

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: 05.11.14
- H&SC Integration Shadow Board: 17.11.14
- H&SC Integration Shadow Board: 08.12.14
- Audit Committee: 22.09.14
- Endowment Committee: 02.10.14
- Clinical Governance Committee: 10.09.14
- Staff Governance Committee: 01.09.14

Recommendation

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

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

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Executive (Interim)		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

Borders NHS Board



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

Present:

Mr J Raine	Mr C Campbell
Dr S Mather	Mrs E Rodger
Mr D Davidson	Mrs J Davidson
Cllr C Bhatia	Mrs E Cameron
Dr D Steele	Mrs C Gillie
Mrs P Alexander	Dr E Baijal

In Attendance:

Miss I Bishop	Dr C Sharp
Dr C Richards	Mr T Cameron
Mrs E Reid	Mr P Lunts
Mr S Bermingham	Mrs C Oliver
Mrs J Glover	Dr J Kirk
Mrs D Moss	Mrs D Carmichael
Mr C Redmond	

1. Apologies and Announcements

Apologies had been received from Mrs Karen Hamilton, Mrs Karen McNicoll, Dr Sheena MacDonald, Mr David McLuckie, Dr Hamish McRitchie, Mrs Susan Manion and Mr John McLaren.

The Chairman welcomed Mrs Erica Reid to the meeting who was shadowing Mr Calum Campbell.

The Chairman welcomed a range of attendees to the meeting who spoke to various items on the agenda.

The Chairman formally recorded that Mr Calum Campbell had been offered the post of Chief Executive of NHS Lanarkshire and recorded congratulations on behalf of the Board.

2. Declarations of Interest

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

There were none.

3. Patient and Carer Stories

The Committee heard from a young carer of her life experiences as a young carer and how NHS Borders had helped to support the Young Carers service. During discussion various subjects were covered including: Your Health Authorisation Card; collection of pharmacy prescriptions; limitations

in personal life; respite days; support of school nurses and guidance teachers; caseloads and identifying young people who needed support and the young carers strategy; peer mentoring projects; and resources for carers assessments for those of 16 years and above, for those below 16 years of age it was a young people's assessment.

The Chairman summarised the discussion in terms of unlocking the issues with primary colleagues on the issue of authorisation cards via Dr Jonathan Kirk; the linkages of the young carers' initiative to Community Planning and the Integration Shadow Board; looking at outcomes in terms of carers and young carers and generating more awareness through public communications.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story and acknowledged the importance of the Young Carers Service.

The **STRATEGY & PERFORMANCE COMMITTEE** suggested the Integration Shadow Board look at outcomes in relation to carers, communication with all carers, particularly young carers and to determine how it is taken forward in years to come.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 4 September 2014 were approved.

5. Matters Arising

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

6. Critical Care

Dr Chris Richards gave an informative presentation to the Committee on Intensive Therapy and mortality rates.

Mrs Evelyn Rodger enquired if nurse consultants could operate in Intensive Therapy Unit (ITU). Dr Richards confirmed that locally senior nurses were being trained up to take over middle grade doctors roles in ITU but it would not necessarily help in replacing the medical consultant roles.

Mrs Rodger enquired in relation to mortality and morbidity reviews if all patients were reviewed at mortality reviews. Dr Richards advised that it was a separate procedure as part of the Doctors revalidation and appraisal process.

Mr Calum Campbell enquired about the evidence to support twice daily written reviews. Dr Richards advised that it was a reflection of how medical staffing worked in some of the bigger units.

During discussion several issues were raised including: patients were not transferred outwith Borders for ITU; bed occupancy rates; delayed discharges from ITU; bed flow work from International Health Organisation (IHO); and the ITU daily goals initiative.

Dr Doreen Steele suggested there was a read across to the Integration Shadow Board in terms of the rapid response service and providing more interim support to people in their own homes.

Mrs Pat Alexander commented that the Integration Shadow Board had received a presentation on delayed discharges which had focused on discharging people from hospital. However she noted that there was a focus required on moving patients out of ITU into other beds as soon as they were medically able and beds were available. She enquired if elective surgery would need to be cancelled when the ITU was running short of available beds or what would happen if there were no beds and a patient required access to ITU on an emergency basis. Dr Richards advised that there was an escalation policy that was used and that there was also the provision to use Theatre recovery space adjacent to the ITU if required. He emphasized that the escalation policy was used about 4 times a year usually over a 12-24 hour period.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the critical care presentation.

7. Winter Planning

Mr Tim Cameron and Mrs Dawn Carmichael briefed the Committee in regard to winter planning and mitigating the risks faced by the organisation during that period, as well as updating the Committee in relation to the escalation policy.

The Chairman enquired to what extent the private sector was used. Mr Philip Lunts advised the Committee that the organization had utilized the private sector quite heavily during the previous year when there had been a prevalence of norovirus. He assured the Committee that the use of the private sector was a contingency position. Mrs Carol Gillie advised the Committee that the organisation had spent over a £1m in the private sector the previous year and was constantly working to reduce that spend.

Mr Calum Campbell drew the Board's attention to the Escalation Policy and reminded them of their duty in regard to patient safety should there ever be a requirement to utilise the escalation policy.

Cllr Catriona Bhatia noted the provision of ten care home beds and enquired for what purpose they were commissioned. Mrs Jane Davidson advised that they were "flex-beds" and were being commissioned through the connected care programme to aid discharge. Mrs Davidson further advised that the service was also working with the private sector in order to utilise intermediate care/step up/step down beds.

Mrs Pat Alexander sought confirmation that the focus was on resources in the community to ensure admissions to hospital in the winter period were minimized where appropriate. Mr Campbell reminded the Committee that the festive period consisted of two, four day weekends which would be challenging.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the winter planning presentation.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that an update be given to the next Resilience Committee meeting on 18 December.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to review and approve the Escalation Policy if it is deemed appropriate at the 4 December meeting.

8. Physiotherapy Waiting Times

Mrs Lynne Morgan-Hastie and Mr Colin Redmond updated the Committee on the work that had been progressed since the previous meeting including: writing to locums; referrals rates; physiotherapy bank arrangements; weekend rotas; costings to be done; self referral forms; telephone consultations; pre consultation pack;

Dr Stephen Mather enquired about capacity in the service. Mr Tim Cameron advised that the trajectory was based on 3 WTE Band 5s and was part of the productivity and benchmarking proposal. Mrs Morgan-Hastie advised there was a 7% increase in referrals year on year with a 30% increase the previous year and she believed it was possible to level load.

Dr Jonathan Kirk cautioned that demand would increase as the waiting times reduced as GPs would view the service as being more accessible. He further advised that he was looking into individual GP referral rates to the service.

Mrs Evelyn Rodger commented that if there was additional investment in the service she expected the service to exceed the progress made in other Health Boards and not merely match it.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the work done so far.

The **STRATEGY & PERFORMANCE COMMITTEE** asked the service to return with an update if there was any variation from the plan.

9. Strategic Risk Register

Miss Iris Bishop reminded the Committee that risk was a fundamental responsibility of the Board, and the Chairman had asked that a Short Life Working Group be set up to review the external review report into the Risk, Health & Safety (RH&S) function. A group was formed consisting of Dr Doreen Steele, Dr Stephen Mather, Mr David Davidson, Mr David McLuckie, Mrs Evelyn Rodger, Mrs Edwina Cameron, Mr John McLaren and Miss Iris Bishop. Dr Doreen Steele had been appointed as Chair of the group. The group had met on 29 October, reviewed the report and other documentation and agreed that it would meet again on 17 November to progress matters further.

Dr Doreen Steele gave feedback on the outcomes from that meeting and the recommendations that were reached.

Mr Calum Campbell shared with the Committee that he had provided the SLWG with an email trail regarding Mrs Sheila MacDougall, RH&S Manager, lobbying for an 80% uplift in funding for the RH&S Team and intimating that the organization would be at extreme risk should that request not be met. Mr Campbell advised the Committee that there was a difference of opinion in that regard between himself and Mrs MacDougall and that as she had reported it as an extreme risk he had asked her to confirm that to him in writing.

Mrs Evelyn Rodger gave an overview of the content of the Strategic Risk Register paper advising that it was an update and a full report would be submitted to the January 2015 meeting of the Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the SLWG pursue external practice input to provide a coherent Risk Strategy and Action Plan.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the SLWG work up the Terms of Reference for the external practice input.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Strategic Risk Register update.

10. Staff Survey Update

Mrs Edwina Cameron updated the Committee on the staff survey that had taken place during October. She commented that nationally the Scottish Government had accepted the ISD figures which were different compared to NHS Borders local figures, the consequence of which was that NHS Borders achieved a 56% return rate but was only reported as achieving a 53% return rate.

The Chairman enquired about the local question in the staff survey. Mrs Cameron advised that NHS Borders had included a question on “Do you believe NHS Borders is - a developing culture - shows caring and engagement with staff members etc”.

Dr Doreen Steele enquired if the local question could be linked to the Boards 360. Mrs Cameron advised that she had been approached by a student who wished to do a dissertation on the analysis of the question and from that she would see if there was a read across against the Board 360.

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

11. NHS Borders Efficiency Report for the 6 months to 30 September 2014

Mrs Carol Gillie updated the Committee on cash releasing efficiencies and the detailed report on efficiency for the first six months to 30 September 2014. She advised that the plan had established an efficiency target of £4.575m of which £2m was recurring and she was pleased to advise the Committee that six months into the year the recurring element of the target had been fully achieved. She updated on the various non cash releasing projects being progressed.

Dr Stephen Mather advised the Committee that the Short Life Working Group looking into prescribing costs was optimistic of achieving savings in that area.

Dr Stephen Mather enquired about the impact on capacity of less out of area referrals and treating more patients in house. Mrs Gillie confirmed that the intention through the productivity and benchmarking process was to work more productively and efficiently and not to increase waiting lists.

During discussion several other points were made including: discussions with the Scottish Ambulance Service regarding the appropriate area for treatment given the geography of some locations; a higher than 3% efficiency challenge for 2015/16; patient safety and quality of care impact on efficiency schemes; transformational change; and seeking the views of the public on what they see as the priority conditions and treatments.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the November Integrated Efficiency report.

12. Integrated Performance Report

Mrs Edwina Cameron highlighted several key elements from within the report including: smoking cessation; eKSF and PDP data and the current sickness absence figure of 4.5%.

Dr Stephen Mather commented that he was disappointed that the theatre utilization figures were not included. He further enquired if anything more could be done in regard to DNA rates. Mrs Cameron commented that it was a national problem.

The focus of the discussion that ensued included: achieving the eKSF (Electronic Knowledge & Skills Framework) and PDP (Personal Development Plan) targets; 18 week RTT performance; hand hygiene performance; breast feeding performance; patient reminder service and letters to DNA patients advising them of the costs incurred due to their missed appointment.

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

13. Any Other Business

13.1 Galavale Update: Mrs Stephanie Errington, Mrs Susan Swan, and Miss Karen Maitland gave an update to the Committee on the space utilization project that had formed a significant part of the financial plan. The main focus of the presentation was addressing the East and West Brig services relocation. They advised the Committee that there had been some negative feedback from Sandy Morris GP (Kelso) who had refused to take part in the Option Appraisal process. Mr Calum Campbell confirmed that he would be meeting with Dr Morris shortly.

Dr Cliff Sharp spoke of the patient safety issues in regard to the East Brigs building no longer being fit for purpose.

Mr Campbell confirmed that due process was being followed through the ten step process. Partner accommodation, buying accommodation and renting accommodation had all been reviewed and discounted and the Scottish Health Council had been advised of that position. Declared property was being looked into.

Cllr Catriona Bhatia suggested she would ask Scottish Borders Council if there was anything suitable that they might have that would fit with the specification required. Mr Campbell thanked Cllr Bhatia for her suggestion and advised that the Non Financial Scoring Group would be reconvened to review any suggestions.

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

13.2 Vale of Leven Update: Mrs Evelyn Rodger gave an update to the Committee on infection control and patient safety systems, advising that the processes undertaken locally were improving. Once the Vale of Leven report was published she would provide an update against any recommendations contained within it that would be relevant to NHS Borders.

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

13.3 Fatal Accident Inquiry: Mrs Evelyn Rodger advised the Committee of a notification of a Fatal Accident Inquiry (FAI) into a death in 2010 involving the disembarkation from an ambulance at the front of the Borders General Hospital. Whilst it was a Scottish Ambulance Service issue the Procurator Fiscal was keen to hold a discretionary FAI into the matter.

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

13.4 Learning Disability Service: Mrs Carol Gillie updated the Committee in regard to resource transfer of funds in relation to the Learning Disability service and specifically Learning Disability beds. She requested that the Financial Performance Oversight Group be asked to scrutinize the matter.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the Financial Performance Oversight Group review the matter.

14. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 15 January 2015 at 12.30 in the Committee Room, Borders General Hospital.

The meeting concluded at 2.30pm.



Minutes of a meeting of the **Integration Shadow Board** held on Monday 17 November 2014 at 2.00pm in the Board Room, NHS Borders, Newstead.

Present:

Cllr C Bhatia	Mrs P Alexander
Cllr J Torrance	Mr D Davidson
Cllr F Renton	Dr D Steele
Cllr D Parker	Dr S Mather
Cllr J Mitchell	Dr S Watkin
Cllr S Aitchison	

In Attendance:

Miss I Bishop	Mrs Manion
Mr C Campbell	Mrs T Logan
Mrs C Gillie	Mr D Robertson
Mrs J Davidson	Mrs J McDiarmid
Dr S MacDonald	Mr D Bell
Mrs E Rodger	Mrs E Torrance
Mr B Davies	Mr B Howarth
Mr N Hendry	

1. Apologies and Announcements

Apologies had been received from Dr Jonathan Kirk, Dr Eric Bajjal, Mrs Fiona Morrison and Mr Andrew Leitch.

The Chair confirmed the meeting was quorate.

2. Declarations of Interest

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

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

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Integration Shadow Board held on 15 September 2014 were approved.

4. Matters Arising

- 4.1 **Newsletter:** The action was reassigned to Mrs Susan Manion. A draft newsletter was being produced for release.

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

5. Localities

Mrs Susan Manion outlined the expectations and purpose of localities in respect of the strategic plan.

Mr David Davidson sought confirmation that the Melrose Community would be included in the list of natural communities.

During discussion several elements were highlighted including: utilising sub data zones to report against outcomes; local response to high level outcomes and input to develop and design services most appropriate to that locality; work being undertaken in terms of community planning and development across community learning and adult learning; mapping of GP practices within the localities to the natural community zones; factor in the community planning partnership to the strategic plan for health inequalities; identification of natural communities and difficulties in reaching communities that did not access the Area Forums.

Mrs Pat Alexander enquired if the natural communities fitted in with the community councils. Cllr Catriona Bhatia confirmed that all community councils linked to the Area Forums and they fitted in with the localities.

Dr Stephen Mather enquired if there was an opportunity to reduce costs further by moving to a single unitary locality. Mr Calum Campbell advised that any discussion in relation to management units would be a decision for both he and Mrs Tracey Logan to agree. Mrs Tracey Logan commented that service delivery localities were essential in providing better outcomes and more focus for each of the communities.

Cllr Catriona Bhatia advised that children's services were included in the localities.

The **INTEGRATION SHADOW BOARD** agreed five localities for the purposes of strategic planning as part of the integration of Health & Social Care.

The **INTEGRATION SHADOW BOARD** agreed to receive a communications plan in relation to the strategic plan on how to reach communities that did not rely on the Area Forums.

6. Arms Length Organisation Progress Update

Mrs Elaine Torrance advised the Board of the next phase of development of the Scottish Borders Council Arms Length Organisation. She advised that work had progressed in regard to stakeholder engagement and implications for teams. In regard to the Integration Joint

Board Mrs Torrance spoke of strategic commissioning and connections in terms of governance. Mrs Torrance proposed that a member of the Integration Joint Board should be a part of the strategic governance group.

Mrs Torrance also advised that part of the Arms Length Organisation business case included the joint equipment store and direct sales and advice to individuals. Mrs Torrance would submit a paper to the Borders NHS Board in regard to the joint equipment store.

Cllr Catriona Bhatia advised that a working group of Cllrs would meet the following day to oversee the transition of the Limited Liability Partnership (LLP) and both she and Cllr Frances Renton were members of that group.

Several key elements were raised during discussion including: input to quality of service standards; service level agreements; commissioning of services from the Arms Length Organisation by Scottish Borders Council through social work, procurement and contracts team; impact of self directed support choice; and depending on what the LLP delivers by way of its accounts, some of that may be potentially profit sharing or back to Scottish Borders Council for its reserves.

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

The **INTEGRATION SHADOW BOARD** agreed in principle to the proposal that a member of the Integration Joint Board be appointed to the Strategic Governance Group (SGG).

The **INTEGRATION SHADOW BOARD** agreed that the Chief Officer or nominated representative be the commissioning lead on the SGG.

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

7. Programme Highlight Report

Mr James Lamb introduced the report highlighting that good progress was being made and the programme was on track against national and local milestones in terms of the Integration Scheme and Strategic Plan. He reported that the Integration and Governance Group would have delivered by early 2015 and the Strategic Planning Group would become the focus of activity.

Other key elements to the programme included: the publication of regulations; strategic planning standing group; ongoing operational arrangements; engagement stakeholder events; IT performance workstream and looking at requirements in terms of information and technology. Mr Lamb presented a variation on the Gantt chart.

Cllr John Mitchell noted the involvement of the third sector was low and enquired how that would be progressed. Mrs Susan Manion advised that the engagement events had originally been designed to target service users and the third sector, however that approach had been reviewed and there was now a targeted approach being take specifically to engage with service users and care groups in specific localities.

Mrs Jane Davidson enquired of the risks to the current parent organisations or the Integration Joint Board with the strategic plan being delivered in October 2015. Mrs Manion advised that the Integration Joint Board would be live as of 1 April 2015 and the Scottish Government were keen for all strategic plans to be completed by the end of 2015. There was no risk to the process of establishment of the integration arrangements, however there would be a risk of not getting the Strategic Plan right if it was done too quickly ahead of October 2015. The Integration Joint Board would have legal status from 1 April 2015 but would not be fully operational until the Strategic Plan had been approved. In essence the Integration Joint Board would remain as a shadow Board for the 2015 period.

Mrs Davidson requested clarity on the roles of each organization and the Shadow Board during the intervening period.

Mrs Evelyn Rodger enquired if there was a risk register for the programme. Cllr Catriona Bhatia advised that the risks sat with the parent organizations. Mrs Manion confirmed that there was a risk register for the programme that was reviewed by the Integration Programme Board.

Mrs Manion also highlighted that the Community Health and Care Partnership would be formally disbanded as of 31 March 2015 and initial guidance had been received in that regard.

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

The **INTEGRATION SHADOW BOARD** agreed to retain the format of the Gantt chart.

8. Draft Guidance Summary and Draft Consultation Response

Bob Howarth gave an overview of the content of the papers.

The **INTEGRATION SHADOW BOARD** noted the consultation response given the tight deadline for response.

9. The Scottish Borders Autism Strategy

Mr Bryan Davies and Mr Neil Hendry presented the Scottish Borders Autism Strategy detailing the background to the strategy, the challenges for the service and the next steps in taking the strategy forward.

Discussion focused on: funding; analyzing raw data from mapping project; identifying key themes; alignment with national guidance and recording and developing a database.

Mrs Jeanette McDiarmid commented that several actions had a five year timeline to 2019. Mr Davies commented that the document was live and he would be happy to review the timelines.

Cllr Catriona Bhatia noted that some of the actions were ambitious particularly those in regard to structures for delivery. Mr Davies confirmed that a cross agency steering group was leading the work.

Cllr Jim Torrance enquired about levels of diagnosis. Mr Davies advised that data collection was improving however there were many that remained undiagnosed.

Dr Sheena MacDonald commented that the action plan and strategy were aspirational and encompassed significant service developments at considerable cost. She enquired if a more detailed implementation plan would be produced involving mandatory training with multi-disciplinary teams and multi-agencies.

Mrs Jane Davidson clarified that at the Community Health & Care Partnership Planning & Delivery Group it had been agreed that the action plan and delivery plan would be tailored to be kept within existing resources.

The **INTEGRATION SHADOW BOARD** approved the Scottish Borders Autism Strategy as recommended by the CH&CP Planning & Delivery Committee at their meeting on 2 October 2014.

The **INTEGRATION SHADOW BOARD** approved the associated Delivery Plan.

10. Monitoring of the Shadow Integrated Budget 2014/15

Mrs Carol Gillie presented the periodic budget monitoring statements for the Partnership's Integrated Budget based on actual expenditure and income to 30 September 2014 and explanations of the major variances between projected outturn expenditure/income and the current approved budget. She highlighted several key points including: underspend; projection of an overspend at the yearend linked to GP prescribing costs; actions to address the pressures and projected year end overspend of £400k.

Mr David Davidson enquired if there had been an underestimation of costs in relation to care packages given the anticipated increase in demand particularly in the winter period. Mrs Elaine Torrance advised that home care was a cost pressure for the system and action was being taken to review packages and ensure when they were no longer required that they were removed.

Several other issues were raised during discussion including: recruitment to home care services; using staff flexibly; ensuring people have the right package of care for the right period of time; working in partnership with families; resilience communities; working with volunteers; Dovecot initiative; medicines awareness week; 2020 vision in relation to provision of care at home; telehealth/telecare and the technological infrastructure required to support its implementation.

Cllr John Mitchell enquired about the action being taken to address the prescribing costs overspend. Mrs Gillie advised that reductions in prescribing costs were being progressed through engagement with GPs around prescriptions.

Dr Sheena MacDonald advised that work was being progressed in relation to wastage around prescribing and she reminded the Board of the issue of rising costs due to supply issues for certain drugs. She further suggested that GPs would be pivotal in reviewing and discussing their patients prescribing needs.

Dr Doreen Steele enquired about the potential for additional social work monies to cover any shortfall in social care package costs. Mr David Robertson advised that the problem with the budget was the variability of the cost of care packages, highlighting that people would access more than one service. He advised that work was progressing in relation to costing and activity levels and adjustments would be made to budgets as the partnership moved forward.

Cllr Jim Torrance noted that the Board would face difficult decisions in the future in regard to funding care packages and ensuring they were removed when appropriate. He welcomed the medicines awareness week and suggested that some of the home carers could be empowered to advise GPs of prescriptions that were not being utilised in order to assist addressing the overspend on prescribing.

Cllr Sandy Aitchison enquired about the £2m revised budget. Mrs Gillie assured the Board that the £2m was in relation to the change fund and integration transitional fund and was fully committed, however the invoices against it had yet to be received. She reiterated that the funding would be fully utilized.

The **INTEGRATION SHADOW BOARD** approved the budget monitoring reports and noted the projected outturn position to 31 March 2015.

The **INTEGRATION SHADOW BOARD** noted that budget holders/managers would continue to work to deliver planned savings measures and bring forward actions to meet both underlying pressures and those currently projected in the current forecast year end position of £0.4m.

11. Any Other Business

Cllr Jim Torrance reminded the Board of his request that abbreviations not be used within Board papers.

12. Date and Time of next meeting

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 8 December 2014 at 2.00pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 3.50pm.



Minutes of a meeting of the **Integration Shadow Board** held on Monday 8 December 2014 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:

Cllr C Bhatia	Mrs P Alexander
Cllr J Torrance	Mr D Davidson
Cllr F Renton	Dr D Steele
Cllr D Parker	Dr S Mather
Cllr J Mitchell	Dr S Watkin
Cllr S Aitchison	

In Attendance:

Miss I Bishop	Mrs S Manion
Mr C Campbell	Mrs E Torrance
Mrs C Gillie	Mr J Lamb
Dr S MacDonald	Mrs F Morrison
Mr D Bell	

1. Apologies and Announcements

Apologies had been received from Dr Jonathan Kirk, Mrs Tracey Logan, Mrs Jeanette McDiarmid, Mrs Jane Davidson, Mrs Jenny Miller, Mr Andrew Leitch and Mr David Robertson.

The Chair confirmed the meeting was quorate.

2. Declarations of Interest

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

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

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Integration Shadow Board held on 17 November 2014 were amended at page 6, paragraph 5, replace "notes and" with "noted the" and with that amendment the minutes were approved.

4. Matters Arising

Dr Doreen Steele enquired of the process for deferring items. Mrs Susan Manion advised that she, Cllr Catriona Bhatia (Chair) and Mrs Pat Alexander (Vice Chair) met on a regular basis to review the forward agenda and agree at that time if there would be any acceptable changes to the action tracker timescales.

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

5. Update on Strategic Plan

Mr James Lamb set out the governance arrangements around the strategic planning approach.

Discussion focused on the size of the proposed strategic planning group; the prescribing membership; inviting expressions of interest; induction programme for group members; mapping out a number of existing groups to identify individuals that may be interested in joining the strategic planning group; 6 weeks standard operating procedure notification for clinicians engagement; cycle for refreshing membership of the group and informal discussions with individuals taking place ahead of the first meeting of the group.

Mr Lamb advised that a detailed proposal for establishing the standing strategic planning group would be brought to the Integration Shadow Board meeting on 9 February 2015.

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

6. Programme Highlight Report

Mr James Lamb gave an overview of the content of the report highlighting the draft integration scheme, engagement events, communication and engagement plan and the guidance on the strategic planning group.

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

7. The Establishment of the Integrated Health and Social Care Partnership Arrangements in the Scottish Borders

Mrs Susan Manion gave an overview of the content of the paper, highlighting the 3 key elements of the formal establishment of the integrated health partnership.

Dr Doreen Steele noted that there appeared to be some services omitted from within the scope. Mrs Susan Manion advised that for each iteration of the guidance there were variances on the description of some of the services that must be within the scope, such as community hospitals whereby it was actually only some of the services provided within the community hospitals as opposed to the full community hospitals themselves. She further confirmed that the Scottish Government had requested that the list of functions as outlined in the legislation should be appended to the draft integration scheme.

Cllr Catriona Bhatia confirmed that the consultation would be on the substantive document and would not include consultation on the appendices.

Dr Simon Watkin enquired about the definition of hospital specialties. Mrs Manion advised that they were on the “must” delegate list and were on the basis of a national piece of work on bed occupancy.

Cllr John Mitchell enquired in relation to budgetary terms when the aligned budgetary process would conclude. Mrs Carol Gillie advised that the Integration Joint Board would not be fully functioning until the Strategic Plan had been approved in October 2015. She further advised that she and Mr David Robertson had agreed to retain aligned budgets until 31 March 2016.

Cllr Jim Torrance sought clarification that the paper before the Board would be the same one submitted to Scottish Borders Council. Mrs Manion confirmed that the document would not be changed in advance of the Council meeting on 18 December.

The **INTEGRATION SHADOW BOARD** noted the key elements required to be in place to establish the integrated health and social care arrangements in the Scottish Borders and noted the timescales as outlined.

8. Draft Health and Social Care Integration Scheme for the Scottish Borders

Mrs Susan Manion highlighted that the Scheme of Integration required approval of the Scottish Government prior to the establishment of the Integration Joint Board. She emphasized that it was a legal document and the operational detail would be contained within the appendices. Mrs Manion thanked the workstreams and the project team for their input to the scheme.

Mr David Davidson enquired if any feedback on the draft Scheme had been received from the Scottish Government. Mrs Manion advised that there was now a requirement for the relationship between the integrated and non integrated services to be described.

Further discussion focused on modifying legislation; draft review criteria and COSLA input.

The **INTEGRATION SHADOW BOARD** noted the approval route of the Draft Integration Scheme and the intention to proceed to consult on 22 December 2014.

9. Proposed Consultation Process for Draft Scheme of Integration

Mrs Susan Manion introduced the easy read consultation document and advised of the consultation process.

Cllr Jim Torrance suggested that a section be added for any other comments on page 12.

The **INTEGRATION SHADOW BOARD** noted the draft consultation summary and agreed to add in a comments section.

10. Communications & Stakeholder Engagement Plan

Cllr Catriona Bhatia suggested using the Area Forums as the engagement route for Scottish Borders Council, noting that all of the Community Councils had a seat at the table at the Area Forums.

Mr David Davidson enquired if there was a Community Council Forum and Cllr Bhatia advised that there was a Community Council network.

Mr Calum Campbell recognized that the Community Councils were the formal engagement route for NHS Borders but enquired if they might be agreeable to demitting that formal engagement process to the Area Forums. Cllr Catriona Bhatia suggested the Council would need to write to the Community Councils to ask if they would be agreeable to NHS Borders using the Area Forums as their formal engagement route.

Mrs Manion recorded her thanks to those who had been involved in the engagement events to date and advised that the feedback from those events was currently being worked up.

The **INTEGRATION SHADOW BOARD** noted the communications and stakeholder engagement plan.

11. Health & Social Care Integration Partnership Budgets

Mrs Carol Gillie presented the finance report. She advised that the budgets reported were as per the original scope. She reminded the Board that the budgets were on an aligned basis and any overspends therefore remained the responsibility of the individual partner organizations. Mrs Gillie reported that the partnership was projecting an outturn expenditure position of £133.78m, a projected overspend position of £400k on the revised budget for the year. The projected pressure was principally with the GP prescribing budget. Other financial pressures within the integrated budget were being managed through management teams taking a range of remedial actions and further plans were in place to continue to contain those pressures.

The **INTEGRATION SHADOW BOARD** approved the reported projected position of £400k pressure at 31 October 2014.

The **INTEGRATION SHADOW BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings measures and bring forward actions to mitigate any projected overspends.

12. Integrated Care Fund

During the presentation Mrs Susan Manion highlighted several elements including: the detailed breakdown, key principles and proposed approach to the integrated care fund; areas for investment; next steps and early intervention and prevention themes.

The discussion focused on several key areas including: alignment of investment to health and wellbeing outcomes; quantifiable measurable outcomes; mainstreaming initiatives; connected care; health intervention and environmental areas; potential projects for each locality area after testing in small areas in the first instance.

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

13. Any Other Business

13.1 Community Hospitals: Dr Sheena MacDonald advised that she and Mr Calum Campbell had been invited to the next full Council meeting on 18 December and would be giving a presentation on NHS Borders clinical strategy. Mr Campbell alluded to the recent media activity in regard to community hospitals on the back of the presentation that had been given at the NHS Borders Annual Review.

Cllr Jim Torrance commented that at the NHS Borders Annual Review at no time had he heard Dr MacDonald refer to “closure” in regard to community hospitals.

The ensuing discussion highlighted several elements including: working up proposals for a clinical services review; working jointly in regard to facilities to ensure good patient care moving forward; treating people nearer to their home; length of stay in community hospitals; physiology of patients in the wrong environment; strategic planning; patient journeys; care homes and private sector input; community hubs; how best to utilize resource to meet demand; and engagement with Community Planning Partnership.

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

13.2 Mr Calum Campbell: Cllr Catriona Bhatia recorded the thanks of the Board to Mr Calum Campbell for his support with the integration programme in the Borders. She reminded the Board that Mr Campbell would be taking up the post of Chief Executive at NHS Lanarkshire in the New Year and wished him well with his new challenge.

The **INTEGRATION SHADOW BOARD** recorded its thanks to Mr Campbell.

13.3 Venues: Cllr Catriona Bhatia asked the Board if they wished to meet at SBC in future given the larger accommodation available for the meeting.

The **INTEGRATION SHADOW BOARD** agreed to hold all of its future meetings at Scottish Borders Council.

14. Date and Time of next meeting

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 9 February 2015 at 2pm at Scottish Borders Council.

The meeting concluded at 4.00pm.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 22nd September 2014 at 2 p.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Dr D Steele

In Attendance: Mr A Barrie, Audit Manager
Mrs V Buchan, Senior Finance Manager
Mrs E Cameron, Interim Director of Workforce & Planning (Item 8.3)
Mr C Campbell, Chief Executive
Mr D Eardley, Senior Manager, Scott Moncrieff
Mrs S Errington, Head of Planning & Performance (Item 8.3)
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mrs K Grieve, Associate Director of Nursing (Item 4)
Mr P Lunts, Head of Service Improvement (Items 4 & 7.4)
Mr D McLuckie, Director of Estates (Items 7.2 & 7.3)
Mrs I Swan, Associate Director of Nursing
Ms S Swan, Deputy Director of Finance
Mr M White, Chief Internal Auditor
Mrs A Wilson, Director of Pharmacy (Item 4)

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Stephen Mather, Chris Brown, Evelyn Rodger and Jackie Stephen.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 16th June 2014**

The minutes were noted as an accurate record.

4. **Matters Arising**

Action Tracker

Susan Swan provided an update on the action regarding the disclaimer being incorporated within eExpenses. Following discussion Susan agreed to go back to the Central Legal Office and discuss further with Internal Audit, taking into account the comments made by Calum Campbell and Doreen Steele.

The Committee noted the action tracker.

Internal Audit Report – Pharmacy & Medicines Management - Update

Alison Wilson spoke to this item. Alison reported that a stock check had taken place earlier in the month and confirmed that 85% of stock had been checked. It was noted that the remaining 15% would be checked shortly. Alison advised that work is ongoing with Finance to produce a Standard Operational Procedure. Carol Gillie added that Finance and Pharmacy are working jointly and have identified a number of areas for improvement. As other issues had arisen from this process David Davidson asked that the Committee receive a further update on the joint work with Finance at the next meeting to give assurance that this action has been closed off. Alison and Susan Swan agreed to produce an update paper for the December meeting.

The Committee noted the update.

Internal Audit Report – Community & Public Health Nursing - Update

Karen Grieve spoke to this item. Karen reminded the Committee of discussion at the March meeting where it had been noted that the Community Nursing Review and had been split into two separate projects, namely Treatment Room Nursing and Evening and District Nursing. Karen detailed the complexities with the Treatment Room Nursing project and advised that they are working to resolve these. It was noted that a total of 9 options had been looked at, however only one of these was acceptable and a financial and non financial appraisal is being undertaken on this option. Karen confirmed that the implementation period would be January to March 2015, with a commencement date of 1st April 2015. Karen went on to give an update on the Evening and District Nursing project where it was noted that there were four options which would all be fully appraised towards the end of October 2014. Karen confirmed that the implementation period would be January to March 2015, with a commencement date of 1st April 2015. Karen gave assurance that both these projects are governed through the Clinical Executive Strategy Group and would be in place for the 1st April 2015 should everything go to plan as anticipated. David Davidson enquired what impact the integration agenda would have on these. Karen confirmed that part of the reason to separate these projects had been to help aid towards integration. Carol Gillie asked Internal Audit if they were comfortable for a recommendation that was originally generated from Internal Audit moving to another group for monitoring. Mark White confirmed that he was content with this.

The Committee noted the update.

Risk Register – Update on Very High Risks

Isabel Swan spoke to this item. Isabel reported that work had taken place to identify the very high risks and highlighted that work was still to be undertaken within Mental Health, however she was confident that the risks identified would come down from very high to high. David Davidson commented that some risks listed were over a year old. Isabel used the vehicle/pedestrian movement around Cauldshiels and Lindean as an example and advised that this is still outstanding as there is no walkway around this area meaning patients and visitors need to walk on the road. It was not anticipated that this would be resolved in the near future. David reported that the Audit Committee members had met informally with Evelyn Rodger to discuss risk and how best to report this to the appropriate groups across the organisation. Calum Campbell stated that his understanding of risk management is to have a scoring matrix in place and then take mitigating actions into account before re-scoring it. Calum highlighted that the paper did not identify mitigating actions. Isabel agreed to feed these comments back to Evelyn Rodger and suggest the Clinical Governance Committee discuss how best to ensure appropriate information is shared with other groups. Carol Gillie added that she was a member of the Healthcare Governance Steering Group and felt that this was very much work in progress across the organisation as department risk registers are transferred from JCAD to Datix. It was agreed that the Audit Committee would receive an update at a future meeting once things were more settled following the transfer of risk registers.

The Committee noted the update.

Orthopaedics Waiting Times – Tender Specification - Update

Phillip Lunts introduced this item. Phillip reminded the Committee of discussion at the March meeting where it was noted that the use of Medinet had been approved to reduce waiting lists. This had proved to be very successful, however it had been made clear that should there be a need to do this again then the Standing Financial Instructions (SFIs) would have to be adhered to. Phillip reported that they have since gone out to tender and gave assurance that the SFIs had been followed. Phillip advised that the service specification had been laid out clearly, particularly in terms of the level and timing of follow-up clinics. Phillip gave assurance that the concerns raised by the Committee at the March meeting had been taken into account. David Davidson asked what happened in the event of someone cancelling their appointment. Susan Swan advised that the level of business had not agreed, only a pricing schedule had been set with the supplier. Susan confirmed that there is a total cap on spend and that this is managed by the activity received by the Access Management Group. Doreen Steele enquired why this particular provider had been picked following the tendering process. Susan advised that this service had gone out to tender and that this was the only company who had applied. Doreen asked if they would supply an AHP service. Phillip explained that this was not part of the contract as they were only planning to use them primarily for ENT and Oral Surgery, however this could be requested if required. Phillip agreed to provide the Committee with an update via email with an update on activity figures in 3 months. This would also be copied to the Clinical Governance Committee for information.

The Committee noted the update.

Dental Action Plan for Payment of Dental Fees - Update

Vivienne Buchan reported that work is ongoing with managers within the Dental service. Vivienne reported that patients are being asked to pay after each course of treatment, however if they are unable to pay at this time then a follow-up phone call is made and no further appointments will be provided until payment is made. Vivienne highlighted that debts for dental at the end of quarter two had reduced since the new procedures had been put in place. It was noted that a further update would be provided by the service at the December meeting.

The Committee noted the update.

5. Fraud & Payment Verification

5.1 National Fraud Initiative - Update

Susan Swan spoke to this item. Susan advised that she had revised the checklist and had detailed the list of tasks and timelines. It was noted that data matches would be received on 29th January 2015. Susan agreed to provide an update on progress at each Audit Committee meeting and proposed bringing a risk assessment as per previous years.

The Committee noted the checklist and timetable for the 2014/15 NFI exercise.

5.2 CFS Quarterly Report to 30 June 2014

Susan Swan spoke to this item. Susan highlighted that due to the nature of some of the key ongoing investigations there was an increasing role for governance on fraud irregularity. Susan proposed that this report, along with all other CFS documentation, be presented to the Countering Fraud Operational Group with a high level summary report covering all correspondence being brought to future Audit Committee meetings. This was agreed.

The Committee noted the report.

5.3 *Revised Payment Verification Protocols – CEL(2014)11*

Susan Swan spoke to this item. Susan gave assurance that this revised guidance would go to the regular meetings with Practitioner Services Division which Costas Kontothannis attends from NHS Borders. It was noted that Costas is also a member of the Countering Fraud Operational Group.

The Committee noted the contents of the updated guidance.

5.4 *CFS End of Year Report 2013/14 and Financial Crime Prevention Plan 2014/15*

Susan Swan spoke to this item. Susan advised that there are CFS representatives who sit on the Countering Fraud Operational Group and will provide guidance with the prevention plan.

The Committee noted the end of year report and the financial crime prevention plan.

5.5 *CFS Intelligence Reports*

- *2014/07, 2014/08, 2014/09, 2014/10, 2014/11, 2014/12, 2014/13, 2014/14 and 2014/15*

Susan Swan gave assurance that she links with the relevant departments within the organisation for each intelligence alert received. It was noted that staff remain vigilant on any alerts received.

Susan referred to alert number 15 regarding agency staff provided by “Your Work Healthcare Ltd” and advised that NHS Borders have employed a number of individuals from this agency. Susan confirmed that she is liaising with CFS who are dealing directly with the agency.

The Committee noted the alerts.

6. **Governance & Assurance**

6.1 *Audit Follow-Up Report*

Vivienne Buchan spoke to this item. Vivienne reported that there were three outstanding External Audit recommendations relating to benchmarking, asset records and exit packages. It was noted that these are progressing and would be complete by the end of the month. It was noted that there were two recommendations not yet due for implementation. Vivienne referred to Internal Audit recommendations where it was noted that there were 10 due for implementation, four of which are currently in progress and are being regularly reported to the Audit Committee. The remaining six had been fully implemented. It was noted that there were also eight recommendations which were not yet due for implementation as at September 2014. David Davidson enquired if it was felt that the correct date for conclusion had been allocated against each recommendation. Vivienne confirmed that she had liaised with the relevant leads and they were content with these dates as part of their feedback. Doreen Steele referred to the recommendation regarding the property sharing agreement and queried if this should be put on the Integration Shadow Board agenda. Following discussion it was agreed to leave this for the time being, however it was noted that this is on the Finance Integration workstream agenda and an update is provided via the finance workstream highlight report.

The Committee noted the report.

6.2 *Debtors Write-Off Schedule*

Vivienne Buchan spoke to this item. Vivienne reported that a total of £2,566 had been written off against 42 debts, which were primarily dental. Vivienne gave assurance that Finance continue to work vigilantly on the recovery of debts. David Davidson enquired if these were attributable to a particular area within the dental service. Vivienne confirmed that there are no specific areas, these were across the whole organisation. Doreen Steele stressed the need to keep on the pressure around payment of dental fees so these keep reducing.

The Committee noted the debtors write-off schedule.

6.3 *SFR 18 Losses and Special Payments Schedule*

Vivienne Buchan spoke to this item which detailed losses and special payments for the period to 30 June 2014. It was noted that there had been a total of 5 cases amounting to £31,612. Vivienne explained that the majority of this amount related to 6 clinical claims. Vivienne reminded the Committee that NHS Borders is part of CNORIS which limits the Board's financial exposure to a maximum of £25,000 per claim.

Calum Campbell referred to the adverse events reviews and the potential to leave Boards exposed around legal action as he expected to see a rise in the number of claims. Carol Gillie advised that this is a risk nationally and that if costs increased nationally Borders pick up a pro-rata share.

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

6.4 *Minutes of Healthcare Governance Group: 2nd May & 4th July 2014 & Summary Report*

Isabel Swan spoke to this item. Isabel referred to the summary report which provided background details on why the Healthcare Governance Steering Group had been set up and went over the key objectives of this group. Isabel highlighted that the group promotes an active partnership approach with staff, patients, key stakeholders and other organisations. David Davidson referred to the minutes from the meeting on 2nd May 2014 and in particular the item on the Resilience report where it was highlighted that the BGH was not be able to provide a satisfactory Annual Assurance Statement and that an action plan would be developed over the next six months to rectify this. David was not aware of an update being provided at the Resilience Committee later in the week and queried if the Healthcare Governance Committee were picking this up in the interim. Susan Swan advised that this would be picked up as part of the year end governance arrangements. Carol Gillie added that although this was an item on the agenda and she attended the meetings she could not give assurance that this had moved forward as much as anticipated. Isabel agreed to feed these comments back to Evelyn Rodger and ask for this to be expanded upon within the summary report for the December meeting.

The Committee noted the minutes of the Healthcare Governance Steering Group and summary report.

7. **Internal Audit**

7.1 *2014/15 Internal Audit Plan Progress Report*

Mark White spoke to this item. Mark reported that the plan is progressing on schedule with two final reports coming to today's meeting. It was noted that a total of four final reports would come to the December meeting.

The Committee noted the progress report.

7.2 Internal Audit Report – Property Transactions

Tony Barrie introduced this report which had an overall low risk rating. Tony advised that this audit requires to be undertaken on an annual basis to conform with the Property Transactions Handbook. Tony reported that a total of six transactions had taken place during 2013/14. It was noted that five of these were grade A and one was grade B. Tony explained that grade B meant there were reservations on how the transaction was conducted and in this case was due to a lack of documentation to support a non-commercial lease, the lengthy delay in obtaining a signed lease agreement and the Accountable Officer not being notified. Tony advised that this had been discussed with David McLuckie and the action had been agreed in principle. Tony also highlighted that for two transactions, where sales proceeds were more than £100,000, pro-forma certification was not obtained as per the Property Transactions Handbook. David McLuckie advised that he chaired a Sub Group of Health Facilities Scotland and that they are receiving input from the Central Legal Office on the additional section that is being added to the handbook due to Health and Social Care Integration. David anticipated that the handbook, including the section on integration, would be complete by November and this would then be rolled out across Scotland. David appreciated that the Kelso Hospital lease had taken much longer than anticipated to complete, however the agreed action, namely when entering into a lease, NHS Borders would ensure that the rationale for the terms of the lease are clearly documented and approved by the Chief Executive, would ensure that this did not happen in the future. David Davidson suggested that this is picked up by one of the integration workstreams. Carol Gillie agreed to ensure that this is included within the Integration Scheme. Carol went on to explain that the Integrated Joint Board would have separate Internal and External Auditors, however it was anticipated that as the partner Boards continued with current audit arrangements lesser input for the OJB would be required. Calum stressed that it would be essential that there is clarity on strategic planning and commissioning with the auditors of the Integrated Joint Board. Mark White advised that guidance for Internal Audit is expected from Scottish Government during November.

The Committee noted the report

7.3 Internal Audit Report – Property Portfolio Management

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that the audit had covered a review of current practices, development of the Property and Estates Strategy and management of the maintenance programme. It was noted that two medium risks had been identified, namely the Clinical Strategy and the impact of Health and Social Care Integration should be fully considered on the Board's future property needs and further work is required to ensure that all backlog maintenance requirements are captured and risk assessed. The maintenance programme should also be monitored and reported on a regular basis. Tony advised that we were now in a better position to move forward in regard to the first risk as the Clinical Strategy had now come to a conclusion. For the second risk, Tony felt that there required to be more scrutiny on what required to be done and how this gets prioritised. David McLuckie went on to give an update on the prioritisation process and gave assurance that all high risk areas would be dealt with after taking into account any access issues. David Davidson asked where this is monitored within the organisation. David McLuckie confirmed that this is monitored through the Strategy Group and Capital Planning Group in relation to this year and next year's spend. David McLuckie added that this was not currently reported through the Estates & Facilities scorecard but he planned to include this going forward.

Calum Campbell commented that NHS Borders benchmark well on a national level in regard to backlog maintenance.

The Committee noted the report.

7.4 *Internal Audit of Waiting Times*

Carol Gillie introduced this item. Carol reported that as part of the national monitoring of waiting times, Boards are required to submit quarterly reports and Scottish Government have now asked Boards if they have this in their audit plan for 2014/15. Carol advised that this was not currently included and suggested a short, focussed audit of around 5 days to undertake this. Carol asked the Committee if they would like this to be accommodated within the plan and if so, what this would substitute. Mark White confirmed that he would be happy to accommodate this, however the final decision of what this would replace within the plan would need to be made by the Audit Committee members. Following discussion it was agreed that an audit of waiting times of approximately five days should be undertaken. David asked Carol to work with Internal Audit to see if this could be accommodated within the current plan and if not, to suggest what this would replace and email recommendations around the Committee. An update would also be provided at the December meeting.

The Committee agreed to add a waiting times audit to the plan for 2014/15. Recommendation on what this would replace to be emailed around the Committee.

7.5 *Internal Audit Service – Future Arrangements*

Susan Swan spoke to this item. Susan reminded that the temporary appointment with PricewaterhouseCoopers (PWC) ended on 30th September 2014 and she had been tasked to come back with recommendations on the future provision for the Internal Audit service. Susan went over the options looked at, namely the NHS Greater Glasgow & Clyde Internal Audit Services Contract, Lothian & Borders Audit Consortium SLA and an independent market test. It was noted that these options had been considered against a range of benefits and risks which were detailed within the appendix and the recommendation was to put in place the NHS Greater Glasgow & Clyde Internal Audit Services Contract and enter into a contractual arrangement with PWC. Carol Gillie updated that NHS Lothian are discussing at their Audit Committee in September so at the present time it was unclear what their intentions were. Doreen Steele and David Davidson both noted their agreement to move forward with option 1 and enter into a formal contractual arrangement with PWC. Carol advised that there would need to be a time period fixed for this agreement and an update would be provided at the December meeting.

The Committee noted the report and agreed with option 1 to enter into a formal contractual agreement with PricewaterhouseCoopers.

8. **External Audit**

8.1 *Annual Report to Members 2013/14*

David Eardley spoke to this report which summarised the work undertaken throughout the year which had focussed on the financial statements, use of resources, performance and governance. It was noted that this had been performed in accordance with the Audit Scotland Code of Audit Practice. David advised that it was a positive report with a small number of recommendations which were all low to moderate in rating. David referred to the section on the use of resources and confirmed that the Board had met its statutory financial targets during 2013/14. David highlighted that although the Board was forward

planning with savings plans and how to deliver efficiencies, this would be a significant challenge going forward, however he was confident the Board would deliver its savings. David referred to the section on performance where it was noted that overall a good performance management structure was in place. For governance arrangements it was noted that there were no significant issues. David Davidson referred to paragraph 82 on page 21 stating that the process for approving the Risk Management Strategy should be concluded as soon as possible and the new strategy approved and implemented. David E explained this had not been noted as a recommendation as he was aware that work is ongoing to conclude this. In terms of the action plan David E advised that there was a total of five recommendations, four of which had been seen previously by the Committee and one was a new recommendation. Doreen Steele referred to page 17 which detailed attendance targets within A&E and asked if this included the minor attendance target or if the streams were kept separate Carol Gillie agreed to ask Planning & Performance to confirm this. Calum Campbell also referred to paragraph 67, where in his view Borders had set itself an unrealistic trajectory. David E highlighted paragraph 69 which stated that “the target agreed by NHS Borders was extremely ambitious given its positive performance when benchmarked against other Health Boards”. David E appreciated the comment being made by Calum and highlighted the need to find a balance.

The Committee noted the report.

8.2 *Audit Scotland Report: Scotland’s Public Finances*

Carol Gillie introduced this item. Carol advised that this was a follow-up report to the 2011 report on addressing the challenges. Carol highlighted the key messages on page 9 where it was noted that Scotland’s public sector continues to face significant financial challenges and the budget will continue to reduce. Carol referred to the checklists which are available to provide additional scrutiny and asked the Committee if they felt that these should be looked at by the Audit Committee or the Financial Position Oversight Group. It was agreed that these should go to the Financial Position Oversight Group in the first instance. Carol agreed to circulate the full report around Non Executive Directors for information along with an overview summary report.

The Committee noted the report.

8.3 *Best Value Audit – Vision and Strategic Direction*

Edwina Cameron introduced this item and advised that the audit had been undertaken in April 2014. It was noted that the toolkit assessed performance against two questions, namely “how effectively has the organisation established a clear vision and sense of purpose which reflects local needs, the views of local people, national priorities and will secure improved outcomes” and “how well can the organisation demonstrate open and inclusive leadership, which is focused on securing continuous improvement in staff performance, partnership working and outcomes for citizens”. Stephanie Errington provided a note of the key points where it was noted that there was one area had been rated as advanced practice, 5 areas rated as better (with elements of advanced) practice and 6 areas rated as better practice. Stephanie highlighted that there were no areas of basic practice. The findings noted that information is reviewed on a regular basis but practices may wish to be strengthened on how information is reviewed. Stephanie highlighted that the audit had suggested that processes regarding strategic plans, in particular the Local Delivery Plan, could be strengthened within our local priorities. David Eardley explained that the comments were not definitive and were only suggestions where improvements could be put in place. David thanked the team for their engagement whilst the audit was being undertaken. David Davidson noted that it was a very positive report and asked where this would now go within the organisation. Carol

Gillie advised that there were no plans to take the report anywhere else other than feeding back the findings within the department. Carol suggested that it could be used as an example for other services to undertake the toolkit as it does not require external input. David D asked if the report had been shared with the Board Executive Team (BET). Edwina advised that it had not been shared with BET colleagues and agreed to do this as well as suggesting other department make use of the best value toolkits.

The Committee noted the report.

9. **Items for Noting**

- 9.1 *Minutes of Information Governance Committee: 3rd July 2014*
There were no issues raised.

The Committee noted the minutes of the Information Governance Committee.

- 9.2 *NHS Borders Countering Fraud Operational Group - Update*
There were no issues raised.

The Committee noted the work of the Countering Fraud Operational Group.

- 9.3 *Minutes of Financial Position Oversight Group: 26th June 2014*
There were no issues raised.

The Committee noted the minutes of the Financial Position Oversight Group.

- 9.4 *Financial Position Oversight Group – Terms of Reference*

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

- 9.5 *Technical Bulletin 2014/2*
Susan Swan spoke to this item. Susan advised that she planned for the fraud report arising from the Technical Bulletin to go to the Countering Fraud Operational Group in future for comment and to provide greater scrutiny.

The Committee noted the technical bulletin and report.

10. **Any Other Competent Business**

None,

11. **Date of Next Meeting**

Monday, 15th December 2014 @ 2 p.m., Board Room, Newstead.

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Thursday, 2nd October 2014 at 10 a.m. in the Board Room, Newstead.

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

In Attendance: Mrs B Everitt (Minutes)
Mrs K Nairn
Mrs C Oliver
Miss M Patterson
Mr G Reid
Mrs N Sewell (Item 5)
Ms S Swan
Mrs P Walls (Item 4)

1. **Introduction, Apologies and Welcome**

Apologies had been received from Dr S Mather, Mrs E Rodger, Dr S MacDonald, Mrs J Davidson and Dr D Steele.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings**

2nd June and 22nd July 2014

The minutes were noted as an accurate record.

4. **Matters Arising**

- *Action Tracker*

The action tracker was noted.

- *External Audit Feedback*
Susan Swan spoke to this item. Susan advised that the report had been discussed in detail at the recent Endowment Advisory Group meeting where the recommended action had been supported. It was noted that the recommendations had arisen following the year-end audit by the External Auditors, Geoghegans on strengthening the governance structure. Susan highlighted the recommendation regarding putting in place a charity specific risk management process. Susan explained that she did not

wish to make this overly bureaucratic and would be taking a proposal to the Endowment Advisory Group meeting in January 2015 to give assurance that risks are managed appropriately. It was noted that this would then come to the Board of Trustees meeting in January for sign-off. Susan also referred to the recommendation on accounting for multi-year commitments which suggested a change in practice to ensure Trustees have an opportunity at specific times during the project to evaluate benefits and outcomes prior to committing further funding. Susan explained that this is a good accounting practice and would be built into the new documentation for submitting bids for Endowment funding allowing Trustees an opportunity to undertake an evaluation. Calum Campbell highlighted that the funding being requested is not insignificant amounts and showed concern that liability would fall to NHS Borders should Trustees decline further funding at the review stage. Susan assured that it would not be the intention to stop projects at the midpoint check, it was merely an opportunity for Trustees to get assurance that the outcomes of the project are being achieved.

The Board of Trustees noted the recommendations made by Geoghegans and agreed with the action against each of these.

- *Business Cycle for Endowment Funding Request*
Susan Swan spoke to this item. Susan advised that this report had also been discussed at the recent Endowment Advisory Group meeting. Susan explained that by putting this process in place it would ensure best value, delivery and outcomes and give Trustees assurance that they are making prioritised decisions. Susan highlighted that the business cycle process would have an annual confirmation of funding available to support projects with twice yearly applications for project funding. It was noted that this would commence in January 2015 and standardised paperwork would be produced which would include timing for a mid project evaluation report and commitment to provide an end of project evaluation report. John Raine asked for assurance there would be clarity within the guidance to ensure that inappropriate bids did not come forward. Susan confirmed that no inappropriate bids would be brought to the Board of Trustees. John also enquired about the timescales for submitting bids. Susan replied that there would be a timetable to adhere to, however it had been built in to allow submissions outwith this in exceptional circumstances. Karen Hamilton stressed the need to be equitable and would like to see some examples of projects being scored. Susan advised that this had been discussed at the Endowment Advisory Group where it had been agreed to include these as an appendix to the guidance.

The Board of Trustees approved the recommendation to adopt the business cycle process for implementation from January 2015.

- *Innovative Marketing Plan for a Health Promoting Organisation – Costs Update*
Pippa Walls spoke to this item. Pippa reminded Trustees that she had attended the meeting in June where approval for up to £30,000 Endowment funding had been given with a request for costs to be reduced where possible. Pippa advised that the quote from “Digital” had almost halved with the core elements being retained as the company were keen to work with NHS Borders on such an innovative project. It was noted that the costs for traditional and outdoor advertising had been significantly cut as well as the budget for posters. Susan Swan confirmed that there would be every effort to recover as much VAT as possible. Pippa went on to provide an update on progress where it was noted that there were three phases, namely engaging with

staff, rolling out the campaign to the public and engaging with businesses to encourage participation. Pippa confirmed that a first call to staff and partners had gone out asking them to share stories on how a small change in lifestyle had made a big difference to their health. It was noted that the web page was also being developed and a public launch was expected towards the end of October/beginning of November.

The Board of Trustees noted the update.

- *Volunteer Co-Ordinator Post*

Carol Gillie spoke to this item which gave an update on the financial impact generated from the creation of the Volunteer Co-Ordinator post. Carol advised that there had been a financial impact, however this had been not significant. Carol highlighted that the person had only been in post for five months and suggested Stephen Bermingham attend the meeting in May 2015 to provide a full update. This was agreed.

The Board of Trustees noted the update and agreed that Stephen Bermingham attend the May meeting to provide a full update.

5. **NHS Support for Burnfoot**

Nichola Sewell spoke to this item. Nichola provided Trustees with background information on the Burnfoot HUB project where it was noted that NHS Borders would be a vital potential partner in the HUB which will be a community owned asset, managed and driven forward by the community to meet local needs. Nichola advised that there was a capital shortfall of £40,000 and was seeking this amount to ensure that the necessary facilities are in place. Nichola went on to give a vision of what facilities would be provided to the community by 2018. David Davidson enquired if there would be any clinics within the facility. Nichola confirmed that a treatment room had been included with the plans and advised that adjustments could still be made to these. Calum Campbell referred to the £150,000 from the Reshaping Care Change Fund and asked what this had contributed towards. Nichola advised that this had contributed towards accommodation. Carol Gillie confirmed that the contribution of £150,000 was actually money from NHS Borders and she did not feel that this was reflected within the report. Nichola apologised for this oversight and would ensure that the report was updated to rectify this. Susan Swan advised that to contribute a further £40,000 towards this project would entail working with the Investment Advisor to release money from the portfolio. Carol asked how the project would be affected if the bid for £40,000 was not successful. Nichola provided a list of areas where this could have an impact on. Carol felt that these seemed to be more connected with the ongoing running costs rather than having an effect on the capital element of the project. Catriona Bhatia commented that she felt there was a sense of community ownership within Burnfoot as on a recent visit the Community HUB had been referred to on numerous occasions. Catriona noted her support towards this bid if funds were available. David felt that more information was required on the specific outcomes of what the £40,000 would provide as he did not feel that the bid currently met the remit for Endowment funding. Pat Alexander also showed concern around the application and reminded that it was not being looked at from an NHS Borders' perspective, it was being presented to the Board of Trustees for Endowment funding. Karen Hamilton agreed that there were too many outstanding questions for Trustees to make a balanced decision at today's meeting. Clare Oliver suggested that she meet with Nichola to ascertain if there was an opportunity for Fundraising to be involved and include this as part of the annual plan.

The Board of Trustees noted support in general but could not commit to provide funding and asked for the bid to be updated to include comments received prior to discussion with Clare Oliver around Fundraising.

6. **Fund Management**

6.1 *Investment Advisor Report*

Graham Reid reported that the total value of the portfolio at 19th September was just over £3m giving a net uplift of £45,000 (2.21%). Graham highlighted that this was 1% less when compared to the nearest benchmark, the APCIMS balanced, which had registered a gain of 3.21%. Graham advised that £150,000 (5%) had been moved from fixed income investments to equity investments and this had narrowed the profile of the fund with the benchmark. It was noted that there was still an opportunity to move a further £70,000 to equity investments. Graham highlighted that the move to equity had delivered the desired outcome and he would continue to do this and look to seek 20% fixed income exposure within the portfolio. Graham went on to give an update on the market where it was noted that this had recovered in the second quarter, however events overseas had made an impact on this. Graham expected to see volatility within the market over the next three years and anticipated a rise in interest rates during 2015.

The Board of Trustees noted the report.

7. **Financial Report**

7.1 *Primary Statements and Fund Balances*

Susan Swan reported that the income and expenditure account recorded an in-year deficit of £25,645 for the 5 month period to 31st August 2014. Susan highlighted the main items of expenditure transacted during this period. Susan also referred to the statements attached which had been produced following migration to a new system which would offer significant improvements in the information provided for Fund Managers.

David Davidson referred to the expenditure against the Chaplaincy Centre refurbishment as he was under the impression that this was to be used for a Lead Chaplain. Susan advised that this expenditure was connected to a legacy received by the Chaplaincy Centre which had been used to improve the building with the addition of a digital panel and electronic doors. Susan explained that the successful bid at a previous meeting had been used towards securing a Lead Chaplain.

Pat Alexander enquired how capital could be released going forward. Susan replied that as part of the business cycle there would need to be agreement on the level of commitment for the amount of funds to be released. It was noted that Graham Reid would be included in these discussions.

The Board of Trustees noted the report.

7.2 *Register of Legacies and Donations*

Susan Swan updated the Trustees on a recent communication received from a local solicitor, Pike and Chapman, which advised that a legacy had been made as part of the will of a Borders resident. The legacy was made to Orthopaedic services at the Borders General Hospital and it was noted that the legacy details at this point indicated a total sum of approximately £350,000, made up of property and moveable assets. Susan advised that Pike & Chapman had alerted to a challenge against the terms of the will and went on to update Trustees on advice provided by the Central Legal Office (CLO) in respect of this challenge.

The Board of Trustees noted the legacies and donations to 31st August 2014 and the update on the recent communication from Pike and Chapman. Trustees gave approval for Susan Swan to contact Pike & Chapman to confirm they establish evidence in respect of the challenge.

8. Endowment Advisory Group

- 8.1 *Draft Minutes of Meeting – 10th September 2014*
No issues were raised.

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

9. NHS Borders Children's Centre – Update

Clare Oliver spoke to this item which provided an update on the paper that had gone to the Strategy & Performance Committee. Clare highlighted the assumptions that had been made within the recommendations for the Strategy & Performance Committee to approve to proceed to an outline business case. It was noted that due to the £2m target against Trusts and Grant Giving Organisations one of the recommendations was to use an external source to scope out the market place and make the appropriate applications. Clare also highlighted the substantial rise in fundraising costs to £600,000 which would include both external and internal resource. Susan Swan added that once the business case is produced it will go to the NHS Borders Board to agree whether or not to proceed with the project. It was noted that this would also come to the Board of Trustees to approve the fundraising appeal and underwrite this. Susan advised that within the business case there would be a financial element which would provide the detail for the £600,000 fundraising commitment. It was noted that this was due to be discussed by the Fundraising Advisory Committee at the next meeting. John Raine enquired how costs compared with those of the Margaret Kerr Unit. Clare was unable to provide this information at present but would ensure that comparison information was included within the paper going to the various Committees. Catriona Bhatia reminded about the Hawick Common Good Fund for making an application for funding. Clare agreed to look into this option.

10. Fundraising Advisory Committee

- 10.1 *Draft Minutes of 15th September 2014*
Pat Alexander spoke to this item and welcomed Karen Nairn, Fundraising Manager to her first meeting. Pat confirmed that progress is being made with the new fundraising database and that the legacy leaflet is being taken forward. Pat highlighted the success following two "Walk for Wards" events and advised that this had been added to the Fundraising toolkit for small projects. Pat also advised that Karen had produced a Fundraising Agreement which would be used as a support document for anyone wishing to fundraise for NHS Borders. It was noted that the agreement outlines best practice and provides a list of responsibilities to ensure charity regulations are complied with. Pat explained that the Terms of Reference for the Fundraising Advisory Committee is due to be revised and they may look to expand on the membership. If this is the case the Board of Trustees would be kept updated.

Susan Swan tabled a paper providing an update on a charity shop proposal following previous discussion at the recent Endowment Advisory Group meeting. Susan advised that a proposal had been made by a member of the public to start up a charity shop, staffed by volunteers, with all profits being donated to the Palliative Fund (Margaret Kerr) Endowment Fund. The Endowment Advisory Group had sought approval from the Trustees of Miss Kerr's estate to the proposal to link the Margaret Kerr Unit name with the fundraising effort from the shop and to seek advice from the Central Legal Office (CLO) in terms of any recommended contractual arrangements required. Susan confirmed that the Trustees of Miss Kerr's estate are supportive of the proposal and that she had spoken with the CLO who have provided advice on three elements, namely commercial, regulatory and reputation. Susan took Trustees through the risks associated with these and it was noted that to address these the CLO have recommended that the shop is either set up as a commercial business by the member of the public and is not named after the Margaret Kerr Unit but is made clear through advertising that all profits will be donated to the Palliative Fund or the shop is set up as an independent charity with the charitable purpose of donating all profits to the Palliative Fund. Clare Oliver advised that she had discussed the advice received and the options available with the member of the public and was awaiting feedback.

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

The Board of Trustees agreed for work to continue on discussions with the member of public and the CLO.

- 10.2 *Annual Fundraising Plan 2014/15*
No issues were raised.

The Board of Trustees noted the annual Fundraising Plan for 2014/15.

- 10.3 *Report from Chair of Fundraising Advisory Committee*
Pat Alexander spoke to this item which was self explanatory. Karen Hamilton asked for update on the new fundraising database. Karen Nairn advised that this was now up and running and training was being undertaken.

The Board of Trustees noted the report.

11. **Any Other Business**

None.

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

19th January 2015 @ 2 p.m., Board Room, Newstead.

BE
10.10.14

APPROVED



Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday 10 September 2014 at 2pm in the Lecture Theatre, Education Centre

Present: Stephen Mather (Chair)
David Davidson Doreen Steele

In Attendance: Evelyn Rodger Laura Jones
Dr Craig Wheelans (left at 15.00) Irene Bonnar (left at 14.30)
Sam Whiting John McLaren (left at 14.30)
Dr Alan Mordue Calum Campbell
Charlie Sinclair Imogen Hayward (arrived 14.20)
Adrian MacKenzie (arrived 15.30) Alison Wilson (arrived 15.30)
Zoe Brydon (minutes)

1. Apologies and Announcements

The Chair noted apologies had been received from Dr David Love, Karen Grieve, Dr Sheena MacDonald and Diane Keddie.

The Chair welcomed Charlie Sinclair in his new role of Associate Director of Nursing.

2. Declarations of Interest

None received.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 11 June 2014 were approved.

4. Matters Arising

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

5. PATIENT SAFETY

5.1 Initial Review of NHS Borders Report

Calum Campbell advised the Committee that he had commissioned this external initial review following receipt of an email from a member of staff on 29 January 2014 and following a discussion with Healthcare Improvement Scotland (HIS) regarding the concerns about patient

care which were raised. The review identified that there were significant capacity & flow challenges on the date in question and that there were no systemic failures which would be cause for concern. This report is for noting by the Committee. The Chair commented that NHS Borders had taken this seriously and that prompt action had been taken.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and are satisfied with the assurances given.

5.2 Infection Control Report & Healthcare Environment Inspectorate (HEI) Action Plan/Update

Sam Whiting spoke to the two papers submitted to this Committee. The first is the Infection Control Report which provides assurances to the Committee that appropriate governance is in place and actions are being taken in relation to managing and preventing Healthcare Acquired Infections.

The second report relates to the Action Plan developed following the HEI Unannounced Inspection in June 2014. The Inspection was a follow up visit from a previous unannounced inspection in December 2013. Of the 6 areas identified for action in December 2013 4 were assessed as fully compliant, 1 partially compliant (although improvement was evident) and 1 was not met in June 2014. The non compliant issue is in relation to cleanliness of equipment. Since the June 2014 inspection the Infection Control Team and operational managers have been undertaking spot checks, photographing breaches and these are fed back to all wards. The data collected is demonstrating considerable improvement.

An eleven point Action Plan for the Borders General Hospital was submitted to HEI following the June 2014 Inspection. As per normal practice we have hosted an informal visit from HEI inspectors to review the action plan. The Committee noted that the Inspectors are content with the action plan.

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

5.3 Significant Adverse Events Report

Laura Jones spoke to this report which provides information on significant adverse events (incidents) that are both clinical and general, occurring between April 2012 and July 2014. It was highlighted to the Committee that at the Healthcare Governance Steering Group (HCGSG) meeting on 5 September 2014 the Group raised concerns about the priority given to adverse event reviews by line managers and that there was a requirement for more timely completion of reviews and finalisation of reports. Laura advised that since then further training is being put in place to action this concern.

It was noted that there appeared to be a large number of Never Events. Laura Jones explained to the Committee that she will re structure future reports as the list of never events also included incidents which were locally defined as a stretch beyond national definitions of what a never event is.

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

5.4 Blood Transfusion Action Plan & Annual Report

Doctor Imogen Hayward, Chair of the Blood Transfusion Committee, spoke to the Committee on the 2013/14 Annual Report and the BGH action plan created as a result of previous concerns raised. The Chair clarified the reasoning this was brought back to the Committee was due to the concerns raised by the original Annual Report 2012/13 brought to the Clinical Governance Committee earlier this year. Imogen confirmed that the Annual Report for 2013/14 shows similar concerns as to the previous year's report. She highlighted the main concerns to the Committee are:

- Performance Indicators are only achieving four out of ten markers;
- Education continues to be a challenge, particularly around nurses completing their eLearning; and
- Incident management and completing these within the stipulated 28 days.

Since the action plan has been introduced in BGH the last Blood Transfusion meeting was quorate which is a very positive result. It was noted that Diane Keddie has been leading on this but she cannot provide full time support.

Calum Campbell noted there were different issues that require addressing and he would like to know what resources are required to run a transfusion service and to benchmark with Dumfries and Galloway (D&G) and that these need to be fully assessed so that the Committee can be fully assured. Charlie Sinclair advised that each ward will be looked at individually and assessed. With regards to training they are looking at a number of different ways training will be delivered. Charlie will work with Senior Charge Nurses (SCN) and Imogen to achieve sustainable implementation of training. . It was proposed that Imogen should speak to Olive Herlihy regarding doctor training.

Imogen was asked to return to the committee at its first meeting in 2015 to advise re findings of Benchmarking with D&G and to report on improvements in uptake of training. (Imogen Hayward)

The Committee also noted that the issues raised around Blood Transfusion services, training etc should be placed on the BGH risk register (Charlie Sinclair).

The **CLINICAL GOVERNANCE COMMITTEE** noted the Annual Report and Action Plan and that a further assurance will be provided to the Committee in the New Year.

5.5 Very High Risk Management Report

Evelyn Rodger spoke to this report in the absence of Sheila MacDougall. This report updates the Committee on very high risks that are recorded on NHS Borders risk register. Evelyn advised that since this report has been circulated to the Committee as an action of the HCGSG meeting on 5 September 2014 she has emailed each individual department asking them to review all the risks on Datix. Evelyn noted that this is a live document and therefore the risks detailed at the time of reporting have been modified.

It was noted that the Primary and Community Services (PACS) risk is a test submitted by Jonathan Kirk and this will be removed.

It was also noted that prior to the Committee congregating there was a pre meeting with Audit Committee members, Evelyn Rodger, Laura Jones and Carol Gillie regarding future reporting requirements of the Audit Committee. An updated position will be reported to the Audit Committee at its meeting on 22 September 2014.

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

5.6 Claim Update

Evelyn Rodger again spoke to this report in the absence of Sheila MacDougall. The report details at a high level NHS Borders claims activity from April to August 2014. Evelyn noted the necessity to preserve confidentiality in reporting small numbers. It was also noted that the Central Legal Office (CLO) have informally advised that our claim numbers are low compared to other NHS Boards.

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

6. PERSON CENTERED CARE

6.1 Patient Feedback Report

Laura Jones spoke to this report which provides an overview of the patient feedback received about NHS Borders services. It was noted that there has been a slight increase in complaints, but this is similar to last year and the graph will be amended in the next report to the Committee to include previous year's statistics to show this is not an unusual fluctuation. The Committee asked whether the complaints could be comparative to other Boards and could be included into the next report. It was advised that this will form part of the annual report

As an administrative point of view the graphs/charts will be reworked for ease of viewing.

It was noted that the Scottish Public Services Ombudsman (SPSO) Reports are usually included in this report, however, Laura advised that there were no cases to report but that one will included in the next report as due to timing of publication of this report it does not capture the latest case. Calum enquired regarding the criteria used by the SPSO Office regarding cases investigated. The SPSO Report will be circulated to the Committee and will be on the agenda for the next meeting for discussion (Laura Jones).

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

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board update (BGH)

Due to Diane Keddie providing late apologies, Charlie Sinclair spoke to this. The Committee noted the Datix backlog is being dealt with by the BGH and there is an action plan in place.

The significant adverse events are being progressed and they are planning to protect time so staff can complete these in a timely manner.

Generally, the Chair advised he is disappointed from the lack of attendance at the Committee and that the minutes from each of the Committees are not being included in the Clinical Board updates. An email will be drafted from the Chair to the non-attendees to express his displeasure.

David Davidson wished to advise the Committee he had heard that GP's were having delays in accessing blood testing results. Calum Campbell believed that it should be as quick as the access Consultants receive.

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

7.2 Clinical Board update (Mental Health)

The Report was not discussed as there was no one at the Committee to speak to it.

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

7.3 Clinical Board update (PACS)

The Report was not discussed as there was no one at the Committee to speak to it.

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

8. ASSURANCE

8.1 Moving & Handling Training Update & Occupational Health Annual Report

The Chair advised that this report was presented to the Clinical Governance Committee due to concerns raised by lack of attendance at scheduled training as identified through the organisations Training Needs Analysis and the potential for staff to sustain injuries from moving and handling incidents highlighted at a previous Clinical Governance Committee meeting. John McLaren and Irene Bonnar spoke to this and updated the Committee that 25% on non-attendance was through cancellation, with 11% as failures to attend. 60% of training was cancelled due to not enough delegates attending. Calum Campbell advised he brought in the rule that 50% attendance is required for the training to go ahead. He feels there will be a gradual improvement by next year but confirms it is an organisational risk.

At the start of January 2014 the training went off trajectory, however, this was expected as the venue for training changed. It was noted that over recent months figures have started to increase.

One of the issues is the lack of booking onto the training or cancellation at short notice, e.g. sickness in the wards that require staff to go into work rather than attend training.

John McLaren advised that line managers need to have more input into the process and is reiterating to line managers that all statutory and mandatory training is essential.

Evelyn Rodger advised that there is a 2% uplift in the nursing budget which is for nursing staff to attend training.

Managers are required to submit training plans for the year. The training department is actively supporting departments and the system is being refined annually resulting in improvement in completion. John McLaren gave assurance that this is being taken seriously, that appropriate action is being taken and there is an improvement.

The Chair requested an end of year report detailing what has been achieved against the targets for improvement set for this year and the plan for 2015/16 (first meeting in 2015, John McLaren/Irene Bonnar).

The **CLINICAL GOVERNANCE COMMITTEE** noted the update and Annual Report and that the Committee wish another report at its first meeting in 2015.

8.2 Polypharmacy Report

Alison Wilson and Adrian Mackenzie attended to speak to this paper and shared that polypharmacy management does reduce clinical risk and can demonstrate significant financial savings. Alan Mordue thought it was an excellent report and wants to know the impact on reviewing drugs per patients per annum. It was noted there is a requirement for a patient review by a GP when the patient is on four medications or more but there no actual requirement to see the patient.

It was noted that high/very high risks were rare. However, where they remained these were regularly monitored by the GP and were a balance of risk and benefit where this was the best therapeutic option for the patient.

There was discussion around the involvement of junior medical staff and it was highlighted that there was a possibility of FY1 being involved in audit it was also suggested that this report should be taken to a GP Sub Group. Alison thanked the committee for these suggestions.

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

9. ITEMS FOR NOTING

9.1 The following minutes for:

- Child Protection Committee x2
- Adult Protection Committee x2
- Healthcare Governance Steering Group

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

9.2 Scottish Confidential Audit of Severe Maternal Morbidity: Reducing Avoidable Harm 10th Annual Report

This Annual Report is coming to the next Clinical Governance Committee meeting.

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

9.3 Healthcare Improvement Scotland Proposal

This may come to the next Clinical Governance Committee meeting.

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

10. Any Other Business

No other business.

10. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on 12 November 2014 at 2pm in Classroom 2, Education Centre.

The meeting concluded at 15.56



STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Monday 1st September 2014 at 10am in the
Committee Room, BGH

Present: Pat Alexander, Co-Chair
John McLaren, Co Chair
Stephen Mather
Karen Hamilton
John Raine

Ex Officio Capacity: Kath McLaren

In Attendance: Edwina Cameron
Irene Bonnar
Sheila MacDougall
Janice Laing
Colin Herbert
Elizabeth McKay, (Minutes)

1. Welcome, Introductions and Apologies

Apologies were received from Irene Clark, Shirley Burrell, Helen Clinkscale, Calum Campbell, Maggie Czajka, and Nicola Barraclough.

Pat Alexander welcomed Karen Hamilton who replaced Dr Doreen Steele's position as Non Executive Director on to the Committee. On behalf of the Committee Pat expressed her thanks to Dr Steele regarding her contributions to the group.

2. Minutes of Previous Meeting held Thursday 5th June 2014

With two corrections to the minutes the Committee approved the minutes from the previous meeting.

Matters Arising: There were no matters arising

Action Tracker: Updated.

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

Kath McLaren advised a meeting has not taken place since the last Committee. The signage has been put up for the Staff Car Share. Karen Hamilton advised the number

of fines have decreased. There is an Appeals meeting tomorrow and the number of appeals is mainly from staff. John McLaren sought clarity around patients' appeals as to whether they go through to the company Minster Baywatch or not? John McLaren informed he has not witnessed any congestion within the car parks and that staff are not raising complaints as before.

Kath McLaren informed there is an issue around disabled car parking and it will be addressed when they make further changes to the car parking. Karen Hamilton reported Car Share may have reduced the amount of cars located in the car park. Karen also highlighted staff moving their cars around the car park.

Sheila MacDougall informed there has been a recent complaint regarding a member of staff being nearly knocked down. There are plans to look at the safety of pedestrians. There is no pavement available at the Huntlyburn car park site. Issues regarding car parking will be highlighted at the Occupational Health & Safety Forum. **Action: The Committee notes the issues and will invite David McLuckie to attend the next meeting to give an update.**

4. Health & Safety Deep Dive

Sheila MacDougall spoke to her paper which highlights six areas. The Supplementary report presented at this meeting highlights where we are at now and how it is progressing. The Annual Report was submitted in June 2014.

It was noted that there has been a significant rise in Violence and Aggression incidents the Committee were advised this may be due to increased reporting. These have been identified at the Occupational Health & Safety Committee/Forum and discussions are being held there to this affect.

Pat Alexander asked about the Prevention Management and Violence (PMAV) policy. Janice Laing advised the policy has been updated the population has become younger with aggression increasing but the service is also getting better at reporting.

There were numerous issues highlighted in the report at this meeting which require further discussion at Board level and with the Board Executive Team. This includes access to training by staff and managers which was highlighted as a significant issue.

The Staff Governance Committee noted the report and agreed to the following actions:

- 1. Highlight the issues to the Board for action as a matter of urgency. John Raine agreed to take this forward.**
- 2. Changes to the membership of the Mandatory & Statutory Training Group to be taken up with Area Partnership Forum (APF).**
- 3. Further work to continue with development of the Occupational Health & Safety Intervention Plans along with highlighting training attended using**

the Training Needs Analysis trajectories within the Clinical Board and Departmental Performance Reviews supported by Planning & Performance.

4. Further work required and being undertaken at present to look at delivery of training in different ways and settings to improve uptake. This will feature as part of the Training Deep dive item for a future meeting.

5. Staff Governance Stock-take: -

Edwina Cameron opened this item highlighting the importance of all the workstreams feeding into Staff Governance with the Staff Governance Standards central to it all.

Staff Governance Action Plan and Framework

Every year a submission is required to the Scottish Government in May the Scottish Governments response was very positive. Our Action Plan was developed against 6 Actions at a strategic level which were agreed through Partnership processes and consultation and Board involvement. These were based on staff survey results from last year and based on a corporate objective and five Staff Governance standards.

Action 1 – Corporate Objectives: John McLaren spoke to the report and highlighted to the committee that the Corporate Objectives were developed and cascaded to the organisation and were also placed on the intranet. It was noted whilst carrying out the leadership walk rounds the directors are asking staff if they are aware of the corporate objectives.

Action 2 – Well informed - related to communications and development of communication. A Social Media policy is being developed and it is hoped will go to the next Area Partnership Forum (APF) for consultation. Services are looking at Facebook and to ensure it is used appropriately this also includes Twitter.

Action 3 – Appropriately Trained – Discussions take place at Performance Reviews and managers have to assure KSF and appraisals are key responsibilities. The last Staff Survey highlighted a positive outcome on the number of KSF reviews but a down turn in how that fitted in with peoples roles therefore agreed that a quality Audit be undertaken and this was to be led by the General Managers with expertise from Helen Clinksale.

Action 4 – Involved in Decisions – This relates to ‘I Matter’ and will be discussed in more detail within the presentation.

Recruitment – a sub group has been set up to look at the various policies and hopefully a robust policy will be developed also, looking at a Training package to be developed around recruitment and retention.

Action 5 – Treated fairly & consistently – Whistle blowing and Respect Sessions have been organised in November 2014 which will look at Stress and Dignity in October 2014.

Staff Survey

Is the tool for engaging with staff and measures staffs experience through various levels? There are various methods of completing this year's Staff Survey such as electronic link through the PC, Free Telephone / Help Line and by hard copy. The layout of the survey is better laid out and takes ten minutes to complete.

Friday of last week (third day of survey) we were sitting at 9% which does not take in to account hard copies. We can access the results on a daily basis.

Stephen Mather asked about Appropriately Trained. It is only effective if manager and member of staff strive for it to work. John McLaren advised both parties are responsible. We are developing Focus groups after the audit. We know that there are some departments that are not good on quality. This audit will enable to get in to the areas that are not fulfilling their training needs. Edwina Cameron informed this is where KSF helps as you cannot sign off the Personal Development Plan (PDP) until it is completed. The Training Needs Analysis (TNA) is for the whole organisation. Edwina Cameron spoke about funding which is an issue. Staffs are signposted to Training and Trainers are trying to be more visible. Stephen Mather suggested using the PDP to highlight areas of the problems within Health & Safety.

Pat Alexander enquired about the Personal Development Plan (PDP) why it is not being implemented once it is reviewed. Edwina Cameron informed she hopefully will be able to provide a report to the Committee in March 2015. John McLaren informed the standard is important to the organisation and all staff should have the opportunity to a meaningful appraisal.

'I Matter'

Irene Bonnar reported it creates a healthy culture to the organisation. Irene Bonnar provided a detailed paper and informed she would be happy to answer questions. In terms of where we are within NHS Borders 'I Matter' is a tool which will impact on workforce and planning. Irene Bonnar advised that she is NHS Borders lead on the national group. Support will be required from various departments. Irene spoke about organisational behaviour. Page 9, Appendix A clearly shows the links to the Persons Centred agenda. An additional item has been added which has been mapped to the Staff Governance standards. It is a fairly comprehensive tool and will be rolled out by October 2016.

Pat Alexander expressed the view that it is very complex. John McLaren highlighted organisationally behaviour is very important. The Board takes this seriously and use the 360 degree appraisal process which is linked to the corporate objectives. Pat Alexander raised her anxieties regarding staff being exposed to too much surveying with the Staff Survey and 'I Matter'. Irene Bonnar advised 'I Matter' is cascaded down to team level providing an action plan at local area which would enable staff to see a benefit and affect positive changes within their department.

Edwina Cameron informed there is a roll out plan commencing in October 2014 and will be rolled out first in Planning & Workforce directorate which will enable Edwina

to look at lessons learned. Edwina Cameron reported she is keen to update the Committee as it is being rolled out. It will be a cultural challenge and to get an action plan in place. Irene Bonnar advised that she will be able to provide a paper in March 2015.

Person Centred

Irene Bonnar gave assurance to the Committee of the amount of activity taking place within the organisation. Pat Alexander requested for the Committee to receive a copy of the slide which was presented at today's meeting.

'Everyone Matters'

Edwina Cameron advised the '2020 Workforce Vision' was developed using the voices of nineteen thousand staff. One of the questions staff were asked if staff would be working in NHS Board in 2020. Eighty percent staff answered yes to this question.

A discussion took place regarding our strategic position to delivering it to staff. An Implementation Plan will be given to boards annually. This is the link in to our appraisal and performance and will be embedded in our local delivery plans. Pat Alexander asked for the Committee to be kept sighted on this. John McLaren reported this year we were not given a lot of time to deliver on the engagement with staff and carried out the engagement exercise at meetings which we attended. In 2013 we had a longer period to engage with staff in Focus groups. In future we hope the government will provide more time. Karen Hamilton enquired if we would be able to deliver on the actions as they are vast. Edwina Cameron advised that we would be able to do this as there is currently work in progress. The biggest challenge will be collecting data.

Pat Alexander advised we may be required to deliver on the evidence which will be taken to the Annual Review.

Staff Governance Work Plan

Edwina Cameron circulated a paper which provides a timetable from HR and Planning which will be carried out on an annual basis. Edwina Cameron asked the group to look at the paper to see the work within the paper that would be placed in the Work Plan. Edwina suggested carrying on this debate electronically as she is anxious to getting something in place and in future to have a deep dive.

Action:

- 1. Pat Alexander informed that the Committee required more time and asked if they were happy with Edwina's suggestion? The Committee agreed with this.**
- 2. The Committee agreed Edwina Cameron would take lead of this item and for the committee to respond directly to Edwina.**

3. **The Committee thanked Edwina, Irene and John for their helpful presentation and notes the range of actions in progress to complement the various strategies highlighted and was agreed that the Staff Governance Committee would review progress through the Staff Governance Action Plan and work plan as standing items on the Committee Agenda.**

6. **Items for Noting**

Workforce Projections 14/15

It was reported that the projections are published yearly and have been to the last Area Partnership Forum (APF). The Staff Governance Committee notes the paper.

7. **Any Other Competent Business**

- a) Minutes of Meetings

Pat Alexander informed at the last meeting the Committee agreed to remove minutes from other groups as all of the minutes were provided at the Board meeting. After consideration and discussion with John McLaren and Edwina Cameron it has been agreed to place minutes from other groups back on to the agenda for information.

8. **Date of Next meeting**

Monday 1st December 2014 at 10am in the Committee Room, BGH.