

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: 15.01.15
- H&SC Integration Shadow Board: 09.02.15
- Audit Committee: 15.12.14
- Clinical Governance Committee: 21.01.15
- Staff Governance Committee: 01.12.14
- Public Governance Committee: 16.10.14
- Public Governance Committee: 10.12.14

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 15 January 2015 at 12.30 in the Board Room, Newstead

Present:

Mr J Raine	Mrs J Davidson
Mr D Davidson	Mrs E Rodger
Cllr C Bhatia	Mrs E Cameron
Mr J McLaren	Dr S MacDonald
Dr D Steele	Dr E Baijal
Dr S Mather	Mrs S Manion

In Attendance:

Miss I Bishop	Dr J Kirk
Mr S Bermingham	Dr A Howell
Mr P Lunts	Mrs J Stephen
Mrs C Oliver	Mrs K Thorburn

1. Apologies and Announcements

Apologies had been received from Mrs Karen Hamilton, Mrs Karen McNicoll, Mrs Pat Alexander and Mrs Carol Gillie.

The Chairman confirmed the meeting was quorate.

The Chairman welcomed a range of attendees to the meeting.

The Chairman welcomed Jane Davidson to the Committee in her role as Interim Chief Executive.

2. Patient and Carer Stories

The Committee heard from a relative of the care and treatment provided to her late father from his initial diagnosis through to his admittance to the Margaret Kerr Unit. Several issues were highlighted throughout the presentation identifying the provision of both positive and negative care experiences.

Mrs Evelyn Rodger agreed that several improvements were required and agreed to consider the added value of “sit and see” against current practices for observing care. She shared the approach agreed by the Area Partnership Forum to ensure assessment of nurses competency through the appraisal/professional personal development cycle, as well as providing support with further training and education.

Dr Doreen Steele enquired about the facilities issues around supplies and Mrs Rodger advised that the Senior Charge Nurses were fully aware that there was no need to believe there was a shortage of supplies and that the notion of such needed to be addressed through them.

Dr Stephen Mather noted that communication issues had led to a “learned helplessness” and commented that there was a need to eradicate such behaviours and culture and ensure staff were aware of the value they gave and could give further to enhance both patient and staff experience throughout the organisation.

Dr Annabel Howell commented that for the Margaret Kerr Unit the nursing staff believed they were the patient advocate which appeared to be a culture welcomed by both patients, staff and families and enabled planning on a real time basis.

The Chairman summarised the conversation noting the various aspects of positive and negative experience for the patient and the family and commented that the Board were responsible and accountable and had a certain sense of shame in hearing the negativities that had been experienced. He gave an assurance that the organization would learn and improve on all the areas that had been highlighted and would continue to commit to being a positive enhancing staff and patient experience organization.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story and acknowledged the importance of a culture promoting consistent high quality care across all services on the patient pathway.

3. Winter Pressures Update

The Chairman sought an update on the current status of winter pressures on the system. Mrs Susan Manion gave the community and delayed discharges perspective on winter pressures to date advising that there had been a significant increase in delayed discharges over the 2014/15 winter period. She highlighted that whilst delayed discharges numbers were reducing, there were challenges with home care provision and additional care beds had been commissioned as part of the winter planning arrangements. A piece of work would be undertaken to analyse the categories of delays to ensure they remained as a low level moving into the winter period for 2015/16.

Mrs Evelyn Rodger advised that all staff had responded well given the pressures within the acute sector. She highlighted several points including: that there had been a 5-8% increase Emergency Department attendances as well as an 80% increase in the out of hours service; the day of care audit had showed that patients were more frail and ill; at 5 January 2014 there had 15 delayed discharges in the system compared to 7 January 2015 when there were 43 which was more than a 100% increase; there were 2 x 15 hour breaches and she assured the Board that they had been cared for appropriately; Flex beds were brought into use with 10 patients occupying those beds; plans for ambulatory care were available and the principles were being applied; the Borders General Hospital Clinical Board senior management team were now working on a recovery plan around elective activity.

Mrs Jane Davidson confirmed that the Scottish Ambulance Service had also seen an increase in call outs. She further emphasized the need to continue to plan ahead and noted that contingency plans had been utilized.

The ensuing discussion focused on out of hours activity and the provision of care home places and delayed discharges; home care packages to support people in their own homes; potential discussions with GPs regarding weekend and out of hours surgeries; establishment of a lessons learned forum for

winter planning; acknowledging the sustained effort of staff during an extensive difficult period; the Integration Shadow Board to be sighted on home care pressures, social care issues, community health services and absorption of additional activity through district nursing services.

Dr Stephen Mather recorded the thanks of the Committee to all the staff involved in the support given to the Emergency Department and Out of Hours Teams.

The Chairman summarized the discussion, recognized the efforts of staff in addressing the winter pressures, noted the on-going work on the recovery plan for elective activity and the potential for GPs to pilot weekend and out of hours surgeries.

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

4. Declarations of Interest

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

There were none.

5. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 6 November 2014 were approved.

6. Matters Arising

6.1 Physiotherapy Waiting Times: The Committee agreed that the action be shown as complete as any updates would be given on a formal basis when appropriate.

6.2 Galavale Update: The Committee agreed to add an action in regard to Cllr Catriona Bhatia checking with Scottish Borders Council if they had any suitable premises that fitted with the specification to the action tracker.

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

7. Older People in Acute Hospital (OPAH) NHS Borders Visit 2015

Mrs Evelyn Rodger informed the Board of an announced OPAH inspection visit from 5-8 May 2015 and provided an overview of the planned activity to ensure a satisfactory inspection. She assured the Committee that the planned activity would ensure that the quality of patient care was evident and consistent throughout Borders General Hospital in relation to the requirements of Healthcare Improvement Scotland's OPAH Standards.

Dr Doreen Steele enquired if Melburn Lodge was included in the inspection. Mrs Rodger advised that it was limited to just the Borders General Hospital.

Dr Steele enquired if the signage issues raised during the original pilot inspection had been resolved. Mrs Rodger advised that she would ensure it was addressed if it remained outstanding.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update and agreed that monthly progress reports be provided to the Board.

8. Vale of Leven

Mr Sam Whiting provided a gap analysis for NHS Borders against the recommendations for Health Boards in the Vale of Leven Public Inquiry Report and furnished the Board with several further revisions to the current position as detailed in the paper.

An extensive discussion took place where several issues were highlighted including: day to day involvement of infection control team, bed management team and ward teams in addressing any potential cross infection and isolation issues; no recorded incidents of cross infection for c.diff; implementation of fluid management by nursing and medical staff; compliance monitoring against the antimicrobial prescribing book; monitoring of attendance at infection prevention and control meetings; and ensuring staff skill mix is coherent by workforce tools and an implementation plan utilized on a daily basis.

The Chairman summarized the conversation and noted the need to flesh out the diversity of some matters. He suggested bringing forward some of the December completion dates within the gap analysis where possible.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the gap analysis which would be submitted to the Scottish Government subject to further revisions.

9. Staff Survey

Mr John McLaren briefed the Committee on the outcome from the staff survey. He highlighted to the Committee the top 5 positive and top 5 negative responses within the survey.

Mrs Edwina Cameron outlined the next steps to be taken and the action plan that had been formulated.

The Chairman noted that NHS Borders had attained the best response rate of all the mainland Boards to the staff survey. The Chairman further highlighted to the Committee the Engaging Leadership event that had been held the previous week with clinicians, consultants and nurses and the positive enthusiasm that had emanated from that event.

The Chairman further advised the Committee of the forthcoming Ask the Board fortnightly sessions that were being arranged at various sites across the system and he welcomed the attendance of members of the Board at those events.

Dr Jonathan Kirk cautioned against being careful at looking for the good news and ignoring the bad news and suggested that there was evidence that there were cultural issues within the organization that remained to be addressed and he quoted the earlier patient story as evidence of that need.

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

10. Data Error in Trak

Mrs Jackie Stephen tabled a paper to the Committee in relation to Data Error in Trak. She advised that a change was made to Trak on 2 September 2014 which had resulted in the wrong outcome date being recorded in the system. The records of all patients who had outcomes recorded between 2 September 2014 and 6 January 2015 were affected. Mrs Stephen further advised that the range of data error varied from 1-14 days with the majority impacted by less than 4 days.

A constructive discussion ensued which encompassed several issues including: due process for levels of functional and technical testing; potential for a Significant Adverse Event Review (SAER); support for staff involved in the matter;

Dr Stephen Mather enquired if the Board would go public with the matter. The Chairman confirmed that it would. Mrs Jane Davidson confirmed that once the final data checks were completed and the full position was known, then all those who had been affected would be contacted.

Dr Doreen Steele enquired of any impact on the financial year end as a consequence of sending patients to other providers to meet their TTG requirements. Mr Philip Lunts advised that work was being taken forward to identify individual patients and their requirements in terms of being treated locally or seeking external provider support.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the impact of NHS Borders TTG performance.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the actions and progress taken to date.

11. Integrated Performance Report

Mrs Edwina Cameron presented the Integrated Performance Report which was submitted to allow members to assess performance against a range of local key indicators.

Dr Stephen Mather enquired about the 4 week waiting time performance for diagnostics. Mr Philip Lunts advised that there were capacity issues within colonoscopy as well as MRI scanning and sonography issues. He anticipated improved performance in January 2015 and reminded the Committee that the 4 week waiting time was the local stretched target, the actual national target was 6 weeks.

Mr David Davidson enquired when the physiotherapy waiting times would be cleared. Mrs Susan Manion advised that the current position was in relation to MSK specifically. Progress was being made to address the backlog of appointments and a second locum was being sought. Referral management arrangements were being taken forward in relation to GP referrals to ensure a reduction in unnecessary referrals and telephone triage had been introduced. She further advised that a predictor had been introduced which would assist in being able to identify what should be achieved in a reduction of referrals.

Mr Davidson enquired how GPs could assist with reducing physiotherapy referrals. Mrs Manion commented that there was a review being undertaken to provide a more comprehensive and consistent approach to evenly spread the distribution of existing staff.

Dr Doreen Steele enquired about pharmacy performance. Dr Eric Baijal commented that in relation to smoking cessation, it had been agreed that pharmacies would have access to the Smoking Cessation Coordinator who would enter performance information onto the system. He further commented that it was unlikely that the smoking cessation target would be achieved due to the way it had been set up.

Dr Steele enquired if a flexible approach to running child podiatry clinics had been identified. Mrs Jane Davidson advised that services had been working with schools and were now progressing discussions given the changes introduced to the school week.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the January 2015 Integrated Performance Report.

The **STRATEGY & PERFORMANCE COMMITTEE** also requested further updated information in regard to longer term plan for diagnostics, timely information on physiotherapy services and further particulars on childrens DNAs.

12. Managing Down Waste from new Outpatient Appointment “Did Not Attends”

Mr George Ironside gave an overview to the Committee on the Borders DNA rates. During the presentation he highlighted several key elements including: seasonal variations in DNA rates; “Cost of DNA” leaflets introduced; and analysis by age band.

Discussion focused on open access clinics with zero DNA rates, having contact with real people and not an automated system and the usage of improvement methodology.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the actions taken to reduce the level of new outpatient DNAs.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed a stretched target of 3% to ensure that the national target of 4% be achieved by September 2015.

13. Any Other Business

There was none.

14. Date and Time of next meeting

The Chairman confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 5 March 2015 at 12.30 in the Board Room, Newstead.

The meeting concluded at 3.40pm.



Minutes of a meeting of the **Integration Shadow Board** held on Monday 9 February 2015 at 2.00pm in Council Chamber, 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	

In Attendance:

Miss I Bishop	Mrs S Manion
Mrs J Davidson	Mrs E Torrance
Mrs J Cockburn	Mr J Lamb
Dr E Rodger	Mrs J Miller
Mr D Bell	Mr D Robertson
Mrs J McDiarmid	Dr E Baijal
Mr A Pattinson	

1. Apologies and Announcements

Apologies had been received from Dr Jonathan Kirk, Dr Simon Watkin, Mrs Tracey Logan, Mr Andrew Leitch, Mrs Fiona Morrison, Dr Sheena MacDonald and Cllr Sandy Aitchison.

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 **H&SC INTEGRATION SHADOW BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the H&SC Integration Shadow Board held on 8 December 2014 were approved.

4. Matters Arising

4.1 Newsletter: Mrs Susan Manion advised that the newsletter was being taken forward with assistance from the Communications group.

4.2 Engagement with Community Councils: Cllr Catriona Bhatia reminded the Board of the engagement process with Community Councils and confirmed that they had all received the Draft Integration Scheme for comment.

The **H&SC INTEGRATION SHADOW BOARD** noted the action tracker.

5. Establishing a Permanent Strategic Planning Group to support the Integration of Social Care and Health

Mr James Lamb set out the duty under legislation to set up a strategic planning group and gave an overview of the detail of the paper.

Discussion focused on the size of the group and its decision making status, as well staff representation from health and the council. Further discussion ensued and encompassed: representation from childrens services; balance of representation; joint staff forum representation; removal of childrens services representation; removal of suggestion that the group is a decision making body and reinforcement that it is influential with linkages.

The **H&SC INTEGRATION SHADOW BOARD** agreed to remove the reference to childrens services representation.

The **H&SC INTEGRATION SHADOW BOARD** noted the report subject to amendment.

The **H&SC INTEGRATION SHADOW BOARD** agreed that 2 joint staff forum representatives join the Strategic Planning Group.

6. Programme Highlight Report

Mr James Lamb gave an overview of the content of the report highlighting the finalisation of the integration scheme and recruitment to the strategic planning group. Mr Lamb tabled a paper advising of the details for the February Engagement Events.

Cllr Jim Torrance enquired if AHPs and nursing staff would be invited to the engagement events. Mr Lamb advised that a series of events for staff had already been undertaken

During discussion several elements were highlighted including: engaging with community pharmacists; broadening the engagement to cover all stakeholders including Learning Disability, Care Homes, etc; an event in the Lauder vicinity; user stories; and the tight timescale for external engagement events.

Cllr Catriona Bhatia commented that all members of the H&SC Integration Shadow Board were welcome to attend any of the engagement events.

The **H&SC INTEGRATION SHADOW BOARD** noted the report.

The **H&SC INTEGRATION SHADOW BOARD** agreed that given the tight timeframe for invitations the first 2 events should be repeated at the end of the events cycle.

7. **H&SC Interim Integration Joint Board Business Cycle and Meeting Dates 2015/16**

The **H&SC INTEGRATION SHADOW BOARD** approved the Business Cycle and Meeting Dates schedule for 2015/16.

8. **Monitoring of the Shadow Integrated Budget 2014/15**

Mr David Robertson presented the finance report. Mr Robertson reported that as at 31 December 2014 the shadow integrated budget was predicting an outturn position of £0.378m overspent. Managers continued to work on actions to manage the situation and were implementing a number of actions in order to try and ensure a break-even year end position.

Cllr John Mitchell noted that it was taking a while to address the prescribing overspend. Mr Robertson confirmed that there were improvements in the underlying position and Mrs Janice Cockburn confirmed that there remained volatility in the drug pricing however she continued to predict a year end break-even position.

Mrs Elaine Torrance noted the current position and enquired about the position once the budget was a single joint budget. Mr Robertson commented that the detail of a protocol for dealing with overspends, should they arise, was being worked through.

Mrs Jane Davidson advised that the partnership would require clear guidelines around overspends and underspends. She commented that as the partnership went through the final aligned year it would be good to see what mechanisms were in place and worked to best effect. Mrs Davidson reminded the Board that Mrs Susan Manion would be a main budget holder for most of the services within the scope and she enquired about the mechanism for having further discussions in regard to disaggregation.

Cllr Catriona Bhatia suggested a Development session be held to look at how anomalies were to be dealt with. Cllr David Parker agreed that as the Board were to be responsible for the monitoring and managing of budgets then they would need a basic knowledge in that area and supported utilizing a Development session for that purpose.

Susan Manion commented that it was important that during 2015/16 that protocols were established and tested and absolute clarity was in place prior to 1 April 2016.

Mr David Davidson suggested that Finance work up an agreement on contingencies, overspends, underspends, etc, so that a contingency could be available if necessary with strict rules and guidance on how it could be accessed if appropriate. Cllr Bhatia agreed that this should be reconciled for the future as currently both the Council and the NHS handled this differently.

Cllr Bhatia suggested Councillors might like to attend a future Borders NHS Board meeting and likewise NHS Borders Board members might like to attend a future Full Council meeting.

The **H&SC INTEGRATION SHADOW BOARD** approved the budget monitoring reports at Appendix 1 and noted the projected outturn position to 31 March 2015 reported at that time.

The **H&SC INTEGRATION SHADOW BOARD** noted that Budget Holders/Managers continued to work to deliver planned savings measures and bring forward actions to meet both underlying pressures and those currently projected.

Cllr David Parker left the meeting.

9. Integrated Care Fund

Mrs Susan Manion presented the strategic overview of the Integrated Care Fund as submitted to the Scottish Government. She highlighted a number of pieces of work to take forward and where progress was being made. She gave an overview of the specific work that had been completed to bring projects to a point of being agreed and the criteria against which they were funded appropriately.

A discussion ensued which focused on: the potential to pump prime a single initiative; child to adult partnerships; recognition of the different outcomes for those utilising Learning Disability and Mental Health services; early interventions to release funds upstream; and new services to be developed to be self sustaining.

Cllr Catriona Bhatia reminded the Board that it was not within their gift to decide how the monies were to be spent. Dr Eric Baijal confirmed that technically the Board should note that various projects were being worked up and that the detailed business case for each project would be submitted to the H&SC Integration Shadow Board for approval.

Mrs Jane Davidson enquired how long the Integrated Care Fund was to run and it was confirmed as one year.

Mrs Pat Alexander suggested the Learning Disability and Mental Health services should be able to access the fund given the equalities agenda.

Mrs Elaine Torrance provided an assurance on child to adult transition.

Mr David Davidson suggested a future agenda item be outcomes and projected financial spend for all project choices.

The **H&SC INTEGRATION SHADOW BOARD** noted the report.

The **H&SC INTEGRATION SHADOW BOARD** agreed to receive a report on outcomes and projected financial spend for all project choices.

10. Transitions

Mr Simon Burt informed the Board of the issues regarding the transition process for young people with additional support needs. He spoke of the current services provided and the further work that could be taken forward to improve the outcome for service users.

Cllr Jim Torrance questioned the need for a project person to provide guidance. Mr Burt commented that the resource was not in the right place to support people through to adult

services, currently people with needs fitted to the service instead of the service fitting into peoples needs.

Mr Burt advised the requirement for the additional resource was to take a more objective look at what was currently being provided by who, where. Mrs Evelyn Rodger commented that transitions were not easy, however, to put in place a project post ran the risk of the service becoming dependent upon that individual and she suggested using the various initiatives that were available such as LEAN methodology and improvement facilitators. Mrs Rodger explained that the NHS funded a significant resource around improvement and redesign. Mr Burt suggested those resources would be helpful however the Steering Group were of the opinion that expertise in transitions was also required.

Mrs Rodger sought assurance that the project post would not become a one person dependent post. Mr Burt responded that the post would be to use what was available in a more coherent way with a clear remit to work within the resources that existed to ensure the right people were in the right areas. Mrs Rodger reiterated that the improvement teams could assist in that work.

Dr Stephen Mather enquired if support for the project had already been agreed given the wording in the Integrated Care Fund paper on this matter. Mrs Susan Manion advised that support would be sought from the Integrated Care Fund and specific costings would be brought to the H&SC Integration Shadow Board for approval with a recognition that the project post would need to be self funding.

Mrs Jane Davidson reminded the Board that the Integrated Care Fund sat within the remit of the NHS and advised that it was essential to have a multi agency decision making group to ensure the fund was utilised to best effect. Whilst the fund sat with the NHS and the NHS would be audited on it she was keen to make it as multi agency as possible and she suggested the multi agency mechanism for decisions could be discussed at a future H&SC Integration Shadow Board.

Mrs Manion advised that the guidance set out that the Chief Officer would establish an Integrated Care Fund which would report through the H&SC Integration Shadow Board who would submit recommendations to the NHS Board for approval.

Mrs Rodger enquired about the numbers of young people involved. Mr Burt advised it was 10-12 as the principles applied to groups other than just Learning Disability services. Mrs Rodger suggested drawing in child protection and being clear on numbers and links to childrens services.

Mrs Elaine Torrance confirmed that whilst they were small numbers they were high cost packages.

The **H&SC INTEGRATION SHADOW BOARD** noted the report

The **H&SC INTEGRATION SHADOW BOARD** noted it would receive progress reports.

11. Health and Care Coordination

Mr Alasdair Pattinson gave an informative presentation to the Board which focused on providing a seamless package of care from multi agency services to a single patient/service user. He highlighted the work of the Kings Fund in examining seamless multi agency care provisions and spoke at length on the learning from the Torbay approach around achieving benefits for service users; reduction in communication failures; Torbay integration results; planning for change; firm foundations of joint working; data sharing; and a shift towards prevention and pro active care.

During discussion several issues were highlighted including: the barriers to progressing the Torbay approach and how they would be addressed; staff attitude to change; exchanging information; care planning and integrated resources; interaction with connected care project learning; evaluation of cost and benefits of a care coordinator role; organizational development plan and entire transformation plan; involvement of the voluntary sector seen as crucial to success; and re-enablement of community services.

In summing up the discussion Cllr Bhatia suggested taking the principles of the Torbay model and empowering the staff to change a patient journey in the current year and to provide feedback to the Board on the trials and tribulations of such a transformation.

The **H&SC INTEGRATION SHADOW BOARD** noted the presentation.

The **H&SC INTEGRATION SHADOW BOARD** agreed to receive a story on a patient in Borders whose care had been transformed as a consequence of following the Connected Care/Torbay principles.

12. Any Other Business

12.1 CH&CP: Mr David Davidson enquired about how the work of the Community Health & Community Partnership (CH&CP) would be taken forward post April 2015 given that Housing and Childrens Services would not be within the remit of the H&SC Integration Shadow Board. Mrs Jeanette McDiarmid advised that a paper was being worked up for the Board which would discuss the governance arrangements for those services.

The **H&AC INTEGRATION SHADOW BOARD** noted the update.

13. Date and Time of next meeting

The Chair confirmed that the next meeting of H&SC Integration Shadow Board would take place on Monday 9 March 2015 at 2pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 4.10pm.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 15th December 2014 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr A Barrie, Audit Manager
Mr D Eardley, Senior Manager, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr G Ironside, Senior Health Information Manager (Item 6.1)
Mrs E Rodger, Director of Nursing & Midwifery (until 2.30 p.m.)
Dr S MacDonald, Medical Director (Items 6.1 and 7.5)
Ms J Scott, Blood Sciences Manager (Item 7.4)
Ms S Swan, Deputy Director of Finance
Mrs A Wilson, Director of Pharmacy (Items 4 and 7.5)

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Mark White, Vivienne Buchan and Calum Campbell.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 22nd September 2014**

With the change of Evelyn's surname to Rodger the minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

Internal Audit Report – Pharmacy & Medicines Management – Update on Joint Work with Pharmacy/Finance

Alison Wilson introduced this item. Alison confirmed that all outstanding actions were complete and that a set of operating procedures detailing the end to end process are being compiled. It was hoped to complete these by the end of March 2015. It was noted that mini audits are also being undertaken to ensure robust processes are in place. David Davidson asked for assurance that the timescale of 31st March 2015 was achievable. Alison advised that they are currently out to advert for a pharmacist and if successful in appointing this will be

achievable, however there would be an alternative plan put in place to meet these timescales should this post not be filled. Doreen Steele asked for an update on the drugs stock takes and the timescales for these. Alison advised that the post currently out to advert would be undertaking this role.

The Committee noted the update.

Internal Audit of Waiting Times within Audit Plan - Update

Carol Gillie spoke to this item. Carol confirmed that a Waiting Times audit has been accommodated within the last quarter of the audit plan and has been allocated 5 days.

The Committee noted the update.

Internal Audit Service – Agreement with PWC – Update

Carol Gillie spoke to this item. Carol reported that the agreement with PWC will run until March 2017 and is in line with the framework agreement that other Boards have entered into. It was noted that PWC are in the process of compiling the audit plan for future years.

The Committee noted the update.

5. Fraud & Payment Verification

5.1 Countering Fraud Operational Group - Update

Susan Swan spoke to this item. Susan referred to the report which gave an update on actions following the recent Countering Fraud Operational Group (CFOG) meeting. It was noted that CFOG will now review all fraud related issues previously seen by the Audit Committee and a regular update report would be received by the Committee. Susan confirmed that she had spoken with External Audit to ensure they were content with this arrangement. David Eardley advised that it was entirely up to the Audit Committee to confirm that this was acceptable for the assurance they required. David felt that it was a good way of streamlining work due to the increasing workload around fraud. David Davidson gave feedback from the annual meeting with CFS the previous week where it was noted that they are pleased with the progress within Borders. The Committee agreed on the new format for all fraud related issues to go to CFOG with an update being received by the Audit Committee.

The Committee noted the update and agreed the new reporting arrangements for fraud related issues.

6. Governance & Assurance

6.1 Mid Year Update – Information Governance

Sheena MacDonald introduced this item as Chair of the Information Governance Committee. George Ironside referred to the Information Governance Code of Conduct and advised that the process has now been simplified to avoid staff having to sign the confidentiality statement every two years. It was noted that a LearnPro training module now includes an online version of the form and the training will not be flagged as complete until the form is electronically signed. George advised that for next year the work to ensure compliance with the Public Records (Scotland) Act 2011 would form a significant amount of the Information Governance Team's workload. Stephen Mather referred to the section about the internet policy on page 1 and in particular reference to use of social media. Stephen showed concern around the use of social media and asked if staff were aware of how insecure this is. George confirmed that there are policies and

procedures in place to provide guidance. Doreen Steele referred to the situation that had arisen regarding the car parking issue at the BGH and asked if there was a disclaimer or any controls in place on the use of social media. Sheena advised that this would be covered by signing the confidentiality statement as part of the Information Governance eLearning module. Following discussion it was agreed that it would be helpful for Human Resources to confirm that there are policies and procedures in place regarding the use of social media. Carol Gillie agreed to take this forward with Edwina Cameron and would email an update around the Committee with a copy of the relevant policy. Sheena referred to the steady increase in the number of FoIs received and noted thanks to those across the organisation who complete these within the specified timescales. Doreen asked who normally signed off FoIs. It was noted that the appropriate Director to which the FoI related would sign off the response.

The Committee noted the update.

6.2 *Annual Review of Code of Corporate Governance*

Susan Swan spoke to this item. Susan advised that the working group had recently reviewed the Code of Corporate Governance and there were two elements to be updated, namely replace the existing section B with the new Code of Conduct and update section E to reflect the appointment of the Chief Officer being responsible for the budgets delegated to her by the Chief Executive. It was noted that recommendations would be put forward to the Board on 19th February 2015 and would come into effect on 1st April 2015. Stephen Mather asked for confirmation that no other material changes had been made other than the two described. Susan confirmed that this was correct and would ensure that this was clear in the report that goes forward to the Board.

The Committee approved the recommendations proposed and recommended to the Borders NHS Board that the revised Code of Corporate Governance be approved.

6.3 *Audit Follow-Up*

Susan Swan spoke to this item. Susan highlighted the current quarter's update on all recommendations from both Internal and External Audit. Susan confirmed that updates for the items noted on the agenda (Property Portfolio and Risk Management and Adverse Events) had since been received so they would not be attending today's meeting.

The Committee noted the report.

6.4 *Debtors Write-Off Schedule*

Susan Swan spoke to this item. Susan reported that a total of £30.00 had been written off in the current quarter. Susan advised that a review on debtor processes had been undertaken and that this is regularly discussed at the quarterly Finance Department Performance Review meetings to ensure processes are followed. David Davidson commented that he did not feel that Dental was following the process as robustly as they should be. Carol Gillie advised that the Dental service would be attending the March meeting to provide an update. Doreen Steele enquired why there was zero recorded against various headings during 2011/12. Susan confirmed that this was due to a timing issue and was also the year when processes were improved. Stephen Mather congratulated on bringing write-offs down to this level and the impression this will give within the public domain.

The Committee noted the debtors write-off schedule.

6.5 *SFR 18 Losses and Special Payments Schedule*

Susan Swan spoke to this item which detailed the losses and special payments for the period to 30th September 2014. Susan reported that a significant compensation claim had been paid during this quarter. Susan highlighted that NHS Borders is a member of CNORIS which is a risk sharing scheme and that the Board's financial exposure is a maximum of £25,000 per claim.

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

6.6 *Minutes of Healthcare Governance Steering Group: 5th September 2014 & Summary Report*

Evelyn Rodger spoke to this item. Evelyn went over the remit of the group and referred to the last meeting where a decision had been made for a review to be undertaken with the potential of reporting being direct to the Sub Committees of the Board. Carol Gillie noted her concern with this reporting line as no other group reports direct to a Board Sub Committee as these committees have a governance and assurance rather than an operational role. Evelyn advised that there would still be reporting to the Clinical Executive Operational Group who in turn would report to the Board. David Davidson asked for clarification on which Executive Director is responsible for risk. Evelyn confirmed that she was the lead and would ensure this was fed back as the recent organisation structure that had been circulated had noted Eric Baijal as the lead. Stephen Mather reminded the Committee that the whole organisation is responsible for risk and if this is contained to one group to oversee then there could be a danger that the appropriate people are not involved in decision making. Following discussion Evelyn agreed to liaise with Iris Bishop to arrange for a future Board Development Session to be on Risk. Doreen Steele referred to the minutes and item 7.4 about Mobicare and asked for confirmation that this related to staff leaving Mobicare switched on. Evelyn confirmed that this was a typo and it should read "switched on" as there have been issues with members of staff forgetting to log off when leaving for the day.

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*

Tony Barrie spoke to this item. Tony confirmed that the plan is progressing on target and that the remaining report to be finalised on bed management would come to the March Audit Committee meeting. It was noted that this had been delayed due to a key member of staff being unavailable. Tony referred to the second document detailing the next six months activity which included revised dates. Stephen Mather referred to the Health & Safety Management audit on page 2 and enquired if the timing of this would be affected due to the work of the Short Life Working Group (SLWG). Susan Swan confirmed that she had spoken with Evelyn Rodger who has the high level scope for this audit who would ensure any changes are reflected. Stephen queried if it would be worthwhile undertaking the audit at this point if changes were anticipated from the work of the SLWG. Doreen Steele added that recommendations from the SLWG would be reported to the Board detailing the appropriate way of dealing with risk within the organisation. Doreen agreed with Stephen's point and suggested that this be substituted by another audit later in the plan. On advice of the Committee Carol Gillie agreed to pick this up with Tony outwith the meeting and send an update via email around the Committee for information.

The Committee noted the progress report.

7.2 *Internal Audit Charter*

Tony Barrie spoke to this item which detailed the framework for the conduct of the Internal Audit function. The Committee agreed this was a comprehensive document and were content with it.

The Committee approved the Internal Audit Charter.

7.3 *Internal Audit Report – Endowments Review*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that a number of areas of good practice had been identified during the audit and went over these. Tony advised that two medium risks and one low risk had been noted, namely accounting for donations received (3.1), ensure payments are appropriately authorised and supported by relevant documentation (3.2) and that there is correct recording of donations and payments (3.3). Tony confirmed that for point 3.1 a procedure will be introduced between the Fundraising and Finance functions to detail the process for recording and reconciling the level of donations and fundraising income received. Regarding point 3.2 Susan Swan had given assurance that appropriate checks would be completed to ensure payments are authorised appropriately. Susan added that these checks had originally been undertaken manually but this has now been migrated onto the National Finance System. David Davidson asked if this report would be seen by the Endowment Board of Trustees. Susan confirmed that it would be on the agenda for the January meeting.

The Committee noted the report

7.4 *Internal Audit Report – Laboratories Review*

Tony Barrie introduced this report which had an overall medium risk rating. Tony confirmed that there were good practices and processes in place and that two medium risks and two low risks had been identified. The medium risks were noted as procedures requiring updating (3.1) and the need to develop a training matrix, particularly in this area due to the specialist knowledge required (3.2). The low risks were to ensure KPIs also detail the number of complaints received and separated by category where possible (3.3) and ensure an accurate log of cleaning and monitoring of fridge temperatures is kept (3.4). Jackie Scott referred to point 3.1 and advised that they had been accredited to a new set of standards which has a different layout hence progress is slower, however the changes to Standard Operating Procedures have been highlighted and it is hoped to finish this exercise by the end of March 2015. Jackie referred to the issue around the fridges and advised that this related to Microbiology rather than Laboratory, however this has since been rectified. Doreen Steele asked if there was a facility to send results electronically. Jackie confirmed that there is although not all practitioners wish to operate in this way with some still preferring to receive paper copies. It was noted that a meeting is scheduled with IM&T to try and move things forward in this area. Susan Swan offered her assistance in these discussions.

The Committee noted the report.

7.5 *Internal Audit Report – Prescribing Practices Review*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that the audit had found that an Individual Patient Treatment Requests (IPTRs) policy was in place and although it had been highlighted that there is a need to get a balance between managing the budgeted costs and providing the most effective care packages, the budget for IPTRs had escalated. Tony also highlighted that there is good

reporting within the community pharmacies. Tony advised that two medium risks and one low risk had been identified during the audit, namely a lack of documented policies and procedures (3.1), lack of follow-up of IPTRs, potentially resulting in drugs being prescribed when they do not benefit the patient (3.2) and producing an electronic copy of the formulary to ensure the most up-to-date version is always used (3.3). David Davidson enquired about point 3.3. Alison Wilson advised that the formulary is on the Intranet, however work is in underway to turn this into an App and they are currently sorting through the technical issues. Stephen Mather referred to the current spend of £90k on IPTRs and asked at what point this level had been reached. Alison confirmed that this was reached in September. Stephen enquired if there had been something in particular to trigger the rise in IPTRs coming through. Alison explained that this was following receipt of the letter from the Cabinet Secretary last year about being flexible in approach to these requests but no definition being provided. David asked for an update on what was being done nationally. Sheena MacDonald advised that a summary had been issued from the guiding coalition following last week's Chief Executives meeting. Sheena also advised that the Scottish Association of Medical Directors recommended a move to the West of Scotland approach. Alison added that discussion with her Director of Pharmacy colleagues was based on this approach which would ensure consistency around decision making. Stephen highlighted that the recommendation for 3.2 only suggested follow-ups being looked at and queried if there should not be a mandatory review for all requests. Sheena accepted this and confirmed that all requests will be looked at going forward. Stephen asked if this information would be filtered through to clinicians for awareness. Sheena confirmed that it would go to the Senior Medical Staff Committee and the GP Sub Committee.

It was noted that actions would be picked up through the follow-up process and reported through the regular report to the Committee.

The Committee noted the report.

Tony Barrie noted thanks on behalf of PWC to all those involved with the audits.

8. **External Audit**

8.1 *External Audit Plan 2014/15*

David Eardley spoke to this item. David took the Committee through this and highlighted that the role, remit and structure in the plan remained the same as previous years. David advised that the work of Internal Audit, as well as any other inspection work, would be taken into account to make the best use of any scrutiny reports. David referred to the financial statements section and highlighted that the initial limit of materiality had been set at £3.6m. David stressed that this was an initial assessment and was not a target. David Davidson enquired where this figure had come from. David E advised that this equated to approximately 1.5% of the Board's Revenue Resource Limit. It was noted that the key risks identified within the financial statements were in line with all other Scottish Boards. David E advised that the timetable was similar to last year and that at the time of writing the report the audit fee had not been issued, however this has since been received and will be picked up with the Director of Finance. David D asked if any difficulties had been experienced whilst completing audits. David E confirmed that no issues had been encountered and that a good working relationship has been built with the Finance Team. Susan Swan added that a meeting takes place each year after the final audit to see if there are any lessons to be learned.

The Committee noted the report.

8.2 *Audit Scotland Report: Auditing Best Value in the NHS*

Carol Gillie spoke to this report which focussed on the toolkits to achieve best value within the NHS. Carol highlighted that although NHS Borders use best value toolkits these are not linked to the NHS and suggested comments are fed back to Audit Scotland. This was agreed and Carol agreed to draft this and send via email around the Committee for approval.

The Committee noted the report.

8.3 *Audit Scotland Report: NHS in Scotland 2013/14*

Carol Gillie spoke to this item which is a regular report on the finances within the NHS in Scotland. Carol highlighted the key messages on page 5 and recommendations on page 6. The report detailed the financial pressure Boards are under and the need for longer term planning. It was noted that the report had also been reviewed by the Healthcare Governance Steering Group and the Strategy Group. The Healthcare Governance Steering Group had felt that there was some useful learning for NHS Borders within the case studies and the Strategy Group has asked for a self assessment check to be undertaken against certain areas. A report on the findings would be provided for the March Strategy Group. Carol agreed that the report to the Strategy Group would also circulate to the Committee. David Eardley commented that NHS Borders had reflected well within the report.

The Committee noted the report.

9. Annual Accounts 2014/15

9.1 *Mid Year Accounts 2014/15*

Susan Swan spoke to this item. Susan reported that the information circulated was primarily from the September ledger. Susan explained that mid year accounts are produced to ensure that the main areas within the Board's accounts are reviewed and any significant issues are addressed in advance of the annual accounts process. Susan highlighted that some of the statements circulated are not applicable at this point in time and confirmed that a high level review of the control accounts had been undertaken to give assurance to the Committee.

The Committee noted the mid year accounts for 2014/15.

9.2 *Accountable Officer Part Year Governance Statement for 2014/15*

Susan Swan spoke to this item. Susan advised that as part of the External Audit planning meeting any significant changes to the organisation had been discussed. The departure of the Chief Executive was felt to be a significant change and it had been agreed to put in place a part year governance statement. It was proposed that this would be in letter format similar to that of the sponsored bodies' letter. This would be dated 31st December 2014 and would come forward as part of the Annual Accounts package seen by the Audit Committee.

The Committee noted the update.

10. Items for Noting

10.1 *Minutes of Information Governance Committee: 2nd September 2014*

There were no issues raised.

The Committee noted the minutes of the Information Governance Committee.

10.2 *Minutes of Financial Position Oversight Group: 4th September 2014*

There were no issues raised.

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

10. **Any Other Competent Business**

Doreen Steele reminded the Committee about previous discussion on waiting times letters issued to patients and the difficulties encountered in understanding these. Doreen advised that this had been discussed by the Public Governance Committee who felt the national letters were unacceptable and challenged if these had to be used. This was not the case and a new set of letters for waiting times have been produced and found to be acceptable and understandable. It was noted that Phillip Lunts has been tasked with taking these to the Clinical Governance Committee in January.

11. **Date of Next Meeting**

Tuesday, 24th March 2015 @ 2 p.m., Board Room, Newstead.

BE
24.12.14

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday, 21 January 2015 at 2pm in the BGH Committee Room

<u>Present:</u>	Stephen Mather (Chair) Doreen Steele (arrived 14:52)	David Davidson
<u>In Attendance:</u>	Evelyn Rodger Dr Craig Wheelans Diane Keddie (left 14.10) Dr Alan Mordue Sheila MacDougall David Thomson (arrived 14.08) Imogen Hayward (arrived 14:40) Zoe Brydon (Minutes)	Laura Jones Mr Jacques Kerr (left 15.00) Charlie Sinclair Simon Burt Sam Whiting Dr Sheena MacDonald (arrived 14.30) Phillip Lunts (arrived 15.00)

1. Apologies and Announcements

The Chair noted that apologies had been received from Jonathan Kirk, Susan Manion and Karen McNicoll.

He welcomed Sheila MacDougall, Jacques Kerr and Simon Burt to the meeting. He also welcomed David Thomson, the new Associate Director for Nursing (Mental Health and Learning Disabilities).

2. Declarations of Interest

None received.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 10th September 2014 were approved.

4. Matters Arising

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

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting spoke to this report to provide the Committee with assurance relating to infection prevention and control activity within NHS Borders.

He advised that the Healthcare Environment Inspectorate (HEI) will be introducing inspections of antimicrobial stewardship to all community hospital inspections. It was confirmed that NHS Borders has an established antimicrobial policy specifically for community hospitals which is easily accessible through the intranet. An audit in 2014 showed overall compliance was 82% in the community hospitals with an action plan being developed to increase this figure. The Chair wished to clarify if there was a timescale on the action plan, which Sam advised there was and will include an update in future reports for this meeting.

NHS Borders is not on target to achieve the Staphylococcus Aureus Bacteraemia (SAB) March 2015 HEAT target rate of 24 cases or less per 100,000 acute occupied bed days. Achieving this target remains a significant challenge due to the combination of a significant reduction in NHS Borders bed days and over 55% of SAB cases developing in the community or following treatment out with NHS Borders. Sam advised that the Scottish Government developed the targets and it is believed that the target for 2015/16 will be the same. Evelyn Rodger advised the Committee that all of NHS Scotland are struggling to achieve this target.

With regards to the next stage of Vale of Leven an action tracker is currently being progressed.

The Chair asking for clarification on what further actions were in place for improving on the Infection Control Compliance Monitoring Programme. Sam advised that a baseline audit has been developed and that in response to a poor audit the area is revisited. The areas have to create an action plan and in the revisit it will be checked. The revisit will be done within 3 months of the audit. This will become a regular inclusion of the Infection Control report to the Committee. Evelyn Rodger suggested that this update should come through the Clinical Board Governance Reports. There was agreement that this update should come from the Clinical Governance Reports. Sam Whiting agreed to liaise with Charlie Sinclair, Jonathan Kirk and David Thomson to progress this.

The Chair highlighted that on page 12 of the report, the result for hand hygiene for ward 5 (70%). Sam assured the Committee that action has been taken and infection control are working with the ward. Evelyn questioned the timing of the writing of the report. Evelyn assured the Committee that Sam would highlight this to the Clinical Boards Clinical Governance Committee to action and take forward.

David Davidson highlighted page 9, and the issue of training. He wondered if people are forgetting training or that people are not being training in the first instance? Sam advised that we are currently in the season for influenza and therefore staff have to come up to speed with respiratory knowledge for wards affected. When people do not use the knowledge all of the time then they lose some of it and therefore it sometimes requires to be highlighted again. Sam Whiting advised that this is the first time this report has come to this Committee and in future he will provide more clarity on action being taken to address key themes identified through the audits.

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

5.2 Adverse Event Overview Report

Dr Craig Wheelans spoke to this report which details the adverse events between January 2013 and December 2014. The top three categories are “infection control events”, “slips, trips and falls” and “aggression and violence” and people are being open and transparent to learn from these events.

Category one’s are the ones that give the greatest concern, which has fallen significantly. Categories two and three have stabilised. Craig advised that people have now got into the pattern of reporting events correctly.

There are a number of Significant Adverse Event Reviews (SAER’s) underway and they take a lot of effort from the people involved.

Evelyn asked that there was two year data and that it may be easier to see them on run charts for table 1 (category 1 adverse events) as this information may be useful. Detailed by month and clinical board (Laura).

Evelyn wants us to measure us against the standard for times against SAER’s (Laura).

Alan Mordue wanted clarification that the information was going to the Information Governance Committee. Sheena MacDonald, Chair of the Information Governance Committee, confirmed that it was.

The Chair asked why the needlestick incidents were so high. Sheila MacDougall clarified that on the chart it should read “needlestick/sharps/contamination” and therefore is not just needlestick injuries. Sheila advised that Occupational Health and Safety (OH&S) have good data on needlestick injuries which shows it is mainly due to human error and is being picked up at the OH&S Forum where the Clinical Boards attend. Sheila advised that for future reports needlesticks will be a separate column in the graph.

Bar chart 1 and 2 should be changed order wise (Laura).

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

5.3 Very High Risk & Register Update

Sheila MacDougall advised the Committee that this report highlights the very high risks recorded on NHS Borders risk register. The risk register has been transferred from JCAD to Datix as of December 2014, with all previous JCAD risks being transferred before the deadline of 31st January 2015. Due to this being a new system there are still a number of very high risks within the process of being approved, with only one showing as being approved. Sheila provided assurance that meetings with the Clinical Boards and appropriate Directors

are taking place to support the management of the very high risks. Learning Disabilities and Mental Health Clinical Boards have been met and are now progressing with managing identified risks and further risks in relation to Corporate Objectives and the delivery of healthcare.

There is one very high risk which has been approved which is access to the Lindean unit.

The one very high risk is of pedestrian and vehicles collision risk. Estates have been tasked to come up with a final solution.

Evleyn would like to compliment Sheila and her team from moving from JCAD to Datix and the hard work they have done.

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

5.4 Claims Update

Sheila spoke about the claims activity between April 2014 to January 2015. She advised there are 26 clinical claims and 17 safety claims for NHS Borders. 13 new claims this financial year, however, the Central Legal Office (CLO) regard NHS Borders as low. It was noted that the Mesh Claims are being taken forward nationally as a collective claim against NHS Scotland. NHS Borders have a total of 4 claims and are managed between NHS Borders and a dedicated CLO Team.

Safety claims are not high numbers and there is symmetry of level of claims and reporting.

A claims process is being developed by May 2015 to ensure lessons can be learnt, liabilities can be minimised and control mechanisms reviewed.

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

5.5 Scotland Organ Donation

Mr Jacques Kerr spoke to the Organ Donation report as he is the clinician lead for this. The brief is to increase organ donation. NHS Borders does not have much scope for donations as people go to Edinburgh for treatment for brain injuries, therefore the numbers are quite small.

[Doreen Steele arrives to the committee].

NHS Borders is losing opportunities in approaching families for donations. What is required is to increase referrals and include the specialist organ donation nurse and test for brain death earlier.

Jacques advised there is a committee and there is a nurse dealing with organ donation who has only a NHS Borders remit. Reverend Anna Garvie is the chair of the committee dealing with organ donation.

Imogen Hayward asked that raising awareness with all consultants. Jacques Kerr feels that the whole organisation should be aware of the organ donation.

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

5.6 Blood Transfusion Update

Imogen Hayward provided an update from the meeting held on 10th September 2014. There has been progress since the last meeting, for example, Key Performance Indicator (KPI) is now 90%, however, there are still ongoing concerns that:

- Incident Group yet to develop a clear role and remit;
- Difficulties in providing Laboratory Section Manager with appropriate time to address Blood Transfusion related issues;
- Significant increase in the number of Wrong Blood in Tube (WBIT), where blood is labelled incorrectly. Usually 1 per year and we've had 8 this year, despite training being increased.

Imogen is looking for support from the Committee, particularly in respect to the WBIT. Evelyn advised that an aggregated deep dive review should be done and that a review should be completed around the 8 incidents (Laura & Imogen). Each of the wards has a dashboard and this information should be included in this.

David Davidson asked about the mechanism regarding peer checking of blood. Evelyn confirmed it is too much work. Imogen advised that anyone that receives a blood transfusion is given a second blood test before the blood transfusion is given.

There was a report by Shelley and David Thomson can give Imogen the contact number for Shelley as she works in NHS Lothian.

Business case for Charlie to create on double testing on bloods.

The Chair is pleased of the improvement that has been done.

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

5.7 Hospital Standardised Mortality Rate (HSMR) Update

Laura Jones spoke to this report and advised highlighting there was a dip in December, however, there is no reasoning behind this and it is within normal parameters.

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

6. PERSON CENTERED CARE

6.1 Patient Feedback Report (including Scottish Public Sector Ombudsman (SPSO) report)

Laura Jones spoke to this report to advise that since the last report to the Committee there have been two decisions from the SPSO in relation to cases they have accepted.

In relation to complaints NHS Borders has the best response time of NHS Scotland. There is an upward trend in complaints, but that is shown as a national trend.

Since September 2014 NHS Borders has recruited eight patient feedback volunteers who started gathering feedback in December. 53 feedback forms have been collected in December 2014. Simon Burt asked if the Learning Disabilities nurse is involved and Laura has been in discussions about this.

Sheena MacDonald advised that a duty of candour and responsibilities is for everyone and confirms that complaints are scrutinised by Directors.

Twice a year report on exceptions of complaints which is based geographically to be included in the report (Laura).

Evelyn would wish to thank the Non Executive Directors for their visibility.

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

6.2 Waiting Times Patient Letters

Phillip Lunts spoke to this which briefed the Committee on the letters for patients awaiting surgical procedures. These will be tested in general surgery first at the end of January and then rolled out after that.

Phillip to send Zoe Brydon the letters so these can be sent round electronically to the Committee. Update for a future meeting that if there is an improvement of patient views.

Simon Burt advised that symbols and images can be added to letters for people with learning disabilities and is offering to look at the letters to assist. Phillip to liaise with Simon out with the meeting.

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

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board update (BGH)

Charlie Sinclair advised that the Joint Executive Team (JET) have changed to allow oversight of the SAER's.

Charlie confirmed the Older People in Acute Hospitals (OPAH) visit is on 7th May 2015 and he is looking at how to involve all the people from all levels.

He advised there are significant issues of staffing around theatres and they are not relying on external staffing. Evelyn has clarified that the timeline is requested by end of January and Charlie will highlight this in the next report.

David Davidson asked that there is representation from the BGH on the Resilience Committee. Evelyn advised that Lorna Patterson had confirmed to the Healthcare Governance Steering Group (HCGSG) that BGH were being involved. This will be picked up out with meeting.

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

7.2 Clinical Board update (Mental Health)

David Thomson advised that missing person's protocol and the Police Liaison meeting has been reinstated.

Staffing levels has been a continuous charge and there is a new bank system in place where people register for shifts and this can allow for assurance that staffing is available. This has been a proactive system.

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

7.3 Clinical Board update (PACS)

Charlie Sinclair spoke to this report and clarified that this relates to a patient who received the shingles vaccine and who subsequently died. This case was fed back to us through the Public Health Department and the Scottish Government.

It is recognised that the national guidelines should always be checked before vaccination and cautions and contradictions before administration. The current guidance is being reviewed, specifically in relation to the definition of 'immunocompromised'. A checklist is being developed to support decision making.

The GP Practice has carried out a Significant Event Review and identified the error on the part of the Nurse as, while the patient was not immunocompromised, he had a form of Leukaemia that should have been identified as a contraindication.

The Practice have also conducted a 6 week look back to ascertain if any other patients had been given the vaccine in error (the six week period is the window identified by National Virologists that would enable treatment with anti-viral medication).

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

7.4 Clinical Board update (Learning Disabilities)

Simon Burt updated the Committee that the risk register has had three separate systems. Agreed that Council risks are put on NHS risk register. Sheila MacDougall advised that a meeting with Sheila, Susan Manion and Scottish Borders Council (SBC) contact to try and create a sustainable system for the two organisations to try and alleviate “double doing” and that both organisations get the correct assurance.

Charlie, Evelyn and Simon met regarding recording of Learning Disability patients and there is an agreement in place and robust ways of monitoring the system.

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

8. ASSURANCE

8.1 Director of Public Health Annual Update

Alan Mordue advised this has been discussed at the Board.

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

8.2 Adult Protection Annual Report 2013/14

Evelyn Rodger advised that sits within remit of the Council.

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

9. ITEMS FOR NOTING

9.1 The following minutes for:

- Child Protection Committee
- Adult Protection Committee
- Public Governance Committee – *no minutes available*
- Healthcare Governance Steering Group

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

9.2 Staff Flu Vaccinations

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

9.3 Food, Fluid & Nutritional Care Standards

To be included in Clinical Governance as an item for the May 2015 agenda.

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

9.4 Person Centred Health & Care Programme Report

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

10. Any Other Business

Laura Jones advised that there is no agreement about whether HCGSG should continue. It went to Clinical Strategy Group and it would be timely to disband and strengthen the Clinical Governance Boards and this is to be finalised. This will be brought to the next meeting.

10. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on 4th March 2015, 2pm, BGH Committee Room.

The meeting concluded at 16.05



STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Monday 1st December 2014 at 10am in the Committee Room, Committee Room, Borders General Hospital, Melrose

Present: John McLaren, Co-Chair (Chaired meeting)
Pat Alexander, Co-Chair
Karen Hamilton

Ex Officio Capacity: Shirley Burrell
Irene Clark
Kath McLaren

In Attendance: Edwina Cameron
Sheila MacDougall
Irene Bonnar
Kath Liddington
Nicola Barraclough
Maggie Czajka
Warwick Shaw (Item 9)
John Rainey (Item 10c)
Alison Wilson
Susan Manion, (10.50am)

1. Welcome, Introductions and Apologies

Apologies were received from Helen Clinkscale, Janice Laing, John Raine, Calum Campbell, Stephen Mather and David McLuckie.

2. Minutes of Previous Meeting held on Monday 1st September 2014

An accurate record was given and minutes accepted.

Matters Arising: -

a) Update on Health & Safety Deep Dive

Sheila MacDougall informed she and Evelyn Rodger, Director of Nursing & Midwifery have attended various meetings and will provide an update at the next meeting.

Action Tracker: -

Action 12 – (Item 4) Clinical Governance Committee Action Plan Update – John McLaren advised an update will be given at the next meeting.

Edwina Cameron asked for it to be noted that Committee is successful at keeping its action tracker up to date.

3. Car Parking Update

Apologies were raised from David McLuckie to delivering his paper to the Committee today and the paper was for noting. Karen Hamilton requested for a report to be given at the next meeting providing a more substantive discussion around specific issues to enable staff to be focussed within the discussion. Edwina Cameron suggested providing a report from the Car Parking Group which focuses on staffs issues.

Action: Report to be requested from the Car Park Group for the next Staff Governance Committee. To be discussed with Warwick Shaw.

4. Staff Survey Update

John McLaren informed the report went to the last Board meeting for noting. Currently there is a dispute regarding the percentage of staff that completed the survey. Capita the company who carried out the survey were advised to take the ISD figures rather than NHS Borders current headcount figures. This year's end report was sitting at 58% giving an 8% increase from last years survey results. It was a team effort from the Working group which consisted of Local Partnership Forum Chairs, Staff Governance Champions and managers. It is anticipated that the results will be received this month.

Capita have revalidated the figures and assurance has been given that Capita's statisticians have looked at the results.

John McLaren reported that a meeting has been organised to look at the results with the Staff Survey Working group in January 2015. John assured Committee that staffs comments will be listened to and a report will be given at the next meeting.

Action: Report to be given to Staff Governance Committee on staff survey results and way forward.

5. Staff Governance Action Plan

John McLaren circulated a revised Action Plan as he received two further updates since the papers were sent out with the agenda. A robust and detailed discussion took place. There are six actions to be considered.

Action: these actions will be sense checked against staff survey results and updated for discussion at next Staff Governance Committee.

6. Staff Governance Committee Work Plan

Edwina Cameron spoke to the draft paper. Edwina asked the Committee to advise if the Plan appropriately flows. A draft report regarding the Staff Survey results will be provided to the Committee at the next meeting. Edwina asked the Committee to be clear which items they require having deep dives. It was suggested to consider a deep dive on doctors' issues, KSF and to tie in the 20/20 Workforce Implementation Plan in to the Staff Governance Work Plan. John McLaren and Edwina Cameron will work along together to ensure it is incorporated in to the Staff Governance Action Plan.

Susan Manion asked about the workforce plan for integration. Edwina Cameron advised it will be scheduled in to the integration update for every meeting. It was agreed to have a fuller updated report in June 2015 but also to consider having reports thereafter. It was also to have the Integration deep dive in December 2015.

Action: The Staff Governance Committee agreed to the Plan. Additions to plan include Integration deep dive in December 2015 and initial update report on June 2015.

7. Everyone Matters CEL 20 – Implemented Plan

Edwina Cameron advised the Implementation Plan highlights the responsibilities and priorities of NHS up to 2020. An indicative timeframe has been provided to achieve this. Assurance can be given as we can evidence our values within our Corporate Objectives. We have also a good record with workforce planning which is reported on every year through our Local Delivery Plan process.

Pat Alexander asked if GPs are considered as part of our workforce. Edwina Cameron advised that they carry out our eLearning which provides consistency of working. Some GPs use our Health & Safety processes. It was piloted over a year to look how we can deliver throughout all GP practices however they are independent contractors and are not bound by our systems.

Irene Bonnar informed Occupational Health Services has never been permanently for GPs / Dentists. Sheila MacDougall informed Risk & Safety try to deliver as much as they can to these groups.

Action: The Committee noted the Implementation Plan and the work undertaken to date.

8. Integration: Staff Engagement

Susan Manion advised six engagement events have been held across the Borders with over two hundred staff attending. The staff who attended the events work across various services. Staff were enthusiastic about the process.

A paper has been developed regarding lessons learned for Facilitators. A report will be pulled together regarding the themes which have been highlighted at the events. Another event has been organised to take place in January 2015. A brief discussion took place regarding terms and conditions of staff. Staffs are aware that services require to be joined up.

A discussion took place regarding highlighting what Integrated Services can provide. Frontline staff cannot deliver without Corporate Services and organisational support. NHS and SBC must consider the importance of Corporate Services to enable to successfully join up the delivery of services.

The next phase is to target the work streams. This will be a key phase and give the opportunity to accelerate the process. Susan Manion informed it has been valuable having Edwina and John's teams Planning and Partnership being involved in the process.

John McLaren informed the Joint Staff Forum will have regular discussions regarding the process. Susan Manion spoke about the practicalities. Irene Clark raised her anxieties about Arms Length External Organisations (ALEO). Edwina Cameron advised both organisations have their own governance arrangements. The ALEO will be managed by the Council and NHS Borders will have no direct input to this system.

Susan Manion asked for it to be recognised a lot of work has been carried out by staff and a lot of people around this table have been involved in the process.

Action: Regular updates to be provided to Staff Governance Committee – Report in June 2015 then deep dive on integration in December 2015.

9. Cycle Friendly Employee's Scheme

Warwick Shaw spoke to his paper 'Cycle Friendly Employer Award'. Warwick advised forty four staffs are cycling to work which links in to Healthy Working Lives and other initiatives. Pat Alexander asked for a future paper to link in to Healthy Working Lives.

Action: The Staff Governance Committee was happy to note this paper.

10. Items for Noting

a) Occupational Health Update

Irene Bonnar reported the flu vaccine is being offered to all staff. Currently the uptake of the vaccine is sitting at 49% and aiming to reach 50%.

Action: Committee noted the work undertaken to achieve this outcome and endorsed the organisations commitment to encourage as many staff as is possible to have this vaccine both in relation to patient and staff wellbeing.

b) Risk & Safety Update

Sheila MacDougall advised that the survey monkey has concluded for the Self Assessment. It was sent to all managers with a 98% return. Sheila reported that her team members came in to meet night staff. A report will come back to the next meeting.

Action: Report on Self assessment to come to March 2015 meeting.

c) Appraisal & Revalidation for Doctors

Mr Rainey spoke to the paper. A brief summary of a detailed questionnaire was circulated to NHS Scotland regarding appraisal and revalidation. Mr Rainey advised of the grading system being one to five and NHS Borders came out at four for the second time. A formal agreement has to be put in place. A brief discussion took place regarding Castle Craig. John McLaren would like to acknowledge the amount of work that has been carried out.

It was reported primary care appraisals takes place in Lothian and Borders. Within Secondary there are one hundred and forty doctors who are responsible for the career of our doctors. The training has been carried out by NES. It was noted that we are forty appraisals short. Mr Rainey reported that appraisers have been asked to carry them out in their own time.

Edwina Cameron informed that job planning is an issue and will take it forward with Bob Salmond. Edwina advised that they have been looking at the quality of the appraisal. Mr Rainey advised all appraisers could walk away from this role as they do not get paid for this. There is a national standard. It was reported there are five doctors within Castle Craig.

Irene Bonnar spoke about the high turnover of staff within Castle Craig. It was reported Cliff Sharp carried out the appraisals. It is up to the responsible officer to be aware of the issues.

Edwina Cameron offered to work along with the Medical Team.

Action: The committee noted this report and recognised the work load for the doctors involved and acknowledge they will be supported through Workforce Planning.

d) Appropriate Access to other Committees

A discussion took place regarding this Committee receiving approved minutes from other governance committees for noting. Edwina Cameron advised of

the link this Committee has with the Area Partnership Forum and its sub groups e.g. Mandatory & Statutory Working Group. Edwina highlighted that the Mandatory & Statutory Training Group is scheduled for annual report within the work plan of this committee. The minutes would be provided at all meetings. It was noted that the annual report for the Remuneration Committee is confidential and we are unable to receive the minutes. It was suggested having key points on the front page of the minutes to bring to the Committees attention.

Action: The Committee will receive the minutes of the following committees – Area Partnership Forum, Mandatory & Statutory Training Group and the Occupational Health & Safety Forum with issues highlighted.

Public Governance Committee	-	Minutes for noting.
Clinical Governance Committee	-	Minutes for noting
Area Partnership Forum	-	Minutes for noting
Mandatory & Statutory Committee	-	Minutes for noting
Occupational Health & Safety Forum	-	Minutes for noting

11. Any Other Competent Business

12. Date of Next Meeting

The next meeting will take place on Monday 2nd March 2015 at 10am in the Committee Room, Borders General Hospital, Melrose.

**PUBLIC GOVERNANCE
COMMITTEE**



**Minutes of Public Governance Committee (PGC) Meeting Held on
Thursday, 16th October 2014, 3.00 – 5.00 p.m.
Board Room, NHS Borders Headquarters, Newstead**

Present:

Doreen Steele (Chair)	Karen Hamilton
Pat Alexander	Evelyn Rodger
Susan Swan	Margaret Lawson
Laura Jones	Fiona McQueen

In Attendance:

Shelagh Martin	Andrew Leitch
Susan Hogg	

1. Welcome & Introductions

1.1 The Chair welcomed everyone to the meeting.

2. Apologies & Announcements

2.1 Apologies were received from: John McLaren, Logan Inglis, Cllr Catriona Bhatia, Fiona Morrison, Nicky Hall, Jenny Miller, Stephen Bermingham, Mandy Brotherstone, Clare Malster, Anna Garvie and Allyson McCollam.

3. Minutes of Previous Meeting (& Action Tracker) 16th October 2014

The minute of the previous meeting was agreed as a true record.

4. Matters Arising from Previous Minute

It was agreed to remove action no. 9 - Feedback from Area Forum Meetings to be Provided by Non Executive Directors of PGC as this was ongoing and would be provided by relevant Non Executive Directors at each PGC meeting.

Action No. 15 - Public Involvement in Primary Care - Alasdair Pattinson to be invited to a future business meeting to report on Public Involvement in Primary Care.

Action No. 22 – Equalities Steering Group Terms of Reference - The organisation template for Terms of Reference to be sent to the administrator of the Equalities and Diversity Group and asked to come back with a similar format.

Action No. 23 – Lack of Understanding around Waiting Times - The format of the waiting times leaflets is a national template and the comments from the group have been taken on board. Shelagh agreed to contact other local Health Council offices and find out if anyone else has had complaints about these leaflets. Shelagh also commented that she would speak to Mary Kenyan, Area Manager for the Scottish

Health council to find out if she was aware of any public involvement in the writing up of these patient leaflets.

5. **Integrated Adult Health & Social Care**

Susan Manion gave an interesting and informative presentation on integration. As Susan explained to the group integration presents us with an opportunity to provide better, more joined up services for the people we care for. To prevent unnecessary admissions to hospitals and other health care settings, and to provide care as close to home as possible.

In a national context there will be a health and social care partnership for every area in Scotland. Borders has selected the *body corporate model* where both the council and the NHS delegate responsibilities to a health and social care partnership through an integrated joint board to provide joined up health and social care and community health services.

To form the integration scheme and strategic plan NHS Borders and SBC will go live with our Partnership in April 2015. Our focus is now on the development of the 'Integration Scheme' which will outline how the agencies will work together and the 'Strategic Plan' which is a ten year plan outlining where we want to go with integration in the Borders and how we will get there. Included in this plan will be an objective to strengthen the links between primary care, community health services and acute services.

Services contained with the local scope of integration in the Borders are:

- All community health services
- Adult social care services
- Health visiting
- Community dental services
- Sexual health services
- Unscheduled care

The agreed outcomes of the integration partnership are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People are able to live independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

Susan showed two videos to the group, which would be presented at future staff meetings; one was Sam's story <http://www.kingsfund.org.uk/audio-video/joined-care-sams-story>.

Susan asked that her email contact details be circulated to the group and any further comments regarding the videos be sent to her. Susan welcomed the invitation to attend the committee on a regular basis as and when she had more information. The group members were asked to go back and inform their networks and spread the information out to as many as possible.

Susan (Manion) commented that there will be several staff integration events in various localities around the Borders and that information regarding dates and venues would be circulated. Susan (Swan) commented that she would be keen to be involved and would feedback after the session.

6. Any Other Business:

Laura asked the group to think of themes for discussion for the coming year and to provide feedback to Susan Hogg.

10. Future Meeting Dates 2014:

10th December 2014, 2 - 4.00 pm – Boardroom, Newstead (business meeting)
11th February 2015, 2 - 4.00 pm – Boardroom, Newstead (development session)
29th April 2015 – 2.00 – 4.00 pm – Boardroom, Newstead (business meeting)

**PUBLIC GOVERNANCE
COMMITTEE**



**Minutes of Public Governance Committee (PGC) Meeting Held on
Wednesday, 10th December 2014, 2.00 – 4.00 p.m.
Board Room, NHS Borders Headquarters, Newstead**

Present:

Doreen Steele (Chair),	Pat Alexander
Margaret Lawson	Clare Malster
Margaret Simpson	Fiona McQueen
Nicky Hall	Cllr Catriona Bhatia

In Attendance:

Susan Hogg	Laura Jones
Stephen Bermingham	Evelyn Rodger
Dr Craig Wheelans	Dr David Love

1. Welcome & Introductions

1.1 The Chair welcomed everyone to the meeting.

2. Apologies & Announcements

2.1 Apologies were received from: John McLaren, Anna Garvie, Mandy Brotherstone, Calum Campbell, Allyson McCollam, Andrew Leitch, Karen Hamilton, Fiona Morrison, Susan Swan, Jenny Miller, Shelagh Martin

3. Minutes of Previous Meeting (& Action Tracker) 16th October 2014

The minute of the previous meeting was agreed as a true record.

4. Matters Arising from Previous Minute

4.1 Health Inequalities – Doreen reported that she had attended a meeting last week with Jeanette McDiarmid and Eric Baijal. Jeanette informed the meeting that they had gathered lots of evidence and two of her analysts are looking at this information and will report back to the March Community Planning Partnership. The evidence gathered so far has thrown up more small pockets of deprivation in other areas. Burnfoot has completed the test of change. Doreen agreed to keep the group updated at future meetings. Margaret commented that the community learning partnership at Langlee are involved in the test of change and it is clear that the area partnerships are all working together.

4.2 Following on from Susan Manion's presentation a consultation document on integration will be coming out the beginning of January and people are encouraged to comment. The consultation period will last for ten weeks and it was agreed to add this to the February agenda. Pat noted that the time scale for this is fairly tight and encouraged the group to do as much as possible to disseminate the information.

- 4.3 Margaret reported that Susan Manion has been giving presentations to staff. The staff are keen to attend these meetings but due to work commitments are not always able to. Margaret suggested using modern technology i.e. Skype or arrange these presentations over staff lunch breaks. Doreen agreed to take this forward and speak to Susan Manion. **Action: Doreen Steele**

Catrina Bhatia commented that this method of communication could be used when the strategic plan comes out and as Claire Malster and Stephen Bermingham sit on the communication group it was agreed that they would take this forward.

Action: Stephen Bermingham & Claire Malster

- 4.4 Doreen reported that we do not need to use the national letter template around waiting times. Phillip Lunts passed to us copies of the letter template used by NHS Lanarkshire. The amendments to the letters was noted at the meeting and also emailed round the group for comments back to Doreen by the 14th December so she can collate and take to the Audit Committee. **Action: Doreen Steele**

6. Public Governance Business Reports:

- 6.1 Stephen talked to the operational report.
- 6.2 **Fund Raising** – Pat Alexander explained that we are currently going through the consolidation phase learning what we can from the very successful Margaret Kerr campaign and pulling together our strategy for the paediatric unit. Some of the ongoing fund raising campaigns are Walk for Wards and Playlists for Life.
- 6.3 Doreen explained that the Government are consulting on a new duty of candour to set a legal duty to tell people when harm has occurred during their treatment.
- 6.4 **Volunteers** - Stephen reported that we have 41 volunteers who wish to work with us and we shall look at their skills and decide where best to place them.
- 6.5 **Area Clinical Forum (ACF)** - Nicky asked how the ACF could support this. Stephen suggested that in the future if we need support we could come to the ACF and identify areas.
- 6.6 **Person Centred Information** - Laura referred to the ward quality and safety information boards and the feedback from patients and staff on these boards has been positive. These are used to highlight key messages to patients and families on the 'You Said' 'We Did'. The boards also note any clinical updates i.e. how many days since we had pressure sores on the ward, falls etc. Stephen also talked about the work with staff on making sure they introduced themselves to patients and their families by the 'Hello My Name Is' campaign.
- 6.7 Margaret informed the group that she had been approached by the Scottish Independent Living Fund last week around the availability of changing mats for adults in the disabled toilets. Pat if this facility could be built into the new centre. Margaret agreed to forward the correspondence she had received to Stephen. **Action MS**
- 6.8 **Patient Feedback Report** – Laura talked to the report and highlighted the graphs noting that formal complaints are staying at a steady level. We have monitored how long it takes us to respond to complaints over the last year and how this has increased to around 90% within 20 days. We are now recording commendations

more comprehensively including our community areas and we also capture information on whether our complaints are upheld or not. We also have Patient Opinion and for this we need to respond within 3 days. NHS Borders in regard to complaints is the best performing Board around our response rate is within 20 days.

The last graph shows that NHS Borders has seen a 49% increase compared with a national increase of 66% over the same period.

6.9 **Inpatient Survey**

Stephen spoke to the paper and explained the purpose of the inpatient survey and the results, which we have recently received. The BGH Participation Group is working with the Hospital Management Team to identify areas of improvement.

- 6.10 **BGH Signage** – Doreen informed the meeting that a working group have agreed a new system and symbol approach for signage within the hospital and this will be on three levels using four colour zones.

7. **Public Governance:**

- 7.1 Food, Fluid & Nutrition Standards – new standards have been launched. They will be reviewed through the Food, Fluid & Nutrition group and a report provided back to the Clinical and Public Governance Committees.

- 7.2 Catriona reported that the uptake of school meals had gone down quite significantly but it has recovered. The council visited various schools and it was evident that some schools had their meals brought in from elsewhere. Pat asked what information we have on patient satisfaction in these areas and perhaps this is something we could look at before the group starts up. Stephen remarked that we are promoting healthy eating through the health eating networks.

- 7.3 David remarked that there is a big difference between what the patient gets at the bedside compared to what we get and often it does not look very appetising. Evelyn reported that the older people inspectors commended us on the quality of our variety and choice of food. Evelyn remarked that when the Food, Fluid & Nutrition Group completes their gap analysis against the standards she would be interested to see what they have done. An invite to be sent to the Chairman of the group asking if they would give a presentation on the public governance element i.e. how they engage with carers, relatives etc. and how they are implementing these standards.

Action: SH to Invite Food, Fluid & Nutrition Group to a future meeting.

10. **Any Other Business:**

None.

11. **Future Meeting Dates 2015**

11th February 2015 2.00 - 4.00 pm – Boardroom, Newstead (Topic Meeting)

29th April 2015 – 2.00 – 4.00 pm – Blue Room, Langlee Community Centre (Business Meeting)

13th July 2015 - 2.00 – 4.00 pm – Boardroom, Newstead (Topic Meeting)

11th November 2015 – 2.00 – 4.00 pm – Boardroom (Business Meeting)

8th February 2016 – 2.00 – 4.00 p.m. – BGH Committee Room (Topic Meeting)