

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

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

**Background**

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

**Summary**

Committee minutes attached are:-

- Strategy & Performance Committee: 04.09.14
- AH&SC Integration Shadow Board: 04.08.14
- Staff Governance Committee: 05.06.14
- Public Governance Committee: 18.06.14
- Endowment Committee: 02.06.14
- Endowment Committee: 22.07.14
- Area Clinical Forum: 23.06.14
- Clinical Governance Committee: 11.06.14

**Recommendation**

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

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

**Approved by**

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

**Author(s)**

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

**Borders NHS Board**

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 4 September 2014 at 12.40 in the Board Room, Newstead

**Present:**

Mr J Raine	Mr C Campbell
Mrs K Hamilton	Mrs E Rodger
Mr D Davidson	Mrs J Davidson
Cllr C Bhatia	Mrs E Cameron
Mr J McLaren	Dr S MacDonald
Dr D Steele	Mrs C Gillie
Dr S Mather	Mr D McLuckie

**In Attendance:**

Miss I Bishop	Dr J Kirk
Ms C Proudfoot	Mr C Sinclair
Mrs N Berry	Mrs K Nairn
Mrs C Oliver	Mr S Bermingham
Mrs J Stephen	Mr A Pattinson
Ms L Morgan-Hastie	Mrs A Wilson
Mr T Cameron	

## 1. Apologies and Announcements

Apologies had been received from Mrs Pat Alexander, Mrs Karen McNicoll, Dr Eric Baijal, Dr Hamish McRitchie and Dr Cliff Sharp.

The Chairman welcomed, Christine Proudfoot, Senior Charge Nurse, Alison Wilson, Director of Pharmacy and Lynne Morgan-Hastie, Physiotherapist who were speaking to various items on the agenda. He further welcomed Karen Nairn, Fundraising Manager who was shadowing Edwina Cameron, Charlie Sinclair, Associate Director of Nursing and Nicky Berry, Head of Midwifery who were shadowing Evelyn Rodger.

## 2. Patient & Carer Stories

SCN Christine Proudfoot, Melburn Lodge, gave a very informative presentation to the Committee of the benefits that had been provided to a patient through using “playlist for life” which was a music therapy for dementia patients. The evidence base and research demonstrated the system provided a calming impact on patients. She highlighted that she had adopted this approach following her attendance at the National Person Centred Collaborative earlier this year.

Discussion focused on donations of ipods, publicity, sensory gardens, utilising care homes and empowering the voluntary sector to assist in such initiatives, carers experiences, early intervention in dementia, improvement cycle, trials, roll out, downloading music from itunes, compiling playlists in

the early diagnosis of dementia, the provision of a library of music, copyrights in terms of downloading music for more than one patient to access.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story and supported the ongoing testing of Playlist for Life.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that Mr Stephen Bermingham as lead for the person centred collaborative would draw up a roll out plan for “Playlist for Life” and provide an update to the Committee in 12 months time.

### **3. Declarations of Interest**

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

Mr David Davidson declared a potential non pecuniary interest in the pharmacy item on the agenda.

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

### **4. Minutes of Previous Meeting**

The minutes of the previous meeting of the Strategy & Performance Committee held on 1 May 2014 were approved.

### **5. Matters Arising**

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

### **6. Format of Board Clinical Governance & Quality Report**

Mrs Evelyn Rodger introduced a paper that requested views from the Strategy & Performance Committee as to whether the Board Clinical Governance & Quality Update content met the Boards requirements and asked them to consider a proposal to also undertake a focus on spotlight sessions for the coming year.

Discussion focused on ensuring the inclusion of claims and independent contractor complaints in the Clinical Governance & Quality report.

Dr Stephen Mather suggested that one of the deep dive sessions focus on the Health & Safety function. Mr Calum Campbell advised the Committee that an external review of the Health & Safety function had been commissioned and he expected the outcome report to be available within the next few weeks.

The **STRATEGY & PERFORMANCE COMMITTEE** commented on the format of the Clinical Governance and Quality Board report and considered, with the addition of independent contractor complaints and claims, the current content met the Boards requirements.

The **STRATEGY & PERFORMANCE COMMITTEE** considered and approved the proposed format for spotlight sessions for the coming year.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the Chairman and Chief Executive identify the forum at which the Health and Safety discussion would take place.

## 7. Physiotherapy Services Waiting Times Update

Mr Tim Cameron introduced the physiotherapy services waiting times update presentation. Mrs Lynne Morgan-Hastie gave a more indepth update on progress that had been made within the service over the previous 4 week period. She highlighted several key areas including: appointment of 1 locum for 10 weeks to drive the test of change; if the telephone consultations worked to full capacity an additional 300-400 new patients could be seen each year; and the commissioning of an external review. With regard to next steps in September and October she advised that elements to be progressed would include the migration to TRAK; vetting; development of self help packs; the re-establishment of lower limb classes and testing the use of Dictaphones.

Dr Stephen Mather enquired how the non attendance of locums was being followed up. Mrs Morgan-Hastie confirmed that it was followed up through the agencies. Dr Sheena MacDonald advised that there was a formal letter that was issued to all medical locums that cancelled at the last minute and it had proved effective in some cases. She suggested Mrs Morgan-Hastie utilised that letter and included the relevant professional guidance for the relevant AHP locum.

Mr David Davidson enquired about utilising a bank system for AHPs. Mrs Morgan-Hastie advised that she was in the process of resurrecting an AHP bank provision as well as asking AHPs to work weekends, evenings and undertaking extra hours.

Mr Davidson enquired if agencies were subject to cost recovery programmes if they were unable to provide locum that had been commissioned. Mrs Morgan-Hastie advised that she had raised the issue with Sharon Ferguson and awaited a response.

Dr Doreen Steele was keen to understand what the trajectory would be for December. Mrs Morgan-Hastie advised that she had not yet mapped out a trajectory to December however she expected progress to be made by then but could not quantify it.

Mr Cameron advised that there was an assumption that once the Band 5 post was in place and telephone triage was actively undertaken there could be some 300-400 extra patients seen per year.

Dr Jonathan Kirk spoke of variation and targeting referrals in relation to general practices.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Physiotherapy Services Waiting Times update presentation.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive a further update at the next meeting as well trajectories on best case and worst case scenarios.

## 8. Staff Survey Update

Mr John McLaren updated the Committee on the current status of the staff survey uptake and advised that NHS Borders had currently achieved a 16% take up rate against the current Scottish average of 11%.

Discussion focused on the staff survey being optional for staff to undertake and not compulsory; engaging leadership; frequency of staff surveys; higher response rates providing a more coherent picture of the organisation; feedback to staff following previous staff surveys; action plans and “you said we did”; schematic visual map of staff feedback elements.

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

## **9. Proposed Children and Young Peoples Centre at Borders General Hospital**

Mrs Clare Oliver introduced the proposal for a Children & Young Peoples Centre at the Borders General Hospital. She advised of the outcome from the feasibility exercise that had been undertaken by the internal Fundraising Team and advised of a firm pledge of £1m having been received in writing with agreement received from the Endowment Fund Board of Trustees of £500k.

Discussion also focused on branding and naming the new centre, the involvement of children and young people in the design, timeframe for the production of the outline business case, publicity and ensuring the new centre is seen as a collaborative working arrangement with the reprovision of the Hospital for Sick Children in Edinburgh

The **STRATEGY & PERFORMANCE COMMITTEE** approved the development of an outline business case for the Children and Young People’s Centre.

## **10. Prescribing – Difficult Decisions Project**

Dr Sheena MacDonald reminded the Committee of the pressures on the drug budget and how the ideas in the paper had been formulated.

A debate ensued which encompassed views in relation to reduction of wastage and raising efficiency levels; consulting with GPs and secondary care consultants; 20:80 analysis; prescribing via GPs through Community Pharmacies instead of purchasing medicines through the Hospital Pharmacy which has a VAT element attached to it; integration and hospital at home; what are the easiest elements to undertake and what are the largest pay back elements to pursue; involvement of community pharmacists and care of medicines at home; what are the Board comfortable with the GP saying “No” to; reduction in wastage of medicines; hoarding of medicines; prescribing of life style choice medications; removal of products that are now widely available through supermarkets or other outlets such as gluten free products; medication amnesty; prescription charges and high cost medicines; public engagement and involvement of the Local Health Council.

The **STRATEGY & PERFORMANCE COMMITTEE** discussed proposals which should be further pursued by NHS Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to email directly to Mrs Alison Wilson their thoughts on the content of the paper as well as any additional ideas they might have.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed a Short Life Working Group be established with a Non Executive representative, agreed as Dr Stephen Mather, to oversee, undertake

thorough impact analysis, check against the disability discrimination act, and check all detail prior to submission to the Board for decision in October.

## **11. Integrated Performance Report**

Mrs Edwina Cameron updated the Committee on the latest performance towards locally agreed efficiency and productivity measures.

Mr David Davidson sought an executive summary and a scorecard expansion to highlight exception reporting in terms of where items were performing well and less well, with both visual elements and narrative.

A discussion ensued which highlighted the wish for triangulation; combined reports as well as the need for assurance to the Board to be clearly provided; format and style of report and it being a work in progress; advancing the report up the Committee agenda.

Mrs Karen Hamilton enquired about the data point on page 48 in regard to dementia diagnosis. Mrs Jane Davidson confirmed that the number of patients on the dementia register had continued to decrease month on month.

Dr Stephen Mather observed that Theatre utilisation had been omitted from the report.

Dr Mather enquired about length of stay of page 19 in relation to palliative care and ophthalmology. Mrs Davidson confirmed that that the poor performance was due to small numbers.

Dr Mather enquired about length of stay in the Community, specifically Hawick. Mrs Davidson confirmed that work was on going with regard to length of stay in community hospitals and she advised the Committee that the measurement of length of stay was a disadvantaging mechanism for the community hospitals.

Dr Mather noted the early warning scores on page 23 showed a downward trend from May onwards, whilst remaining within the upper and lower control limits. Mrs Evelyn Rodger advised that the Clinical Governance team were addressing the performance and a level of assurance was in sight. Dr Jonathan Kirk assured the Committee that there was a high level of scrutiny applied around the recording of data for early warning scores and he suggested the Committee would begin to see lower performance as there was more scrutiny applied.

Dr Mather highlighted the increase in falls with harm on page 27. Mrs Rodger confirmed that the numbers were small and that a detailed piece of work had been undertaken in Melburn Lodge that had had a significant impact up to February and that the Clinical Board reviewed every significant fall.

Dr Mather enquired about the adverse events limits on page 30. Mrs Rodger advised that a new policy on significant adverse events had been introduced and it was expected that numbers would increase whilst the policy was being embedded in the system. There was a drive to improve approval of adverse events within the timescales set out within the policy.

Dr Mather noted that the hand hygiene compliance in the Margaret Kerr Unit on page 34 had reduced to 84%. Mrs Rodger confirmed that a zero tolerance to hand hygiene compliance escalation procedure

had been agreed in July and had been embedded in the system. She assured Dr Mather that performance had improved and the figure in the report was a point in time.

Dr Mather further made an observation about diagnostic waiting times being greater than 4 weeks on page 37. Mrs Davidson advised that work was being taken forward in terms of demand and capacity as well as looking at annual leave, sickness and small consultant services to understand if this was a single issue or a potential on going issue.

Mrs Rodger highlighted to the Committee the redesigned leadership walkrounds and the increase in uptake of those since the relaunch in the Spring.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the September 2014 Integrated Performance Report.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed the report be reworked to include an executive summary and scorecard expansion to highlight exception reporting.

## **12. Any Other Business**

**12.1 Health Improvement Scotland Reviews:** The Chairman suggested the Committee receive an update on the Health Improvement Scotland reviews.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive an update on Health Improvement Scotland reviews.

**12.2 Health Environment Inspection (HEI) Report:** The Chairman enquired about progress against the HEI report. Mrs Evelyn Rodger confirmed that an update on the HEI report was being taken to the next Clinical Governance Committee meeting.

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

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

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 6 November 2014 at 12.30 in the Board Room, Newstead.

*The meeting concluded at 3.30pm.*



Minutes of a meeting of the **Integration Shadow Board** held on Monday 4 August.2014 at 2.00pm in the Board Room, NHS Borders, Newstead.

**Present:** Mrs P Alexander (Chair)  
Cllr S Aitchison  
Mr D Davidson  
Dr S Mather  
Cllr J Mitchell  
Cllr D Parker  
Dr D Steele  
Cllr J Torrance

**In Attendance:** Miss I Bishop  
Mrs C Gillie  
Mrs E Rodger  
Mrs S Manion  
Miss F Morrison  
Ms J Miller  
Mr E Torrance  
Mrs T Logan  
Mr D Robertson  
Mrs J Davidson  
Mrs A McCollam  
Mr D Bell  
Mr J Lamb

## 1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Mr Calum Campbell, Cllr Frances Renton, Dr Jonathan Kirk, Dr Simon Watkin, Dr Sheena MacDonald, Mr Andrew Leitch, Mrs Jeanette McDiarmid and Mrs Jenny Wilkinson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Susan Manion, Chief Officer and David Bell, Joint Staff Forum representative to the meeting.

The Chair welcomed Mrs Alyson McCollam, Joint Head of Health Improvement to the meeting who presented the Early Years Collaborative item on the agenda.

The Chair announced that NHS Borders had formally announced Mrs Pat Alexander as the Vice Chair of the Adult Health & Social Care Shadow Integration Board.

## 2. Declarations of Interest

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



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

### **3. Minutes of Previous Meeting**

The minutes of the previous meeting of the Integration Shadow Board held on 30 June 2014 were amended at page 3, paragraph 4 replacing “cordial” with “cordia” and with that amendment the minutes were approved.

### **4. Matters Arising**

**4.1 Item 9: Newsletter:** James Lamb advised that the next newsletter would be released within the next 4 weeks.

**4.2 Item 6: Self Directed Support:** Iris Bishop advised that she had been furnished with 2 potential dates in September for the Self Directed Support presentation and would circulate them to the Board.

The **INTEGRATION SHADOW BOARD** noted the action tracker.

### **5. Integration of Health & Social Care – Programme Highlight Report**

Mr James Lamb presented the Highlight Report and updated the Board on the Scheme of Integration and Strategic Plan which were the two principle plans required under the Integration Legislation.

The main focus of the discussion was the consultation and engagement arrangements, utilising the next NHS Borders Public Governance Committee development session for engaging on integration as the membership of that committee involved both NHS and Scottish Borders Council staff as well as members of the public and third sector; a period of 6 weeks notice to engage with clinicians; utilising area forums and community council meetings; local media; the Chief Officer appointment and the resource plan.

Cllr John Mitchell suggested that specific dates be included in the timeline and shared with the Board.

Mrs Evelyn Rodger commented that she understood in regard to the strategic plan and resources required that the existing strategic planning processes would be drawn on without creating additional layers of administration.

Mrs Rodger further queried that the Strategic Plan would not be finalised until April 2016 which would be a year after formation of the Joint AH&SC Integration Board. Mr Lamb confirmed that April 2016 was the date the legislation required the Strategic Plan to be in place. He emphasised that every effort would be made to have it in place prior to April 2016 and at present it was intended that a draft Strategic Plan would be circulated for consultation by April 2015.

Mrs Susan Manion commented that in relation to engagement and consultation she was exploring the mechanisms available to ensure engagement and consultation took place with

staff and clinicians, GPs, local communities, third sector organizations and the independent private sector. She intended to update and redraft the current consultation and engagement plan, how it would be overseen and outline the timescales to ensure both organizations could approve it in a timely fashion.

Mrs Jane Davidson highlighted the potential risks in terms of governance and financial control in having a Strategic Plan 12 months after the Scheme of Integration had been put in place.

Mrs Tracey Logan commented that it was potentially an option to take forward. She clarified that the Programme Board were committed to taking forward the Strategic Plan as swiftly as possible.

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

The **INTEGRATION SHADOW BOARD** agreed to receive the fuller key milestones chart for both the Scheme of Integration and the Strategic Plan.

The **INTEGRATION SHADOW BOARD** agreed to receive the updated Communications Consultation and Engagement plan.

## **6. Consultation on Draft Regulations**

Mrs Susan Manion introduced the consultation response to the draft regulations. She highlighted the following key themes: unscheduled care and unscheduled care beds; AHPs management variations across services and NHS Scotland; areas of clarity, accuracy and definition.

Dr Doreen Steele sought clarity on the various groups consulted on the draft regulations such as the Public Patient Forum (PPF) and the Public Reference Group (PRG). Mrs Elaine Torrance commented that the PRG had been consulted with.

Dr Steele enquired how domestic abuse was being addressed nationally as well as refuge services given that they were not within the community safety remit. Mrs Elaine Torrance commented that Domestic Abuse in some authorities was managed through social work departments, however in Scottish Borders Council it was linked to Community Safety and would be complicated to withdraw it from that forum.

Mr David Davison enquired if there was an issue in regard to mapping services under the various headings and if they could be managed better on a Borders wide basis. Mrs Tracey Logan commented that the services were looked at across the Community Planning Partnership in great depth.

Mr David Robertson commented that in regard to the role of the Section 95 Officer there was a job description for a separate Chief Financial Officer post to the new Integration body and he offered the observation that establishing further administrative posts to support the Board would not be the best use of public monies. Mrs Carol Gillie echoed his comments.

The **INTEGRATION SHADOW BOARD** approved the response to the draft regulations subject to the updates and changes discussed at the meeting.

The **INTEGRATION SHADOW BOARD** noted that the NHS Borders Board would approve the response at its meeting on Thursday 7 August.

The **INTEGRATION SHADOW BOARD** requested sight of the joint response through the email medium on Thursday 7 August for ratification.

## **7. Monitoring of the Shadow Integrated Budget 2014/15**

Mrs Carol Gillie reported that as at 30 June 2014 a total outturn expenditure of £133m was projected in line with the current budget. At month 3 pressures of £0.428m were evident and actions to manage those were being developed by managers to ensure the balanced position projected was delivered. Mrs Gillie highlighted several key areas of expenditure including: Learning Disabilities service; Older Peoples services; Home Care provision and Physical Disability services. Limited information was available at that time on GP prescribing costs.

The revenue monitoring position set out in the report was based on the actual income and expenditure to 30 June 2014. The Partnership was experiencing a pressure for 2014/15 of £0.428m but it would be managed through the identification of further action. Management teams were working with finance to identify and implement a range of remedial actions which would enable a balanced outturn at 31 March 2015 to be delivered.

Additionally, any further pressures arising in-year would be identified early and managed and reported to the Shadow Board on an ongoing basis during the year.

Mr David Robertson confirmed the summary position reporting on a number of pressures in older peoples services and that action plans were being developed to contain those pressures and ensure a balanced outturn position at the year end.

Mr David Davidson challenged whether the forecast projections were incorrect given the increase in demand for services. Mr Robertson advised that there were continual pressures on the social care budget. The paper before the Board was the first real monitoring position to the end of June 2014 and the financial plan reflected significant reprovision of older peoples services. Mr Robertson confirmed that social care was one of the main expenditure areas for the Council and the financial plan allowed for resources to be moved from other Council portfolios into social care at the end of the financial period to ensure a balanced outturn.

Mrs Gillie clarified that both organizations signed off their budgets based on assumptions at a point in time. She highlighted that both organizations were demand lead impacting on assumptions and they would address any cost pressures as they arose to ensure a balanced outturn position.

Mrs Evelyn Rodger enquired of the arrangements for financial probity post April 2015. Mrs Gillie advised that a process would be in place for monitoring and managing the budget through the Chief Officer, Mrs Susan Manion.

Mr Robertson commented that the responsibility for the management of the budgets within the Council sat with the budget managers and it was custom and practice to report financial performance quarterly to the Councils' Executive Committee of Elected members with a monthly report to the senior management team and he would favour a similar arrangement for the partnership board which existed as a governance rather than a management group. In terms of governance, reassurance would be provided to the Joint Board on a regular basis but in his view monthly reporting was excessive as management had to be given time to consider reports at an operational level and then agree and enact any management action required to balance budget variances. Mrs Tracey Logan was clear that the Senior Management of the Council received monthly financial reports and suggested reporting to the Board on a quarterly basis with more frequent reports submitted on an exception basis only.

Mrs Manion commented that the Scheme of Integration would include the detailed information for governance and accountability and at the same time there needed to be clarity on status and exception reporting.

The Chair enquired about harmonisation of vacancy management, discretionary spend and sickness absence. Mrs Logan commented that currently those matters were undertaken separately in each organisation and she envisaged looking to pursue those opportunities in the future as the integration agenda progressed.

The **INTEGRATION SHADOW BOARD** approved the budget monitoring reports at Appendix 1.

The **INTEGRATION SHADOW BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings measures and bring forward actions to meet the pressures of £0.428m in 2014/15.

## **8. The Integrated Care Fund for Scottish Borders for 2015/16**

Mrs Susan Manion advised the Board of the content of the letter received from the Scottish Government announcing the allocation of the Integrated Care Fund. She advised that a group was to be set up with stakeholders to identify specific proposals and build on the work of the Reshaping Care Board.

The Chair welcomed the guidance approach to tackling inequalities.

Mr David Davidson sought assurance that his understanding of the letter was to use the monies for new interventions and not to support what was already in place.

Mrs Evelyn Rodger welcomed the focus on outcomes and promoting real service change.

Dr Doreen Steele highlighted the need to work together with the Community Planning Partnership in respect to health inequalities.

The Chair enquired about next steps. Mrs Manion suggested that the Reshaping Care Board mechanisms be reviewed and refined to ensure delivery with a refreshed Terms of Reference and membership being proposed.

Mrs Jenny Miller commented that in terms of Third sector representation, she sat on the Reshaping Care Board and would be keen to be involved in the new group to ensure a more direct involvement of carers and users.

The **INTEGRATION SHADOW BOARD** agreed the report and asked that Mrs Manion bring back a further report to the next meeting detailing the next steps.

## **9. Clinical & Care Governance Assurance Arrangements**

Mrs Evelyn Rodger updated the Board with regard to progress with national and local arrangements for clinical and care governance assurance, highlighting that responsibility for clinical and care governance would remain with existing agencies during the integration shadow period.

The **INTEGRATION SHADOW BOARD** noted the ongoing work regarding Clinical & Care Governance.

The **INTEGRATION SHADOW BOARD** supported attendance of Director of Nursing & Midwifery/Medical Director at the Shadow Board.

The **INTEGRATION SHADOW BOARD** agreed to receive a further paper in September on arrangements for Clinical & Care Governance Assurance in line with the model integration scheme.

## **10. Early Years Collaborative Progress Report August 2014**

Mrs Allyson McCollam presented the early years data and gave clarification on how the data was developed. She highlighted that annotation of the data would be introduced as the collaborative moved forward.

The **INTEGRATION SHADOW BOARD** noted the content of the paper and agreed to receive a progress report in December.

## **11. Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 15 September 2014 at 2.00pm in Committee Room 2, Scottish Borders Council.



***STAFF GOVERNANCE COMMITTEE***

Notes of the meeting held on Wednesday 5<sup>th</sup> June 2014 at 2pm in the Committee Room, BGH

**Present:**

Pat Alexander Co-Chair  
John McLaren, Co-Chair  
Doreen Steele

**Ex Officio Capacity:**

Irene Clark  
Kath McLaren

**In Attendance:**

Irene Bonnar  
Sheila MacDougall  
Bob Salmond  
Sheila MacDougall  
Louise Robson  
Ailsa Paterson  
Helen Clinkscale  
Edwina Cameron  
Maggie Czajka  
Iris Bishop  
Elizabeth McKay, (Secretary)

**1. Welcome, Introductions and Apologies**

Apologies were received from Steven Mather Calum Campbell, Shirley Burrell and Isabel Swan

**2. Minutes of Previous Meeting held Monday 10<sup>th</sup> March 2014**

Page 3, Para 5 - Car Parking - Are there staff being disadvantaged  
Page 6 - Doreen Steele spoke about the inverted pyramid model

With these two corrections the minutes were agreed as an accurate record

**Matters Arising**

- a) EESS Verbal Update

Edwina Cameron reported the original timetable has significantly slipped back. An update to be given to managers will not be given until we receive an appropriate timescale. This is a national problem. Edwina informed that she will keep the group updated.

### **Action Tracker**

The Action Tracker was noted and updated.

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

Kath McLaren informed that a meeting has not been held since the last Staff Governance Committee. Trip Share continues to develop and First Bus is running shuttle buses to coincide with staff working patterns.

It was reported there have been issues with Disabled badges which have not been appropriately signed and this issue is currently being checked out with the company Minster Baywatch. Pat Alexander asked if Public Governance should be made aware of this. Doreen Steele suggested the engagement side of the general public and what they think about it. Kath McLaren highlighted some badges being a year out of date. Kath advised there is a grace period of fourteen days if they are just out of date. Doreen reminded the group that badges could be in transit. Irene Bonnar reported there is a backlog of blue badges and the expired period has been extended. Kath McLaren informed that SBC do not remind holders of blue badges regarding badges being lapsed.

Edwina Cameron advised that Ask the Board are not receiving many questions on this issue.

Pat Alexander enquired about flexible working. Doreen Steele informed that she had asked at the last meeting regarding re- addressing the Flexible Working policy. Edwina Cameron advised that the policy is related to PIN which will be reviewed in September 2014. It was suggested for forward planning to put this item on the November agenda. Bob Salmond informed that the guidelines for the current PIN do not allow people to apply for flexible working on the basis of looking for a car parking space.

***Action: The Staff Governance Committee noted the verbal update and will place Flexible Working Policy on the December 2014 Staff Governance Committee agenda***

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

#### **a. Staff Governance Monitoring Arrangements**

Bob Salmond advised that the Staff Governance Monitoring Return has now been approved and submitted to the Scottish Government. The Staff Governance Action Plan was also submitted. Bob Salmond advised that the Staff Governance Working

Group had identified named leads for six high level actions, one relating to corporate objectives and one for each of the Staff Standards which will inform the SGAP for 2014/15.

***Action: The Staff Governance Committee noted the proposed monitoring arrangements and Self Assessment Tool; approved the submission of the Staff Governance Monitoring Template and Assessment Tool to SGHD Workforce Unit and approved the adoption of the revised SGAP template.***

b, Staff Survey Action Plan

Bob Salmond presented the Staff Survey Action Plan which has been drafted in response to a letter from the Health Minister received in November 2013. This detailed a number of responsibilities to be taken forward by Boards in response to the Staff Survey Results. The Action Plan is a work in progress and Bob Salmond stated that Committee approval is required for the Action Plan. Pat Alexander took the group through the plan in detail and some suggestions for improvement were made. A discussion ensued about how the SGC would monitor the progress of the Plan and it was agreed that it should remain as an agenda item at each meeting. Edwina Cameron reported that the Government are asking how we will address the response. At this year's Annual Review we will be expected to provide an update informing what we have done in response to the Ministerial letter. Pat Alexander suggested that it will also link in to the 2020 Workforce Vision implementation. Edwina Cameron advised that the next Staff Survey will take place in September 2014. The Committee then discussed how staff should be kept aware of progress. Doreen Steele stated that staff should be aware what the Board does and Helen Clinkscales suggested considering the role of the Non Executives as this is happening in nursing and other areas within NHS Borders. Edwina Cameron advised we need to look at amalgamation and re-evaluate what we have already got. It would be useful if there were actions within the Board and from members to enable to tease this out to underpin this.

***Action: The Staff Governance noted the content of the Ministerial Letter; approved the first draft of the Staff Survey Action Plan and agreed to retain it as a standing item on the Agenda; and agreed that Edwina Cameron, John McLaren, Ailsa Paterson and Bob Salmond would meet to discuss how to amalgamate this item.***

John McLaren thanked Bob Salmond for all the work he has carried out for this Committee and informed the Committee that Ailsa Paterson, HR Manager will be taking over the Staff Governance Lead from Bob Salmond.

**5. Shared Services Optional Appraisal Update – (Standards 1,2,3,4 & 5 apply)**

Edwina Cameron gave a verbal update on the meeting that she recently attended. Edwina advised that the process is broken down into three different sections and discussion took place specifically about junior doctors. There was a desire to move junior doctors to one single employer. Currently some doctors have nine contracts and individual checks have to be carried out for each employer. NES may take the



role of becoming the junior doctors' employer. There were some anxieties raised from NHS Boards as NES currently specialise in education.

In regards to other parts of Shared Service Edwina is expecting to get an update when she attends the Human Resource Directors meeting tomorrow. Pat Alexander asked about HR integration. Edwina advised it has been recognised that it is better to have a locally based HR department. It is up to each Board as there are currently no legislation guidelines. Doreen Steele highlighted this is the third reiteration to carrying out this process. It would cost too much and local jobs could be lost. The process is slowing down. Pat Alexander enquired about PVG. Edwina Cameron advised individual employers will not require carrying out full checks as PVG stays with the employee. We have moved to the national recruitment form. Some of our services within NHS Borders are unique compared to other areas throughout Scotland. The HR department has recently gone through a review and we are now very LEAN.

**Action:** *The Staff Governance noted the current position on HR Shared Services and* Edwina Cameron informed that she will continue to update the Committee on this item.

## **6. Training – (Standards 1,2,3,4 & 5 apply)**

Helen Clinkscale spoke to the paper 'NHS Borders Training and Development Overview' on behalf of Janice Laing. It was agreed to defer the deep dive regarding training and place it on the December 2014 agenda. Helen gave an update of the activities within Training to assure the Committee / Board that work is ongoing.

An Internal Audit of Training and Development was recently undertaken and reported to the Audit Committee. The results of the audit identified there were no critical areas however there were three medium and three low risk areas identified. Helen Clinkscale clarified these risk areas for the Staff Governance Committee and stated that an action plan has been agreed which will be reported through the Audit Committee.

Helen then described the work of the NHS Borders Statutory and Mandatory Training group which is a sub group of the Area Partnership Forum and has been active since 2011. A lot of progress has been made with each department having their own training plans. We are currently progressing eLearning. Each year the organisational Training Needs Analysis (TNA) looks at the practical actions which will be delivered from the group through the work plan.

John McLaren advised that we are currently developing a Standard Operating Procedure (SOP) highlighting what is mandatory and statutory training. The purpose is to identify to staff who have the responsibility for policy development to enable them to understand.

Pat Alexander enquired about DNAs in respect of training courses. Edwina Cameron reported that trainers were finding it difficult to deliver training. We have moved on considerably but we are not good at valuing training. Currently through the Training P&B we are looking at training costs. Training should be recognised as a service. It has been a journey for the Mandatory and Statutory Working Group which has

progressed. Irene Bonnar informed that the next stage is to look at the gap. It continues to be a struggle releasing staff. Doreen Steele enquired about liability. Sheila MacDougall informed that from a Health & Safety perspective the organisation has a responsibility for releasing staff to be trained but has not got the capacity to do so. Doreen Steele advised managers should provide the evidence that they have not got the capacity to releasing staff. Sheila MacDougall suggested that it is important to look at the gaps. Irene Bonnar stated that it is clear that managers should identify the number of places required for their staff but there is a percentage of staff who do not get sent on the courses.

Helen Clinkscale reported The Training and Professional Development Section is undertaking productivity and benchmarking and the focus is on the delivery of a model which is sustainable and affordable. The aim is to report by November 2014. The training delivery function requires to be more valued and include sharing platforms with SBC, work around Learn pro and looking at our other partners to whom we could offer training. A wider vision approach is required, looking at income generation to provide sustainability. A report will be given to the Committee at the meeting in December 2014.

Helen Clinkscale then gave an update on the Quality Assurance Framework and KSF. NHS Borders is the highest performing Board within Scotland achieving 86% in their PDPs but we are unable to provide evidence regarding quality assurance. We are working along with our colleagues in Planning to progress this. It was agreed that the Training deep dive will include quality assurance.

Helen Clinkscale asked the Committee to note the content of the paper and agree a deep dive at the meeting in December 2014. Doreen Steele asked if this timescale is manageable. Helen confirmed that it is.

***Action: The Staff Governance Committee noted the content of the Overview on Training and Development and agreed to a deep dive in the December meeting of the Committee.***

## **7. PIN Policy (Standards 1, 2, 3, 4 & 5 apply)**

Edwina Cameron presented a paper on the links between the Partnership Information Network (PIN) policy development and Staff Governance national structures.

The implementation of PIN policy is evidence of performance against the Staff Governance Standard which provides assurance. Edwina stated that the policies provide guidance on managing employees which were prepared on a Partnership basis to support the delivery of the HR strategy. Boards must ensure that their Workforce policies meet PIN policy standards, are implemented fairly and consistently and are monitored and reviewed through local Staff Governance arrangements. The appendices to the report provide an update on the local PIN Policy status together with policy leads and the HR Policy Development Group Work Plan. All of the PINS can be found on the Scottish Government website. Locally we use our intranet site to ensure the policies are up to date and available to staff. All managers have access to

the intranet and managers should inform staff of the location of policies. Pat Alexander asked for assurance that all managers are aware of the policies. Edwina Cameron advised that all policies are consulted upon and once agreed communicated out to staff.

Sheila MacDougall informed that the Management Health at Work policy is currently out for consultation. Health & Safety are disappointed regarding the number of four hundred pages which includes five policies. The National NHS Heads of Health & Safety asked for the PINs not to go out in this format as there are legal implications they are concerned about.

Doreen Steele suggested that the PINS could be made more interesting to encourage people to read them. There is a need for more imagination. Edwina Cameron advised that the PIN policy format is agreed nationally. Edwina Cameron reported the Supporting Work Life Balance which recently came out had sixteen policies. The Scottish Workforce and Governance (SWAG) approved the Management of Health at Work policy to be sent out in this format. Consultations enable staff to provide feedback which could influence the end result.

***Action: The Staff Governance Committee noted the present position with regard to PIN Policy development.***

## **8. Development of 20:20 Workforce Vision (Everyone Matters) - (Standards 1,2,3,4 & 5 apply)**

John McLaren spoke to the presentation 'Everyone Matters' which provides five priorities. John gave an update from the engagement exercise that took place with staff last year and the most recent exercise. A response was sent in to Scottish Government from this years exercise on the 16<sup>th</sup> May 2014. A presentation was delivered to various meetings throughout the organisation. Pat Alexander asked about the terms of implementation and what is expected from The Staff Governance Committee. Edwina Cameron advised that from this exercise Scottish Government and Boards will be expected to deliver in various areas. Our response was very supportive to what is happening and we asked for some clarification. Scottish Government will provide an action plan and feedback.

***Action: The Staff Governance Committee noted the contents of the presentation***

## **9 Items for Noting**

### **a) Occupational Health Update: - (Standards 2 & 5 apply)**

Irene Bonnar informed that she does not have a formal report to present at today's meeting but will have the annual report for 2013 / 2014 at the next meeting. Irene Bonnar advised she will be leading on 'I Matter' and expects the work to be spread across Planning, Training and Communications. A lot of work is ongoing with this year's Flu Vaccination Campaign. It was noted that due to several changes within the team there will be a delay in reaching targets.

### **b) Risk & Safety Update: - (Standards 5 apply)**

Sheila MacDougall presented the annual Health and Safety report which highlights that Clinical Boards and Support Directorates are not consistently complying with NHS Borders health and safety policies and systems. A number of recommendations were made to the Healthcare Governance Steering Group which included the recording of all risks on the risk register that Training Needs Analysis is based on risk assessments and that staff attend training. There were a low number of RIDDOR reports, but 64% of these were related to moving and handling, nearly double the national trend. The first fatality reported by NHS Borders occurred following a patient injury relating to a fall.

John McLaren asked about the increased incidence of Violence and Aggression and asked to clarify the type of patterns and are there any themes. Sheila MacDougall advised the increase is due to better reporting.

Edwina Cameron suggested that an Occupational Health & Safety deep dive should be carried out at the meeting on the 1<sup>st</sup> September 2014. Pat Alexander agreed to Edwina's request and for the paper to be called for early August 2014.

Sheila MacDougall informed the Committee that the Tobacco policy has been approved and the publicity for the policy is about to be launched. From the 1<sup>st</sup> September 2014 there will be no smoking allowed on NHS premises. John McLaren highlighted that some of the bins have places for cigarettes. Sheila remarked that people will continue to smoke and will require a place to dispose their cigarettes. The bins in place are not designed for putting cigarettes out but people will continue to use them.

***Action: The Staff Governance Committee noted the report and the subsequent actions being taken and agreed that Health and Safety should be the major topic on the Agenda of the next meeting of the Committee.***

c) Remuneration Committee Annual Report – (Standards 1,2,3,4 & 5 apply)

Iris Bishop reminded The Committee that the Remuneration Committee is a sub committee of the Staff Governance Committee and provides assurance that systems and procedures are in place to provide fair and equitable pay systems for executives and senior managers as determined by the Scottish Government. Iris then spoke to the Annual Report from the Remuneration Committee to the Staff Governance Committee together with the attached Terms of Reference.

***Action: The Staff Governance Committee noted the report.***

## **10. Any Other Competent Business**

Pat Alexander reiterated John McLaren's thanks to Bob Salmond earlier on the agenda for all the work he individually delivered for this Committee and

wished him all the best. Pat welcomed Ailsa Paterson to the Committee who will take over from Bob. Bob Salmond thanked the Committee.

**11. Date of Next Meeting**

The next meeting will take place on Monday 1<sup>st</sup> September 2014 at 10am in the Committee Room, BGH.

**PUBLIC GOVERNANCE  
COMMITTEE**




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**Minutes of Public Governance Committee (PGC) Meeting Held on Wednesday 18<sup>th</sup> June 2014, 2.00 – 4.00 p.m. Board Room, NHS Borders Headquarters, Newstead**

**Present:**

Doreen Steele (Chair)	Karen Hamilton
Susan Swan	Margaret Lawson
John McLaren	Laura Jones

**In Attendance:**

Shelagh Martin	Stephen Bermingham
Mandy Brotherstone	Nicky Hall
Cheryl Easton-Wisniewski	Susan Hogg

**1. Welcome & Introductions**

1.1 The Chair welcomed everyone to the meeting.

**2. Apologies & Announcements**

2.1 Apologies were received from: Evelyn Fleck, Pat Alexander, Anna Garvie, Login Inglis, Catriona Bhatia and Jenny Miller

**3. Minutes of Previous Meeting (& Action Tracker) 12<sup>th</sup> March 2014**

Karen Hamilton asked that her apologies be noted on the minute of the previous meeting.

Doreen Steele noted that the consultation period around public transport has ended and the findings of this will be brought to the Board.

John McLaren remarked that there was an issue concerning public transport in one of the departments he is responsible for and he will feedback to Phillip Lunts.

**Action: JMcL**

Mandy Brotherstone informed the group that the Health Minister announced at lunchtime that there would be five hundred new health visitors in post by 2018. There will be an investment in higher education to train these additional health visitors.

**4. Matters Arising from Previous Minute**

Feedback received from John McLaren and Doreen Steele around the Area Clinical Forum meeting, which had taken place recently. There had been a lot of discussion around the clinical strategy and the out of hours service.

The group also talked at length regarding new proposed signage within the hospital.

## **5. Quality & Person-Centredness**

- 5.1 Update On National Person-Centred Health & Care Programme for Scotland.  
The fourth learning session of the Person Centred Health and Care Collaborative took place on 27th and 28<sup>th</sup> May 2014 at the SECC in Glasgow. The focus for this learning session was to listen, observe and share examples of person-centred approaches to care that support the five “Must Do With Me” elements of care. The session provided support, encouragement and inspiration to make sure we have testing activity in all five areas of the “Must Do With Me” elements. The key actions from our board planning session were noted.

## **6. Public Governance**

- 6.1 Update Report from Chair Of Public Partnership Forum  
No report.
- 6.2 Equalities Steering Group – Terms of Reference (TOR)  
Doreen read out point 1.3 from the TOR noting that the group shall meet at least bi monthly and shall be quorate if there are five members present including representatives of at least two clinical boards. The group and its members will oversee the development of policies and procedures that are necessary to support best practice, quality and diversity. Ensure appropriate partnership working is integrated in the mainstream delivery of services to ensure effective delivery of the equality and diversity agenda within NHS Borders and to the public and patients in the area. Karen noted that some of the members do not have a deputy. John raised the point that they have not used the general template for terms of reference. It was suggested that we go back and look at what the organisation uses as a template and to come back with a document in a similar format.

## **7. Monitoring & Performance Management**

- 7.1 Scottish Health Council (SHC) Update and SHC 2013/14 Community Engagement & Improvement Support Local Office Work Plan.  
Shelagh referred to the volunteering handbook that was produced by the National Group for Volunteering to support NHS Boards. Shelagh also noted the most up to date workplan and what they were working towards this year. More work to be done around the volunteer programme and continuing support to NHS Boards. No update locally around the PPF, each area is deciding that for themselves explained Shelagh. However, we will share what other Boards are planning to do around the process. We have spent several years developing the Public Partnership Forum and we wish to maintain this group and members want to build on what is already there. Shelagh also explained that in the absence of a public involvement structure we have been holding some of our events in other areas. The aim is to bring interested parties together i.e. Lothian and Grampian. If the Borders were interested we could arrange an event here.
- 7.2 Public Governance Committee Operational Report for Information/Discussion:  
Laura informed the group that the volunteering event had been very well received. It was agreed by the group to invite Susan Manion, Chief Officer for Health & Social Care Integration along to a future meeting.

Spiritual Care minutes - It was noted that services are looking at the wider aspects of spiritual care as David Thaw has announced that he is leaving to work abroad.

## **8. For Noting:**

- Public Governance Committee Annual Report**
- 8.1 The PGC noted that the Annual Report for 2013/14 has been signed off.
- Domestic Abuse Pathway Project Update**
- 8.2 The PGC noted the update from the Domestic Abuse Pathway Project.
- Public Governance Committee Work Plan 2013/14**
- 8.3 The PGC noted the Public Governance Committee Work Plan for 2013/14
- Audit Committee Minutes**
- 8.4 The PGC noted the minutes of the Audit Committee meetings held on the 24<sup>th</sup> September 2013, 17<sup>th</sup> December 2013 and 24<sup>th</sup> March 2014.
- Carers Planning Group Minutes**
- 8.5 The PGC noted the minutes of the Carers Planning Group from 12<sup>th</sup> December 2013 and 24<sup>th</sup> April 2014.
- Clinical Governance Minutes**
- 8.6 The PGC noted the Clinical Governance Minutes from the 6<sup>th</sup> November 2013 and the 12<sup>th</sup> February 2014.
- Staff Governance Committee**
- 8.7 The PGC noted the Staff Governance Committee Minutes from the 18<sup>th</sup> September 2013 and the 18<sup>th</sup> December 2013.
- Spiritual Care Committee**
- 8.8 The PGC noted the Spiritual Care Committee Minutes from the 26<sup>th</sup> April 2014.
- Patient Leaflets**
- 8.9 The PGC noted the waiting time leaflets – Waiting List for Surgery and General Information for Patients.
- Patient Information Leaflet Report**
- 8.10 Doreen asked what do patients receive in regards to patient information leaflets as there seems to be limited understanding with patients in regards to waiting times. Doreen asked the group to review the attached documents from a service user perspective and feed back their comments. **Action: Group Members**
- 8.11 An issue was raised concerning the number of minutes of meetings, which come to the Public Governance Committee and what was the groups view on this. It was agreed to send out the minutes with the agenda electronically for the group to note, but not to print off the hard copies and it would be beneficial to have sight of all work plans from these groups.
- 9. Any Other Business:**
- None
- 10. Future Meeting Dates 2014:**
- 17<sup>th</sup> September – 2.00 – 4.00 p.m. - Boardroom, Newstead  
10<sup>th</sup> December – 2.00 – 4.00 p.m. – Boardroom, Newstead



Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 2<sup>nd</sup> June 2014 at 2 p.m. in the Board Room, Newstead.

**Present:** Mrs P Alexander  
Cllr C Bhatia  
Mr C Campbell  
Mr D Davidson  
Mrs E Fleck  
Mrs C Gillie  
Mrs K Hamilton  
Dr S MacDonald  
Mr S Mather  
Mrs K McNicoll  
Mr J McLaren  
Mr J Raine (Chair)  
Dr D Steele

**In Attendance:** Mrs V Buchan  
Mrs B Everitt (Minutes)  
Miss M Patterson  
Ms S Swan  
Mrs P Walls

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Mrs E Cameron, Mrs C Oliver, Mrs J Davidson and Mr G Reid.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting**

*30<sup>th</sup> April 2014*

**The minutes were approved as an accurate record**

4. **Matters Arising**

- *Action Tracker*

**The action tracker was noted.**

5. **Innovative Marketing Plan for a Health Promoting Organisation**

Pippa Walls provided a presentation on the development of an innovative marketing plan to position NHS Borders as a leading example of a Health Promoting Health Service. Pippa explained that the object was to raise awareness to a target audience of staff, patients, visitors and the media. Pippa went over the ideas for promoting this which would then be shared through social media, such as Facebook or Twitter, as this plays a huge part in

today's society. In terms of marketing tools Pippa proposed using a widget, app or making use of the Intranet. For the wider public this would involve PR with the local media. Pippa referred to the costs involved which totalled £43,765 for the whole campaign but explained that these could be scaled back. John Raine felt that this was an innovative proposal which had been supported by the Board Executive Team and the Strategy Group. Doreen Steele enquired if this fit with the criteria for the use of Endowment Funds. Susan Swan replied that she would expect some elements to be paid for by Health Promotion but felt that the social media and advertising costs could come from Endowments. Pippa advised that the programme would be delivered by Health Promotion and highlighted that this would give NHS Borders publicity in a very positive way. Evelyn Fleck asked if there had been any engagement with the Comms Team and if they could offset anything against the costs. Pippa confirmed that she had discussed with the Comms Team but they were unable to support the management of the social media element so this would be supported within Public Health and Health Promotion. Stephen Mather showed concern about using Endowments to fund something that was essentially NHS core business. Calum Campbell felt that overall there was support for this and asked for comment from Finance. Susan advised that the two main elements for Trustees to concentrate on were the advertising and social media costs. David Davidson reminded that SBC is a partner for health promotion and asked if they would be able to provide any funding towards this. Pippa replied that she had attended a joint meeting where she had been advised that SBC had no funding to put towards this at the present time. Sheena MacDonald asked if the widget and app could be included within the use of social media. Susan confirmed that it could. Catriona Bhatia commented that it would have been useful to have seen a link on what the health outcomes would be as these were not evident from the paper. Pippa confirmed that the programme does have measurables but she had not supplied these due to the funding request being for the social media element. John McLaren supported funding this from Endowments provided it fit within the criteria. John added that he had concerns around ethics on taking up any offers of funding from external companies. Karen Hamilton agreed with these comments as she felt it was an innovative proposal. Karen also expected to see the costs being scaled down significantly. Carol Gillie added that she would expect to see press costs reduced and perhaps even look at partnership working with no cost at all. Pat Alexander felt that if the knock on effect was better health for staff then this would be an appropriate use of Endowment Funds. Karen McNicoll asked if there had been any association with the Endowment Funds logo "the difference". Pippa confirmed that this had not been flagged up as an issue. The Board of Trustees agreed to fund up to a maximum of £30,000 and Pippa agreed to come back with a further paper detailing revised costs.

**The Board of Trustees approved funding support of up to a maximum of £30,000 from Endowment Funds.**

## **6. Strategic Development of Spiritual Care Delivery in NHS Borders**

Evelyn Fleck spoke to this item. Evelyn reported that David Thaw would be leaving his post as Chaplain and explained that this had provided a two year secondment opportunity for a Lead Chaplain. This would ensure that NHS Borders is fully engaged with the national work and opportunities for national funding both in the short and longer term to support local developments. Evelyn highlighted that there was an annual funding shortfall of £14,842 and confirmed that at the end of the two year secondment this would revert back to a Band 6 post. David Davidson advised that he had spoken previously with the Chief Executive about the requirement for more personnel and noted that this was encapsulated within the paper. Pat Alexander showed concern around the sentence on page 7 stating "fuller involvement in such activity by NHS Borders may mean financial savings for the organisation" as she did not feel that this was appropriate in an Endowment context. Susan Swan explained that this

would allow for a strategic lead to be in post to tie in with the national agenda to shape the way the service will be delivered and that the Endowment funding would cover this element for a period of two years. It was noted that this was in line with the timescale for the national agenda. Stephen Mather noted his support for this request. John McLaren asked if there was any slippage on the timescale if this would incur additional costs. Evelyn gave assurance that any delay would have no financial impact and that the service would revert back to being managed within budget. Karen McNicoll asked for clarification on the exit strategy. Evelyn advised that Trudy Gane, who manages the service, would work with the lead on this.

**The Board of Trustees supported the creation of a secondment opportunity for a Lead Chaplain for a period of two years.**

**The Board of Trustees agreed to fund the shortfall of £14,842 per annum for a period of two years.**

## 7. Financial Report

### 7.1 *Endowment Fund Annual Accounts 2013/14*

Susan Swan spoke to this item. Susan referred to the Audit Memorandum from Geoghegans and in particular page 2 which confirmed that there were no ethical issues noted or significant difficulties experienced during the conduct of the audit. Susan highlighted the issues from the audit which were noted as substantially complete, however there were some procedures which would require some work. It was noted that after today's meeting there would be no further adjustments made. Susan confirmed that the accounts had received an unqualified opinion. It was noted that a meeting would be arranged with Geoghegans to have a full operational review of the audit process in anticipation of next year's audit. Susan highlighted the matters that had been flagged up for consideration, namely gift aid compliance which Susan confirmed was now compliant and gave assurance that all the necessary paperwork would be in place in advance of a major fundraising appeal. Susan also referred to the section on risk management where it was recommended that a charity specific risk management exercise should be completed by the Trustees. Susan advised that she would be picking this point up with Geoghegans in the first instance. Susan took the Trustees through other minor issues and confirmed that there were no significant matters for noting. Susan referred to the implementation of a new "UK Generally Accepted Accounting Practice" which will come into effect for the accounting period ended 31 March 2016 and advised that she would be discussing this with Geoghegans. It was noted that a letter of representation would be signed by John Raine as Chair of the Board of Trustees.

John Raine referred to the section on charitable status and in particular reference to the OSCR report. John highlighted that this had now been overtaken by national guidance. Pat Alexander referred to the points raised on the Fundraising function and confirmed that these would be placed on the agenda for the Fundraising Advisory Committee to discuss. Susan suggested that she review the points raised in detail and bring back proposed responses with recommendations for the Board of Trustees to approve. This was agreed.

Susan referred to the narrative section of the Trustees report which had been brought in draft to the previous meeting. Susan confirmed that all comments received following that meeting had now been incorporated within the report.

Susan referred to the balance sheet where it was noted that the total NHS Borders Endowment Funds were valued at £3,246,744. Susan highlighted that all funds are not immediately accessible but can be released if required. Susan also referred to the income and expenditure account which detailed transactions in year and noted an overall balance of £612,362. The total resources expended was noted as £340,356 which was a significantly reduced level of income from the previous year. Susan advised that this was connected to the Margaret Kerr Unit which has now been mainstreamed within the Palliative Care Fund.

**The Board of Trustees approved the Endowment Fund Annual Accounts for the financial year ended 31 March 2014.**

## 8. Fundraising Advisory Committee

### 8.1 *Minutes of Meeting on 23<sup>rd</sup> April 2014*

Pat Alexander spoke to this item. Pat advised that the next meeting would focus on the feasibility study for the Paediatric Unit prior to a report going to the Board in August 2014. Pat gave an update on the vacant Fundraising Manager post where it was noted that the closing date for applications was 4<sup>th</sup> June 2014.

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

### 8.2 *Report from Chair of Fundraising Advisory Committee*

- *End of Year Fundraising Report*

Morven Paterson spoke to this item. Morven referred to objectives 1 and 2 and highlighted that these had not been driven by an appeal but instead had been to consolidate the Margaret Kerr Unit fundraising project and produce a model for future fundraising support to the unit and to assess the feasibility of the Women and Children's service as the subject of the next major fundraising project. Morven explained that objective 3, to produce a 5 year fundraising programme, was dependent on the fundraising feasibility of a new Paediatric Unit.

**The Board of Trustees noted the end of year Fundraising report.**

## 9. Celebrating Excellence Awards 2014 – Lessons Learned Report

Morven Paterson spoke to this item. Morven reported that this event had been a huge success and that feedback from the evening had been excellent. Morven highlighted that P&CS was missing from the nominations process so a wider representation would be required going forward. It was noted that the event had been arranged within a very short timescale and the main lesson learned was to spend more time planning this in future years. Morven explained that comments have been taken on board for next year's event and have been taken into account within the timetable. John McLaren commented that it was an excellent report with good feedback. John referred to Health & Social Care Integration and noted that he would still be very keen for Partnership to continue to be included within an award. The Board of Trustees commented on the process and Morven agreed to feed these back. Karen McNicoll noted her thanks to Heather Tait and the team for their hard work in preparing for the evening and the report compiled following the event.

**The Board of Trustees noted the report.**

10. **Any Other Business**

None.

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

Thursday, 2<sup>nd</sup> October 2014 @ 10 a.m., Board Room, Newstead.

BE  
16.06.14

Minutes of an Extraordinary Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Tuesday, 22<sup>nd</sup> July 2014 at 2 p.m. in the Committee Room, BGH.

**Present:** Mrs P Alexander  
 Cllr C Bhatia  
 Mrs J Davidson  
 Mrs E Rodger  
 Mrs C Gillie  
 Mrs K Hamilton  
 Dr S MacDonald  
 Mr S Mather  
 Mrs K McNicoll  
 Mr J McLaren  
 Dr D Steele (Chair)

**In Attendance:** Mrs B Everitt (Minutes)  
 Mrs C Oliver  
 Miss M Patterson  
 Ms S Swan

1. **Introduction, Apologies and Welcome**

Doreen Steele welcomed those present to the meeting. Apologies had been received from Mr J Raine, Mr C Campbell, Mr D Davidson, Mrs E Cameron and Mr G Reid.

2. **Declaration of Interest**

There were no declarations of interest.

3. **NHS Borders Children's Centre Project**

Susan Swan introduced this item. Susan advised that the work of the scoping group to review the feasibility of developing a Children's Centre would be brought to the Borders NHS Board in the form of a business case. Susan explained that a lead donor had been secured and that the Fundraising Advisory Committee was requesting a contribution of £500,000 from unrestricted funds. It was noted that NHS Borders were unable to commit any core capital resource to the building of the centre as the capital plan is fully committed at this time. Susan highlighted that NHS Borders would provide for the ongoing revenue costs of the unit assuming that these were within the current cost envelope. It was noted that the indicative cost for capital works would be in the region of £6m. Susan referred to page 2 of the paper noting that the recorded closing balance within the Endowment Fund Annual Accounts as at 31<sup>st</sup> March 2014 on unrestricted funds was £1,529,425. Susan reminded Trustees of the projects committed to over the last 12 months from unrestricted funds, namely volunteer co-ordinator role, innovative marketing plan, spiritual care and the breast feeding volunteer lead. Susan advised that the BGH Green Space project was still outstanding and that a paper would be coming to the October meeting with a reduced funding envelope. Susan was not aware of any other projects of significant value that were due to come forward to Trustees. It was noted that the commitments made up to June 2014 fully utilised the anticipated investment income of £90,000 for 2014/15. For 2015/16 additional resource of approximately £21,000 would be required to cover commitments made. Susan highlighted that the shortfall would require to be funded by releasing resource from the portfolio if

additional investment was not received. Susan confirmed that she had spoken with the Investment Manager to get a steer on the indication of the portfolio over the next two years. It was noted that the Investment Advisor felt that correction to the valuation in the next 6 months was possible with the scale being estimated between -5% to -7%. If such a correction emerged within this range the balance on unrestricted funds would reduce to £1.4m. Susan gave assurance that work is ongoing between Finance and the Fundraising Team to try and source as much partnership working as possible and a review of restricted funds would also be undertaken, however this would be dependent on the purpose of the fund and obtaining Fund Manager approval. It was noted that it was the intention of the Fundraising Advisory Committee to secure an initial £2m, which the £500,000 contribution would be part of, prior to making recommendation that a public appeal is initiated. Clare Oliver stressed that this request was not being made lightly and highlighted the importance of showing a commitment from the Board. Clare advised that there was a number of meetings arranged with potential donors and gave assurance that this level of work is ongoing.

Stephen Mather felt that this was inextricably linked to the new Sick Children's Hospital in Edinburgh which NHS Borders was already committed to. As this was an NHS development Stephen felt that it should be NHS funded, however as this was not possible he noted his support for this request with the proviso that restricted funds are looked at in the first instance. Pat Alexander advised that this request would cover part of the capital element only as revenue costs would be covered by NHS Borders, i.e. land and running costs.

Susan reminded Trustees about a piece of work that was being undertaken to establish a business cycle of projects coming forward to the Board of Trustees which would be presented at the October meeting. Doreen Steele asked for clarification on whether the portfolio would be stabilised by the end of the two year period. Carol Gillie referred to page 2 of the report and the third paragraph within "Endowment Fund Resources Available" and advised of a correction from Mark McLean of Investec. It was noted that this should read "correction to the valuation in the next 6 months is possible ....." rather than "likely", therefore it was not possible to give this assurance due to market fluctuations. Evelyn Rodger enquired about the additionality of the unit. Susan replied that this was linked to the enhanced environment. Clare added that discussions have taken place at the Fundraising Advisory Committee and it was the intention to use a similar model as that used for the Margaret Kerr Unit which would link the way in which care is delivered and would bring a number of services within one unit. Sheena MacDonald supported this request, particularly as the current facility was not ideal for young adults. Karen Hamilton asked if there was any indication of additional costs or savings. Susan advised that savings have not been modelled on this proposal but would be included within the business case. Catriona Bhatia suggested that the £500,000 underwriting the donation so it would not be used if it was not required. Catriona also asked how the project would be identified so the public would know what they were raising money for. Clare advised that a Leadership Panel had been created and part of their remit would be to name the project.

Susan went over the next steps which involved two approval routes, namely the Endowment Fund Board of Trustees to approve the business case and the funding support and for the Board to approve the business case and agreement to engage a contractor. It was noted that today's meeting was in advance of both of these. Clare stressed the need to be aligned with developments in Edinburgh given the scale of the target and the timescales involved. Clare also gave assurance that discussions with a private donor have commenced and advised that if there was a shortfall there was potential for an underwrite from this source. Jane Davidson noted her support and stressed the need to forward plan around the financial market should this take a plunge. Carol Gillie assured that work is ongoing with Investec.

Evelyn Rodger asked if the £500,000 donation would be accepted with caveats. Clare advised that they are unable to accept donations with caveats. Clare explained that the Board Executive Team were aware of this approach and should at a later date capital funds become available then they may be considered as an appropriate use. Stephen showed concern that the public's perception of a Children's Centre may not bring the desired support and showed concern around the naming of the appeal. Clare confirmed that the reaction to this appeal, even though it had not yet gone public, has been overwhelmingly positive. Jane reminded Trustees that the Fundraising Advisory Committee have assessed this and feel it will be a successful fundraising project. Pat confirmed that this was the case. Susan added that there has also been clinical involvement from the service and they have supported this within their work which will form part of the business case. John McLaren noted his support as the justification for doing this was to provide a quality local service and look at changing the way this service is delivered. Catriona noted that the recommendation does not make reference to the business case and that she would have liked to have seen this included to give assurance that this will be deliverable.

Carol Gillie provided feedback from John Raine, David Davidson and Calum Campbell who were unable to attend today's meeting. Carol agreed to supply the full statements within the minutes. These are noted below:

*John Raine*

*Having read the report in respect of the funding of the childrens centre project, I am wholly in agreement with the recommendation of the Fundraising Advisory Committee that a £500,000 contribution is made from endowment funds. This is on the basis that the project itself, and the rationale for developing such a centre, is widely supported; that this represents a legitimate use of endowment funds; and that trustees have a duty to apply, and not simply accumulate, funds provided by donors in the expectation they will be used to benefit patients. I also support such a contribution as a means of showing the good faith of trustees in order to encourage the overall fundraising effort.*

*There is the issue of whether this contribution is made wholly from unrestricted funds. The report indicates that a review of all restricted funds in the portfolio is being undertaken and that this might identify "additional resources". The use of restricted funds towards an overall £500,000 contribution would in my view be a sensible approach.*

*The report makes the categoric statement that NHS Borders Endowment Board will not underwrite any shortfall in the project. However I am not aware that any such decision has been taken by the Trustees and no such recommendation to the trustees is made in the report. I think it would be prudent to leave any such consideration by the Board to another occasion.*

*With regard to the data base item on the agenda, I support the proposal.*

*David Davidson*

*I am in favour of this project as long as it is understood that I do not believe that either the Board or the Trust can enter into an underwriting agreement.*

*My support is conditional on:*

- 1. That all of the restricted funds that are to do with children services are approached for permission for them to be used to support the £0.5m funding recommendation towards building of the proposed centre.*



2. *That these restricted funds are used to make up the £0.5m before any call is made on unrestricted funds. This is to maintain flexibility in the use of unrestricted funds.*
3. *That it be a condition of any agreement to proceed that any excess in fundraising over target is transferred on an on-going basis to the unrestricted funds held in the Endowment Trust. This will allow a refreshment in any unrestricted funds used to support the Paediatric Unit to occur as quickly as possible.*

*These points are intended to minimise risk to the Endowment Funds, maximise best use of the funds held and to maintain an ability to be flexible in order to meet unforeseen calls in the future.*

*Calum Campbell*

*I support the recommendation that a £500,000 contribution is made from endowment funds. I am satisfied that this represents a legitimate use of endowment funds. The use of restricted funds towards and overall £500,000 contribution would be appropriate.*

*I have seen the response from David Davidson and agree that we should look to see how much of this we can secure from restricted funds.*

*I also support the fact that at this time we should not underwrite any shortfall. I think this is wise and leaves us the option later to review this decision if appropriate.*

Catriona asked if it would be an option to use restricted funds in the first instance and get the balance from unrestricted funds. Doreen reminded that the position on restricted funds could not be confirmed at this time. Susan also stressed that approval is required from Fund Managers to use these funds. Karen H asked for an indication of the risks if we did or did not proceed. Doreen replied that the risk if we didn't proceed was that we continue to retain funds that we are expected to spend and unable to deliver a service at a local level. Carol added that the project may not be a success if it did not receive this donation. If a contribution was not made Clare also felt that the credibility of NHS Borders would be called into question by the lead donor. Carol reminded Trustees that a donation would be subject to approval of the business case.

The Board of Trustees noted their thanks to Clare and the Fundraising Team for their work to date.

**The Board of Trustees approved a financial contribution of £500,000 be made to the NHS Borders Children's Centre from Endowment Funds subject to approval of a business case.**

#### 4. **Fundraising Database**

Clare Oliver spoke to this item and provided Trustees with the background and issues of ongoing stewardship. It was noted that the database would help with administration during appeals which is currently a manual check and open to error. Clare advised that a scoping exercise had been undertaken and went over the two options looked at, namely Blackbaud's e-Tapestry and Harlequin. Clare recommended the purchase of e-Tapestry at a cost of £2,280 + VAT for a three year contract from the General Fund. It was noted that feedback received from colleagues within the Fundraising network were positive. Karen McNicoll enquired if this fee included costs for data upload of existing records. Clare advised that

that as there is only approximately 500 records to transfer the company have confirmed that they would be happy to combine this as part of the training of the system. Stephen Mather enquired, as this system was cloud based, if there were any issues with information governance. Clare confirmed that she was not aware of any from colleagues but this would need further investigation. Evelyn Rodger asked if an internal solution, with assistance from IM&T, had been sought. Clare replied that she had not approached IM&T but could pursue this to see if an equivalent system could be produced in-house. This was agreed. Clare also agreed to circulate feedback electronically around Trustees should this not be possible.

**The Board of Trustees approved the purchase of this system in principle subject to exploring an internal solution that would be available for use within three month's time.**

5. **Any Other Competent Business**

*Fundraising Manager Post*

Clare Oliver provided an update on recent interviews for the Fundraising Manager post and advised that this had been offered to the preferred candidate. Subject to routine checks it was hoped that the person would be in post week commencing 25<sup>th</sup> August 2014.

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

Thursday, 2<sup>nd</sup> October 2014 @ 10 a.m., Board Room, Newstead.

BE  
25/07/14

**Minutes of a meeting of the Area Clinical Forum held on Monday 23 June 2014 at 5.00pm in the Committee Room, Borders General Hospital**

Present: Karen McNicoll, Iris Bishop, Alicia Jones, Nigel Leary, Isobel Swan, Nicky Hall

Apologies: Sheena MacDonald, Robert Irving, Alison Wilson

<b>Agenda Item</b>	<b>Title</b>	<b>Speaker</b>	<b>Summary</b>	<b>Action</b>
<b>1</b>	Apologies And Announcements	Chair	Apologies were noted from Sheena MacDonald, Robert Irving and Alison Wilson  The meeting was not quorate.	
<b>2</b>	Minutes Of Previous Meeting	Chair	Minutes of the previous meeting held on 31.03.2014 were approved, although the meeting was not quorate.	
<b>3</b>	Matters Arising	Chair	The incomplete action could only be addressed by a decision between independent and sub contractors, the meeting agreed to mark this item as complete given it could not resolve it.  The ACF noted the Action Tracker.	Action 8 to be marked as complete.
<b>4</b>	Clinical Strategy	Chair	Karen McNicoll advised that the ACF and other advisory committees had been invited to the clinical strategy session held on 5 June. She commented that Jonathan Kirk had presented the clinical strategy to the session. Joanne Weir was collating all the responses to the strategy on closure of the formal consultation period.  Iris Bishop was unaware of the current scheduled date for the clinical strategy to be submitted to the Board.	Alicia Jones to check with Joanne Weir re next steps for clinical strategy.

Agenda Item	Title	Speaker	Summary	Action
			<p>Karen McNicoll formally noted thanks to people who had been able to attend the session.</p> <p>The ACF noted the update.</p>	
5	Integration AH&SC	IB	<p>Iris Bishop updated the ACF on the current status of the integration agenda. She highlighted several key issues including; shadow board set up; regulations out for consultation; scope and budgets.</p> <p>She advised the date of the next Integration Shadow Board would be Monday 30.06.14.</p> <p>Nigel Leary enquired who from NHS Borders was on the Board; Iris confirmed that it was David Davidson, Pat Alexander, Doreen Steele, Stephen Mather, Simon Watkin and Jonathan Kirk.</p> <p>Karen McNicoll advised the ACF that she had asked Simon Watkin and Jonathon Kirk to come to a future ACF to provide a progress update.</p> <p>Nigel Leary suggested meeting other board members however Isabel Swan was concerned that they would outnumber the ACF attendees. It was suggested the ACF meet the clinicians in the first instance.</p> <p>Karen McNicoll advised that the board would be concentrating on both health and social care issues and it was noted that the first meeting had touched on how the board might assist in admission prevention initiatives i.e. medication, primary care,</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>community care, etc. Their present focus was on governance issues.</p> <p>Nigel Leary enquired whether they had discussed budgets. Iris Bishop advised that the joint finance work stream were meeting weekly and while Scottish Borders Council and the NHS had different financial systems, progress was being made to come towards a joint method of reporting.</p> <p>Isabel Swan enquired whether there was still debate on what is in and what is out of the integration. Iris Bishop advised that the two bodies had accepted that not everything could be in. A strategic plan was being drawn up which may contain services, but not operational or budgetary responsibility. Discussions continued to progress nationally on this matter.</p> <p>Nigel Leary expressed his concern about the size of the local population and how that might impact on the clinical strategy and integration agenda.</p> <p>The ACF noted the update.</p>	
6	Scottish Borders Autism Strategy	Chair	<p>The ACF discussed the strategy. Nigel Leary enquired what the scale of the issue was like in the Borders and whether the problem was becoming larger. Isabel Swan responded that it was a challenge for the organisation.</p> <p>Nicky Hall advised that for the size and population of the Borders there should be around 1000/11000</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>people diagnosed however in reality there were only a few hundred.</p> <p>The ACF agreed to feedback that there was no reference to the clinical strategy.</p> <p>The ACF noted the strategy.</p>	<p>Feedback to the consultation/lead re reference to NHS Borders Clinical Strategy Consultation</p>
	Clinical Governance Committee	Chair	<p>Karen McNicoll advised committee were considering a programme of audit in its work plan, refining its layout and content of its reports from respective clinical boards.</p> <p>Discussion focused on the 10 patient safety essentials; hand hygiene, work plan content, communication with relatives and clinicians.</p> <p>The ACF agreed that Nigel Leary raise his concerns re communications with the Clinical Governance Committee directly.</p> <p>The ACF noted the update.</p>	<p>The ACF agreed that Nigel Leary raise his concerns re communications with the Clinical Governance Committee directly.</p>
	Public Governance Committee	Chair	<p>Nicky Hall gave feedback and highlighted minutes, work plan, terms of reference, and hospital signage.</p> <p>Discussion focused on hospital signage, colour zones and notice boards, unavailability of intranet access to independent contractors.</p> <p>The ACF agreed that Nicky Hall would feedback to the Public Governance Committee the wish for their information to be more relevant and accessible.</p>	
	Strategy Reports	Chair	Nothing to note	

Agenda Item	Title	Speaker	Summary	Action
	ACF Constitution	IB	<p>Iris Bishop advised that it should be a requirement of the ACF in line with good practice to review its Terms of Reference annually. Whilst she had been reviewing several committees ToRs she had noticed that the ACF ToR was out of date. Miss Bishop had made several amendments that were highlighted in red and confirmed that they were in line with the last CEL issued in regard to ACFs.</p> <p>The ACF noted the revised constitution and agreed to review it with a view to approving at the next meeting.</p>	<p>The ACF noted the revised constitution and agreed to review it with a view to approving at the next meeting.</p>
	National ACF	Chair	<p>Karen McNicoll advised that she had circulated previously the national work plan and agenda.</p> <p>Isabel Swan enquired if the minister attended the meetings and Mrs McNicoll confirmed that he did when available.</p> <p>She advised that the main topic of discussion at the national ACF was integration and key areas and themes that the group needed to influence were health and qualities, workforce, integration, prescription for excellence and medical workforce</p> <p>Nigel Leary raised the issue of reduced junior doctor's hours and rota frequency. He advised that there would be a forthcoming open meeting organised by the AMC to which ACF members were invited. The subject for discussion would be medical workforce.</p>	<p>Alison Wilson to provide an update on Prescription for Excellence at the next ACF.</p> <p>Nigel Leary to invite the ACF to the next Area Medical Committee open meeting on medical workforce.</p>

Agenda Item	Title	Speaker	Summary	Action
			The ACF noted the update.	
	NHS Borders Board Papers	Chair	<p>Iris Bishop advised that the Board papers would be released to the ACF the following day. She drew attention to the waiting times item and Karen McNicoll asked that the members review the papers on receipt and forward her any comments directly by email ahead of the meeting on Thursday.</p> <p>The ACF noted the update.</p>	Iris Bishop to release Board papers to the ACF asap.
	Professional Committees                      Advisory	Chair	<p>(a) Allied Health Professionals Advisory Committee</p> <p>Workforce issues were highlighted in regard to recruitment to GP practices, secondary care, anaesthetics, orthopaedics and potentially A&amp;E.</p> <p>(b) Area Dental Advisory Committee – no report</p> <p>(c) Area Medical Committee</p> <p>Nigel Leary advised that he would be inviting Sheena MacDonald and Bob Salmond to the AMC session on workforce.</p> <p>(d) Area Ophthalmic Committee</p> <p>Nicky Hall advised that the Committee had met the previous week, Dr McVane, vice chair of GP Sub had been in attendance.</p> <p>She advised that there was proactive discussion</p>	



Agenda Item	Title	Speaker	Summary	Action
			<p>taking place between Opticians and Doctors regarding referrals into secondary care and refining patient pathways.</p> <p>With regard to the electronic referral system, there were some teething issues being addressed. Mrs Hall advised that Kevin Rawles from Lothian was happy to share his presentation.</p> <p>(e)Area Pharmaceutical Committee – no report</p> <p>(f)BANMAC Isabel Swan reported that BANMAC had not met due to issues with attendance. She would be discussing with the Director of Nursing &amp; Midwifery had to take BANMAC forward to enable meaningful engagement.</p> <p>Nigel Leary enquired about any nursing workforce issues and Mrs Swan advised that the workforce was ageing and a significant number would be coming to the age of having an option to retire. Recruitment days had been held to attract good quality staff to nursing posts and this would continue.</p> <p>It was noted that the committee were keen to promote health and wellbeing. However they were struggling to be quorate.</p> <p>(g) Medical Scientists - no report</p>	

Agenda Item	Title	Speaker	Summary	Action
	Any Other Business	Chair	<p><u>Prevention and management of falls:</u> Karen McNicoll advised that she would circulate the report and was seeking any feedback from colleagues.</p> <p><u>Meeting Time:</u> The meeting time of the ACF was discussed and it was agreed not to move the time of the meetings away from 1pm.</p> <p><u>Email:</u> It was noted that Nicky Hall had an nhs.net email address.</p>	Alicia Jones to ask Robert Irving for his preference for meeting times and check if he can get an nhs.net address.
	Date Of Next Meeting	Chair	Monday 4 August 2014 at 1.00pm, in Committee Room, BGH	

**APPROVED**



Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday 11 June 2014 at 2pm in the Lecture Theatre, Education Centre

Present: Dr Stephen Mather (Chair)  
Doreen Steele  
David Davidson  
Karen McNicoll (arrived at 14.28)

In Attendance: Isabel Swan  
Sheila MacDougall (Deputising for Laura Jones)  
Sheena MacDonald (arrived at 14.20)  
Sam Whiting (arrived at 14.20)  
Karen Grieve (arrived at 15.05)  
Diane Keddie (arrived at 15.05)  
Phillip Lunts (arrived at 15.39)

**1. Apologies and Announcements**

The Chair noted apologies had been received from Calum Campbell, Evelyn Fleck, Laura Jones, Dr Alan Mordue and Dr Eric Baijal.

The Chair welcomes Sheila MacDougall, Risk and Safety Manager, who is deputising for Laura Jones.

**2. Declarations of Interest**

None were noted.

**3. Minutes of the Previous Meeting**

The minutes of the previous meeting held on 9 April 2014 were approved.

**4. Matters Arising**

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

**5. PATIENT SAFETY**

**5.1 Infection Control Report**

Sam Whiting updated the Committee on the Report and advised that in relation to the Government HEAT Targets for C-Difficile and Staphylococcus Aureus Bacteraemia (SAB) NHS Borders was on target for C-Difficile, but not on target for SAB. Evelyn Fleck and Sam Whiting attended a National SAB Summit on 21 May 2014 and from that there are some ideas that we are looking to implement in NHS Borders. Health Protection Scotland had been invited to NHS Borders to review our systems and processes in relation to SABs. HPS visited on Friday, 6 June 2014 and there were no additional suggestions other than progressing the work already identified and underway. David Davidson enquired about any benefit of pre-assessment screening for MSSA. Sam Whiting advised this might be beneficial but approximately 30% of the public are MSSA carriers so there would be significant laboratory and decolonisation costs. However, this has been raised nationally and Health Protection Scotland will be working with a number of Boards to better understand the costs, issues and benefits. NHS Borders has requested to be part of this pilot work.

David Davidson thought that the HEAT Targets were not appropriate. Sam Whiting advised that NHS Borders have raised this with the Scottish Government on a number of occasions along with other Boards. The current HEAT target remains but there are discussions nationally about what new HEAT target would be appropriate beyond March 2015.

Sam Whiting also advised there is a national development commencing in October's for enhanced surveillance for SABs with standardised definitions. This will support learning and improvement across Boards.

Sam Whiting also advised that the Borders General Hospital had a Healthcare Environment Inspectorate (HEI) unannounced inspection yesterday (10 June 2014) and today (11 June 2014).

Sheena MacDonald updated the Committee on the Healthcare Improvement Plan and it was noted there will be a verbal update in September.

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

## 5.2 Adverse Events Report

Sheila MacDougall spoke to this report and noted the Committee had no questions.

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

## 5.3 Hospital Standardised Mortality Briefing Report

Sheena MacDonald spoke to this report and noted we are performing strongly. The rules for death certification have been changed by the Scottish Government. It may improve data recording as it will be scrutinised. This scrutiny will start in August 2015 and NHS Borders is currently looking for early-adopter volunteers of this.

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

#### 5.4 Risk Register Update

Sheila MacDougall spoke to this paper and noted that this was the first time this paper had come to this Committee. Noting there are two different reports as NHS Borders are moving over to the Datix system.

Sheila MacDougall clarified that these were agreed risks. The Risk Matrix keeps consistency and it is a subjective judgment. Doreen Steele highlighted the two very high risks are for Melburn Lodge. Sheila MacDougall clarified that there are no actions as yet, but it is planned.

**ACTION:** David Davidson asked that this report is copied to Carol Gillie and Susan Swan and it was noted that Sheila MacDougall will action this and also send it to the Audit Committee.

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

### 6. PERSON CENTERED CARE

#### 6.1 Patient Feedback Report

Isabel Swan spoke to this report and highlighted the developments that have been made.

David Davidson enquired about the use of the word “angry” on page 5. Doreen Steele clarified that this is the words used by the complainer. David Davidson feels there is some work to do in this report about making it clear it is the complainer’s own choice of words.

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

#### 6.2 Waiting Times Patient Communication Update

Phillip Lunts spoke to this report and that the standard of the letters to patients had not been fit for purpose. He was part of a team working on updating this when the Scottish Government set up a short-life Working Group. Since this report there have been some improvements and these standardised responses will be ratified by the Government. These will then be updated onto TRAK and will be automatically produced, however, this will take a couple of months (anticipated late July) before this is in place and, therefore, in the meantime the team are looking at creating templates.

David Davidson met with staff who were using these letters and he now feels that the new styles are completely different and will be a great improvement.

Phillip Lunts also advised there will be two more letters for patients, one for patients who want to stay within NHS Borders rather than going elsewhere for treatment, and the other for patients who wishes to wait for a specific consultant.

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

## 7. CLINICAL EFFECTIVENESS

### 7.1 Clinical Board update (BGH)

Diane Keddie spoke to this paper and highlighted some of the improvements. It was noted that the BGH Clinical Governance meetings have been out of sync and they are currently in the process of rearranging these inline with the Clinical Governance Committee. It was also noted that some of the meetings had been cancelled but due to the restructured it was hoped there will be better attendance.

David Davidson queried the ITU delays and Diane Keddie advised it was a bed issue rather than a staffing issue. It was noted that there is work required on improving the join up of patient flow across the BGH.

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

### 7.2 Clinical Board update (Mental Health)

Isabel Swan spoke to this paper and advised that the governance review has been completed and it was noted that it is an Integrated Governance Steering Group due to having social care included, the interim arrangements will be in place until 2015. Isabel highlighted the improvements in drug death reviews reporting of outcomes to the Board Governance Chair. The drug death review procedure is a meeting chaired by the Procurator Fiscal and highlights whether there are any learning outcomes required from a drug death.

David Davidson enquired that when people move out of the area and into another is the information trail is recorded? Isabel advised this is administered by the Procurator Fiscal and she is unsure what the procedure is. **ACTION:** The Committee noted that Isabel will take this question back and will clarify at the next meeting.

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

### 7.3 Clinical Board update (P&CS)

Karen Grieve spoke to this report and advised that P&CS have been reviewing their actions and looking at how to capture the risks from all the sites, including community nursing and dental, so that it can be managed centrally. Jonathan will be Chairing a Group in respect of this. Noting the Committee had no questions.

**ACTION:** On another point the Chair felt that these updates are good from an assurance point of view, however, if the report is light, he would like minutes added to each of the Clinical Boards papers.

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

## 8. **ASSURANCE**

### 8.1 **Clinical Governance Terms of Reference & Self Assessment**

The Non-Executives discuss the Self Assessment, completed the document and approved it.

For the Terms of References, there was a discussion regarding page 3 and noting the Committee would like Laura Jones to provide clarification on page 3, bullet point 2. The Committee thought that internal monitoring and Internal Auditing are two separate things. The Chair will discuss this further with Sheena MacDonald, Iris Bishop and Evelyn Fleck to take this forward. Other than the one issue the Committee are happy with the document.

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

## 9. **ITEMS FOR NOTING**

The following minutes for:

- Child Protection Committee
- Adult Protection Committee
- Healthcare Governance Steering Group

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

## 10. **Any Other Business**

Doreen Steele is looking for some reassurance with regard to Anaesthetics and staff retirements. Sheena MacDonald advised that we cannot ask directly if someone is retiring, but as soon as they know a retirement is planned they act proactively. The biggest problem is there are so few people who are qualified to take up the positions. There are also vacancies locally for General Practitioners. The Committee noted that it is not a unique issue to the Borders. Doreen Steele feels content with this response.

Doreen Steele also brought up training issues of doctors/nurses from the Rapid Review of the Safety from NHS Lanarkshire report. Doreen Steele suggested that this is a standing item on the Work Plan regarding post-graduate training. Sheena MacDonald advised there is an annual report on post-graduate training already produced. David Davidson advised that BET would be dealing with this and perhaps the BET Report could be brought to the Committee before the end of the financial year.

## 10. **Date and Time of next Meeting**

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on 10 September 2014 at 2pm in the Lecture Theatre, Education Centre.

*The meeting concluded at 4.15pm*