

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

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

Background

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

Summary

Committee minutes attached are:-

- Strategy & Performance Committee: 05.03.15
- Audit Committee: 01.06.15
- Audit Committee: 24.03.15
- Endowment Committee: 19.01.15
- Endowment Committee: 06.05.15
- Clinical Governance Committee: 04.03.15
- Staff Governance Committee: 02.03.15
- SEAT: 13.02.15
- SEAT: 24.04.15

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 5 March 2015 at 12.30 in the Board Room, Newstead

Present:

Mr J Raine	Mrs J Davidson
Mrs K Hamilton	Mrs E Rodger
Mr D Davidson	Dr S MacDonald
Cllr C Bhatia	Mrs E Cameron
Dr D Steele	Mrs C Gillie
Mrs P Alexander	Dr E Baijal
Dr S Mather	Mrs S Manion
	Mr W Shaw

In Attendance:

Miss I Bishop	Mrs C Oliver
Mrs L Jones	Mr D Thompson
Mr S Murray	Mrs J Pickard
Mrs J Stephen	Mr P Lunts
Dr R Campbell	Mrs S Errington
Mrs J Tuddenham	Mrs L Morgan-Hastie

1. Apologies and Announcements

Apologies had been received from Mrs Karen McNicoll, Mr John McLaren, Dr Cliff Sharp, Dr Hamish McRitchie and Dr Jonathan Kirk.

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

The Chairman confirmed the meeting was quorate.

The Chairman recorded the achievement of NHS Borders to be the first Health Board in Scotland to be recognized as a Carer Positive Engaged organisation.

2. Patient Story

The Committee heard from an individual about their experience and that of their late husband of NHS Borders' services. During discussion several key elements were highlighted including: dedicated specialist nursing staff to look after the care and welfare of patients; progress being made towards moving to a nurse consultant being in place to oversee the development of such a service; clear personalized care plans; within acute wards work with Senior Charge Nurses was being progressed to ensure robust care planning and daily conversations with patients and families took place; understanding what mattered to the individual was important and progress was being made with the

person centred work; treating people with respect was vital to the patient and the care provided by staff; and input of GPs towards dementia diagnosis; home care was very time limited.

The Committee reflected on the patient story and spoke about the possible provision of a “Meet and Greet” service for people at the Hospital front doors and how that might be introduced and managed. Mrs Evelyn Rodger advised that she had been in discussion with the Royal Voluntary Service regarding such a provision and agreed to explore further the possibility of using NHS Borders Volunteers.

Mrs Rodger further advised that the NHS Scotland Chief Nursing Officer had committed to the implementation of a care accreditation system across NHS Scotland.

Mrs Jane Davidson suggested undertaking a table top exercise from the patient perspectives to gain an insight into what works well and what requires improvement.

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.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that Mrs Davidson should pursue the table top exercise further.

3. Declarations of Interest

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

Dr Doreen Steele declared that she was a member of the Board of NHS Education Scotland which pertained to the Medical Education Report item on the agenda.

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

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 15 January 2015 were approved.

5. Matters Arising

5.1 Minute 6: Pharmaceutical Care Services Plan: Dr Doreen Steele advised that as a consequence of rule changes to the Pharmacy Practices Committee a presentation and discussion should take place at a Board Development session in the latter part of the year.

5.2 Minute 11: Integrated Performance Report: Childrens DNAs: Mrs Jackie Stephen updated the Committee on the analysis that had been carried out on Paediatric Outpatients DNAs for 2013 and 2014.

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

Dr Doreen Steele, Dr Eric Baijal and Cllr Catriona Bhatia left the meeting.

6. Local Delivery Plan 2015/16

Mrs Edwina Cameron presented the Local Delivery Plan (LDP) 2015/16 to the Committee. The Committee noted that the final LDP would be submitted to the Scottish Government on 20 March 2015 subject to final approval by the Board on 2 April 2015.

Dr Stephen Mather raised a question regarding general IT issues and how they were being resolved. Mrs Jackie Stephen advised that there was a workstream in place through the Health & Social Care Integration programme of work that looked at both tactical and longer term solutions and had input from National Services Scotland to assist in gathering user requirements and development of a plan for implementation. She further confirmed that whilst IT remained a challenge between primary and secondary care, work was continuing to address those challenges.

Mr David Davidson enquired about engagement through the Community Planning Partnership and whether patient transport and patient movement difficulties were being recognized as an area that required resolution. Mr Philip Lunts commented that NHS Borders was a member of the transport planning partnership which would establish a transport Hub and its' initial focus was the impact of the new railway in terms of the movement of workers. Mr Lunts advised he would seek confirmation that any impact on patients accessing health care services would be taken into consideration.

Mrs Susan Manion commented that the Health & Social Care Integration Shadow Board had received a paper in regard to the Integrated Care Fund. One of the themes within the paper had been Access and Transport and she was clear that both elements were combined and needed to be taken forward together.

Mrs Jane Davidson suggested reviewing and sharpening up the Community Planning Partnership section within the LDP.

Mrs Pat Alexander noted that the Equalities Strategy section had yet to be added to the document and she enquired if the Board would have sight of that section in advance. Mrs Cameron confirmed that the LDP would be recirculated to the Board with that section included as soon as it was received.

Mrs Karen Hamilton suggested articulating the Health Promoting Health Campaign as it was detailed within the narrative but not within the Board contribution for 2015/16.

The **STRATEGY & PERFORMANCE COMMITTEE** reviewed the Draft Local Delivery Plan 2015/16.

7. Medical Education Report

Dr Sheena MacDonald and Dr Roddy Campbell updated the Committee on progress during the past year within the Director of Medical Education portfolio and the GMC survey results.

Mrs Carol Gillie advised that Dr Doreen Steele had asked that the Committee recognise that NHS Borders were one of the first Boards to receive an annual update on medical education within their Board area.

Mrs Pat Alexander enquired how the Staff Governance Committee could be involved in such an important area of work. Dr Sheena MacDonald advised that in future the report would be shared with the Staff Governance Committee for detailed discussion prior to submission to the Board.

Dr Stephen Mather asked that the report also be shared with the Clinical Governance Committee for detailed discussion ahead of submission to the Board. He further suggested as it was such a detailed and comprehensive report that an Executive Summary be produced to accompany it in future.

Discussion focused on several elements of the report including: supervision of trainees in the Out of Hours service by nurse practitioners; trainees from other areas asking to undertake their Out of Hours training in Borders; a rolling programme of feeding back to trainers the views of the trainees to aid improvement where needed; educational facilities; suggestion of an interlinked floor in to the new childrens hospital project to potentially release space in the Education Centre.

Mrs Gillie advised that she had been unaware of the issues around a shortage of educational facilities accommodation and she suggested she feedback the conversation to the Space Utilisation Group to review.

Mrs Edwina Cameron assured the Committee that medical education was a feature of the Staff Governance Committee workplan and would be discussed moving forward. She supported Mrs Gillie's suggestion of ensuring feedback was given to the Space Utilisation Group for them to investigate any real issue as opposed to any perceived issue.

Mrs Gillie advised that Dr Steele had asked that it be recorded that she offered congratulations to Dr Roddy Campbell for presenting the report and supporting the junior doctors, undergraduates and tutors with furthering medical education in NHS Borders

The Chairman summed up the conversation and made explicit that the Board should be assured of its responsibility in regard to medical education and he advised that the Board would welcome the receipt of an Annual Report in that regard.

The **STRATEGY & PERFORMANCE COMMITTEE** noted and considered the content of the report.

The **STRATEGY & PERFORMANCE COMMITTEE** noted and approved the GMC survey results and explanation/actions taken in the LEP Annual Report.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive future updates regarding impact of Measurement of Teaching and impact on ACT Funding.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the changes in recognition and approval of trainers and potential resource impact in terms of protected time for teaching and training and to receive future updates.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the ongoing work to support the Medical Education Directorate.

8. Children & Young People's Centre: Outline Business Case

Mrs Stephanie Errington shared with the Committee the outline business case and gave an update on progress to date.

During discussion several elements were explored including: patient flows; building solutions to bring families and carers together in spaces and areas; movement of departments within the hospital to ensure a smoother journey and connections for childrens services; functionality of connecting buildings; mental health to be firmly embedded within the business case to deliver services for children in the future; impact on other services and car parking; gap in revenue costs; and the consultation plan and inclusion of children.

The **STRATEGY & PERFORMANCE COMMITTEE** approved progression of the Outline Business Case to Full Business Case to progress the development of the Children and Young People's Centre which would be fully funded from Charitable Funds.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the work progressed in securing firm pledges for the capital costs of the scheme and launch of the public fundraising appeal.

9. Health & Social Care Integration

The Chairman advised that there would be 5 Health Board members of the Health & Social Care Integration Joint Board. Those members would be voting members and he had identified them as Mrs Pat Alexander, Mr David Davidson, Mrs Karen Hamilton, Dr Stephen Mather and himself. He advised that Dr Doreen Steele would step down from the Health & Social Care Integration Shadow Board band as an established member of the Community Planning Partnership would focus on this area which was a vital link for the Health Board.

The Chairman then advised of the non voting members of the Health & Social Care Integration Joint Board as set out in legislation and guidance.

Discussion focused on: engaging with GPs; staff side representation; confirming the new Board would be called the Health & Social Care Integration Joint Board as of 1 April 2015; noting there were consequences for the learning disability transitions services for children to adults; potential redirection/redesign of the funding streams that supported the CH&CP; consequences of disestablishing the CH&CP; understanding the Health Boards duties under the Community Empowerment Bill in terms of community planning; there being no decisions taken at the Community Planning Partnership that require the consent of the Health Board and whether the Health Board should receive regular reports on the work of the CPP.

Mrs Susan Manion advised that the Leadership for Children and Young Peoples Group were considering and would make a recommendation on the future arrangements for childrens services that had sat within the Scottish Borders Community Health & Care Partnership (CH&CP) but were not included in the new Health & Social Care Integration Joint Board.

Mrs Jane Davidson suggested a further discussion would be required on whether the LC&YPG was the appropriate committee for childrens services or whether it should be the Community Planning

Partnership. She also reminded the Committee that work was required to resolve the disestablishment of the CH&CP and consequential governance arrangements for the Health Board.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the Health Board membership of the Health & Social Care Integration Joint Board post 1 April 2015.

Mr John McLaren arrived.

10. Integrated Performance Report

Mrs Edwina Cameron presented the integrated performance report to the Committee.

Discussion focused on several key areas including: addressing the poor performance for diagnostics particularly, endoscopy and ultrasound; early warning scores and an assurance that it is being managed appropriately; mortality rates and an assurance that every death is reviewed; Referral To Treatment (RTT) performance had been challenging due to cancellations and impact on the Emergency Department standard an assurance was provided that the Scottish Government received weekly reports on performance.

Dr Stephen Mather enquired about Theatre utilization. Mrs Pat Alexander enquired if the organization had too many Theatres. Mrs Evelyn Rodger advised that Dr Hamish McRitchie was keen to introduce a critical care facility and thereby reduce the current number of theatres. Mrs Jane Davidson suggested appraising the Committee of the data flows and plans that were being worked up and lead by Dr Chris Richards.

The Chairman confirmed that the no colour printing rule would be relaxed until such time as technology matters for Board members had been fully resolved.

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

11. Waiting Times (Musculoskeletal)

Mrs Susan Manion introduced Mrs Lynne Morgan-Hastie who outlined what progress was being made to address the high waiting lists in musculoskeletal services. Mrs Manion highlighted the 3 keys areas that the service had been asked to address; skill mix and structure; geographical location of physiotherapy; care groups for planning demand and capacity.

Mr David Davidson enquired what progress had been made in regard to a Physiotherapy Services Bank. Mrs Morgan-Hastie advised that the service had been actively looking for people to add to the established Physiotherapy Services Bank, due to the number of temporary contracts within the service it was anticipated that there would be more capacity for people to join the Bank once the structure had been confirmed and stabilized.

Mr Davidson enquired about the length of fixed term contracts in the service. Mrs Morgan-Hastie confirmed that 18 month contracts had been offered but it had been a struggle to fill vacancies and more contracts had been 3-6 months. The service was moving through the Productivity & Benchmarking process which would allow it to finally understand its structure to get stability into the service.

Mr Davidson enquired if the service were being told that people were not interested in short term contracts. Mrs Morgan-Hastie advised that people were not applying for short term contracts.

Mrs Manion reiterated that the service required clarity of structure to provide staff in the right locations to create stability in the service. Mr Davidson enquired when stability would appear. Mrs Manion advised that the expectation was that a service redesign paper would be produced by the end of April. At that point it would be submitted through the Productivity and Benchmarking process for approval and then the final structure would be implemented and that should lead to stability in the service.

Mrs Pat Alexander enquired how the service compared to other Boards in terms of performance. Mrs Morgan-Hastie advised that she had reviewed figures in November 2014 and both NHS Borders and NHS Dumfries and Galloway were operating at 18 weeks waiting times, the lead performing Board was NHS Ayrshire & Arran at 15 weeks and she had been to visit them to enhance her learning for improvements to the service.

Mrs Manion advised that an external consultant report had been provided at the end of 2014 which gave a lot of detail about comparative figures and how staff were deployed and could be deployed effectively in the future. The report was in draft and required to be clarified and discussed with staff in order to move to a final report status.

Mrs Jane Davidson advised that a lot of the delay with progress had been due to the absence of Mrs Karen McNicoll, Associate Director of AHPs. Mrs Davidson reminded the Board that the service had been performing well 2 years previously, and it was important to review what had changed that had led to a reduction in performance since that time, such as an increase in demand.

Mrs Davidson advised that she would be happy cast an eye over the draft consultant report with Mrs Morgan-Hastie. Mrs Morgan-Hastie commented that the report specifically mentioned if the service dropped below establishment it would struggle with waiting times and she advised that the service was 25% below establishment. Mrs Davidson reminded the Committee that it had been agreed previously to go to permanent contracts of staff in that service and she suggested a similar discussion should taken place again.

Mrs Pat Alexander commented that there could be a hidden waiting list as often when the physiotherapy service moved to reducing its waiting lists, history had shown there were often more referrals made to it.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the actions to be taken and the intent to redesign.

12. Any Other Business

12.1 Morecambe Bay Report: Mrs Evelyn Rodger advised the Committee of the publication of the Morecambe Bay Report and provided assurance to the Committee that a GAP analysis was being undertaken and would be shared with the Board in due course.

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

13. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 7 May 2015 at 12.30 in the Board Room, Newstead.

The meeting concluded at 3.20pm.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 1st June 2015 at 10 a.m. in the Board Room, Newstead.

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

In Attendance: Mr G Arkley, Head of Estates (Item 7.6)
Mr A Barrie, Audit Manager, PWC
Ms R Blenkinsop, Audit Senior, Scott Moncrieff
Mrs J Davidson, Interim Chief Executive
Mr D Eardley, Senior Manager, Scott Moncrieff
Mrs S Errington, Head of Planning & Performance (Item 7.3)
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mrs S MacDougall, Risk & Safety Manager (deputising for Evelyn Rodger)
Mrs L Paterson, Resilience Manager (Item 7.4)
Mr T Patterson, Interim Joint Director of Public Health (Item 7.4)
Mr B Salmond, Head of Medical Staffing (Item 7.5)
Ms S Swan, Deputy Director of Finance
Mr K Wilson, Partner, PWC

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Mrs E Rodger and Mrs V Buchan.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 24th March 2015**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

5. **Fraud & Payment Verification**

5.1 *National Fraud Initiative - Update*

Susan Swan advised that there would be a written update would be presented to the next meeting on 16th June. Susan went on to report that out of 1,098 matches, a total of 1,033

had been investigated and no fraudulent activity had been found. It was noted that the remaining 65 related to payroll to payroll matches and these were being discussed with other Boards and to date no issues had arisen. Jane Davidson asked if this was a valuable exercise to undertake in regard to the manpower it takes against any fraudulent activity found. Carol Gillie advised that it is mandatory to undertake this exercise. David Eardley added that it did tend to be Local Authorities who get the most value out of this and that the national report suggested that there is a cost benefit. Susan agreed to feedback to CFS the comments made to ensure that the correct parameters are being set from an NHS perspective.

The Committee noted the update.

6. Governance & Assurance

- 6.1 *Minutes of Healthcare Governance Steering Group: 6th March 2015 & Summary Report*
Sheila MacDougall spoke to this item. Sheila highlighted that the minutes related mainly to the disbandment of the group and new reporting arrangements. David Davidson asked for assurance that, should the group be disbanded, everything would still be scrutinised. Sheila gave assurance that this exercise had been undertaken and everything had been reallocated elsewhere within the organisation. Carol Gillie advised that a paper was also due to come to the June Board meeting providing details of the new arrangements. Jane Davidson advised that the disbandment of the Healthcare Governance Steering Group had arisen due to the duplication of reports that are seen by this group and the Clinical Governance Committee as well as there being an overlap in the membership. Stephen Mather, as chair of the Clinical Governance Committee, felt that the purpose of the Healthcare Governance Steering Group had been served and the Clinical Boards were now in a better position to take responsibility. Doreen Steele highlighted that not all issues were of a clinical governance nature. It was noted that this should be picked up within the paper going to the June Board.

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

7. Internal Audit

- 7.1 *Internal Audit's Annual Report 2014/15*
Kenny Wilson spoke to this item. Kenny advised that the report captured all the work undertaken for the year to 31 March 2015. Kenny went on to explain that the Chief Internal Audit is required to provide an annual opinion based on the work undertaken throughout the year. Kenny confirmed that they were satisfied that sufficient Internal Audit work had been undertaken to allow an opinion to be given on the adequacy and effectiveness of governance, risk management and control. Kenny advised that the annual audit opinion was "improvement required" as there were weaknesses in the framework of governance, risk management and control which potentially put the achievement of organisational objectives at risk. Kenny referred to pages 3 and 4 of the report which detailed the summary of findings and the Internal Audit work conducted. Kenny highlighted that although none of the reports had an overall high risk rating, there were high risk recommendations within a number of reports. Kenny confirmed that the annual report was in line with other Boards, however he would like to see a reduction in the number of high risk recommendations going forward. David Davidson noted his concern around Business Continuity Planning as this was currently sitting under Evelyn Rodger's remit and enquired who would be taking this over. Jane Davidson advised that she would not be in a position to confirm this until mid June and that she would be taking

overall responsibility until this is clarified. Carol Gillie asked for advice of what action was required to secure a lower risk audit opinion in future. Kenny explained that the annual audit opinion is based solely on the work performed by Internal Audit and advised that the recommendations, particularly the high rated ones, are progressed as soon as possible. Kenny also referred to appendix 2 of the report which detailed the opinion types and highlighted that as there had been a mixture of low and medium overall ratings, this had put NHS Borders into this risk category. Carol highlighted that the Corporate Governance Statement would require to be amended in light of this report. Kenny confirmed that only reference to the high risk recommendations would be required. Doreen Steele highlighted the weakness around risk that had been evident for a number of years and stressed that progress must be made on this. Jane Davidson asked what last year's opinion would have been if it had been based on the same methodology. Kenny advised that a similar opinion would have been given.

The Committee noted Internal Audit's annual report for 2014/15.

7.2 Internal Audit Report – Cost Recovery Scheme

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that the audit had focussed on a review of the design and operation of the key controls over the process of identifying, processing and administering any claims that can be made in compliance with the scheme within NHS Borders. It was noted that 3 medium and 2 low risk recommendations had been identified. Tony took the group through the medium risk issues, namely the timeline for return of Road Traffic Accident forms was not always adhered to (3.1), there was a lack of authorised reconciliations (3.3) and there were irregularities in outstanding income accrual and bad debt provisions (3.5). Susan Swan confirmed that she agreed with all recommendations within the report and explained that there was not a formal Standard Operating Procedures (SOP) in place for this area of the service. Susan confirmed that this would now be put in place and all key points raised would be picked up within the SOP which would be in place by the end of June. It was noted that progress would be monitored through the regular follow up report. Jane Davidson highlighted that the section for management comments on page 3 was blank and asked for confirmation that these had been received. Tony confirmed that they had.

The Committee noted the report

7.3 Internal Audit Report – Targets & Performance

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that the audit had focussed on a review of the design and operation of the key controls around the process of identification of key performance indicators, collection of data and reporting of performance data to the organisation. Tony highlighted that there was positive feedback detailed within the report and one low risk recommendation had been identified, namely there had been a time delay in the issue of a number of performance reports to the wider organisation. David Davidson referred to page 6 and noted his concern on the number of delays detailed and asked why these had occurred. Stephanie Errington explained that the Planning & Performance team are monitored through a performance scorecard and gave assurance that they will be striving to achieve 100% in future. Stephanie advised that some reports they produce are reliant on receiving data from a number of sources and if there is a delay in getting this information there can be a knock on effect with the report being issued to the service. Stephanie confirmed that meetings have been scheduled to discuss what can be done to ensure timescales are adhered to. In addition, on occasion, there had been staffing pressures in the department resulting in delays.

The Committee noted the report.

7.4 *Internal Audit Report – Business Continuity*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that a detailed review had been undertaken where it had been noted that Business Continuity Planning (BCP) has been formalised and is making good progress in becoming established within the Board. Tony highlighted that some areas of good practice had been observed and went over these. Tony referred to the assessment form at appendix 4 which detailed the BCP maturity levels. Tony advised that 2 high, 3 medium, 2 low risk recommendations and 1 advisory recommendation had been identified. Tony referred to the high risks, namely that there was an inadequate Business Continuity Management (BCM) policy in place (3.1) and non standardised Business Impact Analyses (BIA) and undefined frequency of BIA and business continuity plans update (3.2). The medium risks were noted as lack of established process around preventive and corrective action (3.3), lack of business continuity arrangements with supply chain (3.4) and lack of integrated approach to BCM training and awareness (3.5). Tony then took the Committee through the low risk issues which were noted as a lack of clear organisation structure of BCM ownership and management (3.6) and lack of an establishment schedule of joint exercises with external agencies as well as absence of self assessments (3.7). The advisory recommendation was noted as BCM being given consideration in capital projects (3.8). Tim Patterson responded that this was a helpful report and he had provided comments on the findings. Tim advised that he has discussed this with BGH colleagues and senior managers where it was accepted that there was a need to strengthen the policy as well as having robust review arrangements for BIA. Tim gave assurance that these would both be actioned accordingly. Tim also provided feedback from the Joint Executive Team (JET) where it had been agreed that the General Managers would be responsible for taking forward within their individual areas. There was recognition that business continuity requires to be embedded within the organisation's agenda. David Davidson asked who would support the General Managers in taking this forward. Tim advised Lorna Paterson would be the liaison person, however stressed that it is everyone's responsibility as it is a key priority which has an effect on patient care. Jane Davidson added that the General Managers, when appointed, would be supported to change the attitude and approach to business continuity. Jane confirmed that she would be discussing this further with Tim and Lorna as well as discussing with Board Executive Team (BET) colleagues. David enquired if all assurances were in place from the Clinical Boards for 2014/15. Lorna confirmed that she had submitted the assurance responses received from the Clinical Boards, however the BGH again had a qualified report linked to the action plan that is being taken forward. Doreen Steele enquired if there had been support from BET colleagues. Tim confirmed that discussions had taken place with Evelyn Rodger and the Joint Executive Team on the impact of the findings and how to take these forward. JET had agreed that this would be a priority over the next 6 months. It was noted that the Resilience Manager would ensure that the General Managers have the necessary training and would arrange training exercises within the BGH. David referred to 3.4 and advised that Costas Kontothanassis, along with Lorna, had visited all GP practices to ensure business continuity plans were in place. Tony advised that there was a requirement for a more formal way of evidencing these visits. David commented on the reference to eLearning within 3.5 and asked if June Smyth had responsibility for this. Jane advised that this did not currently fall within June's remit. Lorna advised that she had made an application to request that eLearning becomes compulsory to ensure there is 100% compliancy. Tony re-emphasised that there required to be an increase in the evidence documented. Stephen Mather hoped that it would not only be the high risks that were concentrated on as the lower risks combined would become a high risk. Kenny Wilson reassured that this was not an uncommon position to be in and that a number of other Boards were in a similar position. Kenny

stressed that business continuity requires a huge amount of resource and cultural change. Tim and Lorna, along with any Clinical Board reps they felt were appropriate, agreed to attend the December meeting to provide an update on progress.

The Committee noted the report.

7.5 *Internal Audit Report – Consultants Contract*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that the focus of the audit had been on the design and operation of the key controls in the processes of consultants contracts, job plans, discretionary points, distinction awards, medical appraisal and revalidation. Tony advised that one medium risk and 4 low risk recommendations had been identified. Tony highlighted that some areas of good practice had been noted and went over these. Tony referred to the medium risk, namely that there was an inconsistent job plan process in place, noting that 11 out of 20 consultants did not have a job plan for 2014/15 (3.2). Tony gave an update on the sample findings. Bob Salmond confirmed that there is a process laid down for job planning and agreed that this had not always been followed. It was noted that Heads of Service are the official line managers for consultants and they should ensure that all consultants have a signed job plan for the year. Doreen Steele advised that, as Chair of the Discretionary Awards Committee, assurance is requested that job plans are signed off. Bob explained that the assurance given, as agreed by the LNC, was around participation in the job planning process. Tony went on to take the Committee through the low risks, namely there were unsigned consultants contracts (3.1), eligibility for 2013/14 discretionary points award and a lack of clarity around discretionary points eligibility (3.3), a lack of communication of discretionary points appeal process (3.4) and omission of consultants medical appraisals (3.5). Stephen Mather appreciated that management of the consultants contracts is difficult, however there is a process in place and this is a statutory requirement. Stephen felt that if there is an issue around signing off job plans then the process must be adhered to.

Bob referred to 3.3 and advised that it was the Local Negotiating Committee (LNC) who is responsible for agreeing the text within the “discretionary points process in NHS Borders” document. Bob agreed that this required being more explicit around who was eligible and eligibility dates. It was noted that this had been shared with the LNC who have confirmed that they are content to add this. Bob advised that for 3.4 there is guidance on the appeals process on the Intranet and he would ensure that this was clearly highlighted in the future. Stephen referred to the last sentence on page 2 stating that “the discretionary points application forms submitted by consultants and the records of its review by the assessment team members are discarded by the HR team after the announcement of successful applications and the resolution of any appeal”. Stephen was concerned with this statement and asked why the records were destroyed as he felt it was an important part of the process to keep these to see what had been awarded the previous year. Bob advised that it had been agreed by the LNC that when the appeals process is finished all records are destroyed. It was noted that discretionary points are awarded on exceptional contribution to the NHS and the format has been changed, in agreement with the LNC, to ensure that it is explicit around what is a new contribution and what is an aged contribution. Doreen advised that the Discretionary Advisory Committee have worked on this for five years to get to the position we are now in and were content with this. Bob also advised the Committee that nationally there is acknowledgement that the operating system used is obsolete but agreement cannot be reached on what it should be replaced with.

The Committee noted the report.

7.6 *Internal Audit Report – Hospital Waste Management*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that a review of hospital waste management within NHS Borders had been carried out to evaluate the design and operating effectiveness of key controls in place over the disposal of waste from hospitals. It was noted that 1 high, 1 medium and 2 low risk recommendations had been identified. Tony referred to the high risk recommendation, namely that NHS Borders are not fully compliant with the NHS Scotland Waste Management Action Plan which could lead to non-compliance with aspects of the Waste (Scotland) Regulations 2012. Of the 28 actions highlighted in the plan, 15 had been complied with and 5 were not the responsibility of NHS Borders. Of the actions applicable to the Board, Tony took the Committee through the 7 exceptions detailed. Stephen Mather commented that from the numbers stated there should be a total of 8 exceptions. Tony agreed to look into this. Gary Arkley referred to page 3 of the report which detailed the management comments to the issues raised. It was noted that Gary would be appointed to the role of Waste Management Officer, subject to Chief Executive approval. The waste management policies for NHS Borders had been reviewed and required to be ratified by the Infection Control Committee. Gary confirmed that the policy states that clinical waste bins should be locked at all times and there has been discussion with the relevant personnel to ensure this is adhered to going forward. Gary advised that Estates staff are responsible for maintaining bins and they have been asked to ensure that they are fully functional. It was noted that sites are audited for waste management, including clinical waste, on an annual basis by an external certificate assessor and no issues have been raised. Gary confirmed that there are no waste management plans for individual sites, however posters have been developed for the BGH and community sites as they differ due to waste from the BGH being incinerated and community sites get uplifted. David Davidson referred to 3.1 and in particular the exception which stated that the Board's risk register does not include the risk of potential non-compliance with Waste Management Regulations. Tony advised that this should be recorded with all mitigating factors noted against it. Gary disagreed that the Board's risk register was the correct place to record this. Tony suggested using the departmental risk register. Gary agreed to consider this. Stephen highlighted that this impacted across the organisation but appreciated it had to be linked in governance terms to ensure scrutiny and agreed that Clinical Governance was the sensible option.

The Committee noted the report.

8. **External Audit**

8.1 *Feedback on Year End Audit*

David Eardley reported that the fieldwork had finished as scheduled on Friday, 29th May and the clearance meeting was taking place later in the day. David thanked the Finance team for their assistance with the work undertaken to date and noted that there had been a transition of roles within the Finance Department. David was pleased to report that nothing material had been found to date that would change the bottom line of the accounts and although there was further work to do, he was confident that the accounts would be finalised for the next Audit Committee meeting on 16th June prior to going to the Board on 25th June. David confirmed that the ISA 260 report would be presented at the next meeting. Carol Gillie took this opportunity to thank David and the team for their assistance, support and patience during the audit.

The Committee noted the update.

9. Annual Accounts 2014/15

9.1 *Draft Annual Accounts 2014/15*

- Audit Committee Narrative, Accounting Policies and Accounts Template*
Susan Swan spoke to this item. Susan reminded of the session held to go through the annual accounts on the 20th May with the Non Executive and Executive Directors and referred to the summary report that had been produced noting changes since this meeting. Susan went on to take the Committee through the changes that had been made and confirmed that these did not have any impact on the bottom line of the accounts. Susan was pleased to report that NHS Borders had achieved its financial targets for revenue and capital budgets subject to final audit sign off.
- Remuneration Report*
Susan Swan referred to the remuneration report which was currently in draft format. It was noted that Scottish Government provide guidance on what has to be included within this report. Susan referred to the page detailing total remuneration for Board members and senior employees and confirmed that there had been no significant movement from the previous year and included a note of Calum Campbell leaving the organisation and Jane Davidson taking over the role of Interim Chief Executive. Susan then referred to the page detailing the pension values for Board members and advised that this was a prescriptive layout. Susan referred to the final page of the report detailing the “Hutton Fair Pay Review” and confirmed that there had been a 1% increase between this year and the previous year which was reflective of the pay award. David Eardley added that this guidance is very specific and must be adhered to and that part of External Audit’s role is to ensure compliancy. Carol Gillie asked if the Committee were content with the way the changeover of the Chief Executive had been detailed within the report. Jane Davidson felt it would be helpful if the date was added to the table noting when she had taken over the interim position. Susan agreed to add this to the table. Jane also noted that there was no mention of the Chief Officer. David Eardley advised that it was at each Board’s discretion whether or not this post was included within the report. Jane personally felt that as this post was jointly funded by NHS Borders then it should be included. Carol advised that it had been NHS Borders’ interpretation that this post was not a ministerial appointment and it was only these posts that should be included with the report. Susan agreed to check with other Boards to see how they were dealing with this post. This would also be discussed at the clearance meeting.

Susan reminded of the process used previously whereby the full accounts template was not circulated for the next meeting, only the relevant reports and summary of changes. It was agreed that this should continue. David Davidson noted his thanks to the Finance Department and External Audit for their input into the annual accounts process.

The Committee noted the draft Annual Accounts for 2014/15.

9.2 *Draft Endowment Fund Annual Accounts 2014/15*

Susan Swan spoke to this item. Susan advised that the accounts were draft and the final version would be going to the Endowment Fund Board of Trustees meeting on Wednesday. It was noted that these had been audited by the External Auditor, Geoghegans, and had been given an unqualified audit opinion. Susan explained that the

Endowment accounts are now consolidated within the annual accounts and gave assurance that the Trustees report is in line with OSCR guidance.

The Committee noted the draft Endowment Fund Annual Accounts for 2014/15 and the unqualified audit statement from Geoghegans.

9.3 *Draft Patient's Private Funds Annual Accounts 2014/15*

Susan Swan spoke to this item. Susan advised that these accounts formed part of the template from Scottish Government. It was noted that these had also been audited by the External Auditor, Geoghegans and an unqualified audit opinion had been given. Susan explained that the amount held by NHS Borders was very much dependent on the turnover of patients. The accounts for 2014/15 noted a balance £82k.

The Committee noted the draft Patient's Private Funds Annual Accounts for 2014/15 and the unqualified audit opinion.

10. **Corporate Governance Statement**

10.1 *Draft Review of Corporate Governance Statement*

Susan Swan spoke to this item. Susan advised that assurance statements are received from Board Governance Committees which are then reviewed and the key elements are taken from these to form part of the governance statement. Susan confirmed that the high risk issues raised earlier within the Internal Audit reports would now be included. The assurance statement from the Chair of the Audit Committee and Accountable Officer's report also formed part of the governance statement. David Davidson asked if all Governance Committees had submitted a signed annual report. Susan confirmed that they had. Stephen Mather referred to page 4 of the report and noted that Risk Management and Resilience currently report to the Healthcare Governance Steering Group and asked if this group was disbanded where they would report in future. Sheila MacDougall advised that there has been a proposal that these report to the Clinical Executive Operational Group. Stephen highlighted the inappropriate access detailed within appendix 3 (incident categories) on page 72 as he did not feel that someone accessing their own record was inappropriate access. Susan advised that under Information Governance legislation if the purpose for accessing the information was for the person's own information and not for their role it would be classed as inappropriate. Stephen felt this required to be clarified within the wording in the report. Susan agreed to amend this. Susan reminded of the process used previously whereby a summary of changes had been produced for the next meeting rather than the full document being circulated. It was agreed that this should continue.

The Committee commented and noted on the draft Corporate Governance Statement.

11. **Items for Noting**

11.1 *Minutes of Information Governance Committee: 10th March 2015 (Draft)*

There were no issues raised.

The Committee noted the draft minutes of the Information Governance Committee.

11.2 *Minutes of Financial Position Oversight Group: 4th March 2015*

There were no issues raised.

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

12. **Any Other Competent Business**

None.

13. **Date of Next Meeting**

Tuesday, 16th June 2015 @ 2 p.m., Board Room, Newstead.

BE

03.06.15



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Wednesday, 24th March 2015 at 2 p.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Dr D Steele

In Attendance: Mr A Barrie, Audit Manager, PWC
Mrs V Buchan, Senior Finance Manager
Mrs D Carmichael, Associate Director, Clinical Executive (Item 7.3)
Mrs J Davidson, Interim Chief Executive
Mr D Eardley, Senior Manager, Scott Moncrieff
Ms R Blenkinsop, Audit Senior, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mrs E Rodger, Director of Nursing & Midwifery &
Interim Director of Acute Services
Ms S Swan, Deputy Director of Finance
Mrs E Torrance, Chief Social Work Officer, SBC (Item 4)
Mr M White, Director, PWC
Ms M Wood, Clinical Service Manager (Item 4)

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Stephen Mather.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 15th December 2014**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

Evelyn Rodger provided updates for two actions where it was noted that both were complete.

The Committee noted the action tracker.

External Audit Recommendations Regarding CHCP

Elaine Torrance spoke to this item on behalf of Susan Manion. Elaine highlighted the three key issues for follow-up, namely review self-assessment findings and update the checklist which was attached to the report. It was noted that this, to some extent, had been superseded by the latest Health & Social Care Integration legislation but was nonetheless a helpful

exercise to have undertaken. The second issue was on how to manage the joint budgets affected and what integrated budgets would form part of the new arrangements and the third issue was linked to the Strategic Plan. It was noted that this would involve consulting with communities and identifying key areas, whilst ensuring links between primary care, community health and social care as well as acute services. This would be key to the delivery of the health and wellbeing outcomes as detailed within the legislation. David Davidson referred to the updated self assessment checklist and showed concern around the lack of progress. David also asked Carol Gillie if she was content with the process for winding up the CHCP. Carol advised that the majority of services would go directly across to the Integration Joint Board (IJB), however Children's Services was still outstanding and a paper would be presented to the Board on this and presumably to Scottish Borders Council. Jane Davidson confirmed that this would not be going to the Board meeting the following week as further work is required and intimated that there may be a role for the CPP to play. Doreen Steele agreed, having been at a CPP meeting earlier in the day, that this would be an excellent vehicle for Children's Services. Elaine advised that there was a revamped Children's Leadership Group which included senior officers to give assurance around child protection etc. David asked for a final report to come to the Audit Committee to give assurance that due process has been carried out. Carol reminded that it is the Board's role to ensure they are content with the processes put in place. Carol suggested waiting until the IJB is established before a further checklist is completed to provide assurance that there is satisfactory partnership working as per the original recommendations from External Audit. Mark White suggested using the submission received today as a benchmark. Elaine agreed to feedback comments received to the IJB. David Eardley highlighted that the checklist may be superseded by a revised version which should be used instead of the original one produced prior to Health & Social Care Integration legislation. Carol agreed to try and find out if any revised documentation has or will be issued. It was agreed that an update would be received by the Committee at the latest by March 2016.

The Committee noted the update.

Dental Action Plan for Payment of Dental Fees - Update

Marion Woods spoke to this item. Marion advised that new systems and processes had been implemented towards the end of July 2014 and was pleased to report that from October onwards there was no outstanding debt. It was noted that the changes had been widely communicated with patients to ensure that they were aware of the new systems and processes being put in place. Marion highlighted an anomaly caused by the closure of Eyemouth and Jedburgh Dental Centres and the difficulty incurred in obtaining outstanding payments, however it was still the intention to recoup these should anyone present themselves as an unregistered patient for emergency treatment. David Davidson commented that the Dental Department had done very well to achieve this and noted his thanks to staff. Doreen Steele referred to the last paragraph on page 1 and reminded that emergency treatment must be provided irrespective of whether or not there is an outstanding debt. Marion gave assurance that emergency treatment would always be provided. Doreen also referred to payment being made by credit card and enquired if the charge for payment in this way is added to the patient's bill. It was noted that this is not picked up by the patient and Susan Swan agreed to look at what these charges are costing the Board. Doreen highlighted that there could be a detrimental impact on patients who are unable to pay for treatment. Marion assured that every effort is given to assist these patients whether it is by scheduling appointments to suit or by allowing payment to be made on a weekly basis.

The Committee noted the update.

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group - Update*

Susan Swan spoke to this report which provided an update on progress. Susan referred to the Fraud Risk Assessment Methodology (FRAM) where it was noted that information on the level of financial exposure and inherent risk had been submitted to CFS for the 20 identified fraud risk categories of the FRAM. Further instruction is awaited from CFS on next steps. It was noted that Sue Holmes, Senior Internal Auditor had been put forward from Scottish Borders Council following a request for a representative on the group. Susan confirmed that External Audit had signed off the new reporting arrangements during the interim audit. Doreen Steele referred to the intelligence alerts and asked how these were actioned within the organisation. Susan advised that these were issued to the relevant department for noting/action and a return is received providing feedback on the course of action taken.

The Committee noted the report.

5.2 *CFS Patient Exemption Checking – Results of 2014 Extrapolation Exercise*

Susan Swan spoke to this item. Susan explained that this is the annual report from CFS linked to the potential for fraud within Practitioner Services Division. It was noted that the purpose of this exercise is to provide an estimate of the levels of fraud/error using the results of patient exemption checking. Susan confirmed that data from NHS Borders is submitted to CFS as part of the exercise and feedback will be received on this. Susan referred to the tables showing figures for NHS Scotland as a whole as well as for NHS Borders. David Davidson asked how the Audit Committee would be given assurance on any losses. Susan confirmed that this will be reported through the Countering Fraud Operational Group which in turn would provide the Audit Committee with an update report.

The Committee noted the report.

5.3 *NFI Update & Risk Assessment*

Susan Swan spoke to this item. Susan reported that the NFI secure database issued matches to participating organisations in January and work has progressed to review the matches issued to ensure any potential for fraud is investigated. Susan advised that NHS Borders investigates all matches, not just recommended matches. It was noted that no instances of alleged fraud have been identified from the investigations completed to date. David Davidson enquired why items were rated as medium and high risk if no fraud had been identified. Susan explained that these are rated prior to any investigations being undertaken and are on the level of risk to the organisation should fraud be identified. Doreen Steele asked if NHS Education for Scotland (NES) had been notified around the case concerning illegal residency. Susan advised there had been no involvement with NES, only with CFS and the UK Borders Agency. Susan agreed to check the details of this case and send to the members of the Committee in confidence.

The Committee noted the report.

6. **Governance & Assurance**

6.1 *Audit Committee Terms of Reference*

Susan Swan spoke to this item which was a review of the Terms of Reference to ensure the Committee are still content with the remit. David Davidson provided an update on

the membership, currently 3 Non Executive members, where it was noted that he had spoken with the Chair and had asked for consideration be given for this to be increased to 4 members. David referred to 1.3 of the Terms of Reference and reminded the auditors that members are available to meet at any time should they wish a private meeting.

The Audit Committee reviewed and approved the Terms of Reference.

6.2 *Draft Audit Committee Workplan 2015/16*

Susan Swan spoke to this item. Susan advised that as part of the Terms of Reference the Committee receive an annual workplan to alert them to what will be coming forward. Evelyn Rodger highlighted that the Risk Management Board required to be amended to read Risk Management Group. Susan agreed to amend this. David Eardley also asked for the External Audit annual report to be added for the September 2015 meeting. Susan agreed to add this.

The Audit Committee reviewed and approved the workplan for 2015/16 with the proviso that the two amendments discussed are made.

6.3 *Mid Year Update – Risk Management*

Evelyn Rodger spoke to this item. Evelyn reported that the Risk Management policy had been reviewed at the end of 2014 and ratified by the Board in February 2015. Evelyn highlighted the risk profile for the organisation detailing the low to very high risks. David Davidson was pleased to see that everything had been transferred over to Datix as he felt this was more robust for the organisation. Evelyn advised that the Risk, Health & Safety team are actively working with the Clinical Board's senior management teams during this process. Carol Gillie referred to the new very high risk on page 4 concerning catering and asked if this would be flagged up to the Board or if it was sufficient to note at this meeting. Evelyn confirmed that this was not on the Board's risk register, it was noted on a departmental risk register and had only been identified on the 6th March so it was yet to be determined whether or not it was a managed risk. David asked for an update to be provided at the Board meeting the following week if this continued to be a very high risk. Evelyn agreed to arrange this if required.

Evelyn commended the quality of the report which had been prepared by Sheila MacDougall.

The Committee noted the update.

6.4 *Audit Follow-Up Report*

Vivienne Buchan spoke to this item detailing the current quarter's update on all recommendations from both Internal and External Audit. Vivienne highlighted the one outstanding External Audit recommendation regarding consolidation and advised that it had been agreed that this would be included as part of the Annual Accounts timetable. A revised timescale of May 2015 was noted for completion of this recommendation. Vivienne referred to the Internal Audit recommendations and highlighted that there were 8 currently in progress. It was noted that the Property Portfolio and Management portfolio had been passed to Carol Gillie following the retirement of David McLuckie. It was noted that one of the recommendations covers strategic planning for future property decisions and that this has been put on hold and carried forward for follow up in December 2015 which was in line with the timescales for the Clinical Strategy In Patient Review. Vivienne confirmed that a response had been received since the report had been issued regarding Community and Public Health Nursing where it had been confirmed that a report would be going to the Strategy Group meeting on 9th April for approval.

Evelyn Rodger confirmed that the recommendation linked to Risk Management and Adverse Events was complete. David Davidson referred to the Staff Training and Development Review as he felt that the “Borders Statutory and Mandatory Training Policy had been approved through normal governance processes” was insufficient to provide the Committee with assurance. Vivienne confirmed that she has since received an email from Janice Laing providing the approval route and would circulate this around the Committee via email for information. Jane Davidson enquired if there was an issue around the number of outstanding recommendations. Carol Gillie gave an update on the revised audit follow-up process which had subsequently seen a huge reduction in the number of outstanding recommendations. Susan Swan provided an update on the lease agreements recommendation which she had inherited from David McLuckie on his retirement. It was noted that following attendance at the GP Sub Committee in February to discuss GP leases, a number of GPs had highlighted they already had agreements in place with Scottish Government. This was currently with CLO for review to ensure that these leases are still relevant. Once feedback has been received from the CLO Susan would attend a future GP Sub Committee to provide an update. It was noted that going forward any new leases would be with NHS Borders, not Scottish Government.

The Committee noted the report.

6.5 *Debtors Write-Off Schedule*

Vivienne Buchan spoke to this item. Vivienne explained that the report provided the debtors write-off schedule for the current financial year against comparative information on the previous four financial years. It was noted that for the current year this was £2.6k against £5.4k for the previous year. Vivienne advised that the majority of the write-off was linked to dental, however there has been a significant reduction following introduction of the new process for paying dental treatment. Vivienne referred to the historic debt of £19k and gave assurance that the Finance Department are still actively trying to recover this debt and remain vigilant in this area.

The Committee noted the debtors write-off schedule.

6.6 *Minutes of Healthcare Governance Steering Group: 7th November 2014 & Summary Report*

Evelyn Rodger spoke to this item which provided the last approved minutes and a summary of the group’s activity from September 2014. David Davidson referred to page 2 of the summary report and in particular the Scottish Patient Safety Programme where it was stated that there was no data for all theatres for the Healthcare Improvement Scotland visit. Evelyn confirmed that they were not keeping this data as a fellowship programme is planned around this. David also referred to the statement under the Occupational Health & Safety report that stated “the high risks are not screening staff before taking up their posts and not undertaking health surveillance” and the Healthcare Governance Steering Group not being assured that this was being managed effectively and should be highlighted to the Clinical Executive Operational Group. Evelyn gave assurance that the Clinical Executive Operational Group was pursuing this and agreed to provide an update following Thursday’s meeting of the group. David asked for an update on the Resilience report section, in regard to the BGH and P&CS workplan. Evelyn confirmed that they are actively working on this and the workplan would be finalised by 31st March 2015. David reminded that they did not get signed off assurance the previous year. Evelyn assured that this would be provided this year.

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

6.7 *Healthcare Governance Structure and Reporting Arrangements*

Evelyn Rodger spoke to this item which was being brought to the Audit Committee for comment and to give advice on whether Board approval should be sought on the proposal to disband the Healthcare Governance Steering Group (HCGSG). Evelyn provided background on the HCGSG and the current structure and reporting arrangements. Evelyn explained that this group has matured in its role and there was a degree of overlap with the Clinical Governance Committee, to the point of there being repetition in the items being discussed. In line with policies and procedures in reviewing the Terms of Reference it was proposed to strengthen the remit of the Clinical Executive Operational Group so that Clinical Boards would report directly to them. David Davidson fed in comments received from Stephen Mather who chairs the Clinical Governance Committee. Stephen felt that there was now more active participation and supported the proposal to disband the HCGSG, however asked for assurance that the Board Executive Team would be fully integrated into the revised structure. Jane Davidson commented that the lead Director for each of the Board Governance Committees should attend all meetings and assured that she would continue to attend these in her role of Interim Chief Executive. Evelyn showed concern with this comment as both she and Sheena MacDonald, Medical Director attended the Clinical Governance Committee on a regular basis as well as encouraging medics to attend to speak to items on the agenda. Evelyn agreed to discuss further with Stephen on his return.

The Committee approved the proposals detailed within the paper to this change within the governance structure as they felt this provided a more focussed approach and recommended this be highlighted to the Board in the regular Audit Committee update provided by the Chair.

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, with seven completed reports, one in draft awaiting management comment and four due to be completed. Carol Gillie asked for assurance that the five outstanding final reports would be presented to the meeting on 1st June 2015. Mark White gave assurance that this timescale would be achieved.

The Committee noted the progress report.

7.2 *2015/16 Internal Audit Plan*

Mark White spoke to this item which provided an outline Internal Audit Plan for 2015/16. Mark highlighted that a number of areas within the plan were obligatory. Mark advised that the plan had been discussed by the Board Executive Team and the comments received had been taken on board. Carol Gillie reminded of the session held for Non Executive Directors earlier in the year to provide an opportunity to comment on the draft plan. David Davidson stressed the importance of the lessons learned from the Change Fund. Carol Gillie supported this but the focus of audit should be on the Integrated Care Fund which could still be influenced. David also reminded of the issue around Health & Safety management which saw the creation of a short life working group to look into this. Tony Barrie advised that this had originally been scheduled for 2014/15 but had been moved to quarter 4 of 2015/16 to allow the recommendations of the short life working group to be embedded.

The Committee approved the Internal Audit plan for 2015/16.

7.3 *Internal Audit Report – Bed Management*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that three medium issues and two low level issues had been identified during the audit. It was noted that currently there is a manual system in place, relying on ward representatives, normally the nurse in charge, attending two daily flow meetings. It was felt that whilst this process does work and allows the hospital to manage bed availability effectively, it could be improved upon. Tony took the Committee through the medium risks, namely documentation of internal policies and procedures being out of date, issues around the definitions of job roles and responsibilities around bed management and a lack of communication with the Bed Management Team, particularly with medics. Dawn Carmichael, who was attending on behalf of Kirk Lakie, advised that the main impact had been the introduction of an afternoon flow meeting which had still been in the early stages of implementation when the audit had been being undertaken. Dawn advised that these meetings are well attended, with TRAK on screen, to ensure the most accurate information is available. It was noted that a session on the escalation policy was taking place on the 8th May and that this is tested on a daily basis. David Davidson asked about the communication issue between medics and the Bed Manager. Jane Davidson stressed that this conversation needs to be between the Bed Manager and the nurse in charge of the ward. Tony advised that the communication issue is wider than this and is connected to the delay in transferring patients and the impact this has on the flow. It was noted that recommendations would be picked up through the normal audit follow-up process and an update would be provided at the next meeting through the regular report.

The Committee noted the report

7.4 *Internal Audit Report – Waiting Times*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that four medium risks, four low risks and one advisory issue had been identified during the audit. Tony took the Committee through the medium risks, namely lack of information contained within the Board report on unavailability, waiting times audit not being performed routinely, incorrect audit documentation found within some of the patient records sampled and written communication not being issued to patients. Evelyn Rodger advised that two senior members of the team had been fully involved in the audit and accepted the recommendations contained within the report and gave assurance that she would work with the team to implement the recommendations. It was noted that the timescales for implementation were tight and any issues around these would be highlighted through the audit follow-up report at the next meeting. Jane Davidson advised that an independent review would be undertaken over the next two weeks and would be looking at the end to end process. Mark White confirmed that the issues raised are consistent with other Boards.

The Committee noted the report.

8. **External Audit**

8.1 *External Audit Interim Management Report 2014/15*

David Eardley spoke to this item. David reminded the Committee that there is a dual reporting relationship, namely through the Audit Committee to the Board and to Audit Scotland. David advised that the interim audit had focussed on systems and controls and looked at the financial position for 2014/15 and he was pleased to report that no major issues had been identified. It was noted that work continues on the financial challenges and that the Board is on target to achieve its three statutory targets. David anticipated

Audit Scotland would focus on Health and Social Care Integration and highlighted this section within the report. David Davidson referred to paragraph 19 on page 7 and enquired if Internal Audit and External Audit cross check each other's work. David E confirmed that External Audit take assurance from the work of Internal Audit, particularly around financial assurance. David D also referred to table 4 on page 10 detailing HEAT and related targets that were off trajectory and asked if there was a role for GPs to play around new patient DNA's. David E stressed that anyone who can play a role in influencing these stats should be doing so. Following discussion Carol Gillie agreed to speak with Jackie Stephen about providing a further update to a future Strategy & Performance Committee on DNAs.

The Committee noted the report.

8.2 *Audit Scotland Report: Preparations for the Implementation of the Scotland Act 2012*

Carol Gillie spoke to this item which outlined preparations for implementation of the Scotland Act 2012. Carol advised that this introduces new financial powers for the Scottish Parliament and highlighted the key messages detailed on page 8. The report was presented today to provide awareness of changes and potential for impact, either positively or negatively, on NHS Scotland's finances. It was noted that a follow-up Audit Scotland report would be undertaken in due course.

The Committee noted the report.

9. Annual Accounts 2014/15

9.1 *Annual Accounts Timetable*

Susan Swan took the Committee through the timetable for the production of the 2014/15 Annual Accounts. Susan confirmed that she had written out to the Chairs of the various Governance Committees for copies of their annual reports to get the necessary assurances as they form part of the Governance Statement. It was noted that External Audit would be on site from 11th May 2015 and a detailed session was planned on the accounts with Executive and Non Executive Directors on the 20th May 2015. David Davidson stressed that everyone is collectively responsible so it is important to attend this session. It was noted that the accounts would be formally signed off at the Board meeting on 25th June 2015.

The Committee noted the timetable for the 2014/15 Annual Accounts.

10. Items for Noting

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

Doreen Steele referred to item 6 on information security as she was concerned to read that out of 165 anticipated responses on the compliance assurance programme, only 9 responses had been received. Jane Davidson advised that Ian Merritt, Information Governance Lead had raised this at the recent Clinical Board performance review meetings and if no further responses are received this will be escalated to the Board Executive Team for action. Jane gave assurance that Ian had her full backing on this.

The Committee noted the minutes of the Information Governance Committee.

10.2 *Minutes of Financial Position Oversight Group: 1st December 2014*

There were no issues raised.

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

10.3 *Audit Scotland Good Practice Note: Improving the Quality of NHS Annual Report and Accounts*

Susan Swan spoke to this item. It was noted that a checklist had been issued and this would be completed to ensure any of the points raised within the report are picked up. Jane Davidson noted her support and was happy to assist in this exercise. David Eardley confirmed that this had been discussed during the interim audit and would be taken into account when finalising the accounts.

The Committee noted the report.

11. **Any Other Competent Business**

David Davidson, on behalf of the Audit Committee, thanked Mark White for his input and wished him well for the future in his new role.

Jane Davidson commented on the impact of changes to the Code of Corporate Governance following today's meeting and suggested this is a topic for discussion at a Board Development session once the Integration Joint Board is established. Carol Gillie agreed with this suggestion and envisaged this taking place around September and agreed to liaise with Iris Bishop to put this on the plan. David Davidson also felt this would be extremely useful and highlighted that there is potential for clashes of interest for those sitting on both NHS Borders Board and the Integration Joint Board.

12. **Date of Next Meeting**

Monday, 1st June 2015 @ 10 a.m., Board Room, Newstead.

BE
07.04.15

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 19th January 2015 @ 2 p.m. in the Board Room, Newstead.

Present: Mrs P Alexander
Cllr C Bhatia
Mr D Davidson
Mrs J Davidson
Mrs C Gillie
Dr S MacDonald
Dr S Mather
Mr J Raine (Chair)
Dr D Steele

In Attendance: Mrs B Everitt (Minutes)
Mrs J Laing (Item 6)
Mrs K Nairn
Mrs C Oliver
Mr G Reid
Mr K Sanderson (Item 5)
Mrs K Shakespeare (Item 6)
Ms S Swan

1. **Introduction, Apologies and Welcome**

Apologies had been received from Mrs E Rodger, Mrs K Hamilton, Mrs K McNicoll and Mrs S Errington.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 2nd October 2015**

Catrina Bhatia referred to item 9 and the second last sentence which stated “there was a designated resource at Scottish Borders Council for making applications”. Catrina advised that this should in fact read the Hawick Common Good Fund.

The minutes were approved with the proviso that the change requested be made.

4. **Matters Arising**

- *Action Tracker*

The action tracker was noted.

5. **Greening the Borders General Hospital Estate – Request for Funding**

Kevan Sanderson spoke to this item which was an update on the previous proposal made to Trustees. Kevan highlighted that there is increasing evidence of the benefits of exposure to natural environments for health and well-being, for both physical and mental health, as well as the potential to reduce health inequalities. It was noted that a consultation exercise had

been undertaken which involved a number of community groups, drop in sessions and a survey monkey. These had all generated positive feedback. Kevan advised that the BGH Participation Group had been briefed on the proposal, however they were unable to support as they feel there should be focus on direct clinical care. Kevan confirmed that the minimum level of match funding for a viable project would be £75k and this was the request he was making to Trustees for Endowment funding. It was noted that the maintenance of this would be in line with other Boards and it was hoped to secure resources from the voluntary sector for ongoing maintenance once the project was up and running. John Raine enquired if it was an option to be a demonstration project and request the full funding. Carol Gillie advised that feedback from colleagues within Scottish Government was that this would not be possible and that they expected match funding. Stephen Mather asked for clarification on what was planned and who this was targeted towards. Kevan explained that new pathways would be built as well as the planting of trees etc and that the intention was to encourage patients, staff and visitors to be more active as well as providing areas of relaxation. Sheena MacDonald advised that she was aware from other Boards that Mental Health had been involved in the ongoing maintenance which would be therapeutic for patients. Kevan confirmed that the plans also included the Huntlyburn area. Pat Alexander reminded Trustees that the “growing space” project is currently supported by Huntlyburn. David Davidson noted his concern around the footpaths relating to safety issues and the cost of insurance. David questioned if there was a better use for this money as he did not feel this was a priority at the present time. Doreen Steele agreed with the comments around insurance and was unsure how this would fit in with patients at the BGH as the intention is for them to return home as soon as possible. Doreen also questioned if this was a viable project at this time. Sheena noted her support for activity within the workplace and felt it may be useful to see the presentation from Ninewells or receive an update on the benefits they have found. Following discussion it was agreed that due to the tight timescale to secure funding (31st March 2015) there would be insufficient time to put arrangements in place. Jane Davidson commented that she did not feel there was enough detail within the paper for Trustees to make an informed decision and it was not a strong enough case as it currently stood. Catriona Bhatia asked if any other avenues had been looked at, such as the Borders Forrest Trust. Kevan confirmed that they were part of the working group but had no funding to contribute towards the project.

The Board of Trustees agreed not to approve this request for funding and suggested looking at what alternatives could be taken forward.

6. Youth Employment within NHS Borders

Janice Laing introduced this report which outlined a request for an Employability Co-Ordinator to support a pilot Modern Apprentice scheme for 6 people in the first instance. This would enable young people to stay in employment and to progress within NHS Borders. Janice provided background to the Scottish Government’s “Opportunities for All” where it was noted that in support of this NHS Borders had developed a successful Sector Based Work Academy in collaboration with Borders College, Skills Development Scotland and Job Centre Plus. Janice advised that they are also exploring ways to offer opportunities to people with a disability. Karen Shakespeare advised that NHS Borders is the only Board in Scotland who are not offering modern apprenticeships. Doreen Steele felt that the costs seemed quite high and suggested using HR, if there was capacity, to oversee this until there was a feel on how successful this would be. Jane Davidson asked for clarification on how other Boards in Scotland were funding this as she would have been surprised if this was by Endowment Funds. Janice was unaware of this and agreed to check. Jane also felt too much funding was being requested without specifying the role of the Co-Ordinator. Stephen Mather noted his support in principle as it would improve the health and wellbeing of the

population, however as a joint venture he could not support the bid as he felt this should be funded by Borders College. Catriona supported the proposal of having a Modern Apprenticeship within NHS Borders, however noted caution around equality when selecting areas for apprenticeships. John Raine felt that the principle for supporting Modern Apprenticeships and the Young People's Guarantee would be for NHS Borders Board to approve and could not recall having seen this so was surprised that it had come to today's meeting requesting funding. David Davidson agreed that it was not for this group to make this decision and should go to the Board in the first instance. David did not support this bid from Endowment Funds as he did not feel that it gave value for money. Carol Gillie confirmed that technically there was no reason that this could not be funded from Endowments. Pat Alexander fully supported the ethos of the proposal but also queried it being put before the Board of Trustees rather than the Board. John suggested that this goes to the Board detailing how the scheme would work, finances involved, links with SBC and the support from Borders College to allow them to agree a way forward.

The Board of Trustees agreed not to approve this request for funding and suggested that it goes forward to the Board, providing the information requested, to agree a way forward.

7. **Risk Management Process for Endowments Including a Draft Risk Register**

Susan Swan spoke to this item. Susan advised that this had been produced based on good practice guidelines and a recommendation in the 2013/14 External Audit memorandum to put in place a Risk Management Policy. Doreen Steele referred to the risk register and highlighted that there could be a risk is there was a lack of donations. Susan agreed to add this to the register. Stephen Mather referred to two risks on the register, namely system failure which had a consequence rating of minor and management and performance of the Endowment Fund investment portfolio which had a consequence rating of moderate as he felt both of these should be rated higher. Susan suggested changing the system failure to moderate and the performance of the portfolio to major. These were agreed. Susan agreed to amend these as well as add in scorings. It was noted that the risk register would be reviewed on an annual basis.

The Board of Trustees reviewed and commented on the proposed Risk Management Policy.

The Board of Trustees approved the Risk Management Policy.

The Board of Trustees reviewed and commented on the draft Risk Register.

8. **Fund Management**

8.1 *Investment Advisor Report*

Graham Reid reported that the total value of the portfolio as at 31st December 2014 was £3.1m giving a net uplift of £89,000 (2.58%). Graham highlighted that this was only marginally less than the balanced benchmark for the equivalent period. Graham gave a projection for the next 12 months where he anticipated an income return of £99,500. It was noted that the interest rate on cash remained at 0.5%. Graham advised that the final quarter of the year following the referendum in September had been extremely volatile, particularly around commodity prices. Graham highlighted the importance of dividend returns and the need to safeguard these going forward. Graham reported that 2015 would be positive for UK equities as well as seeing growth in major economies. David Davidson highlighted that North America was not performing well at present and asked if this would be an opportune time to review investment in this area. Graham replied that it would not be

appropriate to take this risk having built up a solid portfolio. Jane Davidson felt it would be helpful to see a portfolio of a similar type for comparison purposes. Graham agreed to provide this for the next meeting. Stephen Mather also felt it would be helpful to receive a bullet point summary of the market commentary. Graham agreed to supply this as part of the report going forward.

The Board of Trustees noted the report.

9. **Draft Endowment Funds Work Plan 2015/16**

Susan Swan spoke to this item. Susan advised that the only change to previous years was addition of the Risk Strategy.

The Board of Trustees approved the work plan for 2015/16.

10. **Endowment Fund Board of Trustees Terms of Reference**

Susan Swan spoke to this item. Susan advised that it was good governance to review these on an annual basis. John Raine noted that Edwina Cameron was in attendance and queried if she should not be a Trustee. Susan referred to guidance from Scottish Government confirming that the post of Director of Workforce & Planning was not an Executive Director's post and therefore unable to be a Trustee.

The Board of Trustees approved the Terms of Reference.

11. **Financial Report**

11.1 *Primary Statements and Fund Balances*

Susan Swan reported that the income and expenditure account recorded an in-year surplus of £14,916 for the 8 month period to 30th November 2014. Susan highlighted a number of items of more significant expenditure charged against the fund for this period. It was noted that the balance sheet recorded a value of investments of £3,025,865 for the period to 30th September 2014. It was noted that work is ongoing with Fund Managers to amalgamate similar funds to achieve greater benefits. Susan referred to the Palliative Care fund which had a large fund balance and explained that she was working with Judith Smith on a capital project which would use the majority of this fund. John Raine referred to the line for "cost of proof reading documents" within the analysis of support and governance costs statement as he did not expect there to be a charge for this. Susan advised that there was no charge for this and agreed to remove this line. Pat Alexander referred to the amount recorded against fundraising within the reports as this appeared low. Susan confirmed that fundraising monies prior to the introduction of the fundraising database were not showing on the statements but would be added in due course. Catriona Bhatia referred to the Priorsford Day Unit Fund and the Garden Fund as these were now closed and asked what would happen to the money within these funds. Susan advised that these would be amalgamated with a similar fund and that they are currently working through the portfolio to address such issues. David Davidson noted that the balance within the Pharmacy General Fund had remained the same for a long period of time and referred to the shortage of project staff within Pharmacy and asked if this could be used towards these costs. Susan advised that the Director of Pharmacy was looking at two projects, namely a full redesign and a Pharmacy Emergency Room and would be looking to utilise this fund towards these.

The Board of Trustees noted the report.

11.2 *Register of Legacies and Donations*

Susan Swan spoke to the paper detailing the legacies and donations received over £5k for the period 1st September to 30th November 2014. Susan highlighted the large donation being made to the Zambia Twinning Fund and felt that there was a need for a review to be undertaken to ascertain if the Twinning Project should now be set up as a stand-alone charity. Susan confirmed that this still fitted the purpose for charitable funds but felt there could be reputational issues and gave an example of this. Susan agreed to undertake a review and report back at the next meeting.

John Raine referred to discussion at the previous meeting about a potential significant legacy for the orthopaedics service at the BGH and asked Susan to provide an update. Susan confirmed that she had been advised that the challenge made by a relative was invalid and following an internal communication with the Chair, Chief Executive and Director of Finance she had been authorised to go back to the solicitor, Pike & Chapman, to ask for the full amount of £350,000 to be released. A request had been put forward from the solicitor to make an ex gratia payment to the challenger, however it would not be possible to do this as it would be outwith the stipulation of the donor's instruction.

The Board of Trustees noted the legacies and donations to 30th November 2014.

12. Fundraising Advisory Committee

12.1 *Report from Chair of Fundraising Advisory Committee*

Pat Alexander introduced this item. Karen Nairn went on to give an update on the Paediatric project where it was noted that the final meeting of the scoping group had taken place where it was agreed to proceed as two separate strands, namely Paediatrics and Women's Health. It was noted that a Project Manager had been appointed to take forward the Paediatric and Young People's Centre. It was also noted that the non financial option appraisal had taken place, with the favoured option being to build on site and connected to the hospital. Karen also provided Trustees with an update on the lower level appeals which Fundraising has continued to support. It was noted that work is ongoing with Finance to get the Fundraising database up and running. Procedures and policies would be in place by the end of the financial year. Stephen Mather highlighted the clarity of the report and noted his thanks for this. Pat congratulated Karen and Clare Oliver on their recent positive publicity with the local media. John Raine asked for an update on the legacy marketing campaign. Clare confirmed that this is now a dedicated strand of work within Fundraising which Morven Paterson is taking forward. An update would be provided within the report at the next meeting. Jane Davidson offered her support in this strand of work.

The Board of Trustees noted the report.

12.2 *Fundraising Framework Review*

Karen Nairn spoke to this item and advised that changes were minimal and were due to staff changes within Fundraising. Doreen Steele referred to page 4 and the quarterly report from the Fundraising Manager being included as a standing item at the Public Governance Committee. Doreen advised that this Committee only receive updates twice a year at its business meetings. Karen agreed to make this change to reflect this.

The Board of Trustees approved the Strategic Fundraising Framework with the proviso that the change discussed is made.

12.3 *Fundraising Advisory Committee – Terms of Reference*

Pat Alexander referred to the membership of the Fundraising Advisory Committee as there were two issues with this, namely ensuring meetings are quorate and the lack of clinical input. Pat updated that Cliff Sharp had resigned from the Committee and David Thomson would be joining as the Clinical Management rep. Pat felt that clinical input was required and there is a need to review the membership. Sheena MacDonald suggested asking the Consultants, and perhaps nurses, if there was a volunteer from each area to join this Committee. Sheena agreed to pick up with Evelyn Rodger around emailing the medical and nursing workforce and feedback any responses to Fundraising. The final revised version would come to the next meeting for approval. David Davidson highlighted the issue of the lack of meeting rooms which did not help with flexibility around meeting dates. Susan Swan agreed to pick this up with the Space Utilisation Group.

The Board of Trustees agreed that the final revised Fundraising Advisory Committee Terms of Reference would come to the next meeting for approval.

13. **Governance Framework**

13.1 *NHS Borders Endowment Funds Operating Charter – Annual Review*

Susan Swan spoke to this item. Susan referred to the three documents within the Operating Charter which are available on the Finance Department microsite. Susan confirmed that there were no proposed changes as they are still deemed as fit for purpose. Due to the present lack of access it was agreed that the documents would be circulated around Trustees for information.

The Board of Trustees noted the update and were content with this.

13.2 *Review of Investment Policy*

Susan Swan spoke to this item and advised that there were no proposed changes on how the portfolio is managed. Pat Alexander referred to the objective on page one to “provide an appropriate degree of liquidity in the investment portfolio” and asked how this is measured. Susan advised that this would be taken into account as part of the business cycle and gave assurance that she also works closely with the Investment Advisor. Susan added that as we move forward there may be a need to have a higher cash availability and it would be for the Board of Trustees to prioritise projects and the spend on each of these.

The Board of Trustees reviewed and approved the Investment Policy.

13.3 *Review of Fund Managers and Authorised Signatories*

Susan Swan advised that this was linked with the following item and moved on to item 14.

14. **Internal Audit Report – Endowments Review**

Susan Swan spoke to this item. Susan reported that as part of the Internal Audit plan a review of Endowments had been undertaken. Susan advised that the audit had been given an overall medium risk rating. Two medium risks and one low risk had identified, namely

accounting for donations received (medium), ensuring payments are appropriately authorised and supported by relevant documentation (medium) and correct recording of donations and payments (low). Susan gave an update on these where it was noted that there would be closer reconciliation between Finance and Fundraising for the first medium risk. For the second medium risk an electronic signatory database for Fund Managers is being implemented. This would also include details of the appropriate levels for each Fund Manager and it was hoped this would be up and running by March. This would be brought to the Board of Trustees for review on an annual basis. For the low risk it was noted that this has improved following migration to the national system. Susan advised that the report had gone to the Audit Committee in December and recommendations would be monitored as part of the audit follow-up process.

The Board of Trustees noted the report.

15. **Staff Awards - Update**

Clare Oliver provided an update on the 'Celebrating Success' staff awards for 2015 and to give assurance that best value would be sought in every area. Clare advised that the RCM had contributed towards this event, however no response had been received to the letters issued in December to the other seven main unions. Contact had also been made with local businesses but there had been no positive response to date. It was noted that 61 nominations have been received so far with weekly updates being sent to staff along with communication via the media to encourage the public to nominate. David Davidson reminded that in line with policy the NHS does not provide alcohol at events and suggested using external donations for this purpose. Carol Gillie confirmed that this was correct. Carol asked for confirmation that the final figure excluded VAT. Clare confirmed that it did exclude VAT and would insure this was included in future. Jane Davidson asked how tickets were allocated. Clare confirmed that nominees who are shortlisted as finalists are provided with seats in the first instance and thereafter it is on a first come first served basis. It was noted that the full capacity of Springwood, 400 seats, had been secured following the success of last year's event. Jane stressed the need to ensure that there is a cross representation of the organisation on the evening. Clare agreed to feedback the comments received to the working group.

The Board of Trustees noted the update.

16. **Charity Shop Proposal - Update**

Karen Nairn spoke to this item which provided an update following the proposal from a member of the public to open a charity shop in Kelso with all proceeds going to Fund 21 (Palliative Care). Karen advised that the member of public had been approached with the advice received from the Central Legal Office and they had decided to set up as an independent charity. This has now been completed and the shop would be called Charity for Care and would raise funds to support palliative care in the Scottish Borders. It was noted that a donation would be made on an annual basis.

The Board of Trustees noted the update.

17. **Any Other Business**

None.

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

6th May 2015 @ 1.30 p.m., venue tbc.

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Wednesday, 6th May 2015 @ 1.30 p.m. in the Board Room, Newstead.

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

In Attendance: Mrs B Everitt (Minutes)
Mrs L Jones (Item 4)
Mrs K Nairn
Mr G Reid
Ms S Swan
Mr D Thomson (Item 4)

1. **Introduction, Apologies and Welcome**

Apologies had been received from Mrs E Rodger, Dr S MacDonald, Mr D Davidson, Mr J McLaren and Mrs C Oliver.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 19th January 2015**

The minutes were approved as an accurate record.

4. **Matters Arising**

Feedback was provided from the staff awards ceremony held at the weekend where it was noted that this had been a huge success with many compliments being received from staff and invited guests.

- *Action Tracker*
John Raine referred to the first item regarding the Modern Apprentice Scheme as it was not felt that the information circulated provided sufficient clarity. Jane Davidson agreed to pick this up with Janice Laing to provide Trustees with clarification.

The action tracker was noted.

- *Volunteer Co-Ordinator Post - Update*
Laura Jones spoke to this item. Laura reminded Trustees that approval had previously been given to provide funding for this post for a two year period. Laura reported that in terms of achievements during 2014/15 there had been a 60% increase in active volunteers within the organisation and provided examples of

these. Laura advised that it was the intention to expand these roles as well as create a “meet and greet service” within the BGH. It was noted that the Scottish Health Council had been approached to carry out an evaluation of how the prevalence, quality and profile of volunteering had increased since the appointment of the Volunteer Co-Ordinator. Three reports would be produced throughout the two year period to establish the position of volunteering at the beginning of the post, one year into post and at the end of the two year period. The results of the first report are expected during May. Laura referred to the appendices attached to the report which detailed the number of volunteer roles within the organisation and the costs of the volunteer recruitment and health screening during 2014/15. Doreen Steele noted her concern on where recurring funding could be found for this post at the end of the two year period. Doreen advised that she had also made enquiries at NES on whether or not volunteers can undertake the Dementia Champion Programme. A response was awaited. Laura advised that she would be happy to take advice from Trustees on the most appropriate way of funding this post and she would explore options and include these within the next report. Karen Hamilton enquired if any thought had been given to using the “meet and greet service” to help alleviate the various issues with car parking that have been encountered since the introduction of the new system. Laura confirmed that this would be taken into account. Karen McNicoll asked if there was an opportunity for volunteers to give an indication on how onerous they find the recruitment checks within NHS Borders. Laura confirmed that this would be included as part of the feedback process with volunteers. Jane Davidson felt that it would be helpful for the changes, arising from the impact of this post, to be highlighted within the next report as well as identifying full costs. Pat Alexander also felt it would be helpful to get an indication of the totality of volunteering across NHS Borders.

Susan Swan reminded Trustees that although approval had been given to fund this post for a period of two years, it was following a recommendation from External Audit that Trustees receive a mid term report to agree, as per good governance standards. Trustees agreed that the remit had been fulfilled and that the funding should continue for the second year. Laura Jones agreed to provide a further update, taking into account the points raised, for the next report which would be towards the end of the project. Laura also agreed to feedback the points raised around car parking and the lack of communication on car parking when appointment letters are issued.

The Board of Trustees noted the update and agreed that funding should continue for the second year. A further report would be provided, taking into account the points raised, for the meeting in approximately 10 month’s time.

- *Business Cycle Update*
Susan Swan spoke to this item. Susan went over the timeline for submissions which would be reviewed by the Endowment Advisory Group in the first instance with recommendations coming to the Endowment Fund Board of Trustees meetings in October and April. Susan advised that she is in regular contact with the Investment Advisor and would be asking the Endowment Advisory Group to review the investment portfolio against available cash to support agreed funding applications.

The Board of Trustees reviewed and noted the business cycle for 2015/16.

- *Update on Zambia Twinning Fund*
Susan Swan advised that there was a detailed constitution for this project which sits within the Endowment portfolio. Susan went on to explain that the recent water project may cause a conflict as we are not a grant giving charity and we do not receive update reports on the use of this money. Susan confirmed that she had spoken with External Audit around the appropriateness of holding such a significant grant giving arrangement. Advice would also be sought from the Central Legal Office. Susan advised that she was pulling together all the information into an SBAR for discussion as a substantive item at the next meeting. Jane Davidson commented that as a Trustee she would like to try and continue to facilitate this within our legal framework. Pat Alexander enquired if there were any other alternatives. It was noted that the only other option would be for Zambia Twinning to set up as a stand-alone charity.

The Board of Trustees noted the update.

5. **Spiritual Care Lead – Funding Update**

David Thomson spoke to this item. David provided the background and reminded Trustees that approval had previously been given to increase the recurrently funded post from a band 6 to a band 7 for a two year period, however it was felt that the banding was too low to encourage applicants. David advised that further funding was now being sought to increase the banding to an 8a to enable this service to be driven forward. Catriona Bhatia referred to the statement that “spiritual care has a key role within both health and social care to promote healthcare and deliver enhancements for both patients and staff” and asked how this would work in practice if the service was based within the Tryst. David advised that there would be a review undertaken to examine how this would fit in with health and well being within the community as well as building relationships with local spiritual care leads. Doreen Steele advised that she was aware there had been difficulty with the last appointments around data protection and queried how community exchanges would work going forward. Doreen noted her concern in giving approval to the extra funding without more information. David referred to central guidance received around spiritual care. Carol Gillie reminded Trustees that approval had been agreed at a previous meeting where it had been highlighted that there was a requirement to review this service and that the person appointed would make proposals on its future. Jane Davidson felt it was essential to know exactly what the Health Board’s obligations were and where there was a deficit within the service. Jane was not supportive of the request as it currently stood. Pat Alexander questioned why a chaplain had to undertake this review and queried whether or not a consultant or an existing member of staff could take this forward. Pat advised that she was unable to support this request. Karen Hamilton asked if there had been any changes to the job description due to the higher banding. David confirmed that the job description was in line with the national guidelines stipulated by NES. Catriona noted that this had not been seen by the Integration Joint Board and if this was part of the health and social care agenda then they should also be made aware of this. Doreen noted her concern in terms of governance as there has been no attendance by the spiritual care leads at the Public Governance Committee meetings. Doreen confirmed that this had been raised with the appropriate people. Jane suggested another test of the market on the original band 7 as this may open up interest if the applicant is not required to have a religious background.

The Board of Trustees agreed that more information, taking into account the points raised, was required before this request could be considered further.

6. Fund Management

6.1 *Investment Advisor Report*

Graham Reid reported that the total value of the portfolio as at 31st March 2015 was £3.2m giving a net uplift of £86,000 (4.3%). It was noted that this gave a total return of £245,000 over the year and that the income from the portfolio in a full year was equivalent to £100,215 or 3.1% yield. Graham highlighted that the portfolio continually lags behind the adopted WMA benchmark and that there had been a request at the last meeting to have sight of a similar portfolio. Graham referred to the document circulated which provided information on how the portfolio had performed against others of a similar nature over £1m. Graham was pleased to report that the comparison showed that the portfolio is performing well. No issues were raised by the Trustees.

The Board of Trustees noted the report.

6.2 *Comparison Portfolio*

This item was discussed under 6.1.

7. Endowment Fund Annual Accounts

7.1 *External Audit Update*

Susan Swan reported that External Audit had completed their fieldwork the previous week and no significant issues had been identified. Susan went over two minor issues that had been raised and which would be rectified within the final accounts which would come to the next meeting for approval along with the report from External Audit.

The Board of Trustees noted the update.

7.2 *Draft 2014/15 Report from Trustees and Annual Accounts*

Susan Swan spoke to this item. Susan explained that Trustees were being presented with the draft report and annual accounts to ensure they are comfortable with the wording and figures reported. Susan highlighted key areas of the report which detailed the levels of resource that have been made available for key projects and examples of how the charity has made a difference throughout the organisation.

Susan then went over the key figures within the accounts which noted a total of £3.7m within the balance sheet which was the highest level recorded to date. Susan referred to the donations and legacies which had increased in-year and had been highlighted within the notes to the accounts. Pat Alexander enquired if the surplus included uncommitted funds. It was noted that only what had been agreed prior to 31st March 2015 had been included. Jane Davidson referred to the amount of cash at bank and asked if we are meeting our obligations as a charity. Susan explained that the cash holding was particularly high as we had received the orthopaedics legacy and assured that proposals would be forthcoming as part of the business cycle.

The Board of Trustees noted the draft 2014/15 report from Trustees and Annual Accounts.

8. Fundraising Advisory Committee

8.1 *Minutes of Meeting: 5th February 2015 (Draft)*

Pat Alexander introduced this item and advised that the April meeting had been cancelled due to the number of apologies received. Karen Nairn went on to give an update where it was noted that the Terms of Reference had been reviewed and no changes were required. Karen provided an update from the Mutual Interest Group she had attended which had been a useful opportunity for information sharing. John Raine highlighted that there was no reference to the Friends other than the BGH and reminded that they are an asset to NHS Borders and also require support.

The Board of Trustees noted the draft minutes.

8.2 *End of Year Report from Chair of Fundraising Advisory Committee*

Karen Nairn spoke to this item. Karen reported that the main focus of the plan had been around the fundraising feasibility exercise and planning of a new Children and Young People's Centre at the BGH. Karen then went over the individual objectives where it was noted that objective 1, feasibility exercise for the creation of a Children and Young People's Centre, was complete and for objective 2, plan and launch a major fundraising appeal, this was ongoing with an Executive Lead, Project Team and Project Manager being appointed. It was noted that the OBC for the Children and Young People's Centre had been given approval to progress to FBC and this would be concluded in August. Karen advised that an external Fundraising Consultant had been engaged to scope out the market for trusts and grant giving organisations to support the fundraising for this project. Karen highlighted the secured pledges of support to date and confirmed that responses received had been very positive. Karen reported that the team also continue to offer support to the lower level fundraising projects as well as getting the new fundraising database up and running and putting the necessary policies and procedures in place. Karen Hamilton referred to objective 5, to establish a legacy marketing campaign, as she did not feel this was accurately reflected as the Fundraising Advisory Committee continue to look at this and hoped to see the recommendations within the research paper at their next meeting. Jane Davidson was mindful not to forget about the smaller scale projects whilst concentrating on the Children's & Young Persons appeal.

The Board of Trustees noted the end of year report.

8.3 *Fundraising Advisory Committee – Terms of Reference – Final*

The Board of Trustees approved the Terms of Reference for the Fundraising Advisory Committee.

9. Any Other Business

Pat Alexander advised that since taking over the role of Chair of the Fundraising Advisory Committee she was conscious of the difficulty in getting attendance at these meetings. Pat asked if it would be appropriate to review the function of the Fundraising

Advisory Committee and confirmed that there was general support to set up a review group and asked Trustees for agreement to proceed. This was agreed.

Susan Swan referred to discussion at previous meetings on the orthopaedic legacy where it had been highlighted that there was also a property to sell. Susan advised that the solicitor has now come back with a proposal and that she planned to circulate this around Trustees for information and agreement on how to take forward.

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

3rd June 2015 @ 1.30 p.m., Board Room, Newstead.

BE
12.05.15

APPROVED



Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday, 4 March 2015 at 2pm in the BGH Committee Room

Present: Stephen Mather (Chair) David Davidson
Doreen Steele

In Attendance: David Thomson Dr Jonathan Kirk
Dr Sheena MacDonald
Jenny Long, Senior Programme Manager from HIS (shadowing Laura Jones)
Laura Jones Dr David Love
Dr Alan Mordue Lynsey Milven
Kim Smith (left 15.10) Sheila MacDougall
Charlie Sinclair (left 15.26) Ed James (left 15.30)
Yvonne Bronsky (arrived 14.40 and left 15.00)
Zoe Brydon (minuter)

1. Apologies and Announcements

The Chair noted that apologies had been received from Nicky Berry, Dr Craig Wheelans, Jane Davidson, Evelyn Rodger and Karen McNicoll.

The Chair welcomes Kim Smith who is speaking to item 5.2 on the agenda and Yvonne Bronsky who is speaking to item 7.1.

2. Declarations of Interest

None received.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 21 January 2015 were amended at:

Item 7.3 first paragraph, it should read “Public Health Department and the Scottish Government”. Following the amendments these minutes are approved.

4. Matters Arising

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

5. PATIENT SAFETY

5.1 Infection Control Report

Lynsey Milven and Ed James spoke to this report and highlighted the following information to the Committee:

- The pie chart on page 3 shows there has been a significant shift as there have been higher incidents on pneumonia.
- The graph on page 9 on cleaning compliance shows there has been a slight downward trend. This trend is due to more rigorous monitoring that is being done by Infection Control and they are raising the standards. Supervisors are doing further work to monitor areas.
- On the final page under audit, the Margaret Kerr Unit has not responded. It has been noted that the Unit are heavily reliant on one person completing this. This is currently being addressed.

The Chair asked about the new HAI tool and what the impression of this is having on current use. Lynsey advised the Committee that it is high level, however, it was felt that the new tool did not go into as much detail as the current tool. Infection Control are using both and are looking to integrate the current tool and the HAI tool to create an improved tool.

It was asked whether there are any links between Staphylococcus Aureus Bacteraemia (SAB) infections from hospitals and any common factors of these patients. It was noted that the figures are not being documented well enough to make the link and Infection Control are looking at new documentation to improve this record keeping.

Page 4 of the report highlighted Peripheral Venous Cannulae (PVC) insertion bundles have only 36% compliance. Lynsey advised that a meeting has been arranged with Julia Scott, Clinical Governance and Quality Facilitator and Infection Control to discuss how improvements can be made. Dr Sheena MacDonald advised that she has met with GP trainees and FY2's and is aiming to meet each cohort of new doctors to advise them what patient safety means and the expectations of NHS Borders. This will be a dialogue with the doctors rather than an online learning module.

Lynsey advised that with respect to isolating patients in the Borders General Hospital (BGH) it is difficult to do but Infection Control are now linking with ward staff and liaising with wards. Sam Whiting has raised this issue with Evelyn Rodger about lack of individual rooms within the BGH. Isolation tents are not suitable due to the size and would result in significant lost of beds. Dr Jonathan Kirk advised this has been discussed at Joint Executive Team (JET) meetings and there is a requirement to balance the risks.

Action: Sam Whiting to provide a verbal update on Methicillin-resistant Staphylococcus aureus (MRSA) at May's Clinical Governance Committee meeting.

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

5.2 Adverse Event Thematic Report – Pressure Damage

Kim Smith spoke to this report and advised that the data in this report relates to all pressure damage. The report shows an overview of the breakdown of pressure injuries.

There was a discussion at the Committee over the use of different mattresses. Charlie Sinclair advised there is a review of mattresses and a paper on mattresses and pressure damage is going to the Strategy Group next week (12th March 2015). It is hoped that there will be an investment opportunity from the Endowment Fund which will give a wider range of therapeutic assistance. He also confirmed that a paper will be going to the Endowment Committee after the Strategy Group. Charlie assured the Committee that the BGH use electric bed frames, however this requires to be checked for Mental Health.

Dr Jonathan Kirk wanted to congratulate Kim on the report and to seek clarity on whether the report included patients who come into hospital with pressure injuries. Kim advised all nurses use a preliminary pressure injury assessment to identify whether the injuries are inherited or developed within the hospital.

David Thomson also noted it is a very good report and wanted know whether there was any links between pressure injuries and food, fluid and nutrition. Kim advised this has not been highlighted. Case reviews have now commenced on pressure injuries.

Action: Laura Jones to bring back an update on the Significant Adverse Event Report (SAER) on pressure injury for the next meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and advised it was an excellent report. The 40% reduction in injuries is great news and it should be relayed back to staff that they are doing excellent work.

6. CLINICAL EFFECTIVENESS

6.1 Clinical Board update (BGH)

Charlie Sinclair highlighted that he has reinstated a number of groups and the main focus is on the Older People in Acute Hospitals (OPAH) visit which is scheduled for the 7th May 2015. In preparation for the visit a Masterclass has been arranged in March. Charlie advised there are risks in relation to compliance issues of patient risk assessments, more specifically inconsistent completion of documentation. The BGH is currently reviewing documentation effectiveness.

Action: All Clinical Boards should use the same format and template for the reports submitted to the Clinical Governance Committee.

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

6.2 Clinical Board update (Mental Health)

David Thomson advised that all drug deaths are investigated and the department look for any lessons learned.

With regards to a review of a recent suicide (this was not from the Borders area, but all suicides are studied and learning used from the cases) there are six actions to make sure there is planning of someone's care arrangements and that family/carers are involved, e.g. copies of care plan.

A Mental Health Administration review is being undertaken and he highlighted it would have a negative impact on the service.

It was noted by the Committee that people are not using Mobicare correctly, however, David Thomson assured the Committee this is being addressed and all staff have been requested to use Mobicare vigilantly.

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

6.3 Clinical Board update (PACS)

Dr Jonathan Kirk highlighted to the Committee the use of early warning scores, which is an early warning system to identify any time critical illnesses, and that there have been discussions to extend of use of the National early warning scores from the hospital to the community hospitals. There is a preference to have an electronic system in place when the update to TRAK 2015 is implemented, however, not sure when this will be implemented.

Simon Burt advised that Mental Health and Community teams are still using paper files and it is key to get TRAK up and running to all areas.

Action: Dr Sheena MacDonald will email Jackie Stephen and ask if there are any barriers against the implementation of TRAK 2015 and advise of the timescales of the updated system.

The Chair advised that the early warning scores is still in its infancy and therefore it should go to the Executive Team for their approval in the first instance. It should also have a business plan and then it can come back to this Committee at later date when it is more developed.

There were discussions over merging the BGH and PACS Clinical Governance Boards and the Committee supported the principle. Laura Jones advised it will be taken to Strategy Group to make this decision.

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

6.4 Clinical Board update (Learning Disabilities)

Simon Burt updated the Committee and advised he had met the area manager in relation to the Care Inspectorate Report and there are concerns it is a financial motive and as a result he is raising these concerns with the local authority.

With regard to recruitment Simon advised there is now one person in post and once the other vacancy has been filled they will be able to meet their recruitment target and if it is not met it will be escalated to the appropriate place.

Doreen Steele enquired why Learning Disabilities wanted to be located in the same place. Simon advised that due to practicalities of patient records and allowing staff to collect and return the files. Furthermore there is research around co-location and found it improves the working environment.

Doreen also asked about the repatriation of Learning Disabled people living out with communities who want to be back in the Borders. Simon confirmed that the people who wanted to come back to the area are now back and for those who are happy located out with the area are being supported by the Service. Dr Sheena MacDonald advised that repatriation is discussed at Performance Reviews and assurance can be given that the rigour is given at Performance Reviews and allows a high level of debate.

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

7. ASSURANCE

7.1 Local Supervisory Authority Annual Audit Report 2014/15

Yvonne Bronsky gave a presentation on the Annual Audit Report 2014/15. She confirmed that a midyear review will take place and that she will take this forward.

Yvonne advised that they encouraging Heads of Midwives to attend adverse event reviews if they are relevant.

She also confirmed to the Committee that there are still staffing ratio concerns, however, the Chief Nursing Officer (CNO) has agreed to fund supervision of midwives even though supervision is being removed. It is hoped these supervisors will assist in the Nursing and Midwifery Council (NMC) revalidation which comes into force on December 2015.

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

7.2 Pharmacy Annual Update 2013/14

Alison Wilson spoke to this report. David Davidson enquired about the controlled drugs ward checks and whether checks every three months were sufficient. Alison confirmed nurses in the hospital perform daily checks and pharmacy does an assurance every three months and this is in line with best practice. It was noted that some other Boards are struggling to do this every three months.

Doreen enquired about non-medical prescribers. The Committee were informed that Edinburgh Napier University supply NHS Borders with additional places. This is funded and NHS Borders have a higher proportion of uptake than other Boards.

The Chair expressed concern regarding anticoagulant prescribing particularly in view of the two fatal inquiries conducted by the Fiscal. The Chair felt that this should be noted on the risk register for appropriate action. Dr MacDonald informed the committee that a particular piece of work had been done in the organisation relating to this matter and that this work could be presented to the Board at a development session in the future.

The Chair clarified the Annual Report 2013/14 and not 2014/15 Alison advised that in the future it will be the most current annual report brought to the Committee.

Action: Alison Wilson to work with Laura Jones to create a 15 data points in a run chart.

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

7.3 Infection Control Annual Update 2013/14

Lynsey Milven wanted to draw the Committee's attention to page 14 and the three outstanding actions. She advised one is complete and the other is an ambitious target.

The Committee had no questions for this report.

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

7.4 Child Protection Annual Update 2013/14

Action: No one attended to speak to it and therefore this report is to be on agenda for next month.

8. ITEMS FOR NOTING

8.1 The following minutes for:

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

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

8.2 Staff Flu Vaccinations

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

9. Any Other Business

9.1 Healthcare Governance Steering Group (HCGSG) Update

Laura Jones advised that HCGSG is this Friday and there is a decision to confirm it is being disbanded.

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

9.2 Draft Clinical Governance Committee Annual Report 2014/15

Action: Any comments to Zoe Brydon and Laura Jones within the next week and then any comments added to the Annual Report.

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

9.3 Verbal Update on Risk Register & Claims Update

Sheila MacDougall advised that there are no new risks since the last report. The high risk for car parking has been amalgamated into another risk.

In respect of claims there have been three new claims and will be included in the next report. The Fatal Accident Enquiry (FAI) has now concluded and the Sheriff is debating and will send his written report to all involved. Sheila advised that they are not expecting any criticism of individual people.

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

9.4 Report deadlines for Clinical Governance Committee

The Chair requested that people adhere to the deadlines for paper submissions for the Clinical Governance Committee as recently submissions have become lax.

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

9.5 Dementia Care

Action: Doreen Steele asked that an update on the Marie Curie report “Living and Dying with Dementia in Scotland – Barriers to Care” and any recommendations and gap analysis is brought to the next Committee. David Thomson agreed he would do this.

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

10. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on 20 May, 2pm, BGH Committee Room.

The meeting concluded at 16.25



STAFF GOVERNANCE COMMITTEE

Notes of the meeting held on Monday 2nd March 2015 at 10am in the Committee Room, Borders General Hospital, Melrose

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

Ex Officio Capacity: Kath McLaren
Shirley Burrell

In Attendance: Edwina Cameron
Janice Laing
Natalie MacDonald
Irene Bonnar
David Thomson

1. Welcome, Introductions and Apologies

Apologies were received from Pat Alexander, Evelyn Fleck, Jane Davidson, Irene Clark, Karen McNicoll, Nicola Barraclough, Evelyn Rodger and Helen Clinkscale

2. Minutes of Previous Meeting held Monday 1st December

Amendments to minutes: -

Page 1 - to include Stephen Mather's apologies.

Page 3 – second last paragraph to remove the word identified and to replace with 'permanently funded'.

With these two amendments to the minutes it was agreed an accurate record was given.

Action Tracker

As per Action Tracker

Matters Arising

Nil of note

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

Natalie MacDonald gave a brief background and spoke to the highlights of her paper. Karen Hamilton reminded the paper also highlights the impact to staff. Natalie advised she is responsible for staffing the car park. The arrangements for car parking commenced November 2013. Meetings took place which included Partnership where it was agreed to set up an appeal process. Further car parking spaces are currently being developed.

A discussion took place regarding the four hour car park. It was highlighted that staff are using this area and moving their car to another part of the car park within a four hour period. It was also reported the Car Sharing Scheme is being effectively used.

It was reported visitors are still occasionally parking on grass verges and receiving parking tickets as they are considered to be inappropriately parked. Also, there are issues with the Disabled Car Parking Area. This includes the condition of the road but also around concerns regarding length of parking period allowed. On discussion it was recognised that these are treated fairly and equally to all other parking users with the benefit of identified area nearest the hospital.

A discussion took place regarding parking offenders not paying their fines. A quarter of the charges have been paid and currently looking at taking unpaid charges to court. It was reported Warwick Shaw is currently working along with Minster Baywatch. Discussed ensued around ensuring that before such action is taken that we have a legitimate case that will not put the organisation in negative light publicly.

Natalie MacDonald advised they are looking at car registration recognition system to be put in place. It was noted in the report that the busy days for parking are Tuesday, Wednesday and Thursday. The report highlights the steps taken to encourage staff to use other means of transport.

Natalie advised a full time car parking attendant has recently been employed and that staff within General Services also monitor the car park. Natalie advised we require two full time attendants as there needs to be 2 at all times for personal safety reasons.

John McLaren enquired about the engagement of the paper and asked about the service level agreement with Minister Baywatch. Natalie informed NHS Borders have taken control of the monitoring of the car parks. A discussion took place regarding developing a policy. Concerns were raised around NHS Borders control over what happens with the pursuance of any outstanding tickets and need to have further discussions with Minster Baywatch to

establish rules and process further before decisions around pursuing to court action.

A discussion took place regarding parking at Huntlyburn. Edwina Cameron raised her anxieties of staff's safety in the dark as there is no lightning on the pathway which is also narrow. Stephen Mather agreed with Edwina and highlighted six months of the year it is dark and we require considering staffs personal safety.

A discussion took place about a no returns policy and identified this would need to go back to the Board for agreement. There was also a discussion about the impact this scheme has had on staff who genuinely attend at BGH for meetings or appointments that over run and identified there is no process for these individuals to avoid tickets . The process requires being fair. Karen Hamilton advised that she feels the appeal process is fair. If a member of staff attends a meeting which has been extended and receive a ticket the Appeal panel will take a balance approach and will be lenient. Edwina Cameron advised it is necessary we have a policy to enable to address all of the issues.

Kath McLaren spoke about the white list for staff such as consultants who park behind Cauldshiels. Irene Bonnar informed she is not aware of the white list and would like to receive more information as Occupational Health nurses deliver clinics which often over run. Also, Irene highlighted she has not received any communication regarding health grounds as Occupational Health will support staff who have health issues. Natalie MacDonald informed that this issue will be discussed at the next Car Parking meeting.

Karen Hamilton spoke about the litigation process Natalie MacDonald advised there are repeat offenders. Natalie was unable to give an update but noted that Calum Campbell and David McLuckie had a discussion. Karen Hamilton advised we have to be cautious how we carry this out. David Thomson if the Huntlyburn review CMST was taken in to consideration as there could be additional staff based at Huntlyburn. Irene Bonnar asked if a survey has been carried out. John McLaren advised a survey was carried out reviewing the number of spaces. Edwina Cameron reminded this survey was carried out five or six years ago.

Actions:

- 1. A Car Parking Survey to be undertaken by Estates.***
- 2. To discuss the development of a policy at the next Car Park Subgroup.***

Karen Hamilton informed the lack of disabled spaces. Disable people have to park elsewhere and are going over the four hour period and receiving a car parking fine. Edwina Cameron reported that the drop off points are not being used appropriately as they are not well sign posted.

The group agreed: -

- The group agreed to support the consideration of a policy and would like to be sighted on the policy as it is being developed.
- We need to start looking at the legal aspect and to ensure it is carried out safely within the organisation to be discussed at Car Park Subgroup
- A discussion is required with Minister Baywatch around the process.
- To look at how we manage repeat offenders organisationally within Car Park Subgroup
- Further discussion to take place around the white list and to be mindful how we get this information out to the organisation at the Car Park Subgroup
- Car parking to continue to be a standing item on the agenda

4. Staff Survey Update

Edwina Cameron advised we have received the analysis tool from Capita which will give the opportunity to carry out a deeper dive on the various groups. John McLaren and Edwina Cameron have developed a presentation to take to the Clinical Boards and Support Services on their respective area's performance. The Staff Governance Champions and the Local Partnership Forum Chairs will work along together to look at the actions with the clinical board managers.

The Staff Survey Working group will continue to work with Capita. The survey will run to the same timeframe as last year. It will be a challenge to engage with staff to perform to get higher results as the past three years we have been the top mainland Board in Scotland. John McLaren stated that Capita will have to inform staff the importance of completing the staff survey.

- The Committee acknowledged update and supported the work to be taken forward by the Clinical Boards and Staff Survey Group.

5 Staff Governance Action Plan

John McLaren advised the final submission of the Staff Governance Framework which includes the Staff Governance Action Plan has to be submitted to Scottish Government by 8th May 2015 will come to the next meeting in June 2015 for sign off. Next steps will be for Clinical Boards and Support Services to identify actions at a local level that reflect the staff survey results. The actions will be under review and an update of the actions will come to the next Committee.

Stephen Mather enquired about Page 5 - Social Media. Stephen informed it is valuable but also dangerous. Stephen raised his anxieties regarding having guidance but not a policy and this should be tightened up. John McLaren

informed it is about keeping staff safe within their private life but is opened to advice to take this forward. Edwina Cameron informed it should be policy. We need both guidance and policy. There are other policies that deal with other issues but there needs to be further discussion. David Thomson suggested scoping other boards

John McLaren reminded it is an ongoing document and will feed in to the Staff Governance Monitoring Framework.

- Committee supported the Staff Governance Action Plan with adjustments to media policy development.

6. Staff Governance Work Plan

Edwina Cameron asked the committee to have a look at the Plan and inform if there other items to be placed on it. Edwina was asked to add Car Parking to the Plan. Stephen Mather asked for brackets to be placed around 'I Matter'. Edwina informed it is about engagement with staff and has been validated by the University of Scotland. The engagement tool has been used within the private sector. A discussion took place regarding 'I Matter' survey where there are four questions similar to the staff survey. The analysis will pull out performance related to the tool. Irene Bonnar informed from the commencement of the survey there has been good response. It was piloted over four Boards. Irene will update the Committee once she gets feedback from cohort one.

A brief discussion was had on the progress of the Revalidation of Nursing & Midwifery.

- Committee accepted the work plan with request for a presentation on Revalidation of Nursing & Midwifery at next meeting.

7. Draft Staff Governance Monitoring Framework – SG Return

Edwina Cameron reported she and John McLaren are currently working on this item. There is good information to report to the government. In the past as an organisation we have not been good reporting proactively the good work that has been carried out. Edwina advised she would be happy to have a conversation with the Non Executives about the framework and that they can contact her. The report is to be submitted in May 2015. This as each year will be signed off formally by the Committee in June 2015 following submission.

- Committee accepted update and will have framework to sign off in June 2015.

8. Staff Awards Verbal Update

Edwina Cameron informed shortlisting has been carried out and staff have been informed that they have been put forward for an award. The committee

are to be assured that a fair process has taken place. We require a proper process to be in place to ensure the allocation of tickets are given out to staff fairly and consistently and again to provide assurance to the Board and Committee. Stephen Mather informed it is good for staff to recognise the work they have carried out. Edwina Cameron informed it is about celebrating staffs achievements but to be mindful there would a small group of people who are unhappy. John McLaren informed within the first week of the nominations opened there was more engagement from staff than last year. Teams are acknowledging other team's contributions and commitment within the service it is a real recognition of how staff are responding to staff.

- Committee acknowledged update

9. Local Delivery Plan Process

Meriel Smith spoke about the workforce issues around the Local Delivery Plan. The guidance received from Scottish Government is asking for five items to be placed on the implementation plan. It also highlights risks to services and changes to demographics of our workforce. Meriel Smith informed of the various areas that the presentation has been delivered to. John McLaren informed the Area Partnership Forum had an extraordinary meeting and invited the Area Clinical Forum and Area Staff Side enabling the groups to provide comments.

- Committee acknowledged the process and the update on same.

10. Items for Noting

a) Occupational Health Update

Irene Bonnar informed she is happy to receive comments from her paper. The pie chart highlights 53% of the uptake of the flu vaccination and the turnover of junior doctors.

Needlestick incidents are down due to the changes of other devices. The Do Not Attend (DNA) remains an issue we are looking at texting staff. Irene gave an update on the Healthy Working Lives, an assessment will be carried out by the end of this month. John McLaren asked for it to be noted that a lot of activity and commitment has been put in to this award.

John McLaren asked on behalf of Pat Alexander about Moving & Handling within NHS Borders regarding trained and untrained staff Irene Bonnar will provide Pat Alexander this information. Stephen Mather enquired about DNA and asked who manages the appointments. Irene informed both staff and managers are informed of the appointment but managers should be reminding staff to attend. Irene informed there is a time it is preventable but there are other times it cannot be helped.

Stephen Mather informed moving and handling does not seem to be improving. Irene Bonnar reported one of the main issues that courses are

being cancelled due to staff sickness but also the majority of staff is not informing why they are not attending. Janice Laing advised the Mandatory & Statutory Working group are currently looking at this. Irene Bonnar informed staffs are not being released as managers are not aware the training is statutory. Janice Laing informed it has been incorporated in to the Statutory and Mandatory Training policy. Irene Bonnar informed attendance has improved in the last two years.

David Thomson suggested revisiting the percentage of mandatory and statutory training. Edwina Cameron highlighted the Training Needs Analysis (TNA) that managers require to complete. It is the manager who chooses the staffs training requirements to enable trainers to draw up the years training schedule. Stephen Mather informed there may be too many core outcomes. Kath McLaren informed we should look at our other allocations. John McLaren informed as a Committee we require having a watchful eye on this issue. Edwina Cameron suggested having a deep dive on this item as the Committee requires assurance of the outcomes of the work that has been carried out within the organisation. The Mandatory and Statutory group are embedding managers within the membership of the group.

- The Staff Governance Committee was happy to note the report.

b) Risk & Safety Update

Sheila MacDougall informed the report is here today for noting. Stephen Mather informed it was a well put together report. Colour charts would be helpful.

A brief discussion took place regarding tobacco related incidents.

A discussion took place regarding medication incidents. Stephen Mather asked if this information is available. Sheila advised that the Clinical Governance Team has this information. The Pharmacy lead is alerted to every incident on the system. The information also goes to the Healthcare Governance Steering group and the Occupational Health & Safety Forum where recommendations are given. Specific reports also go to the Clinical Governance. Sheila was asked what the Staff Governance Committee role is. Sheila advised it is difficult to interpret this as Standard 5 as patients are included. A discussion is required to see what committees the report sits in. Further discussion on this item is required.

- Committee accepted the report with Sheila to undertake following action: to liaise with Laura Jones regarding which reports go to the Committees to ensure progression is actioned.

c) Appropriate Access to Other Committees

Health Care Governance – minutes for noting. The meeting will take place next week.

Public Governance Committee – minutes for noting.

Clinical Governance Committee – minutes for noting.

Area Partnership Forum – minutes for noting.

- Committee noted all of the above minutes.

11. Any other Competent Business

a) Training Needs Analysis

It was reported this year's analysis was delayed but hopefully will be completed by the end of this week. It will be reported to the Board. John McLaren reported we are in discussion with the managers within the areas there are gaps.

b) Workplace Mediation

Irene Bonnar spoke to the paper. A decision was made by the Mental Health Wellbeing group to apply to central NHS Scotland for funding. We were successful with this bid which enabled us to provide training. Mediation is a recognised process to address issues. We trained six internal mediators and established a robust monitoring process. A broader communication plan will be rolled out and a microsite will be set up. Irene informed HR and Occupational Health are the gatekeepers and are leading on this and so far there has been success in the cases that have been carried out. The intention is to reduce the need for formal grievance going forward. Stephen Mather informed the process is going well. It can be recognised from various areas that mediation is best way forward, having an informal route.

c) Items for Future Meetings

John McLaren asked for items for future meeting which may benefit from a deep dive. It was suggested having training due to the EESS system.

12. Date of Next Meeting

The date of the next meeting will be – Monday 15th June 2015 at 10am in the Committee Room, BGH.

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Group held at 10.45am on 13th February 2015, Meeting Room 7, Waverley Gate.

Present:-

Borders

Ms Jane Davison (Interim CE)
Ms Katie Buckle

Fife

Dr Brian Montgomery
Ms Irene McGonnigle

Forth Valley

Mr Graham Foster

Lothian

Mr Tim Davison (Chair)
Professor Alex McMahon

Tayside

Mr Brian Kelly

Dumfries & Galloway

Dr Mary Harper

Regional Leads

Ms Jacqui Simpson
Mr Derek Phillips
Ms Jan McClean

Directors of Finance

Scottish Government

Directors of Public Health

Nurse Directors

Ms Evelyn Rodger

NES

Professor Bill Reid

NSD

Ms Deirdre Evans

Scottish Ambulance Service

Medical Directors

Dr Frances Elliot
Dr Brian Cook
Dr Tracey Gillies

HR Directors

NHS 24

Partnership Representation

Mr Alex Joyce
Ms Wilma Brown

Minute Taker

Mrs Caroline Caddell

In Attendance: Craig Pratt (for Chris Bowring), NHS Fife

Apologies for absence were received from: Mr Alan Boyter, Ms Chris Bowring, Dr David Farquharson, Ms Heather Kenney, Mr John Turner, Ms Justine Westwood, Ms Lesley McLay

Item No.	Section	Action
1	Welcome & Introductions	
	Tim Davison introduced himself to the Group, welcomed all to the meeting and noted the apologies received.	
2	Previous Meeting	
2.1	<u>Minutes of the Meeting held on 28th November</u> The minutes of the previous meeting held on 28 th November 2014 were agreed as an accurate record.	
2.2	<u>Progress Against Action Note</u> Progress was noted against the Action Note.	
3	Matters Arising	
3.1	<u>NHS Lothian Strategic Plan – Update</u> A McMahon advised that the Summary Progress Report on Key Propositions had been submitted to the NHS Lothian Board and would be circulated to SEAT colleagues.	A McMahon
4	BUSINESS ITEMS FOR SEAT APPROVAL / ACTION	
4.1	SEAT Initiatives	
4.1.1	<u>South East Forensic Examination and Police Custody Service: 6 Month Report</u> J Simpson spoke to a previously circulated paper providing a 6 month update on the new South East forensic examination and police custody service following transfer of responsibility from Police Scotland on 1 st August 2014. The paper demonstrated the activity through the new service, the issues and incidents that had been addressed and the forward plan to address ongoing risks such as forensic estate and equipment; workforce issues in relation to forensic physicians and ongoing scrutiny of the costs of the service. Deirdre Evans intimated that the leadership and partnership approach adopted within the SE had been exemplary and had resulted in a more resilient and sustainable service for health care for people in police custody and those requiring forensic examination. The SEAT police custody group were thanked for their work in setting up the SE service. In particular, the significant contribution made by Elizabeth Gallagher (Nurse & Operations Manager, NHSL Forensic Services and Custody Health Care); Tracey McKigen	

(Associate Director of Operations, NHSL Royal Edinburgh Hospital); Hilary Ansel (Clinical lead); Graham Milne (Inspector, Police Scotland, Healthcare and Forensic Medical Services Programme) and Jacqui Simpson was recognised.

SEAT members agreed the recommendations in Section 6 of the paper.

4.1.2 Forward Plan for MCN for CSA for 2015/16

S MacDonal spoke to a previously circulated MCN for CSA Objectives and Workplan 2015/16. The Group were advised that the MCN would focus on issues such as training and development of paediatricians and forensic physicians, the development of secure recordings and storage of sensitive colposcopy images electronically. It was noted that this would link in with new South East forensic examination and police custody service. Additionally they would consider the benefits of a child protection MCN for SEAT.

Following discussion, the Group agreed to approve the MCN for CSA Work Plan 2015 / 16.

4.1.3 Repatriation Protocol Across SEAT Boards

J Simpson spoke to previously circulated paper providing an update on the implementation of the SEAT Repatriation and Tertiary Access Protocol designed to ensure the right patient is seen in the right place at the right time. This had been approved at the last SEAT RPG and participating Boards (Borders, Lothian, Fife, Tayside, Forth Valley and Dumfries & Galloway) had committed to immediate implementation and the collection of repatriation and access data to monitor patient flows. It was anticipated that in time this would move to real time discussion within daily huddles.

J Simpson highlighted the forthcoming national implementation of auto planning by the SAS, beginning within SEAT Boards, with the aim of improving efficiency when planning patient journeys requiring ambulance transport.

The Group gave thanks for the paper and asked that all data around cancelled transfers included in Appendix A be included with future data to allow for trend analysis. J McClean highlighted that to date the main reason why transfers were not completed was “patients not fit”. The Group acknowledged that a further update would be presented when further work capturing data for transfer and access was available.

4.1.4 SEAT Approach to Implementation of National Major Trauma Quality Framework

A McMahon spoke to the previously circulated update paper on the progress in SEAT with implementation of the Quality Framework for Major Trauma Services.

The Group noted that under “Update on Progress”, the 45 minute transfer time was now agreed nationally.

The National MTOG had requested an update on Initial Resource and Costing Assessment from each region by Mid March.

SEAT Boards would review existing provision of rehabilitation services as a baseline and would consider possible service models in line with national work.

K Buckle asked for clarity around the level of medical input around the pre-hospital discharge tool. It was noted that SAS would consider this when looking at the task and trauma desk.

G Foster advised the Group of the Forth Valley/WoSPG discussions and the need to agree to designate trauma units. All agreed the essential principle of MTCs not being stand alone, but part of a wider trauma network.

T Davison stressed the need to emphasis that the introduction of 4 MTCs across Scotland was a choice with costs to be incurred. D Evans added that regions should consider the knock on consequences for Boards on the periphery. Alex McMahon confirmed this was being worked up through the SEAT regional group, e.g. in terms of workforce issues.

Colleagues agreed with T Gillies who highlighted the need to concentrate on patient experience. A McMahon noted that work was being carried out to establish a trauma network of clinicians and others.

Following discussion, it was agreed that a submission on behalf of SEAT would be sent to the SGHD stressing choices and concerns around costs of 4 MTCs in Scotland. SEAT noted the update and welcomed a more detailed paper on the impact of setting up MTCs and the regional trauma network at a future SEAT meeting.

J Simpson

4.1.5

Regional Endoscopy Unit Update

J McClean spoke to the previously circulated update paper on the operation of the Regional Endoscopy unit at Queen Margaret Hospital, Dunfermline. Overall the Unit was working well with the interoperability of booking and IT systems well established and data collection indicated that patients were willing to travel to the new unit. The patient experience was being monitored on an ongoing basis by NHS Fife and patients positively evaluated the new service. Endoscopy operator staffing, highlighted as a risk at the outset, continued to be addressed to develop a sustainable and robust staffing solution. Imminent interviews and appointments within NHS Fife and NHS Lothian were anticipated to address this for the early part of 2015/16.

4.1.6 Neonatal Cot Capacity Across Scotland

J Simpson updated colleagues on the inter-regional work that was underway as a result of intensive care cot capacity for neonates within the West of Scotland and across Scotland. This included the development of a support framework for units across Scotland to identify cot availability and support transfer and repatriation of neonates depending on need within Scotland. While this was being worked up, she advised that a daily teleconference which would allow SEAT units to highlight occupancy levels, expected admissions and staffing issues with other units in Scotland had been implemented. The Group were advised that workforce issues had been a possible contributing factor to the availability of cots and D Phillips had been asked to coordinate a neonatal workforce data collection exercise in order to assess current and future workforce issues. This was being carried out with the support of the three regional MCNs. It was noted that further updates would be presented to SEAT when available.

4.1.7 Workforce Update

D Phillips spoke to a previously circulated paper providing SEAT with an update on workforce planning activity and to draw attention to key workforce planning issues that require consideration, discussion or agreement.

Particular attention was given to the proposal by the SGHD for the development of Training Fellowships which would be funded by Boards and provide high quality training and service delivery components. D Phillips advised that 49 Clinical Development Fellow Posts had been submitted to the SG. Of the 49 posts, 31 had subsequently been forwarded to the Specialty Training Boards (STBs) for consideration. 15 of the 31 were submitted by the SE and 4 by Tayside.

The workforce update paper was noted.

4.1.8 Update from Preceding RCAG meeting

J Simpson gave a brief summary of items discussed at the preceding RCAG meeting including the next steps for Phase 2 radiotherapy service modelling; a proposed submission to the Scottish Government regarding the PACE and IPTR process for drugs; and work commenced to look at surgery for radical prostatectomy across the region.

4.2 Regional Liaison Initiatives

4.2.1 RHSC and DCN Reprovision

A McMahon provided a verbal update on the RHSC and DCN reprovision. The contracts had been signed and awaiting confirmation of financial close. Boards were reminded of the management of Critical Care services in May 2015, during construction work at RIE.

An update paper would come to the April SEAT RPG.

4.2.2 Edinburgh Cancer Centre Update

A McMahon provided a verbal update on the Edinburgh Cancer Centre. He alluded to the complexities around decisions to be made for radiotherapy, and the consideration of a new cancer centre on a geographically complex WGH site and a possible intensive review of cancer services proposed by NHS Lothian. Alex McMahon commented that the approach being undertaken was designed to engage all Boards with the SCAN network. Consideration of patient pathways was underway. The group had been reignited and the next meeting was scheduled to take place on the 25th February.

4.3 National Initiatives

4.3.1 NSS National Update

SEAT noted the written update provided by D Evans.

5 AGENDA ITEMS FOR DISCUSSION

T Davison reminded the Group that Chief Executives had agreed to consider regional work around shared corporate, clinical support and clinical services. He alluded to the trigger paper pulled together by Jacqui Simpson to help shape the discussion. He identified the main questions to be considered as follows:

What could be done regionally given the introduction of Integrated Joint Boards (IJBs) and their strategic planning and operational delivery responsibilities; the residual role of NHS Boards when IJBs were fully implemented; the current and projected financial position for NHS Boards and the potential configuration of acute services?

Tim Davison emphasised that this was beginning the debate and that it was unlikely that the group would reach any resolution today, but it was important to begin the debate. After a fulsome discussion where colleagues shared their respective Board positions on IJBs, and their financial challenges towards the year end and as part of their LDPs for 2015/16, the group concluded the following:

- Any move to regional services should be done organically and on a step wise basis in light of the transition of responsibilities to IJBs and the residual services for NHS Boards rather than an imminent structural change
- Cultural issues between NHS and Local Authorities were significant and efforts would need to be mobilised in taking staff and the public forward as the new arrangements bedded in
- There was scope to look across the region, not just at shared corporate and clinical support services, but at clinical services e.g. along the lines of the regional endoscopy unit

and SE police custody/forensic examination service, for example for prostatectomy and wider urological services. This would require an appreciation of the national shared services work and pace and what requires to be progressed regionally and within local Board areas. This would require further consideration alongside other proposals such as those proposed by the SE Directors of Pharmacy, out of hours, shared laboratory and radiology functions.

- All agreed that the success of any regional ventures would lie in effective clinical engagement and lessons from what had worked regionally and what had not been successful. The clinical and health outcomes would need to be described.
- Ways in which the new 12 IJBs could become more financially sustainable and ensure appropriate governance were raised. Consideration should also be given to corporate overheads.
- The relationship with IJBs and regional planning would need to be considered.

Tim Davison thanked all for a constructive debate and asked all to consider how best some of this work could proceed within SEAT. He suggested that Chief Executives could pick up progression of this work at a future SEAT agenda planning teleconference.

6 Regional Minutes

6.1 Minutes of the SEAT Directors of Finance and Directors of Planning meeting on 14th November 2014

These were noted.

6.2 Minutes of the SEAT Directors of Finance meeting on 11th September 2014 (Approved)

These were noted.

6.3 Minutes of the SEAT CYPHSPG meeting on 1st October 2014 (Approved)

These were noted.

6.4 Minutes of the MCN for Neonatal Services Steering Group on 4th September (Approved)

These were noted.

6.5 MCN for CSA Meeting on 9th September 2014 (Approved)

These were noted.

7. Communications

7.1 News Updates from Individual Boards

None.

8. AOCB

8.1 None.

9. Date and Time of Next Meeting

The next meeting was scheduled for **Friday 24th April at 10.45am – 1.30pm** in Meeting Room 7, Waverley Gate.

Details of the scheduled SEAT Regional Planning Group Meetings for 2015 are listed below:

- Friday 24th April
- Friday 12th June
- Friday 18th September
- Friday 27th November

All meetings will be from 10.45am – 1.30pm and preceded by the Regional Cancer Advisory Group 9 – 10.30am.

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Group held at 9.30 am on 24th April 2015, Meeting Room 7, Waverley Gate.

Present:-

Borders

Ms June Smyth
Ms Katie Buckle

Fife

Dr Brian Montgomery
Ms Irene McGonnigle

Forth Valley

Mr Graham Foster (VC)

Lothian

Mr Tim Davison (Chair)
Professor Alex McMahon

Tayside

Ms Lesley McLay

Dumfries & Galloway

Dr Mary Harper

Regional Leads

Ms Jacqui Simpson
Ms Jan McClean

Directors of Finance

Scottish Government

Directors of Public Health

Dr Alison McCallum

Nurse Directors

NES

Professor Bill Reid

NSD

Ms Deirdre Evans

Scottish Ambulance Service

Medical Directors

Dr Frances Elliot
Dr Brian Cook
Dr Tracey Gillies
Dr David Farquharson
Dr Alan Cook (VC)
Dr Sheena MacDonald

HR Directors

Ms June Smyth

NHS 24

Ms Justine Westwood (VC)

Partnership Representation

Mr Alex Joyce

Minute Taker

Mrs Caroline Caddell

In Attendance: Ms Susan McGill, Regional MCN for CSA Manager, SEAT for Item 4.1.2. Mr Jim Forrest, West Lothian Council for Item 4.1.7. Ms Aileen Muir, NHS Lothian for Item 4.1.9.

Apologies for absence were received from: Mrs Evelyn Rodger, Ms Jane Davidson, Mrs Chris Bowring, and Ms Heather Kenney.

Item No.	Section	Action
1	Welcome & Introductions	
	<p>Tim Davison welcomed all to the meeting and in particular L McLay from NHS Tayside. Apologies received were noted.</p> <p>Thanks were given to B Montgomery for his valued contribution to SEAT work prior to his forthcoming retirement. Thanks were also given to B Kelly from NHS Tayside who was retiring shortly for his valued contribution to SEAT.</p>	
2	Previous Meeting	
2.1	<p><u>Minutes of the Meeting held on 13th February 2015</u> The minutes of the previous meeting held on 13th February 2015 were agreed as an accurate record.</p>	
2.2	<p><u>Progress Against Action Note</u> Progress was noted against the Action Note.</p>	
3	Matters Arising	
3.1	<p><u>South East Forensic Examination and Police Custody Service – Review of Forensic Equipment & Resources</u> J Simpson spoke to a previously circulated paper sighting SEAT on a recent audit of forensic estate and equipment in the region for the SE service. This had previously been identified as an area requiring further illumination and where the SE service was unlikely to be meeting full requirements. This was highlighted as part of the forward plan in the 6 month update presented at the last SEAT meeting. The Group noted the issues highlighted from the assessment which included a number of premises which did not meet acceptable standards and issues regarding equipment, particularly colposcopes. It was noted that resolution of some of the issues lay with Police Scotland, some were joint NHS and Police Scotland, and a few may be NHS responsibilities. The issues raised were common to all of Scotland, not just SEAT. A discussion between J Simpson and Louise Raphael of Police Scotland was being scheduled to consider the way forward.</p> <p>Lesley McLay and Alan Cook shared challenges for the police custody healthcare and forensic examination service within NHS Tayside. A Cook thought there would be benefit in sharing the learning from setting up the SE service with NHS Tayside. A Cook and J Simpson to liaise re this.</p>	A Cook/J Simpson

4 BUSINESS ITEMS FOR SEAT APPROVAL / ACTION

4.1 SEAT Initiatives

4.1.1 SEAT Approach to Implementation of National Major Trauma Quality Framework

A McMahon provided a verbal update on the progress in SEAT regarding impact assessing for implementing the national Quality Framework for Major Trauma Services. This included work underway for pre hospital, Major Trauma Centre (MTC) and acute care, repatriation and rehabilitation. NHS Lothian colleagues were committed to a costing exercise which was due to be submitted nationally in the next few months.

A comprehensive report produced by Jan Jansen and colleagues regarding the GEOS study was soon to be published and signalled that one or two MTCs in Scotland were appropriate given the population and distribution of major trauma cases predominantly in the central belt. NPF had recently agreed that a short life working group, chaired by Mr Ian Ritchie, President of the RCoS, would be convened to consider the number of MTCs in Scotland in light of the new work.

It was noted that a letter on behalf of SEAT sent to the SGHD stressing choices and concerns around costs of 4 MTCs in Scotland had been submitted to the Chair of MTOG and was currently being considered.

F Elliot stressed the need to think carefully about the model of care. A McMahon confirmed the work up for the trauma network involved all Boards in the region.

It was agreed that a position paper would be brought to the June meeting detailing the issues which need to be resolved before the go-live date from end of 2016 including timescales and approach to costings.

**A
McMahon/J
Simpson**

4.1.2 MCN for Child Sexual Abuse – Evaluation of Complex Forum

Sheena MacDonald and Susan McGill spoke to a previously circulated paper presenting the one year findings of the evaluation of the inter-regional child protection forum for complex cases. SEAT had approved the setting up of the forum with NoSPG just over one year ago. The results of the evaluation were discussed including the number and nature of complex cases considered in the forum, the bespoke educational programme put in place for clinicians and the feedback that clinician confidence across service and organisational boundaries were greatly enhanced as a result of the forum. The report and the setting up of the forum were commended by SEAT and it was noted that the results were featuring in a poster at the forthcoming NHS in Scotland event. The recommendations of the paper were approved in full including continuation of the inter-regional forum and the educational support for clinicians. It was

noted that the West of Scotland colleagues were planning to join the forum.

J Simpson advised that the MCN for Neonatal Services hoped to emulate a similar forum in the future for patient safety issues

4.1.3

Regional Endoscopy Unit Update

J McClean spoke to the previously circulated update paper on the operation of the Regional Endoscopy unit at Queen Margaret Hospital, Dunfermline. Overall the Unit continued to work well with the interoperability of booking and IT systems well established and data collection indicated that patients were willing to travel to the new unit.

Further plans were in place to move the endoscopist staffing to a more sustainable footing.

It was noted that the Did Not Attend (DNA) rate for the Regional Unit for patients was an average of 2.6% which compared favourably with other local Board's DNA rates. A Cook questioned why the rate was so much lower. J McClean referred to the preliminary preparation with booking staff around the regional unit which was supporting attendance. Justine Westwood referred to an NHS24 pilot which saw a similar decrease in DNA rates when patients were telephoned to discuss appointments.

T Gillies stressed the importance of ensuring governance within the unit. J Simpson noted that a cross regional group had agreed clinical governance aspects aided through the work of Dr Ian Penman as clinical lead for setting up the unit and this would continue to monitor issues until the service was fully embedded.

S MacDonald suggested a future proofing exercise of how to handle the expected increase in endoscopies. J Simpson referred to a discussion paper being drafted for SEAT for the medium term planning for endoscopy services and that she had recently re-requested Boards to submit local data to inform this. This would be required to prepare options for discussion at a future SEAT meeting.

J Simpson

4.1.4.

Neonatal Services

J Simpson spoke to a previously circulated update on the interregional cot capacity discussions. Additionally, the Group agreed the SEAT MCN for Neonatal Services draft response to the recent consultation on the scope of the national Review of Maternity and Neonatal Services should be submitted to Scottish Government.

4.1.5

Review of Outpatient Referrals

J McClean reminded the Group that colleagues were working together to ensure only appropriate out patient referrals were made to Lothian. Lothian were in the process of developing a Care Closer to Home policy and a meeting was scheduled for end of May to discuss the policy and how the regional discussion group would play

into that. Further detail to come back to SEAT post this meeting.

J McClean

4.1.6 CAMHs TIER IV Services – Out of Region

J Simpson updated colleagues on the interregional discussions around out of region admissions between CAMHs units. She advised that they were close to agreement on the protocol across Scotland. The opening of the Tayside unit would help alleviate capacity pressures.

4.1.7 Regional Eating Disorders Unit (REDU) and Regional Perinatal Mental Health Unit - Update

J Forrest and D Farquharson updated colleagues on the recommendations of the NHS Lothian commissioned external review of the Regional Eating Disorders Unit at St John's Hospital, recently conducted by the Royal College of Psychiatrists. It was noted that the report had been circulated to SEAT Chief Executives and Medical Directors of Boards who used the unit. He explained the external review was requested following internal review and following concerns raised by consultants across the region. Recommendations of the review included:

- Consider the existing leadership and governance arrangements at a local service level and transitional care with eating disorder services across the region.
- Consider capacity of medical leadership as a part-time post and the psychologically informed clinical model of care within REDU to be shared with regional services.

He referred to a small core group from within NHS Lothian that had been set up under the chairmanship of David Farquharson which Jacqui Simpson would be asked to join on behalf of the region. This group was envisaged to ensure the development of an action plan and ensure progress against it.

A McCallum stated that she had not seen the report but reminded the Group that there had been no NHS service for this very vulnerable client group before the REDU was established. B Montgomery noted that it had been of significant benefit to the region, and that there was a keenness to address these latest issues swiftly to ensure there continued to be a service for regional Board patients; the aim being to provide high quality specialist in-patient care for people with severe eating disorders and to mitigate use of private sector care.

D Farquharson stressed the need to consider other eating disorder services and ensure that patient pathways and care were joined up with REDU over the region, hence the request of the involvement of Jacqui Simpson.

J Simpson reminded the Group that there was precedent in regional

pathways, consistent clinical models of care, governance and minimum data sets through regional working e.g. In-patient CAMHS service and the regional consortium which could possibly be applied to this area.

It was proposed and agreed that D Farquharson would chair the Core Group with involvement of J Forrest for the operational REDU service and J Simpson to bring the regional dimension. Following discussions, the Core Group should circulate to Boards the proposed actions and plans to sustain transparent and open governance.

J Forrest then provided an update on the Regional Perinatal Mental Health Unit also at St John's Hospital which was a 6 bedded inpatient facility for mothers with acute psychosis and their babies. This had also been subject to an external review with a particular focus on the medical / clinical leadership. It was noted that there remained significant challenges to the recruitment of medical /clinical lead for the unit which remained fragile. A recruitment exercise was underway and SEAT Boards were asked to consider any support they could lend to addressing some of the workforce issues within the unit.

It was agreed that a progress update on both REDU and Perinatal Mental Health Unit would be brought to the next meeting.

J Forrest

4.1.8

Workforce Update

J Simpson spoke to a previously circulated paper prepared by Derek Phillips providing SEAT with an update on workforce planning activity and to draw attention to key workforce planning issues that required+ consideration, discussion or agreement. This paper was noted.

Health Visitor Workforce

The Group then considered the helpful discussion paper providing a summary of the work underway within SEAT Boards to expand the Health Visitor (HV) workforce in line with the Scottish Government target to increase the NHS Scotland workforce by 500 by 2017 – 18.

Following discussion it was agreed that a half day session with the SEAT Regional Workforce Group and other invited colleagues to discuss the necessary steps and way forward would be convened. An update would be given at the next meeting.

**D Phillips/T
Gillies**

4.1.9

Cancer Services

Prostatectomy

J Simpson updated the group on work that was being undertaken by NHS Lothian colleagues with regional input regarding a business case for robotic assisted surgery for the South East radical prostatectomy service. Business cases were being developed within the North and West of Scotland regions and considered (as per

SEAT request) as a collective whole through the National Planning Forum Robotic Assisted Surgery Group. It was noted that the group chaired by Michael Pearson, set up to consider Fife access to the Lothian/regional laparoscopic radical prostatectomy service, had reached agreement for the first 6 months of 2015/16 given capacity concerns within NHS Lothian. It was noted that this group would morph into a wider regional group to consider the business case for robotic surgery and also the wider impact for urological surgery services.

Nationally a template was being prepared for regions to populate to scope the need for a national urological surgical services review. Sheena MacDonald flagged that SEAT should not wait for the national work to gain pace given the challenges within the region and that we should consider later on the agenda as a priority for cross regional working. The updated position was noted.

Horizon Scanning for Cancer Services

A Muir spoke a previously circulated paper highlighting the new medicines likely to impact on oncology practice for 2015/16 based on the SMC work programme. She noted that the total predicted expenditure if all new medicines were approved by the SMC during 2015 / 16 would be lower than the last 2 years. However, the group noted that many of the drugs were additional rather than substitute and incurred infrastructure costs over and above the costs of the drugs. The group welcomed the horizon scan paper and commended Aileen on its comprehensiveness while acknowledging the significant fiscal challenge for Boards. It was noted that there was as yet, no response to the letter sent to Scottish Government on behalf of SEAT, re the IPTR process.

4.2 Regional Liaison Initiatives

4.2.1 RHSC and DCN Reprovision

A McMahon provided a verbal update on the RHSC and DCN reprovision. Enabling and infrastructure work had commenced with design phases underway. Renal and HDU work would start in June.

4.2.2 Edinburgh Cancer Centre Update

A McMahon provided a verbal update on the Edinburgh Cancer Centre. The regional group had been refigured and continued to meet. A major plank of the work was around the radiotherapy modelling for the SE region and a follow up workshop to consider Phase 2 options was scheduled for the 19th May. The output of this work would be presented to the next RCAG meeting.

4.3 National Initiatives

4.3.1 NSS National Update

SEAT noted the written update provided by D Evans.

5 AGENDA ITEMS FOR DISCUSSION

- 5.1 Health & Social Care Integration
Boards provided verbal updates on progress with health and social care integration and Tayside, Borders and Forth Valley reported that they had not yet received feedback on their proposed integration schemes of delegation.
- 5.2 SEAT Consideration of Shared Corporate and Clinical Services
Tim Davison reminded colleagues that SEAT Chief Executives had agreed to consider prospective regional work on shared clinical, clinical support and corporate services. He proposed that the group dedicate one hour discussion time for this at the next meeting and to come prepared from each Board with possible areas for regional working e.g. services that could be done once for the region or where there was added value in joining up services more. Potential areas cited by colleagues included urology, OMFS, Gynaecology, Ophthalmology and Dermatology. Boards could invite additional Board colleagues to the discussion if they wished to.
- 5.3 Local Delivery Plans and Financial Position
All Boards provided updates on their 2014 /15 and 2015/16 financial position. The Group noted that the forthcoming year would be the most financially challenging yet. They agreed that they must look to their local delivery plans to improve efficiency of spend. Borders advised that they had led a piece of work on procedures with limited value; Tim Davison described his Board's work on the clinical change cabinet and confirmed he would share as appropriate. A McMahon reminded colleagues of the potential leverage via the draft National Clinical Strategy being written and the need for all Boards to be involved.

6 Regional Minutes

- 6.1 Minutes of the SEAT Directors of Finance and Directors of Planning meeting on 30th January 2015 (Approved)
These were noted.
- 6.2 Minutes of the SEAT Directors of Finance meeting on 22nd January 2015 (Approved)
These were noted.
- 6.3 Minutes of the SEAT CYPHSPG meeting on 10th December 2014 (Approved)
These were noted.
- 6.4 Minutes of the SEAT Regional Major Trauma meeting on 7th November 2014 (Approved)
These were noted.
- 6.5 Minutes of the MCN for Neonatal Services Steering Group on 17th December 2014 (Approved)
These were noted.

- 6.6 MCN for CSA Meeting on 9th December 2014 (Approved)
These were noted.
- 6.7 Minutes of the SEAT Regional Workforce Group on 21st November 2014 (Approved)
These were noted.
- 6.8 Minutes of the LD MCN Senior Management Meeting on 18th November 2014 (Approved)
These were noted.
- 6.9 Minutes of the CAMHS Consortium Meeting on 28 August 2014 (Approved)
These were noted.

7. Communications

- 7.1 News Updates from Individual Boards Borders
J Smyth advised that the Chief Executive post had been advertised.

8. AOCB

- 8.1 None.

9. Date and Time of Next Meeting

The next meeting was scheduled for **Friday 12th June at 10.45am – 1.30pm** in Meeting Room 7, Waverley Gate.

Details of the scheduled SEAT Regional Planning Group Meetings for 2015 are listed below:

- Friday 12th June
- Friday 18th September
- Friday 27th November

All meetings will be from 10.45am – 1.30pm and preceded by the Regional Cancer Advisory Group 9 – 10.30am.