

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: 07.05.15
- Audit Committee: 16.06.15
- Clinical Governance Committee: 29.07.15
- Staff Governance Committee: 15.06.15
- Health & Social Care Integration Joint Board: 22.06.15
- Area Clinical Forum: 22.06.15

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		

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 7 May 2015 at 12.30 in the Board Room, Newstead

Present:

Mr J Raine	Mrs E Rodger
Mrs K Hamilton	Mrs J Davidson
Mr D Davidson	Mrs J Smyth
Dr S Mather	Dr S MacDonald
Mrs J McLaren	Mrs C Gillie
Dr D Steele	Mrs S Manion
Mrs K McNicoll	Dr T Patterson
Mrs P Alexander	

In Attendance:

Miss I Bishop	Mrs L Jones
Mr P Lunts	Mrs J Stephen
Dr E Baijal	Ms L Cullen
Mrs C Allan	Dr C Sharp

1. Apologies and Announcements

Apologies had been received from Dr Jonathan Kirk, Cllr Catriona Bhatia, Mr Warwick Shaw, and Dr Hamish McRitchie.

The Chair welcomed Dr Tim Patterson, Interim Joint Director of Public Health to the meeting.

2. Patient & Carer Stories

The Chairman gave an overview of the background to the item. The Committee heard of the care and treatment received by Mrs Carole Allan's mother at the Borders General Hospital.

During discussion several elements were highlighted including: male nurses caring for male and female patients; visual impairment; MSP intervention; anticipatory care plans; timing and delivery of offers to meet with clinical staff; hearing the experience; changing the culture and behaviours of how we listen; being mindful of the views of carers and family members; focus on what matters to the individual and not just the facts that can be gathered, the "2 minutes of your time" initiative; and further plans to progress our response to complaints.

The **STRATEGY & PERFORMANCE COMMITTEE** noted Mrs Allan's story and experience and considered what learning or action was required.

3. Celebrating Improvements in Practice

Senior Charge Nurse Muriel Douglas facilitated a workshop on the learning from the celebrating improvements in practice initiative that had been undertaken at Kelso Community Hospital.

The **STRATEGY & PERFORMANCE COMMITTEE** engaged with the session and noted the outcomes and improvements that were being taken forward and those that had already been made.

4. Declarations of Interest

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

There were none.

5. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 5 March 2015 were approved.

6. Matters Arising

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

7. Clinical Services Review – Inpatient Services

Mrs June Smyth updated the Board on the preparatory progress made, the approach being taken and the number of reviews and workstreams that were already underway and were to be included under the inpatient services review scope.

Dr Sheena MacDonald emphasised that the principle of the review was that where possible it should form part of the day to day business of the organisation with full clinical engagement and embedding into the strategic work of the organisation.

Dr MacDonald further highlighted that it was important that relevant parts of the inpatient review should have synergy with the Health and Social Care Strategic Plan.

It was agreed to: undertake equality assessments for the various elements of the review; review the wording in regard to emphasising the question “do people need to be in hospital?”; support the Employee Director’s continued engagement with staff around the system to ensure their understanding of the review and how they may be impacted upon; highlight that Intensive Care/High Dependency critical care was across medical and surgical; define the mechanisms to ensure public engagement was proactively taken forward at an early stage; map demand and capacity for the acute sector;

Mrs Karen McNicoll advised the Board that the Area Clinical Forum were supportive of the review and continued to offer their support for its further development and evolution.

The Chairman noted that whilst the timescales listed suggested a full recommendation would be made to the Board in June 2016, the Board would receive regular updates on progress during the intervening period.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update and the agreements made.

Evelyn Rodger, John McLaren, Susan Manion left the meeting.

8. Update on Development of the Strategic Plan for Health and Social Care Integration

Dr Eric Baijal gave an overview of the content of the paper.

Discussion focused on the; early nature of the draft of this strategic plan; co-production and the involvement of local communities in informing health outcomes and changes to health inequalities in their communities; commissioning initiatives and commissioning for outcomes.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress in developing a strategic plan for the integration of health and social care in the Scottish Borders.

9. Crumhaugh House, Hawick

Mrs Carol Gillie gave an overview of the content of the paper.

Mr David Davidson enquired if it could be suspended temporarily. Mrs Gillie advised that based on a decision to be taken in August it would either be declared as surplus again or moved into operational use if appropriate.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the temporary suspension of the surplus status of Crumhaugh House, Hawick property pending the outcome of the full business case on the rehabilitation of inpatient services on the Galavale site.

10. Efficiency Report for the 12 months to 31 March 2015

Mrs Carol Gillie advised the Board of the substantial efficiencies that had been delivered for 2014/15, amounting to £4.6m of cash releasing savings and some £2.5m recurring savings. She advised that the recurring target had been overachieved.

Mr David Davidson congratulated all those involved in the efficiency savings achievement noting the excellent leadership afforded to the programme. Mr Davidson commented on the shortfall in the procurement target and enquired about the reasons for that. Mrs Gillie confirmed that the procurement target had been subject to the national procurement programme workplan which had led to the benefit not being realised until later in the financial year.

Mr Davidson enquired about the savings allocated to clinical support services. Mr Gillie advised that non clinical support services had been the subject of savings targets for a substantial period of time and it was now right to look at clinical support services. Some delivery of efficiency and savings targets for those services were now beginning to be realised in 2015/16.

Dr Stephen Mather enquired about the public health interventions and limited clinical effectiveness procedures. Mrs Gillie confirmed that whilst progress had been made with efficiencies in both areas, the savings realised were not cash releasing.

The Chairman congratulated Mrs Gillie on the achievements made in 2014/15 and commented that the Board should not underestimate the effort required in reaching such an achievement.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Efficiency report and progress to 31 March 2015.

11. Update on 2015/16 Recurring Efficiency Target

Mrs Carol Gillie reminded the Board of the substantial savings target it had agreed of £6.9m of which £5.1m was deemed to be recurrent for 2015/16. She advised the Board that a balanced financial plan that had been presented and agreed at the Board meeting in April based on some of the recurring target being met non recurrently in 2015. She noted that any unmet recurring savings target would be carried forward into 2016/17 unless the measures that had been identified to address the shortfall.

Mr David Davidson enquired about the Board Executive Team commitment £1.8m non recurring savings. Mrs Gillie advised that the Board Executive Team had identified a series of schemes to be progressed in the first instance to deliver the financial year, such as the suspension of the clinical excellence fund, reducing carry forward allocations and some other non recurring measures.

Dr Stephen Mather cross referenced theatres performance to the efficiency discussion and enquired if the working day for theatres could be extended and if all theatres were required. Mrs Gillie advised that the review of day surgery looked at patient flow for day surgery and looked at how the Day Procedure Unit (DPU) and Pre Surgery Assessment Unit (PSAU) were being utilised and within that review some efficiencies were expected to be delivered.

Mrs Jane Davidson advised that work was being progressed working with the International Health Organisation (IHO) on the Whole Systems Patient Flow initiative. NHS Borders was one of four pilot Boards and that NHS Borders had chosen to progress theatre utilization. She emphasised that local clinicians were fully engaged in the initiative.

Mrs Karen McNicoll reflected on the Older People in Acute Hospitals (OPAH) visit that had been held earlier in the day and enquired as a learning organisation if there were services with consistently identified efficiencies that could be learned from. Mrs Gillie advised that the Productivity and Benchmarking process had enabled the organisation to identify potential opportunities and this work was on going.

Mrs Pat Alexander enquired when the finite point would be reached. Mrs Gillie commented that a lot of the financial challenges ahead were in part due to the financial environment in which the public sector was operating. She suggested another five years of financial challenge lay ahead and whilst the organisation had done well in achieving efficiencies thus far, given the demographics the need was now to move into the redesign of care and scrutiny of all services to ensure the most efficient and cost effective way of delivery.

Mrs Davidson commented that it was important that the Committee did not underestimate the challenge for 2015/16.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the 2015/16 recurring efficiency shortfall.

12. Integrated Performance Report

The Chairman recorded the thanks of the Board to Mrs Edwina Cameron who had covered the Director of Workforce & Planning appointment whilst Mrs June Smyth had been on maternity leave. The Chairman then welcomed Mrs Smyth back to her role and place at the Board table.

Mrs June Smyth introduced the report and highlighted areas both within and without trajectory.

Dr Stephen Mather noted the improvement in diagnostics and also physiotherapy waiting times.

Dr Mather enquired if the crash calls incidents were audited. Mrs Carol Gillie confirmed that they were, especially as their auditing was a fundamental part of the introduction of the new National Early Warning Score (NEWS) system which was a patient safety programme initiative.

Dr Mather enquired if there was any specific data as to why the 2014/15 winter period had been worse than previous winter periods. Mrs Jane Davidson advised that there was no definitive answer and she outlined to the Board the impact that the winter period had had on services in regard to norovirus, length of stay, increased admissions and medical boarded patients.

Further discussion highlighted issues including: gynecology and urology performance; boarded patients; effectiveness of the flu vaccine in the 2014/15 winter period; Hospital Standardised Mortality Ratios (HSMR) data; use of flex beds in addressing delays for patients; and understanding how the integration joint budget and commissioning would operate in future.

Mrs Pat Alexander enquired what would happen if a stroke patient could not be admitted to the Stroke ward. Mrs Davidson advised that the care would follow the patient wherever they were in the hospital.

Philip Lunts left the meeting.

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

13. Any Other Business

13.1 Information Management and Technology (IM&T) Function: Mrs Jackie Stephen appraised the Board of an intention to take forward a review of the IM&T function and infrastructure. She advised that a scoping exercise would be undertaken in the first instance.

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

13.2 Integration: Mrs Jane Davidson sought feedback and reflections from those who had attended the Health & Social Care Integration Joint Board (IJB) inaugural meeting held on 27 April.

Reflections and suggestions included: deputies being identified for IJB members; frequency of meetings; business plan; community planning partner status of IJB; and monthly status report to the Strategy & Performance Committee.

It was noted that a development session of the IJB was to be held on 20 May.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that regular monthly updates and/or development sessions should be provided for Health Board members.

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

14. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 3 September 2015 at 12.30 in the Board Room, Newstead.

The meeting concluded at 4.10pm.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Tuesday, 16th June 2015 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr C Brown, Partner, Scott Moncrieff
Mrs V Buchan, Senior Finance Manager
Mr D Eardley, Senior Manager, 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

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Jane Davidson, Kenny Wilson and Tony Barrie.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 1st June 2015**

Stephen Mather referred to item 7.6 (Internal Audit Report on Hospital Waste Management) and highlighted that his comment that this would come under the remit of Clinical Governance had not been picked up within the minutes.

The minutes were approved as an accurate record with the proviso that the addition discussed be made.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group - Update*

Susan Swan spoke to this item. Susan reported that the last meeting of the Countering Fraud Operational Group had taken place on the 1st May 2015 and a copy of the minutes had been circulated for information. Susan reminded that the role of the group is to

progress all fraud related issues on behalf of the Audit Committee. It was noted that the Head of Service for key areas across the organisation were members and they will be liaising with Counter Fraud Services (CFS) to get the necessary support required for their departments.

Susan went on to give an update from the recent CFS conference which she and David Davidson had attended where it was noted that the national fraud strategy had been launched.

The Committee noted the update.

6. Governance & Assurance

6.1 *Audit Follow-Up Report*

Vivienne Buchan spoke to this item. Vivienne reported that there were no outstanding External Audit recommendations and there were 5 Internal Audit recommendations which were recorded as in progress. Vivienne advised that as part of the audit follow-up process relevant managers would be asked to attend the September Audit Committee meeting should timescales have slipped by 3 months. Vivienne referred to the appendices which provided in detail what recommendations had been implemented and what was due to be implemented. Vivienne highlighted the bed management review which was recorded as implemented, however it was noted that work is ongoing to ensure there is 100% achievement. David Davidson enquired if individuals were pursued to provide updates on recommendations. Vivienne gave assurance that this is part of the process in place and is adhered to. Doreen Steele referred to Community & Public Health Nursing where it was noted that a new model was to commence on 1st April 2015 and asked for an update. Evelyn Rodger confirmed that a Community Nursing model had been signed off at a recent Strategy Group meeting and was currently being implemented. David highlighted that one of the recommendations within Waiting Times management had no comment from the service lead and showed concern should this wait until the next Audit Committee meeting in September. Vivienne agreed to speak with Phillip Lunts and Katie Buckle to get an update which she would email around the Committee for information. Carol Gillie also agreed to provide a verbal update at the Board meeting on 25th June under the Audit Committee update. Evelyn advised that Katie has been progressing this since taking up post 2 weeks ago.

Chris Brown commented that 5 outstanding recommendations was the lowest he had seen recorded for any Board which highlighted the positive effect of the process that had been put in place.

The Committee noted the report.

6.2 *Debtors Write-Off Schedule*

Vivienne Buchan spoke to this item. Vivienne reported that for the first quarter to 30th June 2015 there had been no debtors write off. It was noted that progress continues with recovery work on historic debts and it was anticipated there would be write offs during the second quarter. Stephen Mather noted that dental was the main area for write offs and asked if appropriate action was being undertaken. Vivienne reminded of the update provided by Marion Wood at the March meeting on the new process that has been introduced and the proactive work being undertaken. The Committee discussed payments methods where it was noted that when settlement is made by credit card the charge for this is picked up by NHS Borders. Susan Swan advised that she was looking

at the cost of this to the Board and will be passing the findings to the Director of Finance for review.

The Committee noted the report.

7. External Audit

7.1 *ISA 260 Assurance Report 2014/15*

Chris Brown introduced this item. Chris explained that the audit is to provide assurance to allow approval of the financial statements and was pleased to report that the audit is now complete and the audit opinion is unqualified. It was noted that the Board had met all its financial targets. Chris highlighted one minor issue around control improvements but stressed that this was an unadjusted difference and was of no significance. David Eardley added that this is purely a difference on professional judgement and must be reported as per audit standards but has made no impact on the audit opinion. David then highlighted areas of interest within the report and confirmed that there was nothing specific to bring to the Committee's attention. It was noted that appendix 3, letter of representation, would require to be signed along with the annual accounts at the Board meeting on 25th June 2015. Stephen Mather thought it was remarkable to have received an unqualified audit opinion which reflected the hard work of all those involved. The Committee noted their congratulations. Carol Gillie also noted her thanks to External Audit for their support during the process.

The Committee noted the ISA 260 assurance report for 2014/15.

8. Annual Accounts 2014/15

8.1 *Final Annual Accounts 2014/15*

- *Update of Changes to 2014/15 Annual Accounts*
- *Audit Scotland Good Practice Note – Improving the Quality of NHS annual Report and Accounts*

Susan Swan spoke to this item. Susan reminded of the detailed session held on the 20th May 2015 to go through the accounts and the update provided on the draft accounts at the meeting on 1st June 2015. Susan advised that all changes made since the last meeting had been highlighted within the update report and went on to take the Committee through these. David Davidson asked for an update on Crumhaugh. Susan advised that as this property had been declared surplus this had been transacted through the accounts as an impairment and she did not expect any issues to arise from this. Doreen Steele asked if NHS Borders still use VAT Liaison. Susan confirmed that we are in a national contract for this service. External Audit had no comments to make on the changes discussed.

Susan referred to the Audit Scotland good practice note on improving the quality of NHS annual report and accounts which had been issued in December 2014. Susan took the Committee through the changes that had been made to the accounts process against the recommendations made within the good practice note. Susan felt that all of these had been picked up and would expect Audit Scotland to review the accounts to ensure the recommendations had been taken into account. Chris Brown confirmed that this would very likely be the case and noted his thanks for undertaking this exercise to provide assurance.

The Committee noted the update of changes to the Annual Accounts for 2014/15 and the Audit Scotland good practice note.

8.2 *Final Endowment Fund Annual Accounts 2014/15*

Susan Swan spoke to this item. Susan reported that the Endowment Fund Board of Trustees had approved the Endowment Annual Accounts on 3rd June 2015 and confirmed that an unqualified audit opinion had been received by Geoghegans, the External Auditor. Susan highlighted the audit memorandum which had been circulated for information. It was noted that Trustees would receive an update on progress against the recommendations at the next meeting in October.

No issues were raised and David Davidson noted his thanks on behalf of the Audit Committee to all those involved in the Endowment Fund Annual Accounts process.

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

8.3 *Final Patient's Private Funds Annual Accounts 2014/15*

Susan Swan spoke to this item. Susan reported that an unqualified audit opinion had been received by Geoghegans, the External Auditor. Susan highlighted the audit memorandum which had been circulated for information.

No issues were raised and David Davidson noted his thanks on behalf of the Audit Committee to all those involved in the Patient's Private Funds Annual Accounts process.

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

9. **Corporate Governance Statement**

9.1 *Final Review of Corporate Governance Statement*

Susan Swan spoke to this item. Susan reminded the Committee of the review of the draft statement at the previous meeting and referred to the summary of changes document which noted all changes made since the last meeting. Susan took the Committee through these where it was noted that the 3 high risks identified within Internal Audit's Annual Report had been identified within the Corporate Governance Statement. Reference had now also been made to the unqualified audit opinion given on the statement of accounts. David Davidson asked for an update on Business Continuity following discussion at the last meeting. It was noted that Tim Patterson and Lorna Paterson, along with the Clinical Board reps they felt were appropriate, would attend the December meeting to provide an update on progress. Chris Brown referred to the letter to Scottish Government regarding any significant governance issues that had arisen during 2014/15. Chris noted that this included the 3 high risks identified within Internal Audit's Annual Report, however he did not feel that they were of enough significance to raise with Scottish Government. Chris added that it was appropriate to include these within the Corporate Governance Statement. Following discussion Susan agreed to amend the letter, taking into account the comments received, and circulate around the Committee for comment.

The Committee noted the update on the review of the System of Internal Control. The Committee noted the updated Annual Assurance Statement from the Chair of the Audit Committee and the updated Governance Statement.

The Committee discussed the notification letter to the Scottish Government Portfolio Audit Committee and agreed that this should be amended to reflect the comments received.

10. **Any Other Competent Business**

None.

David Davidson noted his thanks for the all the hard work that had gone into the annual accounts process and wished everyone a good summer break.

11. **Date of Next Meeting**

Monday, 21st September 2015 @ 10 a.m., Board Room, Newstead.

BE
18-06-15

APPROVED



Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday 29 July 2015 at 2pm in the BGH Committee Room

Present: Stephen Mather David Davidson

In Attendance: Evelyn Rodger Laura Jones
Dr David Love Sheila MacDougall
Dr Alan Mordue Adam Wood
David Thomson Dr Jonathan Kirk
Charlie Sinclair (arrived 14:11) Irene Bonnar (arrived 14.18)
John McLaren (arrived 14.18) Nicky Berry (arrived 15.30)
Dr Brian MacGowan (arrived 15.30)

1. Apologies and Announcements

The Chair noted that apologies had been received from Jane Davidson, Dr Sheena MacDonald, Sam Whiting, Karen McNicoll and Doreen Steele.

The Chair welcomes Adam Wood, who is deputising for Sam Whiting.

2. Declarations of Interest

None received.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 20 May 2015 were amended at page 3, to read “Susan Manion to bring the plan for the implementation of anticipatory care plans” and with that amendment the minutes were approved.

4. Matters Arising

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

5. PATIENT SAFETY

5.1 Infection Control Report

Adam Wood attended the Committee and understood that people had read the report prior to the meeting and that he is willing to take questions.

The Chair enquired about page 3 of the report and that the total Staphylococcus aureus Bacteraemia (SAB) by Primary Infection Categories is mainly urinary sepsis and skin infections. He wanted to know what was being done to reduce this. Adam advised that NHS Borders can decolonise the body, but these infections come in from outside the hospital setting. There is work to promote the safe use of catheters both in Acute and Community settings. The Committee noted that everyone coming into the Borders General Hospital (BGH) is subject to a swab for Methicillin-resistant Staphylococcus aureus (MRSA), apart from obstetrics and mental health, which is over and above the national requirements.

The figures also include people who obtain a SAB from outside the hospital and the figures do not show where people obtain these infections. One of the reasons for a reduction in infections is hand hygiene and there is training in place and to encourage staff and visitors to use the hand gels provided throughout the hospital.

The Chair asked that on page 4, section 4 on 'infection control related issues' the report highlighted that Significant Adverse Event Review (SAER) is underway after a patient with Carbapenemase-producing Enterobacteriaceae (CPE) was not isolated. The admission assessment was not completed and the Chair wants to know why the procedure was not followed. Adam advised that he did not have the answer to this at the present time. **ACTION:** to investigate and report back to the Committee in the next Infection Control Report.

David Davidson noted on page 8 of the report, section 6 'NHS Borders cleanliness monitoring' that there is a downward trend in cleaning requirement. Adam advised that this was noted by the Infection Control Team and since then there has been increase in hours for cleaning staff and that the situation has improved.

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

5.2 Adverse Event Overview

Laura Jones advised the recommendations detailed in the Overview are that:

- A thematic analysis of falls is prepared for the next meeting to enable a more detailed review of this area including the approaches to reduce falls and their impact
- A section on learning and improvements from Significant Adverse Events Reviews (SAER) is introduced into future reports for the committee to provide assurance that learning from events is leading to system, process and culture change across the organisation.

The Chair noted that on page 5 – SAER for the BGH have reduced and there has been a huge improvement and congratulate all who have been involved.

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

5.3 Annual Claims Report 2014/15

Sheila MacDougall advised that this report now includes the number of new claims every year and is detailed on page 3. She advised that the claim numbers are low compared to other Boards. The chair highlighted two never events and Sheila provided assurance that both have been included in the SAER process and learning has been put in place.

David Davidson highlighted that the Healthcare Governance Steering Group is stipulated on page 6, however, this Group has been disbanded. Evelyn clarified that this is a retrospective report and reflects the structure that was in place at the time.

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

5.4 Needlestick Report

Irene Bonnar advised that this report was developed following a request at 4 March 2015 meeting where the Committee wanted more detailed information, which is now held in Appendix 2. She advised there is a decrease in needlestick injuries due to the new safety needles, but there is an element of human error that is a factor. In these instances Occupational Health and Infection Control work together following Health and Safety Executive (HSE) guidance.

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

5.5 Moving and Handling Training Update

Irene Bonnar and John McLaren advised that this came to the Committee in September last year and that the Committee requested an updated position. This report pulls together the whole financial year 2014/15.

John McLaren advised there has been work completed around managers and what expectations they should have on deciding what training their staff required. There was a misconception that staff had to attend all training, which is not the case. The risk assessment/Professional Development Plan (PDP) process identifies the training requirements for the staff member. This is on the agenda for all Performance Reviews and can assure the Committee that it is being discussed through the organisation.

The Committee noted that the cancellations are still high and that there is no recording as to why it has been cancelled. Irene advised this is due to some managers not advising what the reason is cancelled.

ACTION: Irene to send the Non-Executives the cost to the Board for non-attendance.

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

6. CLINICAL EFFECTIVENESS

6.1 Clinical Board update (BGH)

Charlie Sinclair advised that this report is for noting and there are no specific actions for the Committee.

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

6.2 Clinical Board update (Mental Health)

David Thomson advised the planned clinical records audit was planned in July and has now been deferred to September.

The **CLINICAL GOVERNANCE COMMITTEE** had no questions and noted the report.

6.3 Clinical Board update (Primary & Community Services)

Jonathan Kirk advised that the paper is for noting and thanked Charlie for preparing this report which was done whilst Jonathan was on leave.

The **CLINICAL GOVERNANCE COMMITTEE** had no questions and noted the report.

6.4 Clinical Board update (Learning Disabilities Service)

David Thomson represented Learning Disabilities Services for this report. David Davidson enquired about the risk of not having Learning Disability Assessment and Treatment Unit inpatient beds within the Scottish Borders. Alan Mordue advised the Committee that in relation to the beds there are discussions with Lothian to provide the facility for the Lothian and Borders area, however, this will take some time to bring into fruition. In the interim the risk is being managed.

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

7. ASSURANCE

7.1 Clinical Governance Terms of Reference & Self Assessment

ACTION: In relation to the Terms of Reference this shall be brought back to the next meeting for noting.

ACTION: Self Assessment: For the Non-Executives to complete and return to Zoe.

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

7.2 Tissue Viability Annual Update

Charlie Sinclair reminded the committee that at its last meeting it had requested sight of the detailed Workplan for achieving zero avoidable pressure injuries by December 2015. He advised the Committee that they should be assured that an effective action plan is in place. Evelyn enquired about the red and amber items and whether this is due to slippage? Laura & Sheila confirmed that RAG status should only identify items as amber or red **if** the plan was not progressing as planned. After discussion, Charlie advised that the actions are green as they will be completed within the timescales set.

It was noted by the Committee that Charlie is sighted on individual ward performance.

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

7.3 Healthcare Environment Inspectorate (HEI) Update

David Love advised the Committee that they had received the report in advance of the meeting and was prepared to answer any questions.

David Davidson wondered whether anyone is checking that the cleaning by domestic staff has been completed to standard as this HEI report has damaged patient confidence in NHS Borders and is open for press scrutiny. Evelyn Rodger clarified that it was not domestic staff which had been the issue but the cleaning and adherence to other standards by theatre staff. It was confirmed that there is now a range of different checks and audits that have been put in place throughout the day. She advised that the Inspection is being treated as a positive experience and that work can be taken forward and actioned.

The Infection Control report is at every Board meeting and there is a small section which has been added to the weekly Board update to inform the Non-Executives of developments.

David Love advised that of each of the 7 requirements the top 6 now have immediate spot checks and this will provide data over a period of time that can provide assurance.

ACTION: To bring a standing appendix of theatres on the Clinical Governance Committee Infection Control report.

ACTION: Infection Control to include the Non-Executives to the spot check emails.

Jonathan Kirk advised that NHS Borders are looking to extend spot checks throughout the hospital and the community hospitals as well.

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

7.4 Public Health Annual Update 2014/15

Alan Mordue wanted to highlight sickness absence chart on page 2 and wanted to reassure the Committee the sickness absence policy has been adhered to.

Page 6/7 – Health Promoting Service ‘Small Changes, Big Difference’ has reached the final of a National award.

The **CLINICAL GOVERNANCE COMMITTEE** had no questions and noted the report.

7.5 NHS Borders Screening Programmes Report 2013/14

Tim Patterson and Julieann Brennan spoke to this report which has gone to the Public Health Governance meeting.

Tim advised that there has been an increase over the years of national screening programmes. The key issues are:

- Cervical and breast screening – nationally there is a reduction in uptake and work suggests it is due to a lack of awareness, particularly in cervical, and young women.
- Diabetes Retinopathy screening – NHS Borders has only had one screener. Temporary staff have been added but there is an increase in people suffering from diabetes. It was noted that this has been discussed at the Strategy Group and is due to go back in the near future.
- Colonoscopy – have not been offering appointments in time, however, it is now almost at resolution.

The Committee noted that NHS Borders has increased its screening in deprived areas of the community.

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

7.6 Morecambe Bay Update

Nicky Berry and Brian McGowan spoke to the Committee regarding the Morecambe Bay update. Nicky advised that there are 15 recommendations, of which, NHS Borders are fully compliant with all bar one which is partially complaint.

The Chair sought clarity over recommendation 2 as the response does not mention anaesthetics or intensive care. Brian advised that there is joint training and the anaesthetic staff work with obstetrics. **ACTION:** this should be added to the action tracker.

David Davidson enquired about whether due to recommendation 20 on Page 12 is NHS Borders has a local risk? Nicky advised that it is but it is the same for other Boards.

ACTION: Evelyn will speak to June about further action on staff recruitment and retention.

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

7.7 Vale of Leven Update

Charlie Sinclair advised that all Boards were required to submit their data nationally. It was noted that recommendation 14 has been completed.

In respect of recommendation 72 Laura and Sam are discussing this and it will be brought to a Non-Executive Director meeting. **ACTION:** Laura and Sam to arrange attendance at next Non-Executive Director meeting.

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

7.8 Occupational Health Annual Update

Irene wanted to highlight to the Committee the recommendations:

- Staff commencing post prior to health clearance;
- Non attendance in Occupational Health appointments; and
- Uptake in Training

These have gone to the Clinical Executive Operational Group (CE Ops Group). In light of that, these have been added to the Performance Reviews, supported by the CE Ops Group.

David Davidson enquired about page 6, regarding the 'use of counselling services'. Irene advised it is a limited resource and there has been sickness absence, however, the team are now back to full capacity and Key Performance Indicators (KPI's) have improved.

Evelyn wanted to commend Irene and Sheila's team in relation to the work around this and risk management in the last year.

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

8. ITEMS FOR NOTING

8.1 Minutes

The following minutes for:

- Child Protection Committee
- Adult Protection Committee
- Public Governance Committee

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

8.2 Medical Education Update

This has already gone to the Board.

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

8.3 HAI 2014/15 Activity Report

The Chair noted there are a lot of overdue projects. Adam advised these have been transferred over to 2015/16 timetable. In the past it has been due to waiting on national guidelines, but a decision has been made to commence the work whilst waiting on these. Currently there are 9 outstanding and can assure the Committee that the Infection Control Committee go through this information in fine detail.

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

9. Any Other Business

9.1 Update on risk to Anti-D immunoglobulin supplies

Nicky Berry advised there is a potential issue of supplies Anti-D. This is used to prevent immunisation during potential intra-uterine immunising events during varying stages of pregnancy.

NHS Borders have assessed their stocks levels and we have a guideline that these women can have one dose. She assured the Committee that there are no adverse effects for the pregnant women.

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

9.2 Reports

David Davidson wanted to commend the members of the Committee on the context of the reports which have improved in the last couple of months.

10. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday, 16 September 2015 at 2pm in the BGH Committee Room.

The meeting concluded at 15.53



STAFF GOVERNANCE COMMITTEE

Notes of the meeting held on Monday 15th June 2015 at 10amin the Committee Room,
Borders General Hospital, Melrose

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

Ex Officio Capacity: Kath McLaren

In Attendance: June Smyth
Helen Clinkscale
Natalie MacDonald
Irene Bonnar
Nicola Barraclough
Sheila MacDougall
Kath Liddington
Liz Reilly
Elizabeth McKay (Minutes)

1. Welcome, Introductions and Apologies

Apologies were received from Pat Alexander, Evelyn Rodger, Jane Davidson, Irene Clark, Evelyn Rodger, Shirley Burrell, Maggie Czajka and Louise Robson

2. Minutes of Previous Meeting held Monday 1st December

Amendment to minutes: -

Page 7 – 10b) Risk & Safety Update – Paragraph 3, Lines 2 / 3 to read
‘Clinical Governance
Line 4 / 5 to read ‘Healthcare Governance Steering Group’

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

Action Tracker

Action Tracker Updated.

Matters Arising

Nil of note.

3. 'iMatter' Deep Dive (Standards 1, 2, 3, 4 & 5 apply)

Liz Reilly, National Staff Experience Lead, updated the Committee on the progress of local and national level regarding staff experience employee engagement index (EEI) continuous improvement model known as iMatter. It is one of the Organisational Culture priorities of the 20/20 Workforce Vision. The National Staff Experience team will support Boards in implementing the process by 2017. It will be implemented within NHS Borders by 2016. Key points to note include:

- 'iMatter' progress should report in to the Area Partnership Forum as well as the Staff Governance Committee.
- The goal is to enhance staff experience links to patients experience
- The tool has been externally validated to ensure quality
- The first cohort of iMatter within NHS Borders went live in February 2015 with 86% of staff completing the survey. All teams were briefed via awareness sessions.
- Results are now available to each team enabling staff to develop their action plan and story boards.
- Ownership of team reports sits with the team and should not be shared beyond the team.
- Actions should be manageable and reflect needs identified in the results, this is the part of the process that will make a difference
- As a continuous improvement model the process will be repeated annually.
- A discussion took place regarding team changes after the action plan has been set. It was reported the action plan will continue as it is a live document.
- A discussion took place regarding stability. It was noted 3,500 staff developed the process giving the tool a strong validity.
- A discussion took place regarding the Staff Survey and whether 'iMatter' will replace the survey. It was reported it is not a replacement and the Staff Survey will continue. Both processes should advocate the other survey to ensure that staff recognise the importance of both.

Irene Bonnar spoke to the two reports 'iMatter' NHS Scotland Report 2015 and Board Report 2015 that was circulated with the agenda which led to discussion.

- NHS Borders response rate for cohort 1 was 86% higher than national average.
- NHS Borders is only one of two Boards which have over 80% EEI

- There was discussion regarding the Board level report which highlights low scores in the 'organisation' section. Liz Reilly informed that this reflects reports of other Boards.
- Stephen Mather informed there is a lack of understanding within the organisation. John McLaren advised there is a complexity around the various tools we use to achieve similar things and we need to bring them all together in a simple way.
- Irene Bonnar informed she has the proposed 'iMatter' timetable to roll out to the organisation that can be shared with the group.

Allyson McCollam gave an update on her management team's experience: -

- The team spent a lot of time looking through the report which provided their three actions
- Considered how inclusive they were as a team
- They flagged up staff own learning and development and to provide personal learning time which they would build in.
- Also issues around teams dynamics one of the actions to take this to an away day event.
- There are staff employed by SBC within the team and this was factored in
- It has been a positive experience and look to embedding going forward.

June Smyth asked Liz Reilly is there opportunity to sharing information with other Boards and is there support from a national perspective. This will be done nationally with Scottish Workforce and Governance (SWAG). It was reported that it has been an opportunity to provide a framework and structure and it has been a positive experience.

Sheila MacDougall asked if SBC integration staff have been involved in the process. June Smyth informed a conversation has not yet taken place with the authority but may be discussed at a future Integrated Workforce group meeting.

John McLaren asked Irene Bonnar and Liz Reilly if there are any actions required to be carried out by the Staff Governance Committee.

- **Irene Bonnar advised it is about taking 'iMatter' forward and to plan carefully to roll the process out to the organisation. The committee were asked to note the progress to date and support the process forward for those not yet implemented. The Committee noted the progress and asked for ongoing updates on iMatter as it progresses.**

4. SGAP: Quality Audit on Appraisal & PDP (Standards 1.2.3.4 & 5 apply)

Kath Liddington gave a presentation on the findings from the audit. The point of the survey was to evaluate and to look at the impact of the Appraisal & PDP process on how staff carry out their job. Three hundred staff responded to the survey which was very good.

A paper recently went to the Area Partnership Forum where it was agreed to set up a subgroup which have now met and have provided proposed recommendations. Kath took the group through the recommendations which led to a discussion and provided another recommendation to look at the paperwork and tools.

A discussion took place regarding the quality of conversations at appraisals. It was reported twenty five percent of staff did not receive any objectives. The Committee asked for this issue to go back to the Area Partnership Forum.

A discussion took place regarding the outcomes of PDPs. It was reported the majority of staff do not have a follow up meeting. It was noted the frequency of meetings was significantly variable across respondents.

The report to be shared with the Clinical Boards to enable them to provide actions for their action plans.

Nicola Barraclough highlighted the usage of language within the paperwork as it can be confusion for staff. There does not appear to be anything around systems or KSF. Kath Liddington advised they were looking at the content of the appraisal. Helen Clinkscale reported PDPs is in the national PIN guidance.

It was suggested to link in the corporate objectives as it would be more meaningful.

Stephen Mather asked what is expected from the PDP and should we be asking people what they require from it? A discussion took place regarding what managers expect and staff understanding. Kath Liddington reported the sub group had a discussion regarding how to clarify this. It was reported revising the policy will enable to provide a clear understanding of the process.

It is practical to provide objectives as there could be a long gap between meetings. It is about getting the best out of an appraisal discussion but also to understand performance and their objectives.

June Smyth informed there is a national PIN but We are still not hitting the mark with what we have got. We must be consistent with the national policy and to look at the language and the paperwork and to incorporate the corporate objectives. E-KSF is causing confusion to staff and hopefully we may be able to influence with the new tool. June Smyth's plea is to take it away to revise and bring it back to a future meeting as a simple tool / set of paperwork that staff will readily understand.

Helen Clinkscale reported Kim Smith, Proactive Development Lead recently visited Salford last year and informed every member of staff have a objective from the corporate objectives. John McLaren informed we require feeding this information in to the sub group. Sheila MacDougall asked for Support Services to be included in to the next steps. The Subgroup has already formed from the APF and anyone else who wishes to contribute to contact Elizabeth McKay to be added to the membership.

- **The Subgroup will feed directly into the APF who will then report progress to the Staff Governance Committee. The work undertaken to date was noted by the Committee.**

Mandatory & Statutory Training Group Update

Helen Clinkscale advised a deep dive on this item will take place at the next meeting. Helen spoke about the policy which will go to the next Area Partnership Forum for sign off. One of the significant issues is about the centralising of training. We are currently looking at the capacity of training across the organisation.

John McLaren reported the Mandatory & Statutory Working group have asked for managerial and clinical input to sit on the working group. The Terms of Reference has been revised to reflect this. Stephen Mather asked how do we determine what is mandatory training and should we be looking at the core training that everyone within the organisation should be carrying out. Everything else should become specified to individuals and should be placed in staff PDP. It was noted that there has always been challenges around the definitions. However this is highlighted in all communications from Training & professional Development and we now have a process for seeking training to become Mandatory, this is still being tested and may require adjustment.

It was reported the paper to be completed and to be agreed at the Area Partnership Forum for sign off and then to go the Clinical Executive Operational meeting for agreement.

Helen Clinkscale advised NES Scotland carried out a piece of work to come up with a common dominator with regards to Statutory and Mandatory training. An internal audit will be carried out from July 2015 testing that all staff is receiving the training they require.

John McLaren highlighted the Mandatory & Statutory Training policy is going to the Area Partnership Forum for sign off next week and it has been fully consulted upon. The other element is a project undergoing for nursing staff which is linked to revalidation which is key to staffs training elements which will help to address the training nurses require.

- **The Staff Governance Committee were happy to note the documents and presentation.**

5. Revalidation (Standards 1, 2, 3, 4 & 5 apply)

- **To be deferred to the next meeting**

6. Car Parking Update (Standards 1, 2 & 5 apply)

Natalie McDonald spoke to the key issues. The Car Parking group meeting was held on the 2nd June 2015. The issues discussed at the last meeting are currently being actioned. One of the issues discussed was the court actions against multiple offenders. Minster Baywatch was in attendance at this meeting and will produce a report.

Karen Hamilton informed Minster Baywatch can provide a form of Plate Recognition at no cost. Karen also spoke about appeals process where more time is required to discuss what is an appeal,

John McLaren advised there is still a lot of traffic on from Ask the Board regarding staff receiving car parking tickets. John informed a full discussion requires taking place regarding no returns. John also enquired about further legal action and has anxieties regarding Minster Baywatch apparent actions of selling on charges to debt collector companies.

Karen Hamilton would like to seek assurance that we are content that the process it is legally tight. John sought that we follow up action in action tracker from last meeting which sought for a meeting to be held with Minster Baywatch regarding the appeals process and how they manage the collection of debts. John would be uncomfortable until this is done progressing with court action. It is vital that the Board reputation is protected.

Sheila MacDougall professionally would like to see other NHS premises car parks being included in the work of the Car Park Group. Irene Bonnar sought further discussion about staff who are blue badge holders as Occupational Health deal with this regularly. It was agreed Irene to pick this issue up out with this meeting.

- **Committee noted the previous actions and this update will continue to seek updates at every Staff Governance Committee.**

7. Staff Survey Verbal Update (Standards 1, 2, 3, 4 & 5 apply)

John McLaren gave an update. The survey will be launched week commencing the 10th August for a six week period. The working group continue to meet regularly. Within the survey we have the choice of having two free text boxes or local questions. The Staff Survey group think it would be beneficial having both resources as we can respond to what staff is asking for but there would be a cost to the organisation. We are also looking to use social media to highlight to staff the survey is underway. This is to be taken to BET.

Karen Hamilton asked about the link between 'IMatter' and the Staff Survey would it impact on both surveys. John McLaren advised Capita who are running this years survey will highlight the difference within the engagement letter to staff when receiving the survey electronically or by hard copy. John advised further the Staff Survey Group and Support Services have been engaged with the outcomes from the last years action plans. Feedback will be given at the next meeting.

- **Progress from last years survey noted and staff survey will be standing item on Committee.**

8. Staff Governance Action Plan (Standards 1, 2, 3, 4 & 5 apply)

John McLaren asked the Committee to note and sign off the Action Plan as updated. He suggested a proposal to be brought back to the next meeting with revised or new actions to be taken forward.

John took the Committee through the plan. On Page 6 of the Plan it reports on the Social Media Policy. John advised there is a slight change to this as SBC informed at the last Workforce Integration meeting they have this policy which we could adopt and therefore one less policy that we would need to harmonise through integration. This policy will go to a future Area Partnership Forum following which it will be issued for consultation and hopefully signed off at the October Area Partnership Forum.

- **Committee signed off the Action Plan and to continue on the Workplan and updated at Committee.**

9. Draft Staff Governance Monitoring Framework – SG Return (Standards 1, 2, 3, 4 & 5 apply)

John McLaren advised he sent NHS Borders response to Scottish Government. John informed Bob Salmond will be returning back as a member of this committee. John recently met with Bob to look at the process to ensure the Non Executives are involved in the process. It is about having early engagement with the Committee.

- **The Staff Governance Committee was happy to sign the paper off.**

10. Director of Medical Education Annual update

John McLaren informed this paper is here for noting as it has already been agreed with the Board.

- **The Staff Governance Committee was happy to note this item.**

11. Items for Noting

a) Remuneration Committee Annual Report

Iris Bishop informed it is a high level report and provides the activities within the last year.

- **The Staff Governance Committee were happy to accept this report**

b) Occupational Health Report

Irene Bonnar gave an update of the activities within Occupational Health. A discussion around the use of acronyms ensued. Irene will take this on board.

Karen Hamilton enquired about the uptake on flu asking if it was related to NHS staff. Irene Bonnar advised the information provided is for only NHS staff.

- **The Staff Governance Committee was happy to note the paper.**

c) Risk & Safety Update

Sheila MacDougall advised the annual report will be provided at a future meeting. The update mirrors what Irene Bonnar informed in her report around training.

John McLaren highlighted Adverse Events. Sheila informed she provides to the entire organisation but it will be discussed fuller at the Clinical Governance Committee.

- **The Staff Governance Committee were happy to note the update**

d) Celebrating Excellence Awards

Carly Lyall gave an update Three hundred and thirty people attended the event which funding was received from the endowment fund. Positive feedback and future suggestions was received from the evaluation sheets from staff. John McLaren asked for a correction to the paper to read it was Unison that gave a donation not Unite. John McLaren noted it was a successful event and thanked the staff involved in the arrangements for their hard work.

- **The Committee were happy to note paper.**

e) Appropriate Access to other Committee Minutes: -

Healthcare Governance Committee

Area Partnership Forum

Occupational Health & Safety Forum

Mandatory & Statutory Training working Group

- **The Staff Governance Committee was happy to note the above minutes.**

12. **Any Other Competent Business**

- a) Revised Staff Governance Committee Agenda

John McLaren asked the committee if they are happy with the revised agenda.

- **The Committee agreed to the revised agenda which is to include the appendices numbering as with the Board.**

13. Date of Next Meeting

Monday 14th September 2015 at 10am in the Committee Room, BGH.



Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 22 June 2015 at 2.00pm in the Council Chamber, Scottish Borders Council

Present:

Cllr C Bhatia	Mr J Raine
Cllr J Mitchell	Dr S Mather
Cllr F Renton	Mr D Davidson
	Mrs K Hamilton

In Attendance:

Miss I Bishop	Mrs F Morrison
Mrs E Rodger	Mr D Bell
Mrs C Gillie	Mr D Robertson
Dr E Baijal	Mrs K McNicoll
Mrs S Manion	Mr J McLaren
Mrs T Logan	Mrs J Davidson
Mr J Lamb	Mrs E Torrance
Mr A Pattinson	

1. Apologies and Announcements

Apologies had been received from Mrs Pat Alexander, Cllr Jim Torrance, Mr Andrew Leitch, Dr Sheena MacDonald, Cllr David Parker and Mrs Jenny Miller.

The Chair confirmed the meeting was quorate.

2. Declarations of Interest

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Shadow Board held on 9 March 2015 were approved.

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 27 April 2015 were approved.

4. Matters Arising

4.1 Minute 2: Standing Orders: Susan Manion clarified that following a discussion she had had with the Chairman of NHS Borders both the Medical Director and Director of Nursing & Midwifery were invited to be non voting members of the Integration Joint Board. In line with legislation a GP representative was also being sought as a non voting member of the Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5. Programme Highlight Report

Mr James Lamb gave an overview of the content of the report. He highlighted the feedback received on the Draft Scheme of Integration from the Scottish Government and the engagement events that had been held and those that were scheduled to take place over the summer period to enable engagement on the Draft Strategic Plan.

Discussion focused on the importance of the engagement process and the reinforcement that the draft strategic plan was a co-production; staff and public attendance at engagement events; costs of publicising engagement events verses attendance levels; interaction at engagement events; using wider tools for engagement such as community councils and councillors; targeted approach to home carers; learning from Heriot Watt event; and format of attendance at the forthcoming Kelso Show.

Mr John Raine reminded the Integration Joint Board that the draft scheme of integration was owned by both partners and would require further negotiation and resolution prior to being resubmitted to Scottish Ministers for further review. Mrs Manion advised that there were 36 key points raised of which most focused on wording; clinical and care governance approach; clarification on developing a performance framework and describing the delivery of services and how that was reported. Mrs Manion further advised that both Mrs Tracey Logan and Mrs Jane Davidson would be meeting to discuss the points that had been raised. The next iteration was due at the end of July.

Mr Raine commented that both partners should not allow themselves to be pushed into making changes that did not match the NHS Boards' interpretation of the legislation and he suggested seeking legal advice was important in that regard.

Mrs Jane Davidson commented that formal feedback had not yet been received to herself and Mrs Logan. Mrs Tracey Logan commented that there was nothing that could not be overcome and agreed with Mr Raine that it was important to receive legal advice and not to be pushed into a certain direction. She was resolute that the partners interpretation must be clear.

Cllr Catriona Bhatia urged resolution to ensure progress could be made in focusing on integrating services for the population of Scottish Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

6. Draft Strategic Plan

Dr Eric Baijal presented the draft strategic plan and spoke of co-production, and meaningful engagement with stakeholders.

A debate ensued regarding the readability of the document, its format and content. Several key suggestions and points were raised including: a plain English version of the strategic plan; version control; style, language and grammar; description of the Integration Joint Board; budget description; acronyms; reflect staff skills, knowledge and experience; inclusion of measurements and outputs; formation of an executive summary; inclusion of MEPs in consultation process; inclusion of projects being taken forward to make the document more tangible to the public; and inclusion of commissioning change, inequalities, what is the aim.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the draft Strategic Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** sought a revised version of the plan given the comments received during discussion.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the timescale should be extended in light of the discussion.

Tracey Logan left the meeting.

Elaine Torrance left the meeting.

7. Nursing & Midwifery Council (NMC) proposed model for Revalidation

Mrs Evelyn Rodger advised the Integration Joint Board on the expectations of revalidation for registered nurses and midwives. She highlighted several elements including; revalidation through appraisal systems; third party confirmer; system pilot by NHS Tayside: and ageing nursing workforce.

Mr David Davidson sought assurance from NHS Borders and Scottish Borders Council (SBC) that the standard of nursing care provided by NHS Borders and the various care providers commissioned by SBC would be delivered at the appropriate professional standard required.

Mrs Rodger confirmed that NHS Borders nursing staff worked to their professional standards and advised that non NHS providers would be invited to be involved in the learning from the Tayside pilot.

Clr John Mitchell enquired if the “good character” element was the individual with the employer confirming it. Mrs Rodger advised that it was the individual with both the employer and the third party validator confirming good character and she gave an example of a situation where good character could not be confirmed.

Mrs Susan Manion advised that Mrs Elaine Torrance would bring a paper to a future meeting on the role of the Chief Social Work Officer.

Mrs Rodger advised that Nursing & Midwifery Revalidation was included as part of NHS Borders Strategic Risk Register and suggested it be included in the Integration Joint Board risk register when it became operational.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

8. Business Cycle 2015/16

Mrs Susan Manion introduced the revised business cycle. Cllr Catriona Bhatia sought views on any potential Integration Joint Board and Development session agenda items.

Discussion focused on the Programme Board and it was noted that the Highlight Report was essentially the Programme Board report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the revised business cycle for 2015/16.

9. Monitoring of the Shadow Integrated Budget 2014/15

Mrs Carol Gillie reported the position at 31 March 2015 which was still subject to review by external audit. She advised that the budgets for 2014/15 were as per the original scope and there was a £620k overspend on a budget of £132m. Mrs Gillie highlighted that despite significant investment the pressure on older people's services was likely to continue in the future and with regard to prescribing the main issue remained the volatility of drug prices.

Mrs Gillie confirmed that the partner organisations continued to project a break even position at the year end as each partner would manage their respective overspend areas.

Mrs Karen Hamilton queried the "holiday pay" element of the overspend in the Older Peoples Service. Mr David Robertson commented that it had been a consequence of an additional charge in year. Mrs Gillie confirmed that holiday pay was built in normally.

Mr David Davidson enquired if given the volatility in drug prices a contingency should be held for that specific purpose and built into budget planning. Mrs Gillie clarified that the Medicines Resource Group undertook forward planning and as part of their financial uplift they were required to take into account unseen events.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the budget monitoring report for 2014/15.

10. Monitoring of the Shadow Integrated Budget 2015/16

Mr David Robertson presented the first report of the new financial year and emphasised that the information within the report was to be treated as a point in time. He confirmed that budgeting remained on an aligned basis and any overspend would be met by the relative constituent body. At present monitoring against a budget of £136m showed a small underspend of £28k, however he caveated that pressures were emerging in the Learning

Disabilities and Mental Health Services and an action plan had been prepared to mitigate any overspends.

The Board were advised that volatility in prescribing would continue and there was no evidence of an overspend in that budget area at the present time.

Mr David Davidson enquired if there was an estimate of what the dental payment would reduce by. Mrs Carol Gillie confirmed that the dental payment consisted of what was actually spent the previous year.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the projected position of break even at 30 April 2015.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings and deliver a balanced budget. Where that was not possible Managers would work to bring forward actions to mitigate any projected overspends.

11. Any Other Business

11.1 Integrated Care Fund: Mrs Susan Manion advised that a number of initiatives were progressing to the approval stage including transport and work to facilitate the integration of mental health services.

Mr Alasdair Pattinson spoke of the concept of a house of care model, explaining that a community healthcare team model was proposed for the Cheviot area along with the appointment of a care coordinator. The intention was to lead to better engagement of services around vulnerable patients and ultimately better outcomes. The Torbay model was being used as a template to build on the infrastructure in central Borders to bring together services in a meaningful way for patients.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

11.2 Branding: Mrs Tracey Graham introduced Ms Carin Petterson, Joint Communications Officer for Integration. Ms Petterson presented a suggested logo for branding purposes. During discussion it was suggested that the email banner be removed.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the logo.

12. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 10 August 2015 at 2.00pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 4.10pm.

Minutes of a meeting of the Area Clinical Forum held on Monday 22 June 2015 at 5.00pm in the Committee Room, Education Centre

Present: Mrs Karen McNicoll, Dr Chris Richard, Miss Iris Bishop, Miss Nicky Hall, Dr Tim Patterson, Dr Eric Baijal, Mr David Thomson

Apologies: Mrs Alison Wilson, Mrs Sheena MacDonald, Dr Nigel Leary, Mr Austin Ramage

Agenda Item	Title	Speaker	Summary	Action
1	Apologies & Announcements	KMcN	Apologies were noted. Karen McNicoll confirmed that the meeting was quorate.	
2	Minutes of previous meeting	KMcN	The minutes of the ACF held on 16 February 2015 were approved.	
3	Matters Arising	KMcN	Clinical Strategy: Iris to check re ACF representation on the Clinical Strategy Group.	Iris to check re ACF representation on the Clinical Strategy Group.
4	Draft Strategic Plan - Health & Social Care	EB	Dr Eric Baijal introduced the Draft Strategic Plan and outlined the content and intention of the plan. He advised that the document had yet to be “plain englished”. The Draft Strategic Plan would be out to consultation in early July for 3 months. Both staff and public engagement events were being planned. Comments had been received from the Integration Joint Board and feedback was being sought from the Council and the Health Board. Karen McNicoll advised that the Director of Nursing & Midwifery & AHPs and the Medical Director were non voting members of the Health & Social Care Integration Joint Board (IJB). The Chair of the ACF was an in attendance member of the IJB.	Iris to circulate to the ACF the membership of the Strategic Planning Group and the Care & Clinical Governance Group and Governance & Integration Group. Iris to circulate the Integration Email inbox address to the ACF.

Agenda Item	Title	Speaker	Summary	Action
			Dr Eric Baijal explained the concept and reporting lines of the Integrated Care Fund.	
5	Vale of Leven Report	SW	<p>Sam Whiting gave an overview of the content of the Vale of Level Report and the update against the recommendations. He advised that significant progress had been made since the last self assessment and assured the ACF that the organisation was on target to have fully met all of the recommendations by the end of 2015 as required by Scottish Government. He advised that the current update was required from all Health Boards by 24 June with the approval of the APF, ACF and Chief Executive.</p> <p>David Thomson noted that it had been a huge piece of work and offered his congratulations to Mr Whiting on coordinating such a large piece of work and bringing it to fruition.</p> <p>Dr Chris Richard enquired where the areas with the greatest gap away from the recommendations were for NHS Borders. Mr Whiting advised that the original Vale of Leven outbreak had taken place in 2007/8 and by the time the report was published the whole of NHS Scotland had progressed to a very different place with infection surveillance systems.</p> <p>David Thomson enquired how services were managed when areas were closed due to infection issues. Mr Whiting clarified that there had never been an outbreak of c.diff or cross transmission of it in NHS Borders. The main area of concern for NHS Borders was norovirus and the closure of bays and</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>wards created challenges. These were resolved through working closely with bed management, cleaning services, etc.</p> <p>Dr Chris Richard enquired if the self assessment would push the organisation on to consider change in real estate, redesign or rebuilds as opposed to just behaviours and documentation. Mr Whiting did not think it would move the organisation to that point and he reiterated that work was ongoing with Estates in terms of physical upgrade for premises.</p> <p>Karen McNicoll enquired if the matter was on the organisations' risk register and Mr Whiting confirmed that it was.</p> <p>The ACF approved the self assessment.</p>	
6	NHS Borders PAG final with flow chart	TP	<p>Dr Tim Patterson advised that he would feedback any comments to Dr Sheena MacDonald.</p> <p>Discussion focused on independent contractor complaints procedures; rationale for the group; nursing and other PAMs;</p> <p>A suggested response to feedback to Dr Sheena MacDonald was: Thank you for sharing this information. The ACF discussed the protocol and were unclear in terms of who this applied to and who it didn't and in what situation. There is also a disparity with the name and membership of the group. Also was the intention that this would be an organisational sense check on when you go to the</p>	Iris to draft a response for Karen McNicoll to send back to Sheena MacDonald.

Agenda Item	Title	Speaker	Summary	Action
			<p>professional body, which could be confusing given all profession with have rigorous mechanisms and be clear when they should approach their professional body. It was suggested the first paragraph around purpose be revised in regard to terms and conditions or organisational policies and procedures applicable to employed staff do not apply.</p> <p>Whilst the flow chart appeared to be clearer, it would be helpful to reference it at the start of the document to allay any confusion.</p> <p>It was suggested a revised version of the document be brought back to the ACF for noting and Sheena MacDonald be invited to give an overview of the purpose of the group and an example of when it might be called together.</p> <p>The ACF noted the document and suggested several amendments be passed back to Dr MacDonald.</p>	
7	Out Patients	KM McN	<p>Karen McNicoll advised that there was an intention to form a Transforming Outpatients Services Board with a view to working on a national project to transforming outpatients. Karen McNicoll gave background to the item.</p> <p>The ACF noted the update.</p>	<p>Karen McNicoll to write to Hamish McRitchie seeking some direct clinical involvement or demonstration of direct clinical involvement.</p> <p>Iris to draft an invitation for Karen McNicoll to send to the Programme Manager inviting them to the next meeting of the ACF to give a presentation on the national project.</p>

Agenda Item	Title	Speaker	Summary	Action
8	Clinical Governance Committee: Feedback	KMcN	-	Iris to ask Alison Wilson to provide an email update to the ACF.
9	Public Governance Committee: Feedback	NH	<p>Nicky Hall advised that the last meeting had focused on the GP Out of Hours service and the review that was being undertaken. Other items included: disability areas; new signage; renaming meeting rooms.</p> <p>The ACF noted the update.</p>	
10	National ACF Chair's Meeting – Feedback	KMcN	<p>Karen McNicoll advised that the national ACF had been given a presentation by Paul Gray. She advised that the theme areas for 2015/16 were: workforce pressures, prescription for excellence, national programme, delivery plans, integration, ehealth strategy and health inequalities.</p> <p>The ACF noted the update.</p>	
11	NHS Borders Board: 25.06.15	IB	<p>The agenda and papers were noted and would be circulated by email after the meeting. All papers were available on the shared drive.</p> <p>The ACF noted the update.</p>	
12	Professional Advisory Committee Updates	KMcN	<p>AHPs: Karen McNicoll advised that the AHP committee had met earlier in the day and were struggling with attendance and ensuring they were quorate. Their theme for the year was Health Promoting Health Services.</p> <p>DAC: Nil return.</p> <p>AMC: Nil return. Karen McNicoll and Chris Richard to meet with Sheena MacDonald regarding representatives from the SMSC and GP Sub as the</p>	<p>AMC: Karen McNicoll and Chris Richard to meet with Sheena MacDonald regarding representatives from the SMSC and GP Sub as the connection to the ACF given the non operation of the AMC.</p>

Agenda Item	Title	Speaker	Summary	Action
			<p>connection to the ACF given the non operation of the AMC.</p> <p>SMSC: Dr Chris Richard advised that the main areas of concern were recruitment, specifically anaesthetic cover was difficult. Karen McNicoll suggested Dr Richard seek an update on recruitment from Bob Salmond. She advised she would be happy to offer support in this regard where appropriate. David Thomson advised that he was currently looking at nursing anaesthetics skills as they had been identified through the workforce tools for nursing as a skill shortage.</p> <p>AOC: Nicky Hall advised that the discussion had focused on glaucoma guidelines; working between GPs and Ophthalmologists; and referral routes.</p> <p>APC: Nil return.</p> <p>BANMAC: David Thomson advised that BANMAC had been re-established. They had met on 29 May and looked at their Terms of Reference and attendees. The focus of the meeting moving forward was on revalidation and the new code of conduct. The next meeting would also be looking at educational sessions and younger peoples nursing care.</p> <p>Medical Scientists: Nil return. Karen McNicoll suggested she engage with the medical scientists around how they could engage with the ACF more proactively in the future.</p> <p>The ACF noted the updates.</p>	<p>Medical Scientists: Nil return. Karen McNicoll suggested she engage with the medical scientists around how they could engage with the ACF more proactively in the future.</p>
13	AOCB	KMcN	<p>Karen McNicoll advised that the APF had been keen to re-run the national workforce annual event jointly between the APF and ACF and she had agreed to that proposal.</p>	

Agenda Item	Title	Speaker	Summary	Action
			The ACF noted the update.	
14	Date of Next Meeting	KMcN	The next meeting of the ACF was confirmed as Monday 3 August 2015 at 5pm in the Committee Room, Education Centre.	