
 - It has been a challenging year for Infection Control who are making good progress. The public member on the BGH Clinical Board is a member of the HEI group. There is now a public member on the Infection Control Committee.
 - Margaret Simpson highlighted that the Voluntary Sector Liaison Group is now referred to as the Third Sector Partnership.

3.8 The Public Governance Committee agreed the Public Governance Committee Annual Report 2010/11.

3.9 The PGC noted that the next stage will be to amend the report (if necessary) following receiving comments from Finance, and then to submit the final report by 29 April 2011. The final report will go to the Audit Committee meeting in May/June and then to Borders NHS Board on 23 June 2011. This is in line with the public governance assurance required as part of the review of the system of internal control for the Audit Committee as part of the Board's Annual Accounts process.

4. Any other business

New Chair of Borders NHS Board

4.1 Karen referred to the appointment of the new Chair of Borders NHS Board, Mr John Raine and it was suggested that Mr Raine be invited to a future PGC meeting.

Action: JW

5. Date & Time of Next Meeting

5.1 The next meeting will be held on Thursday 19 May 2011 at 2.00pm in the Committee Room, BGH.

PUBLIC GOVERNANCE COMMITTEE



Minutes of Public Governance Committee (PGC) Meeting held on Thursday 19 May 2011 at 2.00pm in Committee Room, BGH

Present:

Catherine Duthie (Chair)	Doreen Steele
Andrew Leitch	Logan Inglis
Pat Alexander	Margaret Lawson
Fiona Morrison	Margaret Simpson
Edwina Cameron	

In Attendance:

Shelagh Martin	Joanne Weir
Alison Smail	Dr Eric Baijal (for item 3)
Allyson McCollam	Nicky Hall
Sandra Pratt (for item 3)	

1. Welcome and Introductions

- 1.1 Catherine Duthie welcomed everyone to the meeting. As there were several people attending for the first time, round table introductions were made.

2. Apologies

- 2.1 Apologies were received from Karen McNicoll, Sheena Wright, Rev Ron Dick, Jenny Miller and Claire Malster.

3. KEY AGENDA ITEMS:

Update on Long Term Conditions

- 3.1 Sandra Pratt gave a presentation on the update on Long Term Conditions (LTC) – the following key points were noted:

- Sandra to send Joanne a copy of the LTC strategy to circulate to PGC.
- Action SP/JW**
- This new strategy is recognising that people dip in and out of our services during their condition and identifying what support is needed to control their condition.
- The PGC were asked to look at the website www.bordershealthinhand.scot.nhs.uk and advise Sandra if there is anything on there that they do not understand, or something which they feel is missing.
- Sandra explained 'Scottish Patients At Risk of Re Admission' (SPARRA) – which is a tool developed by Information Services Division (ISD) to predict a patient's risk of being admitted to an acute hospital as an emergency patient.
- Sandra described the STACCATO – Stowe Anticipatory Care Community Assessment Tool, which is an objective tool that has been used to help plan anticipatory care within NHS Borders.

- STACCATO can also be used when planning care in a care home setting, but at the moment is not used for care at home. However, carers/GPs should be able to feed into the assessment process when planning home care.
- Catherine asked if Sandra could come back to PGC to discuss this tool in more detail.

Action SP/JW

- Andrew suggested this could be a future item for the PPF.

Action SP/JW

- MCN is the abbreviation of Managed Clinical Network – these are designed to drive the strategic direction of care.
- If anyone has any suggestion on how we can link more with LTC and care in the home please feedback to Sandra.

Action ALL

Update on Equality & Diversity and Public Health Activity

3.2 Dr Eric Baijal gave a talk on joint working between NHS Borders and SBC re Equality and Diversity, including the Single Equality Scheme & Action Plan 2011 – 2014. The following key points were noted:

- Dr Baijal felt the biggest challenge to this will be embedding culture change in the organisation.
- A training session for NHS Borders Board Executive Team (BET) has been arranged for 31st May 2011 and once completed it will be cascaded out across the organisation.
- All individuals, in all areas of work, need to see equality and diversity as everyone's responsibility and not a stand alone area of work.
- Equality and diversity shouldn't be seen as extra and included in everything.
- NHS Borders has an ageing workforce and equality and diversity is very relevant to this
- Understanding carers is important as they can be affected by association and they are not included in Dr Baijal's paper. Dr Baijal highlighted that the paper is a summary of our position but acknowledged and accepted that it does not include carers.
- PGC noted that it is a difficult subject as we are aiming to change culture and often people say or do something unaware that this can be offensive to others.
- Within NHS Borders we need to be able to highlight to colleagues unacceptable behaviour.
- Society has changed and there is no reason to think NHS Borders cannot change.
- There are plans to re-run the respect campaign and tie an equality and diversity campaign in with this.
- PGC noted this is something already adopted successfully in many private workplaces and needs to be fully implemented in a sustainable way within NHS Borders.

4. Minutes of Previous Meeting (& Action Tracker):

24.02.11

4.1 PGC agreed one amendment on page 5; SHC council area should include Lothian. Once this amendment has been made PGC agreed minutes as an accurate reflection.

15.04.11

4.2 PGC agreed minutes as an accurate reflection of meeting.

5. Matters Arising from Minutes

Charities Tables, BGH

5.1 Catherine gave an update on the situation regarding charities tables in the BGH. The PGC noted that Catherine has been communicating with David McLuckie, Director of Estates &

Facilities, to try and find a suitable area within the front entrance of the BGH to have charity tables. Following a meeting with David, Catherine and Karen McNicoll, it is proposed that the sofas could be moved periodically to accommodate charity tables as required. It was agreed that Joanne would write to David asking that the PGC request a resolution to this ongoing issue by the September meeting of the PGC.

Action JW

NHS Scotland Participation Standard: NHS Borders Self Assessment 2010/11

- 5.2 Joanne reported that the NHS Borders self assessment, which had been agreed by PGC back in February, had been submitted to the Scottish Health Council on 11th March 2011. The PGC noted that the initial report analyses from the SHC is expected by 27th May 2011.

PGC Annual Report 2010/11

- 5.3 The PGC noted the Annual Report which had been approved at a special meeting of the PGC back in April.

6. Public Governance

PGC Chair's Report

- 6.1 The PGC noted the report provided by Catherine (Chair of PGC).

PGC Operational Report

- 6.2 The PGC noted the Operational Report.

Catherine asked the Public Involvement Network members whether they felt they are being used appropriately. It was agreed that being a public member with no NHS background was a positive thing as you come to meetings with fresh eyes. It was agreed that building relationships and gaining confidence to speak out at meetings takes time and the public members of the PGC now feel comfortable with this.

Joanne reported that the next meeting of the Public Partnership Forum is a development day, which allows members to provide their views on how the PPF can be improved and to set work area priorities for the PPF.

Discussions took place regarding recruitment of public members to the PPF and it was suggested that there could be stalls at some local events to promote the PPF. Most existing members were recruited via word of mouth. It was agreed that younger people are required and Andrew advised he is working with Karen McNicoll regarding the possibility of creating a Facebook page. The PGC agreed that the PPF requires more promotion.

The differences between the Public Involvement Network and the Public Partnership Forum were discussed as there seemed to be quite a bit of confusion around the difference between the two. It was agreed the Joanne would circulate a definition of each group and their roles and responsibilities to the group.

Action JW

Catherine highlighted the communication issue this creates as how do we involve more public members without a clearer definition of group?

Clinical Governance Report

- 6.3 Noted by the committee.

7. Monitoring & Performance Management

Scottish Health Council Update

- 7.1 SM gave an update on the work being done by the SHC which was noted by the PGC.

Public Partnership Forum (PPF) Report

- 7.2 Andrew updated the group on the work being done by the PPF which was noted by the PGC.

8. Public Consultations

- 8.1 The committee agreed that this item had already been covered during the meeting.

9. For Noting

Staff Governance Committee Minutes: 02.02.11

- 9.1 Noted by committee.

Clinical Governance Committee Minutes: 09.02.11

- 9.2 Noted by committee.

Carers Planning Group Minutes: 17.02.11

- 9.3 Noted by committee.

Borders NHS Board Audit Committee Minutes: 22.12.10

- 9.4 Noted by committee.

Spiritual Care Committee

- 9.5 PGC noted there had been no recent meetings of this group.

Public Partnership Forum Minutes: 18.02.11

- 9.6 Noted by committee.

10. Any other business

SBAR Action Tracker

- 10.1 NHS Borders have a programme called Action 100 which senior managers are participating in, and from this ways to improve NHS Borders are being explored. One of the topics has been patient safety and the communication of information. Patient Safety Lead, Frances Mason, has approached the PGC to ask if we would trial the use of the SBAR tool as an action tracker for our meetings. The group agreed that we would trial it for this meeting and provided it did not create extra work would consider its' use for future meetings.

Action 100 Programme

- 10.2 Nicky asked if we could feedback to the Action 100 team the impact of not confirming times of future Action 100 sessions is having on the planning of work/diary arrangements etc. Edwina agreed to do this.

Action EC

11. Date & Time of Next Meeting

- 11.1 The next meeting will be held on Thursday 15th September 2011 in Haylodge Community Hospital, Peebles. *(This has since been changed to the Macmillan Centre meeting room, BGH).*

- 11.2 The PGC noted the December meeting will be held on 15th December 2011. The venue is to be confirmed and it is being considered if a tour of the new Renal Unit at the BGH would be possible.

Action JW



STAFF GOVERNANCE COMMITTEE

Notes of the meeting held on Wednesday 11 May 2011 at 2pm in the Board Room, Newstead.

Present: Edwina Cameron, Chair, John Raine, June Smyth, Helen Clinkscale, Isabel Swan, Bob Salmond, Shona Cameron, Roa Johnstone, Doreen Steel, Pat Alexander, Adrian Lucas, Karen Maitland, Colin Herbert, Kath McLaren, Elizabeth McKay, Secretary

	Item	Title	Action
1.	Apologies were received from: -	Calum Campbell, Eileen Frame, Jim Torrance, Irene Bonnar, Sheila MacDougall, Karen McNicoll, Janice Laing, Sheena Wright.	
2.	Minutes from Previous Meeting	An accurate record was given.	
3.	Provided with an Improved & Safe Working Environment		
a)	Occupational Health Quarterly Report	June Smyth spoke to this item on behalf of Irene Bonnar. June took the group through the report which provides details on the key activities and roles within the Occupational Health Department: -	

		<p><u>Counselling Services</u> – a detailed breakdown report can be provided for this service.</p> <p><u>Moving & Handling</u> – letters will be sent directly to managers informing staff who do not attend the training. Helen Clinkscale informed that mechanisms are in place.</p> <p><u>Mandatory & Statutory Training</u> – Calum Campbell is chairing a group to rationalise the list for mandatory and statutory training. A simplified matrix and policy will be developed. A communication was recently sent out to all managers within the organisation.</p> <p>The new system will address staffs who have not received the training. Managers will be made accountable to ensure their members of staff attend the appropriate training.</p> <p>DNA – a discussion took place.</p>	<p><i>June Smyth to speak specifically to Irene Bonnar regarding the DNA report and to look to see if there are any differences to the next Quarterly Report</i></p> <p><i>To place the cost of the DNA rates into the Team Brief.</i></p>
	Occupational Health & Safety Framework	<p>June Smyth spoke to this item on behalf of Irene Bonnar</p> <p>June informed that the ‘Safe and Well at Work: Occupational Health and Safety Strategic Framework for NHSScotland’ has been released and went to the Occupational Health & Safety Forum for</p>	

		<p>approval.</p> <p>At the next Occupational Health & Safety Forum there will be a detailed discussion and June will provide a report at the next meeting to this item.</p> <p>John Raine highlighted the amount of actions within this report. The Board should be driving ownership.</p>	<p><i>June Smyth to Irene Bonnar to take the report to the Board.</i></p>
	Occupational Health & Safety Forum Notes for Noting	<p>John Raine informed that he recognised the membership numbers of this group were low and asked if it was quorate? June Smyth replied that they are currently looking at the attendance at meetings and possibly increasing the number of meetings as there are a lot of big issues on the agenda. The venue for the meetings will be moved to the BGH.</p>	
b)	Occupational Health & Safety Annual Report	<p>June Smyth spoke to this item on behalf of Sheila MacDougall.</p> <p>June informed that the 2010/11 report will be received over the summer period. The report has been produced by various advisors and will go to the Risk Management Board for approval.</p> <p>Sheila MacDougall and Irene Bonnar took the report to the Clinical Boards a couple of months ago and they would like to see tighter targets which the Forum has now reviewed. The Clinical Boards asked for support with their work plans.</p> <p>A discussion took place regarding the Incident Report. The report should have gone to the Clinical Executive first. The issues which</p>	<p><i>June Smyth to have a discussion</i></p>

		were raised in this report are the discussions that Irene Bonnar and Sheila MacDougall are currently having with managers.	<i>with Sheila MacDougall regarding the Incident Report.</i>
4.	Well Informed		
a)	Communication Update	<p>Shona Cameron gave a verbal report and will circulate the report once it is ready: -</p> <ul style="list-style-type: none"> • Freedom of Information (FOI): It has increased 24% from last year • Proactive work from the Board increased in the last quarter • The Team Brief was released in April 2011 • A new page has been introduced to the intranet 'Ask the Board' was released in April 2011. It enables staff to ask anonymous questions which will be answered within three days. Since the launch there has been six questions asked per week. • The Corporate Team Brief will be monitored on a six monthly basis 	<i>Shona Cameron to circulate the Communication report to the group.</i>
5.	Appropriately Trained	Nothing to report.	
6.	Involved in Decisions Which Affect Them	Nothing to report.	
7.	Treated Fairly and Consistently		
a)	Progress of Action Plan	Bob Salmond reported that the 2010/11 Staff Governance Self –	

	<p>Assessment Return is to be submitted to Scottish Government by the 31st May 2011.</p> <p>The three elements to the submission are the Self Assessment Audit, Staff Governance Action Plan and Mandatory Workforce Statistics.</p> <p><u>Self Assessment Audit Tool</u></p> <p>Bob took the group through each of the five standards: -</p> <p>Well Informed – A number of initiatives have been achieved which is now at the monitoring stage and will be built into the six monthly reviews and the Clinical Executive Forums. It demonstrates that we are trying a number of ways to communicate with staff.</p> <p>Appropriately Trained – 100% of staff completed PDP reviews which have been signed off and placed on eKSF. The KSF Champions helped staff to achieve this. This standard will go to the monitoring stage.</p> <p>Involved in Decisions Which Affect Them – to engage with staff and to ensure they are fully involved. It is hoped that this standard will go to the monitoring stage.</p> <p>Treated Fairly & Consistently – The aim is to become an exemplary employer. It is work in progress and retains the implementation stage. The Partnership Forum Away Day was successful with a good turnout from the unions.</p>	
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		<p>Provided with Safe and Improved Working Environment – This standard was ranked in the monitoring stage for improvement. There is a lot of evidence for the strategy.</p> <p><u>Staff Governance Action Plan Update –</u></p> <p>Bob Salmond informed that it is a live document throughout the year. It is a two year Plan which was set in October 2010 which includes corporate objectives and it is based on Clinical Boards and Support Services. The Staff Survey results were received in the middle of the Staff Governance cycle. Bob reported further that he and Edwina Cameron will be carrying out Staff Survey Road shows that will be round the Clinical Boards and local Partnership Forums which will be the second stage of the Plan.</p> <p><u>Mandatory Workforce Statistics</u></p> <p>Bob Salmond informed that these are the statistics that the government are interested in. The government has asked for further information on employment policy.</p> <p>Bob asked the group for agreement to submitting the three documents to Scottish Government. The group agreed.</p> <p><u>Good News</u> – Bob Salmond informed that the report has been used as an exemplar for good practice. It has been sent to all Boards informing them of the template.</p>	
c)	Staff Governance Committee Workplan	<p>June Smyth informed this paper was discussed at the last meeting and received a lot of comments and positive feedback to the yearly</p>	

		Workforce Plan. Each meeting a standard will be looked at. A draft agenda will be given and members will know in advance what items will be on the agenda for the year ahead. The group agreed to the Work Plan.	
d)	Working Time Regulations	Bob Salmond spoke to the paper 'Update on Working Time Regulations'. The regulations require being refreshed. Bob gave an update on the training grade doctors. There have been a lot of difficulties this year. The junior doctors rotate and there has been a lot of debate. There has been no formal grievance submitted.	
e)	Sickness Absence Quarterly Report	Colin Herbert spoke to the 'Annual Sickness Absence Report April 2010 – March 2011'. The information for this report is received from the SWISS and SGIS system. June Smyth gave an update on the draft Sickness Absence Policy. The aim is to ensure consistency throughout the organisation. Every episode of sickness the manager will have a back to work interview. Standards will be put in place to ensure the meeting will take place in a set period. The policy has been amended for the new Fit note.	
8.	Any Other Competent Business	None	
9.	Date of Next Meeting	Tuesday 30 th August 2011 at 2pm in the Board Room, Newstead.	



MINUTE of MEETING of the SCOTTISH BORDERS COMMUNITY HEALTH AND CARE PARTNERSHIP (CHCP) BOARD held in Committee Room 4, Scottish Borders Council Headquarters, Newtown St. Boswells on 28 June 2011 at 3.00 p.m.

Present:- Councillor S Scott (Chairman)
Mr A Leitch
Councillor G Turnbull
Councillor R Smith
Councillor W Archibald
Mrs J Edey
Mr J Raine

Officers:- Mr C. Campbell
Mrs J Davidson
Mrs E Torrance
Mrs C Gillie

In Attendance:- Mr A Pattinson
Mr P Lunts
Mr M Curran
Ms T Hunter

APOLOGIES

1. Apologies had been received from Councillor F Renton, Mrs E Frame, Ms T Logan, Mr J Hammond, Ms J Miller, Mr G Rodger, Mr A Lowe, Mr D Hume, Ms P Alexander

MINUTE OF PREVIOUS MEETING 14 FEBRUARY 2011

2. There had been circulated copies of the Minute of Meeting of 14 February 2011. Mrs J Edey requested that herself and Mr J Hammond be recorded as full members of the Board rather than Officers. Cllr R Smith also confirmed he had submitted an apology.

DECISION

- a) Minutes approved with the above amendments.

MATTERS ARISING AND ACTION TRACKER

3. There had been circulated copies of the Action Tracker from previous meetings of the CHCP. Mrs J Davidson suggested that the action tracker needed brought up-to-date in terms of progress against actions and something more substantive needed brought back to the next meeting for discussion. Mrs J Edey supported Mrs J Davidson's point and suggested the

action tracker doesn't actually provide much information, from a governance perspective this isn't really acceptable.

4. Mr J Raine added that the minutes state that the Change Fund has a high media profile and this would need to be nurtured with regular 'good news' press released, he suggested this should be on the action tracker so we can assure ourselves it is happening.
5. Actions 20 & 21 Carers Assessment Up-dates – Mrs E Torrance advised the group she would be bringing an up-date on both actions to the next meeting.

DECISION

- a) **Action Tracker to be circulated and members of the group to provide up-dates in regards to their various actions**
- b) **Add in the Change Fund press releases as an on-going action**

AUDIT SCOTLAND REPORT

6. There had been circulated copies of the Audit Scotland Report – Review of Community Health Partnerships. Mrs J Davidson began by advising Audit Scotland had expressed an interest in attending the CHCP Board to review the report however they could not make today's date, she added she was not sure if it is really necessary as the report has already been through our own Audit Committee(s).
7. Mrs J Davidson suggested that the good practice checklist at the end of the document would be a good place to start in terms of moving forward. Mrs E Torrance added that a number of the issues recorded in the document have been highlighted already as areas the CHCP function needs to progress, key thing is to develop an action plan to take this forward. Mrs C Gillie supported the idea of an action plan and offered that it would probably be best to pull together a group to look at the key learning points and develop an action plan for sign-off by this group. Mrs J Edey also supported the idea of an action plan and advised she had previously raised the issue of the necessity of good performance information, the report is a chance to now get this embedded. Mrs J Davidson advised she had met with the NHSB and SBC performance teams who had advised it is at times difficult to develop information at this level however they should have a proposal in place for the next meeting.
8. Mr C Campbell stated that the Board should accept the report as highlighting that up until now the CHCP mechanism hasn't been working as intended and that the opportunity should be grasped to make the required changes. Mr J Raine followed on by advising a clear message had been given to Board Chairs that Boards must make progress on this.
9. Mr C Campbell suggested to the group that a workshop may be a good idea for sharing ideas and moving this agenda forward.

DECISION

- a) **A proposal for reporting joint performance information will be brought to the next meeting**
- b) **A workshop will be run late August/early September for sharing ideas regarding moving the integration agenda forward**

CHANGE FUND PERFORMANCE MANAGEMENT PROGRESS REPORT

10. There had been circulated copies of the Change Fund Performance Management Progress Report. Mrs E Torrance informed the group that this was an up-date on the work of the Change Fund to date.
11. Up-Date: Fifty Two project bids had now been received, the Change Fund working group has been very proactive in encouraging bids for the independent and voluntary sectors. There was a specific selection criteria developed, not all bids met the criteria and a few did not seem to grasp the principles of the Change Fund. Feedback has been given to the projects who didn't apply the principles to their bids appropriately with suggestions on how to improve the bids and to let them know rebids would be considered as there is still some

funding left to allocate. A Programme Manager, Mr Michael Curran has now been appointed. In terms of next steps it is very important a set of outcome measures for the Change Fund are agreed.

12. Mrs J Davidson explained to the group that tomorrow (29 June) is a key date for the Change Fund as this is the deadline for the receipt of final bids, after this work can begin on developing the outcome measures; these are vitally important as we need to be able to make an informed decision of when a project should cease if it is not delivering.
13. Mrs J Edey queried if Chart 3 in the paper includes respite provision for all ages or just older people. Mrs E Torrance explained that the problem with respite is there is no specific guidance nationally on what should be measured and as a result the figures submitted aren't going to be like for like, however they should be taken as a relatively reasonable indicator.
14. Mrs J Edey added that she had concerns about the funding some of the projects will not begin until later on in the year and there is no guarantee funding will continue. Mrs J Davidson explained that we should be able to give the go ahead up until March, the spending review will be complete by January so we should have a better idea of the longer term situation at this point.
15. Mr J Raine asked what the process was for committing the funding and signing it off as there needs to be a good level of accountability. Ms J Davidson explained that the Reshaping Care Programme Board which reports into the Planning & Delivery Committee had been delegated responsibility for this. Mr C Campbell noted that he was the Accountable Officer for the Change Fund; he also noted that, with regard to ongoing funding, it was the 'right' thing to invest in change.

DECISION

- a) **The progress report was agreed**
- b) **A robust set of performance/outcome measures will be required for each project**
- c) **Authority for committing the funding lies with the Reshaping Care Programme Board, tied into the Accountable Officer.**

CHEVIOT PROJECT – SERVICE REDESIGN PROGRESS UPDATE

16. There had been circulated copies of the Cheviot Project – Service Redesign Progress Update. Mrs E Torrance advised that since the previous Project Manager for this piece of work left the post we have been trying to move it forward, significant progress has been made lately so it was thought appropriate to bring an update.
17. Significant progress has been made on Phase 1 – Service Redesign; the following areas are being developed as part of the process, Grove House (intermediate care service), Day Service Redesign, Day Service Re-location, Housing with Care and Kelso Hospital Redesign. In terms of next steps Phase 2 – Staffing Management review is to be moved along, the process will also be looking at joining up with Children's Services more efficiently along with any other opportunities that can be built on. Mrs C Gillie pointed out an error in the costing under section 3D.
18. Mrs J Edey offered a couple of points, firstly the Housing with Care was a significant step forward, however given the cost of the places appropriately targeting was essential i.e. people who need the places rather than just want them. Secondly she queried the communications associated with the stakeholder event scheduled for Friday (01 June), Mrs E Torrance explained that it wasn't a public event as such but targeted particularly at the Community Council.

DECISION

- a) **The progress report was noted and a revised version with accurate data was agreed to be circulated.**

LEARNING DISABILITY SERVICE

19. Mrs T Hunter delivered a presentation on the Joint Learning Disability Service the presentation included information on role and remit, governance arrangements, work areas the service covers, financial arrangements, quality monitoring and key achievements.
20. Mrs J Edey enquired about the early onset of dementia within the group of clients the service treats. Ms T Hunter explained that the service has done a bit of work in this area linking into the local dementia strategy; the service looks to identify people who are in a category with a higher prevalence and manage this proactively. Mrs J Davidson enquired if there was any data available regarding social housing in regards to relative need as it would be good to have a discussion around this, Mrs E Torrance explained that we generally need to rely more on mainstream housing rather than commissioning as this is significantly more expensive.

QUALITY ASSURANCE ARRANGEMENTS FOR SOCIAL CARE PROVIDERS

21. Mrs E Torrance explained that Councillor F Renton in the wake of the Castlebeck and Southerncross incident had requested an update of what we are doing to ensure the quality of the services is acceptable.

Castlebeck

There are no premises in the Borders however there are 11 Borders residents currently using facilities within other areas. Since the documentary highlighting the abuse problems within one of the homes the families of the 11 users have been contacted, no concerns have so far been raised about the quality of the service provided. It has been agreed that Isabel Swan (Mental Health Associate Director of Nursing and Trish Hunter Joint LD Service Manager) will undertake unannounced visits so we can satisfy ourselves there are no issues.

Southerncross

Again no homes in the Borders but 10 Borders residents are currently users of the service. We are currently making contact with the users families to discuss contingencies if the situation escalates. There will be an overall contingency plan.

Cllr W Archibald enquired if there would be unannounced visits to Southerncross, Mrs E Torrance explained there would not as the situation with them is financial and not generally around the quality of care provided.

DECISION

- a) **The update was approved and the Board content that we are being pro-active in dealing with these issues**

FURTHER ITEMS FOR INFORMATION / NOTING

22. **CEL 10**

The group had a short discussion regarding how we engage with carers across the CHCP and not just at Board level. There needs to be an agreement on where it is best they sit in order to best contribute as we need to be able to satisfy ourselves that carers are involved at the levels they can make the most positive impact.

DECISION

- a) **A paper is to be brought back to the meeting with options regarding how we best proceed with carers involvement**

ANY OTHER BUSINESS

23. Mrs J Edey advised she would find it valuable to have a formal financial report as a standing agenda item.

24. Mrs J Edey requested the allocation of resources for dealing with fuel poverty is put on a future agenda.
25. Mr C Campbell advised the group that NHS Borders is due to withdraw Community Nursing Services from Carham Hall.
26. Mr C Campbell advised the group that NHS Cumbria had contacted the Health Board advising that they were to begin charging us for any looked after children from the Borders they were caring for. NHS Borders will be responding appropriately.

DECISION

- a) **A joint Finance report is to be put on the Board agenda as a standing item**
- b) **Fuel Poverty Allocation to be put on a future agenda**

DATE AND TIME OF NEXT MEETING

27. The Chairman advised that the next meeting of the CHCP Board was due to be held on 27th September.



Borders Strategic Board

(This Board is part of the Scottish Borders “New Ways” Community Planning Partnership. For more details log on to www.scottishbordersnewways.com or phone 01835 826542)

MINUTES **MONDAY, 7TH**
FEBRUARY 2011 3.00-5.00PM COMMITTEE ROOM 3, SBC

MEETING CALLED BY	Dave McDougall, Independent Chair	
TYPE OF MEETING	Strategic	
MINUTE TAKER	Sarah Glendinning, New Ways Co-ordinator	
ATTENDEES	Dave McDougall Sarah Glendinning David Hume Calum Campbell Mary Wilson Murdo MacIver David Rennie Nile Istephan Morag Walker Dr Eric Baijal Andrew Lowe	Chair New Way Co-ordinator SBC NHS Borders NHS Borders L&B Police Scottish Enterprise Eildon Housing, representing the Borders Housing Network The Bridge, representing the Voluntary Sector Joint Director of Public Health NHS/SBC SBC
APOLOGIES:	Liz McIntyre Ken Thomson Elspeth MacDonald Alistair McKinnon Alex Clark	Borders College Scottish Government Scottish Government Scottish Enterprise Lothian and Borders Fire and Rescue Service
IN ATTENDANCE	Andrea Beavon	

ITEM 1 – WELCOME AND APOLOGIES

DMcD welcomed everyone to the meeting. Apologies were noted.


ITEM 2 – MATTERS ARISING

DISCUSSION	<p><u>Item 2- Procurement</u> A meeting took place on 20th January 2011 to discuss the possibility of joint procurement between members of the New Ways Partnership. In attendance at the meeting were representatives from Scottish Borders Council, Borders College, Lothian and Borders Police and Scottish Enterprise. NHS Borders passed their apologies and extended an invitation to attend their procurement meeting. It was agreed at the meeting that, due to frameworks that partners are tied into, the first and possibly the only approach to joint procurement work is the sharing of information. Scottish Borders Council have agreed to communicate a list of up and coming tenders that might be of interest to other areas of the public sector regionally to the New Ways Partnership procurement contacts. Any member of the partnership can then contact the Council to note interest in tendering for a joint contract.</p> <p><u>Item 3- Voluntary Sector Partnership update.</u> A meeting had taken place this morning with government representatives who are very positive about the interface work being done in the Borders. Scottish Gvt confirmed that Voluntary Action Scotland (VAS) will represent the interfaces at strategic level, and that membership of VAS by each of the 32 interfaces was a condition of future funding. Financial support for VAS will come from the Interfaces, with probably only one full time member of staff funded by the government. An overall increase in budgets for 2011/12 is anticipated. Not yet sure of exact amounts.</p> <p>The Voluntary Sector Liaison Group has now become the “Borders Third Sector Forum”, and</p>
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	<p>will be more strategic in nature. Youth Borders has prepared a paper on their locality structure</p> <p>Item 5- no contact yet from Hubco</p> <p>Item 6- SG had passed the NHS Procurement name to A Cranston at the Borders Sports Ring</p> <p>Item 8- Ken Thomson will remain as our Scottish Government contact.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Youth Borders paper to BSB	MWalker	End Feb

ITEM 3 – VIOLENCE AGAINST WOMEN (VAW) AND DOMESTIC ABUSE SERVICE REDESIGN PROJECT- ANDREA BEAVON

DISCUSSION	<p>Andrea made a presentation about the reasons and rationale for the Service redesign project.</p>  <p>G:\Business Improvement\Workin</p> <p>The emphasis in the new model is on building capacity within universal services, so that wherever and whenever a woman presents, those within services (e.g. to a GP, dentist, housing provider, social worker etc) can recognise symptoms.</p> <p>DMcD asked about best practice elsewhere. Andrea said that West Lothian has some good practice but there is some elements missing. We are starting with a blank sheet in the Borders. By the end of March, a business plan will be prepared to submit to the Lottery. If funding is secured, the new delivery model will start from April 2012.</p> <p>NI asked about the issue with refugees in the Borders – is it the number or the quality? Andrea said it was both. Need to look at the layout, location and safety in the houses we have and be prepared to accommodate around 8 women across the region at any one time.</p> <p>MWilson asked about the Caledonian Project. Andrea explained that it is a Community Justice Authority project aimed at perpetrators and addresses, in particular, repeat offenders. It is one of the disposals now on offer to a court and is a 2 year program of support. Victims are also supported through the program.</p> <p>MWilson also asked about the interfaces with Adult and Child Protection. Andrea said that there are interfaces at an operational level but that very few cases come through the Adult Protection system. Training on Domestic Abuse is provided for those working in Adult and Child Protection.</p> <p>Andrea said that once the funding is in place, there is a huge awareness raising exercise to be done. She thanked the group for the opportunity to make the presentation.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

ITEM 4 – DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

DISCUSSION	<p>Dr Baijal made a short presentation on his recently published report.</p>  <p>G:\Business Improvement\Workin</p> <p>He said that we don't want health assets of the Borders to be compromised with cuts. He highlighted that changes in benefits will have an impact on people's health and well-being in the Borders. Intelligence-led interventions are an important way forward. We are still awaiting the national Obesity Action Plan.</p>	
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<p>MWilson asked about 1) the recommendations 2) the plans for the 2010/11 report 3) the relationship with the work on the Change Fund and the availability of local data</p> <p>Dr Baijal responded:</p> <p>1) Good progress has been made with the recommendations</p> <p>2) 2010/11 report is being planning just now, with the aim of making it more timely and relevant</p> <p>3) Local data is available and the report points to sources. SG added that the Social Atlas is due to be update this year. DH asked that the style be consistent from year to year and with other documents.</p> <p>NI asked about the evidence base for effectiveness of interventions. EB said that attribution is difficulty but that we do have markers that we can assess interventions against.</p> <p>DMcD said that this Board can help raise awareness of the report, and everyone endorsed the report.</p>		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

ITEM 5 – CHANGE FUND UPDATE

DISCUSSION	<p>AL said that the guidance had been finalised before Christmas and that a seminar had been held in Melrose to explore, with partners, the things we would want to achieve with the Borders allocation of £1.7m from the fund. He had attended a national conference on the 2nd Feb as Borders is one of only 4 Local Authority areas to be selected to test the guidance and submit plans early. We need to ensure that we make the money really work for us, as well as aligning with Government activity. A paper will go to the CHCP on the 14th February and then the final plan will be submitted by the end of the month.</p> <p>Double message from Gvt- it is a 4 year program, but only 1 year funding at the moment.</p>	
	<p>AL said that he believes there to be good balance in our program between NHS Borders, SBC and Voluntary Sector, as well as investment in carer support. The fund is gaining press attention, with reports that Gvt wants more change than has been evidence. AL said that we are making solid progress, and that we have a very credible bid that will make a difference locally. The Voluntary Sector has been involved at a strategic level through Jenny Miller at BVCCF but MWalker said that it is often difficult for the voluntary sector to move as fast as other partners and that we need to take that into account.</p>	
	<p>MWilson stressed the need for us to do what is required locally and to establish 21st Century solutions for the needs of the population, but she said that she believed that there was no appetite for wholesale restructuring.</p>	
	<p>CC said that locally, good work is being done in Kelso and Peebles. Eyes need to be on the ball, don't want to derail work, with talk of restructuring.</p>	
	<p>DH said that in the context of diminishing resources, we will need to modify our delivery models</p> <p>SG mentioned the current Christie Commission consultation on the future of public services. SBC has started a response to this, containing much evidence of good practice in the Borders, and it was agreed that this would be shared with partners, for their input.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
SBC to circulate draft response to Christie Commission for comments from partners	SG	ASAP
Comments on draft to SBC	All	Thursday 3rd March

ITEM 6 – SINGLE OUTCOME AGREEMENT AND STRATEGIC ASSESSMENT

DISCUSSION	<p>SG said that she and DMcG had met with the Scottish Government last week to discuss the 2009/10 SOA and moving forward. Feedback on the Borders SOA was very positive and the general feeling is that we will not be required to submit SOA3 in April, but that we will most likely be required to submit something over the summer months. Depending on the election results, this might be a refresh of the SOA or another outcome focused document.</p> <p>The Strategic Assessment exercise will prepare us for whatever we are asked to do, by</p>	
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	giving us the intelligence to underpin our prioritization. The small project team has just presented the draft Strategic Assessment to SBC's Corporate Management Team and once minor amendments are made, it will be shared with partners. The aspiration is that a Strategic Assessment can be prepared each year in order to feed into the budget setting processes of SBC and partners	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Draft Strategic Assessment to partners	SG	End Feb 2011

ITEM 7 – MOVING THEMES FORWARD

DISCUSSION	<p>DMcD had asked for this item to be discussed in order that we have clarity on what we want in the Borders</p> <p>SG updated the group on the current changes proposed within <u>Competitive Borders</u>. Many changes have taken place since the protocol was written back in 2008 and it was now time to involve the private sector in a more meaningful way and to start work on an Economic Blueprint for the Borders. Partners were interested in bringing this Economic Blueprint to next meeting.</p> <p><u>Strong and Safe Borders</u> had not met as a group for over a year- this had been very problematic, with common ground difficult for partners to find, out with the other groups with which they are already involved. SG said that she believed that the theme of Strong and Safe is being addressed but by a number of already well established groups (e.g. Borders Voluntary Sector Forum, Third Sector Partnership, Community Safety Partnership, Community Councils' Network, Town Centre Regeneration Groups) as well as pieces of work e.g. Voluntary Sector Conversations, Community resilience planning.</p> <p>Healthy Borders continues to be addressed by the CHCP and the recently formed Health Improvement Partnership Board. Dr Baijal's report will be invaluable for those involved in making the Borders a healthier place. IRF work and Change Fund also address this theme.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Economic Blueprint to next meeting	SG	May 2011

ITEM 8 – AOCB

DISCUSSION	<p>AL said he had spoken to Rob Strachan, the new CE of Lothian and Borders Community Justice Authority. He would like to attend a future BSB</p> <p>DH raised the issue of engagement of elected members in this Board. He suggested that he meet with SG and DMcD to discuss fully and that proposals are brought to the next meeting</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Rob Strachan to be invited to the next meeting	SG	May
Proposals for the engagement of elected members in New Ways	SG/DH/DMcD	May
DATE OF NEXT MEETING: Monday 16th May, 2011, 3-5pm, Committee Room 2, SBC		

Borders Strategic Board



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MINUTES **MONDAY, 16TH MAY 2011** **3.00-5.00PM** **COUNCIL CHAMBER, SBC**

MEETING CALLED BY	Dave McDougall, Independent Chair	
TYPE OF MEETING	Strategic	
MINUTE TAKER	Sarah Glendinning, New Ways Co-ordinator	
ATTENDEES	<div> <div> Dave McDougall Sarah Glendinning Calum Campbell John Raine Graham Sinclair Alistair McKinnon Nile Istephan Morag Walker Andrew Lowe Liz McIntyre Ken Thomson Peter Heath </div> <div> Chair New Way Co-ordinator NHS Borders NHS Borders L&B Police Scottish Enterprise Eildon Housing, representing the Borders Housing Network The Bridge, representing the Third Sector SBC Borders College Scottish Government Lothian and Borders Fire and Rescue Service </div> </div>	
APOLOGIES:	David Hume SBC	
IN ATTENDANCE	Rob Strachan, Lothian and Borders Community Justice Authority Bryan McGrath, Planning and Economic Development, SBC Richard Sweetnam, Planning and Economic Development, SBC	

ITEM 1 – WELCOME AND APOLOGIES

DMcD welcomed everyone to the meeting. Apologies were noted, and introductions were done. He welcomed, in particular John Raine (new chair of NHS Borders), Peter Heath (Lothian and Borders Fire and Rescue Service) who is now coming to the board in place of Alex Clark, and he welcomed back Graham Sinclair (Lothian and Borders Police).

DMcD asked that our thanks be formally recorded to Murdo MacIver and Mary Wilson. Given the long and valuable contribution made by Mary over the last 5 years, he asked that he send a letter on behalf of the New Ways Partnership- all agreed. SG to action


ITEM 2 – MINUTE OF LAST MEETING AND MATTERS ARISING

DISCUSSION	<p>Item 2- Procurement- Scottish Gvt are undertaking a refresh of their National contract for IT Peripherals and IT hardware and are keen to hear views of SBC and partners in June. Invites have gone out from SBC Procurement to New Ways partners to a meeting in June with the Gvt.</p> <p>SBC Procurement has produced a list of forthcoming SBC tenders, along with the contact details within the procurement team. CC asked that this will be done on a regular basis.</p> <p>Angela Salmons, Head of Procurement with SBC will attend the NHS Procurement Steering Group.</p> <p>Item 3- Voluntary Sector Partnership update- MW said that since February, discussions within the Voluntary Sector Partnership have centered on funding, with the Scottish Gvt issuing the first joint grant in March. It is a one year grant, with no cuts, and a requirement for an interim report in Sep/Oct, highlighting activity and evidence of</p>
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	<p>impact. Dispersal of funding locally has been based on last year.</p> <p>The new Third Sector Forum (was the Voluntary Sector Liaison Group) is currently looking at representation across community planning.</p> <p>Item 5- Christie Commission paper circulated and submitted to the Commission. The commission came down to the Borders at short notice, during the Easter holidays. Met with SBC's Corporate Management Team, joined by Calum Campbell. Very clear message from the Borders that we need to retain local decision making, accountability and governance.</p> <p>Item 7- Now that Graham Sinclair is back, can look to re-examine Strong and Safe.</p> <p>Item 8- Elected member involvement in New Ways- SG/DH/DMcD met to discuss this and we are going to meet with a few of the current administration to explore the reasons for the poor engagement. We have the rest of the year to do this, but also to prepare an induction input on partnership working for the new administration next May.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Ensure procurement lists are shared regularly	SG	ongoing
Meet with elected member re: involvement in New Ways	SG/DMcD/DH	Aug 2011
Strong and Safe Update to next meeting	SG/GS	Aug 2011


ITEM 3 – STRATEGIC ASSESSMENT FOR THE SCOTTISH BORDERS

DISCUSSION	 G:\Business Improvement\Business		
	SG made a short presentation on the background to the Strategic Assessment, where it fits in the planning cycle and the aspiration going forward. She said that the intention was to present various levels of the Strategic Assessment in order that people can get as much detail as they require.		
	DMcD asked KT if he had an update on SOA and the requirement from the Scottish Gvt. He said that it would be evolution rather than revolution, and there would be a continuing relationship with Community Planning partnerships. There would be a continued focus on Early Years, Employability, and Economic Development, as well as the funding and delivery of specific SNP commitments, which would require a re-engagement with COSLA. He believes that Strategic Assessment is the right approach to take.		
	JR commended the Strategic Assessment, which is good to signpost individual services. We now need to define joint priorities, distilled into a handful that can be achieved over the next 12 months		
	GS cautioned against the process becoming an industry. SG said that the first one had been time consuming but that in future years, once a format is agreed, it would be fairly easy and quick to update.		
	NI stressed the need to look horizontally across the outcomes and consider issue like housing, that have and impact on a variety of outcomes.		
	AMcK said that there is a need to articulate things more specifically e.g. HIGH VALUE tourism. He added that things can be presented as a negative or a positive e.g. aging population (more care required, but many early retired come to the Borders with money). He added that perhaps the SWOT should be shorter		
	All agreed it was an excellent starting point for the next SOA		
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE
Final draft out to partners for comments		SG	End May

ITEM 4 – COMMUNITY JUSTICE AUTHORITY (CJA)

DISCUSSION			
	G:\Business Improvement\Business		
	Rob Strachan explained that the CJA acts as a bridge between local government and the Scottish Prison Service. He added that often “reduce re-offending” is too simple a phrase to use and that the CJA needs to work across agencies to improve outcomes but that we need to agree a performance framework. The current CJA plan doesn't give a robust profile of re-offending in the Borders so he wants to change the way that the CJA does its business and ensure that the money he receives works for us. He also has some funding to develop a partnership support framework for use with CPPs.		
	CC said that the problem is often that it can be 5 or 10 years before we know how effective things have been. Rob said that the framework should provide us with baselines and then it can be used each year. It has taken Best Value 2 as a baseline and will be thoroughly tested, and can be modified as we use it.		
	The issue of women offenders and prison moves was mentioned and the knock on effect for e.g. NHS Boards		
	Partners could see no disadvantage to engaging with this piece of work, as it will hopefully strengthen our partnership working by highlighting weaknesses that can then be addressed.		
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE
Partnership toolkit to be developed and tested with partners		RS/SG	May/June

ITEM 5 – ECONOMIC BLUEPRINT FOR THE BORDERS

DISCUSSION	 <p>G:\Business Improvement\Business</p> <p>Richard Sweetnam, Economic Development Manager with SBC made a presentation. The Blueprint as been developed as we had no real roadmap for economic development focused partnership actions. This first draft presents an evidence base from a desk top exercise and from ongoing engagement with business customers of SBC. A high level discussion had taken place at Competitive Borders around the key themes that should be included, and the plan, if BSB thinks we are on the right track, is to go out to businesses and sectoral groups as well as speaking to New Ways partners to ensure that their business plans form part of the actions plan.</p> <p>JR said that the reality of the resource situation is evident but needs to be ambitious and for partners to set cards on the table. He asked what is currently happening to attract inward investment to the Borders . RS highlighted the “Best move of your life” brochure has just been published along with a revamped www.ourscottishborders.com (there is a technical problem yet to resolve with Economic Development accessing Twitter, Facebook, Linked-in etc from within SBC but this will be resolved shortly). Both SDI and SE provide assistance with exporters.</p> <p>AMcK said that the Borders doesn’t really register when SDI are promoting Scotland. No businesses have ever located to the Borders for reasons other than the lifestyle preferences of key personnel. He did add however that high value tourism presents opportunities.</p> <p>RS said that the focus was on attracting talent, entrepreneurs etc, and his team are currently making pitches to various alumni. We need to work on providing choice so that we attract people back.</p> <p>NI asked if it was a distinct enough blueprint for the Border, or are we chasing the same</p>
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	<p>opportunities as other areas? RS said that rural economies are very similar but that there are bits of distinctiveness that we are promoting.</p> <p>AMcK believes that there is something fundamentally unambitious about the area. There is a high and low economy but that the middle ground is a bit of a “black hole”.</p> <p>AL asked if the Blueprint should be written in the context of the railway being delivered. RS said that it has to be considered a key part of our economic development and that the in and outflow of people is extremely important, as well as changing perceptions of the Borders as “unconnected”. AMcK added that we should be capitalizing on the fact that we are on the commuter belts of 2 major cities.</p> <p>LMcI liked the idea of a Blueprint and the fact that skills play a main part. Need to ensure that provision is aligned with the needs of the economy. She added that the HE offering in the Borders is wider than Textiles, but agreed that the young person’s student experience might not be catered for. The HE offering here might be more appropriate for someone who is already in the labour market.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Consultation with business and sectoral groups as well as members of Competitive Borders	RS/BMcG.SG	End June

ITEM 6 – CURRENT SBC REVIEWS

DISCUSSION	<p>SG spoke to the short paper that had been presented to the Board. She explained that the role of the unit she worked in within SBC had changed. It is now the Business Consultancy Unit which takes on the projects required to transform the business of the council. Jo Tolland, the head of the unit, intends to attend this meeting in the future, as Kenneth Lawrie did in the past.</p> <p>AL spoke of two previous reviews within SBC</p> <ul style="list-style-type: none"> -Integrated Children’s Services (ICS), which modernized the service and made cash savings -Transforming Older People’s Services (TOPS) which achieved efficiencies as opposed to cash savings. <p>All agreed that this would be a good item to have on each agenda, so that partners are aware of key pieces of work within SBC. CC said that he used to attend the Business Transformation Board but that due to the start time being changeable, he could no longer commit to attend.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Standing item on BSB on SBC reviews	SG	August 2011
Issue of Transformation Board meeting timing to be raised	SG	ASAP

ITEM 7 – NEW WAYS COMMUNITY CONFERENCE

DISCUSSION	<p>SG said that a community conference had always been intended as part of the revised New Ways structure and now DH felt that it would be good to present the Strategic Assessment and get views on it at a large conference. However, with local elections coming up next year, some felt that this might not be the best time to engage elected members. LMcI said it would present a good opportunity to gather views on the ground and it might be better not to present “at” people but to seek their views in order to validate the findings</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Worked up proposal to the next meeting	SG/DH/DMcD	August 2011

ITEM 8 – AOCB

DISCUSSION	<p>NI brought an issue from the Borders Housing Network- it relates to new Scottish Government Guidance relating to funding adaptations to RSL properties to assist people with disabilities to keep living in them. The guidance was slipped out just prior to the election and would have the effect that significantly fewer adaptations will be funded and therefore disabled households are more likely to make demands on more expensive care services.</p> <p>The purpose of raising the issue is to gather New Ways support to request the new Scottish Government to reverse this decision. Partners agreed that a letter should be sent from the partnership on this issue. LMcl raised the issue of Equality Impact Assessment and the fact that it appears that the Gvt has not done this in this case.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Letter to be drafted by NI and then circulated to partners for approval	NI/SG	ASAP
DATE OF NEXT MEETING: Monday 22nd August, 3-5pm, Committee Room 2		

Security classification:	Not Protectively Marked
Contents may be seen by:	General Public
Author: Fiona Walling	Organisation: Scottish Borders Council
Date created: 19 August 2010	Telephone: 01835 826504



Edinburgh, Lothian and Borders Executive Group Minute of Meeting

Date: Friday 13 August 2010

Location: Council Chamber, Scottish Borders Council Headquarters,
Newtown St Boswells.

Chair: Mr David Hume, Chief Executive, Scottish Borders Council

Members present:

Mr Tom Aitchison	Chief Executive, City of Edinburgh Council
Mr Kenneth Lawrie	Chief Executive, Midlothian Council
Mr Alan Blackie	Chief Executive, East Lothian Council
Mr Alex Linkston	Chief Executive, West Lothian Council
Dr Alison McCallum	Chair, Edinburgh, Lothian Data Sharing Partnership
Mr Calum Campbell	Chief Executive, NHS Borders
Ms Lesley Boal	Detective Superintendent, Lothian and Borders Police

Apologies:

Mr Strang	Chief Constable, Lothian and Borders Police
Professor James Barbour	Chief Executive, NHS Lothian

1. Welcome

Mr Hume welcomed members to the ELBEG meeting hosted at the Headquarters of Scottish Borders Council.

2. Apologies

Apologies were received from Professor Barbour and Mr Strang.

3. Minute of Previous Meeting

Mr Hume asked members if they were satisfied that the previous minute, of 9th April 2010, was a true reflection of the meeting. All members agreed.

4. Matters Arising/Action Register

4.1 Members to consider the recommendations from Detective Superintendent Boal's Strategic Management Update Report that the Level 1&2 Strategic Assessments and ongoing analytical work can be achieved through the prioritisation of local authority funded analysts – Action 87.

Mr Hume advised that this was still ongoing.

Members to consider proposals outlined in GIRFEC paper provided by Mr Boyd McAdam which would allow for the development of a holistic approach to GIRFEC across the ELBEG area – Action 88

In explaining that this action was ongoing, Mr Hume indicated that positive responses had been received from East Lothian and Scottish Borders Council to the proposals and that it would be helpful to have input from other members of the group. He added that it was encouraging to note that funding from Scottish Government had been mentioned to support a cross border approach to GIRFEC implementation.

Following a briefing with officers Mr Lawrie reported that he would be pleased to support the issues raised and that it would be helpful if this could be tied in with the e-care programme. In the further discussion that followed Mr Blackie and Mr Aitchison expressed the view that more clarity was required from the Scottish Government about what was required from ELBEG and how this relates to development within Community Planning Partnerships (CPPs).

Mr Campbell agreed that it made sense for areas to work together but that this would take time due to organisations being at different stages in progressing the initiative. Mr Linkston added that West Lothian Council were already well developed with work around GIRFEC and that there would need to be more information of the benefits of the approach being proposed across the ELBEG area.

It was agreed to request a brief statement from Mr Boyd McAdam to clarify what was proposed with regard to the roll out of GIRFEC before meeting with CPP representatives and discussing how this should be taken forward.

Members to make any comments in relation to the recent Review of the Guidelines 'Protecting children in families with problem substance use' and consider the establishment of a small group of personnel to undertake the review of these guidelines – Action 89

Ms Boal advised that this was being taken forward.

Mr Blackie to write to Directors of Social Work highlighting the East Lothian Care Home issue – Action 90

NOT PROTECTIVELY MARKED

Mr Blackie explained that he had now received a report from Social Work on which the letter to other Chief Social Work Officers would be based. He offered to provide members with a copy of the useful report which indicated the degree of dependence on private sector providers. Members agreed that there needed to be contingencies set up to address the risk of large private providers going out of business. It was recognised that this was a very significant issue which ELBEG should raise with COSLA once responses from Chief Social Work Officers to the letter had been collated. It was agreed that the action will be taken forward by Mr Blackie and kept on the agenda for future meetings.

Outstanding Actions

4.2. Mr Hume to arrange meeting with Dr McCallum and Mr Lowe to discuss data sharing issues – Action 85

Mr Hume informed members that he had now met with Dr McCallum and Mr Lowe regarding data sharing issues and would be reporting the outcome later in the meeting.

5. Letter from Mr Tom Aitchison regarding ELBEG report

Copies of a letter from Mr Tom Aitchison to the Interim Executive Officer, with comments and suggestions regarding the ELBEG 2009-2010 Annual Report, were provided to members for information. Ms Boal indicated that any further comments from members would be helpful.

Mr Hume asked members to note the document.

6. ELBEG Strategic Management Group Update

Mr Hume commented that there had been very useful discussion at the well attended inaugural meeting of the group, which had taken ELBEG forward into a position to raise a number of specific actions. Ms Boal explained that a number of short-life working groups had been set up on behalf of ELBEG with the purpose of achieving quick resolutions to a number of high-risk areas.

In response to a query from Dr McCallum regarding the attendance at the Group's inaugural meeting Mr Hume confirmed that it was indeed the intention that the Data Sharing Partnerships be represented on the group.

Members agreed that it would be useful to have clarity on the groups and workstreams being developed through ELBEG.

Mr Hume asked members to note the content of the report.

ACTION : Ms Boal to prepare a map of groups, short-life working groups and workstreams and their inter-relationship within ELBEG. (Action 91 for Action Register).

7. Child Protection

7.1 PPP Child Protection Update

Ms Boal referred to the update report previously circulated to members. Ms Boal highlighted that the ELBEG Public Protection Office had organised an event at the Royal

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Infirmery of Edinburgh whereby the representatives from the Scottish Government met with key stakeholders across the Edinburgh, Lothian and Borders area to discuss the draft revised national child protection guidance. Ms Boal reported that this had been a very worthwhile event.

Mr Hume asked members to note the updates provided in the report.

7.2 Sheriff Morrison's Judgment relating to civil case JS v ND

Ms Boal gave a verbal report on the background to this case. Sheriff Morrison's report contained criticisms of actions across Police, Social Work and Health with particular reference to the joint investigative interviews. This had led to recommendations for re-training of certain staff. Ms Boal reported that during a recent meeting between police, local authorities and the ELBEG PPP Child Protection Strategic Development Officer there was agreement that refresher training and supervisory/manager training required to be developed as a matter of urgency and that this piece of work has been added to the ELBEG PPP workplan.

Mr Aitchison referred directly to the report and recommendations and offered to provide an anonymised version for colleagues. There followed discussion on the issue of transcription of interviews, the imminent development of visual recording, and possible repercussions of the report.

ACTION : Ms Boal to prepare report outlining the proposed approach to organising of refresher courses. (Action 92 for Action Register)

ACTION: Mr Aitchison to provide an anonymised copy of Sheriff Morrison's report to members (Action 93 for Action Register).

8. Adult Protection

8.1 Adult Protection Update

Further to the update report, Dr McCallum provided an overview of progress within the NHS Lothian Adult Support and Protection Action Group. Having identified the range of issues to address within the Health Service clear Terms of Reference for the group had been set and the key actions listed in the report would be progressed. In the discussion that followed members noted that there were other groups taking this forward that could tie in with the work of the NHS Lothian group.

Discussion continued on the Self Evaluation framework proposed by Professor James Hogg and Dr David Moy and the invitation to Adult Support and Protection partnerships to pilot the model as debated at the Advisory Group meeting on 9th June. Concern was expressed at the number of self evaluation processes being used by Councils at present and that more information was needed to determine how this could fit into existing self evaluation frameworks such as PSIF.

ACTION : Professor Hogg to be invited to the next ELBEG meeting to provide further information on the proposed Self Evaluation Framework – Advisory Group to put on hold assessment of the model at present. (Action 94 for Action Register).

8.2 Adult Protection – Specific Issue Report

There had been circulated copies of a report on three specific issues raised at the ELBEG Adult Support and Protection Co-ordinating Group meeting.

Members commented favourably on the proposal to allow the development of a full report in respect of an ELBEG Significant Case Review Cadre. It was agreed that a small cadre of suitably experienced and trained individuals to lead significant case reviews would be a more effective use of time and resources. Members noted that this proposal had been discussed on a previous occasion but it was agreed that in order to have a higher standardised approach the time was right to test the idea again by development of a business case. Mr Aitchison suggested that suitably experienced and skilled persons who were recently retired may be a valuable resource for the proposed cadre.

ACTION : ELBEG support of the proposal to develop a full report in respect of a Significant Case Review Cadre be conveyed to Mr Wood. (Action 95 for Action Register).

Members discussed the suggestion outlined in the report that the roles and remits of the Co-ordinating Group, Advisory Group and the various sub-groups be reviewed to determine the structure required to continue to support the Adult Support and Protection function on an ELBEG wide basis. It was noted that the issue of the number of groups and work streams and their inter relationship within ELBEG had been previously raised and that an action should be added to the Strategic Management Group item to address the need for clarity on these.

Ms Boal referred to the report and gave further updates relating to the development of Information Sharing Protocols as discussed at the July meeting of the ELBEG Co-ordinating Group. It was noted that the Edinburgh Lothian and Borders update of the 2007 Information Sharing Protocol was at sign off stage.

ACTION : Mr Blackie to look into progress and co-ordination of the process of updating Information Sharing Protocols across the ELBEG area. (Action 96 for Action Register).

9. Children's Services (HMIe) Inspection Process

Mr Hume asked members for any update in their constituent authorities.

Mr Lawrie informed members that the Inspection process in Midlothian was now complete with a report expected in October.

10. Information Sharing

10.1 Edinburgh, Lothian Data Sharing Partnership Update

Mr Hume informed members that he had met with Mr Lowe and Dr McCallum regarding the Borders Data Sharing Partnership (DSP) with a view to aligning this work stream with the Lothian DSP through ELBEG.

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Dr McCallum explained that, following workshops to consider the future strategic direction and priorities for the Data Sharing Partnership, four key outcomes had been identified for development as the focus for the next three years. The aim was to develop a memorandum of understanding between organisations. It was recommended that ELBEG agree the proposed way forward to set up a business case and work programme for the next two years.

Mr Hume commented that the time was critical to take steps to consolidate Data Sharing and discussion continued about how further work could be funded now that resources from the Scottish Government for this purpose had come to an end. The suggestion was made that the work on Data Sharing could be linked to the roll out of GIRFEC. There was concern that investment in Data Sharing had not been carried out on an even basis across the Authorities and more work was required to ensure join-up. An initial stage would be to bring together Borders and Edinburgh and Lothian.

The ensuing discussion focused on whether organisations were moving towards a common specification in information systems. Dr McCallum advised that each organisation had chosen a system that was compatible as agreed through COSLA.

10.2 Borders Data Sharing Partnership Update

The report circulated updated members on the National Data Sharing and Standards programme and activities of the Borders Data Sharing Partnership.

Mr Hume asked members to note the above reports and the proposed action.

Action: Business Case to outline future strategic direction for the Data Sharing Partnership to be prepared for the next meeting of ELBEG. (Action 97 for Action Register).

AOCB

MAPPA Annual Report

Ms Boal informed members that the MAPPA Annual Report, drafted by members of the short-life working group, would be available within the next few weeks and would be sent out electronically.

Chair of the Child Protection Committee

Mr Hume was pleased to advise members that, following the resignation of Pauline Walker, John Raine had accepted the post of the Independent Chair of the Child Protection Committee in the Borders.

Date and Venue for Next Meeting

Mr Hume advised members that the group's next meeting would take place on Friday 12th November at Vega House, Clocktower Estate, South Gyle, Edinburgh.

Mr Hume thereafter concluded the meeting, thanking those present for their attendance.

The meeting concluded at 11.45 a.m.

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Date created: 27/05/11	Telephone: 0131-311-3793



Edinburgh, Lothian and Borders Executive Group Minute of Meeting

Date: Tuesday 1 March 2011
Location: Council Chambers, Scottish Borders Council Headquarters, Newtown St Boswells
Chair: Mr David Hume, Chief Executive, Scottish Borders Council

Members present:

Ms Michelle Miller	Chief Social Worker, City of Edinburgh Council
Mr Kenneth Lawrie	Chief Executive, Midlothian Council
Mr Alan Blackie	Chief Executive, East Lothian Council
Ms Jennifer Scott	Acting Head of Social Policy, West Lothian Council
Mr David Strang	Chief Constable, Lothian and Borders Police
Ms Melanie Hornett,	Director of Nursing, NHS Lothian
Ms Lesley Boal	Detective Superintendent, Lothian and Borders Police
Mrs Linda Hughes	Detective Sergeant, Lothian and Borders Police

Apologies:

Mr Calum Campbell	Chief Executive, NHS Borders
Dr Alison McCallum	Chair, Edinburgh, Lothian and Borders Data Sharing Partnership
Mr Graham Hope	Chief Executive, West Lothian Council
Professor James Barbour	Chief Executive, NHS Lothian

1. Welcome

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Mr Hume welcomed members to the meeting and extended a special welcome to Ms Jennifer Scott who was representing Mr Graham Hope and Detective Inspector Tony Hodges who was attending as guest speaker.

2. Apologies

Apologies were received from Dr McCallum, Professor Barbour, Mr Campbell and Mr Hope.

3. Presentation

'Keeping Children Safe' - Detective Inspector Hodges

Detective Inspector Hodges thanked members for allowing him the opportunity to deliver his presentation on 'Keeping Children Safe' – The Sex Offenders Disclosure Scheme.

Detective Inspector Hodges provided members with some background information in relation to this scheme including the Tayside Pilot and subsequent evaluation. He also made reference to the processes involved and the advantages it will bring.

Detective Inspector Hodges alluded to the fact that The 'Keeping Children Safe' Scheme has now been successfully rolled out across all other regions in Scotland and will be launched in the Lothian and Borders area on Tuesday 31 March 2011. There have been briefings taking place across the Lothian and Borders area and, following the launch, a series of four newsletters will be published outlining the purpose of this scheme in more detail.

At the conclusion of the presentation there followed some discussion from members around disclosure issues in general and the immediacy involved.

Mr Hume then thanked Detective Inspector Hodges for his presentation and asked that ELBEG members be included in the circulation list when the evaluation report is published.

ACTION: Detective Inspector Hodges to ensure ELBEG members are included in circulation list (Action 1 for Action Register)

4. Minute of Previous Meeting

Mr Hume asked members if they were satisfied the previous minute was a true reflection of the meeting. All members agreed.

5. Matters Arising/Action Register

5.1 Update Budget Public Protection Partnership 2011-2011

Mr Hume informed members that the proposed budget figures for 2011-2012 had been agreed.

Mr Strang also intimated that the proposed administration costs had been reduced by 51/2%. This was noted by all members.

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Members to consider recommendations from Detective Superintendent Boal's Strategic Management Update Report that the Level 1&2 Strategic Assessments and ongoing analytical work can be achieved through the prioritisation of local authority funded analysts – Action 87

Ms Boal informed members that the Level 1 Strategic Assessment was complete and the Level 2 Strategic Assessment should be completed by the end of March and sent out for consultation.

Members to consider proposals outlined in GIRFEC paper provided by Mr Boyd McAdam which would allow for the development of a holistic approach to GIRFEC across the ELBEG area – Action 88

Mr Hume informed members that further clarity had been provided by Mr Boyd McAdam. This action was now complete.

Members to make any comments in relation to the recent Review of the Guidelines 'Protection children in families with problem substance use' and consider the establishment of a small group of personnel to undertake the review of these guidelines - Action 89

Ms Boal informed members that this action was now complete with Ann Neilson leading a short life working group to progress.

Mr Blackie to write to Directors of Social Work highlighting the East Lothian Care Home issue – Action 90

Mr Blackie informed members that this action was now complete.

Ms Boal to prepare map of groups, short-life working groups and workstreams and their inter-relationship within ELBEG – Action 91

Ms Boal intimated that this action would be discussed as part of the agenda

Ms Boal to prepare report outlining proposed approach to organising of refresher courses - Action 92

Ms Boal informed members that this action was now complete.

Mr Aitchison to provide an anonymised copy of Sheriff Morrison's report to members – Action 93

Ms Boal intimated that this action would be discussed as part of the agenda.

Professor Hogg to be invited to the next ELBEG meeting to provide further information on the proposed Self Evaluation Framework – Action 94

Ms Boal informed members that this action was outstanding.

ELBEG support of the proposal to develop a full report in respect of a Significant Case Review Cadre to be conveyed to Mr Wood - Action 95

Ms Boal informed members that this action was now complete.

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Mr Blackie to look into progress and co-ordination of the process of updating Information Sharing Protocols across the ELBEG area – Action 96

Ms Boal informed members that this action would be discussed as part of the agenda.

Dr McCallum to provide business case to outline future strategic direction for the Data Sharing Partnership – Action 97

Ms Boal intimated that this action was still outstanding.

6. ELBEG Public Protection Partnership Report

Ms Boal provided members with a verbal update of this report making reference to the development of a toolkit to support the revised guidelines in relation to Protecting Children in Families with Problem Substance Use.

It was hoped that with ELBEG approval the Scottish Child Care and Protection Network (SCCPN) would lead on this work.

Members agreed in principle to authorise SCCPN to carry out this work pending circulation of the Evaluation Report.

Ms Boal made reference to the Strategic Assessment with level 1 having been completed and the level 2 analysis would be sent out for consultation by 18 March 2011.

The final version of Edinburgh and Lothians Inter-Agency Child Protection Procedures will be submitted to ELBEG members in due course and the cost implications involved.

There followed some discussion from members around the revised timescales for Case Conferences which had been set by Scottish Government.

Ms Hornett informed members that she was presently chairing a Chief Officers Group in West Lothian who were looking specifically at this issue and offered to report back to ELBEG members on the findings from this group.

<p>ACTION: Ms Hornett to report back to ELBEG members on concerns CPC's have in relation to Scottish Government Guidance (Action 2 for Action Register).</p>

Ms Boal stated that following Sheriff Morrison's report there had been a review of the Joint Investigative Interview Training programme across the ELBEG area and two new training programmes have now been established and developed by the ELBEG PPP. This training, including refresher training, is progressing well as per Appendix A to this report and the comments are very positive. A Police Inspector, who is a JIIT Trainer, has also been seconded to the ELBPPP to assist with this review and roll out of this programme. Ms Boal also indicated that Visual Recording Interview equipment should be installed in each local authority area both static sites and mobile equipment, by August 2011.

In relation to Under Age Sexual Activity, Ms Boal informed members that National Guidance had recently been published by the Scottish Government on this subject, and an ELBEG wide protocol is now being drafted by the ELBPP to complement this guidance. Ms Boal informed members that the National Guidance makes reference to a single agency being able to make a decision as to whether or not an investigation or further investigation is

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required in relation to under age sexual activity. The Lord Advocate's Guidelines however, which were submitted to Chief Constables on this subject, makes reference to the police using discretion as to whether or not a case of under age sexual activity should be submitted to the Procurator Fiscal when a crime had been committed, but makes no reference to the police using discretion in terms of investigation. This is an issue for the police as there are two sets of guidelines on this subject which are contradictory to each other. Ms Boal informed members that further guidance was required and the ELBPP had been in consultation with partners and the voluntary sector, which had proved positive. ACPOS, Crown Office and Scottish Government have yet to be consulted.

The draft protocol in relation to Attempted Suicide/Self Harm had been completed by the ELBEG Short Life Working Group (SLWG) and had been circulated to relevant partners for comment. Some comments received however were wide ranging, some contradictory and several issues remained unresolved, especially in relation to the police process. Ms Boal informed members that guidance was still required as a matter of urgency.

There followed general discussion from members and it was agreed that this subject required immediate action and should be addressed at the next ELBEG Strategic Management Group Meeting in April 2011.

ACTION: Detective Superintendent Boal to report to ELBEG SLWG that an update is required for the next ELBEG Strategic Management Group Meeting (Action 3 for Action Register)

Ms Boal then provided members with a brief verbal update in relation to The Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011 and the implications for MAPPA.

Mr Hume asked members to note the updates provided in this report.

7.ELBEG Public Protection Partnership Employees (Draft Memorandum of Understanding

Mr Hume invited Mr Strang to provide members with a verbal update of this report. He made particular reference to Paragraph 5. which involved the liability for any costs directly related to compulsory redundancy and that this liability would be shared by partners based on contribution to funding of the post(s).

There followed much discussion from members and, in principle, all agreed with the content of this report for this financial year, but could not commit to offering any further financial support from their organisation for 2012-13 until the budget situation was known for this period.

8. Review of Judgement by Sheriff Morrison

Mr Hume invited Ms Miller to provide a verbal update to members in relation to this report.

Ms Miller stated that the City of Edinburgh Council had carried out a review based on the judgements made in this report and all the recommendations had been carried out.

Mr Strang wished to clarify if the learnings from this case had been promulgated into our local procedures and practices.

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Ms Miller intimated that the police, social work and health had taken these recommendations very seriously and had been acted upon.

Mr Hume asked members to note the content of this report.

9. Children's Services (HMle) Inspection Process

Mr Hume asked members for any update in their constituent authorities.

Mr Blackie informed members that East Lothian Council's 'Joint Inspection' had just been completed and the report would be published shortly. He stated that overall this was a positive experience for all staff involved in this new regime of inspection process and the outcome of the report itself was extremely positive.

Mr Lawrie informed members that Midlothian Council's inspection was due to take place in May 2011.

Mr Strang stated that Lothian and Borders Police will undergo a 'Best Value' Audit and inspection in June 2011 which will be jointly carried out by HMICS and Audit Scotland.

Ms Scott informed members that West Lothian Council had undergone their inspection in June 2010, the results of which were published in October 2010. Overall the council performed well with the report highlighting areas of good practice including that of self evaluation. Presently, West Lothian Council were undergoing a SWIA inspection and so far there had been positive feedback.

Mr Hume stated that Scottish Borders Council was approaching their Children's Services inspection in May 2011 and preparations were being made.

10. Public Protection Unit East and Midlothian

Mr Hume invited Mr Blackie to provide members with a verbal update in relation to his reports.

10.1 Residential/Nursing Homes for Older People

Mr Blackie informed members that the issues surrounding this report had been discussed at the previous ELBEG meeting in August 2010 when members agreed that that there needed to be contingencies set up to address the risk of large private providers going out of business. It was recognised that this was a very significant issue which ELBEG should raise with COSLA to identify whether legislative change would help the Council and its Adult Protection Partners with the protection of vulnerable older people in care homes at risk of failure.

After discussion with members it was agreed that ELBEG would contact COSLA in an effort to address this issue.

ACTION : Mr Hume to send letter to COSLA and ADSW outlining ELBEG members concerns (Action 4 for Action Register)
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10.2 An issues paper for ELBEG

Mr Blackie referred to this paper which had been prepared by Mr Alan Ross in December 2010. In summary, this paper was calling into question the existence and effectiveness of ELBEG and concluded with a set of questions around bureaucracy and finance.

Mr Hume alluded to a similar subject paper submitted by Mr Tom Aitchison which had been discussed at the previous ELBEG Strategic Management Group meeting where concerns had been raised about the functions and the infrastructure of ELBEG and the best use of resources.

There followed some involved discussion from members around these issues and it was agreed that clarity is required in relation to what the ELBEG infrastructure provides being mindful of perhaps reducing structures and therefore possible costs.

Ms Boal commented that the ELBEG PPP office could take on this piece of work as part of the ELBEG SMG, to look at efficiency savings with assistance from staff from another local authority who had expertise in organisational design and system thinking experience.

Ms Hornett agreed that personnel from NHS could be approached to support this work.

ACTION : ELBEG PPP to contact Ms Hornett regarding offer of support (Action 5 for Action Register)

11. Information Sharing

11.1 Edinburgh Lothian and Borders Data Sharing Partnership Paper Update

Mr Hume stated that due to the absence of Dr McCallum, he did not propose to circulate this paper to members and would ask Dr McCallum to provide an up to date report at the next ELBEG meeting. Mr Hume further informed members that the Edinburgh and Lothians Data Sharing Partnership has now integrated with the Borders Data Sharing Partnership to form one single Data Sharing Partnership.

12. Any Other Business

12.1 ELBEG Conference Report

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Mr Hume invited Ms Boal to provide members with a verbal update in relation to this report.

Ms Boal informed members that the next ELBEG Conference is scheduled to take place in the Autumn of 2011. In relation to funding, £10,000 has been set aside from the previous budget for this event. This report outlined suggested keynote speakers and participants who could be involved on the day.

Ms Boal asked members to consider if they agreed that there should be a further ELBEG Conference and for members to consider two keynote speakers from this list, or other suggested speakers of their choice who could be involved at the conference.

Mr Hume asked members to consider this report, consult within their own organisation and report back within 3 weeks. All members agreed to this request.

ACTION: Members to consider report and to consult within their own organisation. To report back to ELBEG Secretariat within 3 weeks (Action 6 for Action Register)

12.2 PAN Lothian and Borders Data Sharing Protocol (Draft)

Mr Hume informed members that extensive consultation and discussion had already taken place in relation to this protocol and asked if members would now be in a position to sign off this document with reassurance from their own organisation.

All members agreed that, in principle, they would sign off this document, subject to any views they may receive from their own organisation.

ACTION: Members to consider protocol within their own organisation and report back to ELBEG Secretariat within 3 weeks with electronic signature (Action 7 for Action Register)

Equality and Human Rights Commission (EHRC) Letter

Mr Hume informed members that in 2002, an extremely serious vulnerable adult case was dealt by the Scottish Courts which caused significant publicity for the borders at that time.

In December 2010, Mr Hume received a letter from the EHRC inviting himself, the Chief Executive of Health and various police representatives from the Scottish Borders to attend an inquiry day in Glasgow. The inquiry panel from the EHRC wished to interview those invited in an effort to discuss the case of 2002 in more detail and inquire as to what preventative measures had been put in place since then.

Mr Hume further stated that in January 2011 all those invited provided information to the panel and the EHRC will be publishing a report soon.

Mr Hume commented that this was an interesting case study which he thought was useful to share with members.

Death of Young Infant / Disclosure Issues

Ms Boal wished to inform members of a recent baby death in Midlothian.

A criminal investigation was ongoing and the police were working closely with NHS Lothian.

The two remaining siblings of this family were now in foster care following Child Protection orders being granted.

The Scottish Children's Reporter Administration (SCRA) have now asked the police for full disclosure of the cause of this baby's death which has been refused. SCRA are concerned that without this information, the children, presently in foster care, could be returned to their parents as part of the civil process.

The Procurator Fiscal and SCRA have an information sharing protocol which is not up to date in relation to civil and criminal proceedings running together and is therefore not fit for

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purpose. Work is now required to review this protocol which involves the local authorities, police, health and SCRA.

Ms Boal asked members if this could be progressed by the ELBEG Strategic Management Group to develop draft guidance as they have the required representation to take this forward. All members agreed.

ACTION: Detective Superintendent Boal to raise issue at next ELBEG SMG (Action 8 for Register)

13. Date and Venue for Next Meeting

Mr Hume advised members that the date and venue of the next meeting would be promulgated in due course.

Mr Hume thereafter concluded the meeting and thanked those present for their attendance.

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CRITICAL SERVICES OVERSIGHT GROUP

MINUTE OF MEETING OF MONDAY, 15 NOVEMBER 2010

Present:	<p>CSOG : Callum Campbell, Chief Executive - NHS Borders; Supt Murdo McIver - Lothian & Borders Police;</p> <p>Attendees: Andrew Lowe, Director of Social Work (Chairman); Director of Education and Lifelong Learning, Chair of Adult Protection Committee; Mr John Raine - Chair of CPC, Gillian Nicol, Child Protection,</p> <p>Apologies: David Hume, Chief Executive - SBC, Alana Notman, Adult Protection; Stella Everingham, Head of Integrated Children's Services, Morag McLintock – Procurator Fiscal.</p>
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1.	<p>MINUTE</p> <p>There had been circulated copies of the Minute of 16 August 2010. The Group considered the Minute and agreed to note, subject to the correction in para 4(a) where Chief Supt Lesley Boal should read Detective Supt Lesley Boal.</p>
2.	<p>MATTERS ARISING NOT ON THE AGENDA</p> <p>(a) With reference to paragraph 4(b) for the Minute of 16 August 2010, the Chairman reported that he had met with Alison McCallum to discuss how the data sharing agenda could be progressed and reported that NHS Borders was rolling out TRACK and which would be a good tool for data sharing. Common protocols required to be devised and this work was being undertaken by Linda Jackson.</p> <p>(b) The Chairman reported that the Chooselife 'The Art of Conversation' video had won an award from a short list of 7 and Haylis Mackay hoped to get promotion from the award that. Callum Campbell agreed that the number of suicides had to be reduced and there was potential for a further rise as there would be major pressure on people during the current economic climate.</p>
3.	<p>ELBEG</p> <p>The Chairman reported that the ELBEG Meeting scheduled for 12 November 2010 had been cancelled and there was no update.</p>
4.	<p>Child Protection Update</p> <p>(a) Annual Report – CPC had made some minor changes and the report was complete. The report would be presented to Elected Members on 25 November and had been presented to the relevant Health Board. The Business planned had been discussed as both CPAC Meetings and the Committee were satisfied with the progress.</p> <p>(b) Training – The Training Sub Group had finalised the material for the 'What's Next' training at level One (awareness raising) and Level II (practice development workshop). This would be offered to staff who had attended training over 3 years ago and would do a re-cap of the key points of the training attended and use new materials and cover changes in knowledge, research, policies and procedures. It was further reported that the CPC Training Officer was on maternity leave and the admin support had left and not replaced due to the recruitment freeze. This had not</p>

	<p>impacted on the delivery of the current training or the 'what's next' training, although there would be a capacity issues around any new training CPC would wish to provide.</p> <p>(c) Public Information – The Parenting Handbooks were distributed by the schools at the start of the new term and an internet safety leaflet for parents was being developed. The TV advert was being aired over a 2 week period in November and would be the final run unless additional funding became available in the future. It was reported that evaluation of the impact of adverts was difficult but it was estimated that the advert would have been seen by over 2 million viewers. An increase in referrals from the public, neighbours and family members had been reported by Social Work, although it was difficult to attribute this solely to the advert, it appeared to have made a difference. The CPC were moving their website to be hosted by Online Borders so that it had a more interagency appearance. The online Borders website would be linked to any existing child protection web pages on the council website as well as individual agency websites.</p> <p>(d) Practice Reviews – There had been one appeal against a Child Protection Case Conference (CPCC) decision which although not upheld had raised a practice issue which had been notified to the relevant Manager. Three practice reviews had been undertaken over the last 6 months, none of which had raised any concerns or required changes to policy or procedures. They had however, raised issues around the action taken by staff which were in the process of being addressed, but had not resulted in any amendments to protocol and procedures.</p> <p>(e) Child Protection Guidelines - It was reported that the CPC had decided to change the 'Guidelines' to 'Procedures' in order to clarify their importance and support the self evaluation framework and additional information had been included in the procedures on a number of issues.</p> <p>(f) Substance Misusing Parents – The draft Parental Substance Misuse Screening Tool had been evaluated very positively. A shared learning day would take place on 17 December 2010 to bring representatives from the agencies together with the key agency staff to discuss the use of the tool and issues of working together to promote a greater understanding.</p> <p>(g) Self Evaluation Framework/Inspection – It was reported that a self evaluation framework had been agreed and would be fully implemented by the Quality Improvement and Review Sub Groups over their next few meetings. A small number of CPC Members had agreed to take the lead on preparing for the next inspection, which was anticipated to be anytime from April onwards and a CPC task Group had been set up to prepare for the inspection. A consultation was being sent out.</p> <p>(h) Video Recording of Interviews – The requirement to record Joint interviews of Children consultation was complete. Work was ongoing to find suitable resource and funding for necessary changes and a potential site had been identified. Work was underway to identify the costs and Health had retained some capital resources in 2010/11 for this purpose and all effort was being made to progress this as quickly as possible. It was hoped that Government funding could be accessed for new equipment and negotiations were ongoing with Police for funding for equipment and sound proofing in the former Glenview Children's Home, Galashiels. The Chairman expressed concern that Glenview was too small and highlighted that everyone required to have a common understanding of what was required in order to secure the best way forward.</p> <p>Action:- A Meeting between Callum Campbell, Chief Executive of NHS and David Hume, Chief Executive of SBC.</p>
5.	<p>Adult Protection Update</p> <p>Brian Kerr spoke to the note which had been circulated covering the work of the APC since</p>

	<p>last reported to CSOG in August 2010 including Annual Report 2008/09, Private Sector, Information Sharing, Critical Case Review and Public Awareness Strategy.</p> <p>(a) The Annual Report had been signed off and was ready to be presented to Scottish Borders Council and appropriate NHS Borders Committees. The first Biennial report had been submitted to the Scottish Government which included much of the factual information and data included in the annual reports and a brief evaluation. Any feedback to be reported to the next CSOG meeting.</p> <p>(b) Work continued to establish links between the Committee and the private sector, but had made no significant progress to date. There had been no response to the approaches made to representative groups.</p> <p>(c) It was understood that a revised and up to date protocol (with appropriate reference to adult protection and ASPA) was to be signed off by ELBEG by the end of 2010. The protocol would then be considered by the Scottish Borders data sharing partnership, and if approved thereafter could be disseminated and put into operation.</p> <p>(d) With regard to the establishment of an Audit Sub-Committee, It was reported that an Audit of twenty adult protection cases was commissioned by the Audit sub-group and the report of that had been received. The audit revealed many positive examples of good practice and positive decision making, as well as evidence of good joint working, particularly with the police and social work services. There had been a number of concerns and criticisms, for example about recording and other administrative processes. More than twenty recommendations for improvement had been made and each one had been considered, most of which had been accepted and referred to appropriate managers and joint groups. Feedback would be given to each of the workers and managers responsible for the twenty sampled cases. An Audit of the experience of a sample of service users and carer's was now being undertaken, with the report expected by the end of the year. A 'mystery shopper' exercise to test availability, access and use of the revised Guidelines would be undertaken early in 2011.</p> <p>(e) It was reported that the Audit Sub-committee met every other month to oversee any on-going critical case reviews, monitor the implementation of recommendations from any completed reviews, and initiate interagency reviews which were requested and required.</p> <p>(f) It was reported that following the July Conference, a new public awareness strategy was being drafted and would be ready for APC in December 2010/February 2011. The Primary aim was to improve the level of awareness concerning adults at risk and the nature of harm, amongst the people of Scottish Borders, and of their shared responsibility to improve protection. This was obviously a shared goal with Child Protection and other Public Protection Committees and so would be discussed and Shared as necessary, with a view to joint activity where possible and appropriate.</p> <p>Action: (a) John Raine to feed into new Public Awareness Strategy and to raise public awareness.</p>
6.	<p>Data and Intelligence Sharing</p> <p>Nothing to report.</p>
7.	<p>MAPPA</p> <p>It was reported that there were no level 3 meetings held during the last period. There was discussion on levels 1 and 2.</p>
8.	<p>Critical Cases</p> <p>(a) There was tabled at the meeting a report compiled by Kevin McCall, Community Learning and Development Officer for Education and Lifelong Learning which followed the interagency meeting to discuss the implications of a critical incident involving a Border Production Unit</p>

	<p>trainee during the process of establishing a work placement opportunity. The report detailed those present and explained that the Border Production Unit (BPU) was approached by Careers Scotland with the offer of three joinery apprenticeship positions, which would run for 3 days a week and based in Innerleithen. It was decided that the best solution was to look at the combined studies approach with any successful trainees working in Innerleithen while maintaining contact with the BPU for the remaining two days. Application forms were completed and interviews conducted after which time three young people were offered start dates from the employer and attempts were made to arrange a visit. It was reported that during a one to one discussion with one of the trainees they disclosed that they had been bombarded with texts from the person offering the apprenticeships ad that these texts were of a sexual nature. The Child Protection process was followed with the young person to obtain the relevant information from the disclosure. The relevant social workers and local community police liaison officer were contacted to discuss the matter. The Trainees were informed that there was an issue with Health and Safety and that the placement would not go ahead until this had been investigated. The matter of the texts and the disclosure of the information were passed onto the police. The report further detailed the existing Guidance/Policies.</p> <p>(b) The Group then discussed the current arrangements and who was required to be disclosed.</p> <p>Action: (a) Practise Development Group – Child Protection to be asked to develop Criteria; (b) The Director of Education and Lifelong Learning to meet with Kevin McCall to develop the report circulated at the meeting, in order to pin point recommendations.</p>
9.	<p>Serious Cases</p> <p>(a) Supt Murdo McIver reported on an Industrial Fire which had occurred in Duns on 14 September 2010 and had resulted in asbestos clouds being omitted. Residents had been moved into a rest centre overnight and although a small scale incident had been a good test of procedures.</p> <p>(b) A report was given on 2 collisions on Borders roads, which had occurred within 3 mins of each other. There had been one fatality from the bus and car collision on the Jedburgh/Denholm road and a mother and her unborn child who had died as a result of a two car collision on the A7.</p> <p>(c) The Group were advised that the body of Daniel McNeil had been found in the nets of a fishing boat which had allowed closure for his family .</p> <p>(d) Supt Murdo McIver touched on the double suicide at Lowood Bridge and reported that no report had been sent to the procurator fiscal.</p> <p>(e) There had also been a spate of drug related deaths – 8 in the fiscal year ad 10 in the calendar year. These had been a combination of drugs and alcohol and there was no pattern and no one drug causing the deaths. The last three deaths had been people who had chaotic lifestyles.</p>
10.	<p>Any Other Business</p> <p>Mr G Rodger expressed his concerns about the continuing growth of the Internet and Facebook and suggested that the Group may have to look at this. It was acknowledge that this was a very complex issue and would have to be tackled in small sections at a time. A Seminar was suggested as a way of sharing issues.</p> <p>Action:- New Media to be placed on future Agenda.</p>
11.	<p>Date of Next Meeting</p> <p>Thursday, 14 February 2011 at 3 p.m. in the Council Chamber, Council HQ, Newtown St Boswells.</p>