

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: 21.01.16
- Audit Committee: 14.12.15, 01.02.16
- Clinical Governance Committee: 14.01.16
- Staff Governance Committee: 07.12.15
- ACF: 28.09.15, 30.11.15
- Health & Social Care Integration Joint Board: 01.02.16

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 21 January 2016 at 10.00am in the Board Room, Newstead

Present:

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

In Attendance:

Miss I Bishop	Mrs C Proudfoot
Dr H McRitchie	Mrs L Jones
Dr A Beaglehole	Ms L Cullen
Mr G Ironside	Mr D Thomson
Dr A Mordue	Mr P Lunts
Mr C Sinclair	Mr A Pattinson

1. Apologies and Announcements

Apologies had been received from Mr Warwick Shaw.

The Chair welcomed Dr Anna Beaglehole to the meeting as Interim Associate Medical Director for Mental Health services.

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

2. Patient and Carer Stories

Ms Christine Proudfoot gave an overview of the Playlist for Life project, she highlighted the background to the project, progress that had been made over the past year and the next steps for the project.

During discussion several elements were raised including: enhanced wellbeing; commitment 11; environment renovation and improvement; community engagement; dementia support; dedicated occupational therapists; community hospital roll out plans; connecting to the carer through personalisation; funding for ipods and associated equipment; and a roll out to the acute sector to be included as part of anticipatory care packages.

Mrs Jane Davidson spoke of the links to the strategic plan and integration work for Older Adults and Care Homes.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient and carer story.

3. Declarations of Interest

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

There were none.

4. Minutes of Previous Meeting

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

5. Matters Arising

5.1 Action 2: Newstead Update: Mrs Pat Alexander enquired if there was any change to the banking situation given the recent flooding in the area. Mrs Carol Gillie advised that another survey was scheduled to be undertaken in February which would pick up any change as a consequence of the recent flooding.

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

6. Review of NHS Borders guidelines on prevention of Cardiovascular Disease (CVD)

Dr Tim Patterson gave an overview of the proposals to review two existing guidelines. Copies of the full report were tabled.

Dr Alan Mordue detailed the outcome of the review and suggested recommendations.

A complex discussion took place and several matters were raised including: formal adoption of a conservative approach; adherence to NICE guidelines; consistency of application across Scotland; efficacy of statins and level of thresholds; SIGN guidance; financial challenges; GP prescribing; cost effective interventions to prevent illness; review of all interventions that are not as cost effective to support the areas that are; equality impact assessment undertaken; ethics and priorities; and a programme of disinvestment in order to invest.

The **STRATEGY & PERFORMANCE COMMITTEE** approved for secondary prevention, the change to Atorvastatin as the first choice statin, starting with 20mg daily and increasing to 40 mg daily if tolerated, with no cholesterol treatment target.

The **STRATEGY & PERFORMANCE COMMITTEE** approved for secondary prevention to offer statin treatment to all patients with chronic kidney disease (stages 3-5) if ≥ 50 years old without risk assessment.

The **STRATEGY & PERFORMANCE COMMITTEE** approved for primary prevention the change to Atorvastatin 20mg daily as first choice statin.

The **STRATEGY & PERFORMANCE COMMITTEE** approved for primary prevention Option 1B as a conservative approach.

7. Older People in Acute Hospitals (OPAH) Report

Mr Charlie Sinclair gave an overview of the content of the report.

Dr Stephen Mather confirmed that the Clinical Governance Committee had discussed and approved the report the previous week.

Mrs Jane Davidson advised that she had contacted Health Improvement Scotland seeking a pilot OPAH inspection, that could be influenced to add specific value to those matters that health care organisations would welcome a focus on.

Mrs Pat Alexander enquired about the opportunity to be more definite about how volunteers were used and Mr Sinclair confirmed that volunteers were recruited and where possible and appropriate they assisted patients at meal times.

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

8. Nursing & Midwifery Workload and Workforce Planning 6 Monthly Report

Mr David Thomson explained that the organization was required to review its Nursing & Midwifery Workforce mandate on an annual basis. He advised that given the current improvement work taking place in the Mental Health Service through the Meridian project, the review of the nursing and midwifery workforce in that service had been postponed until the Meridian work had concluded.

Mrs Evelyn Rodger advised the Committee that a deep dive into Nursing and Midwifery workload and workforce planning would be undertaken at the March Board Development and Strategy session.

Discussion focused on: safe staffing levels and the perception of busy staff equating to a shortage of staff; safe staffing levels and high quality; and engagement with senior medical staff.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Annual Report from 2014/15, and noted the proposed activity in relation to the plan for 2015/16.

9. NHS Borders Records Management Plan

Mr George Ironside gave an overview of the requirements to provide an NHS Borders Records Management Plan.

Discussion focused on: the need to identify savings in order to accommodate any potential new post; option appraisal process; automatic deletion of emails; potential enhancement to the current medical records function; potential to share across other Health Boards and investment in a document management system; and the unintentional migration of patient clinical records to email.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the submission of the draft plan for approval by the Keeper of Records.

10. Efficiency Update

Mrs Carol Gillie advised the Committee that whilst the Board through the use of ring fenced and carry forward funding was on course to fully deliver on the 2015/16 efficiency target, due to slippage and non delivery on a number of schemes the recurring shortfall had increased to £1.655m.

Mr David Davidson suggested someone be seconded on a part time basis to coordinate the delivery of the efficiency programme. Mrs Gillie advised that she had supplemented her staffing in order to robustly progress the efficiency programme.

Dr Stephen Mather suggested moving swiftly to a business model based on costings, given that the organisation appeared to be getting to the point of being unable to identify any further recurrent savings.

Mrs Gillie confirmed that her team were focusing on costing information and she still believed there was more that could be done to deliver on efficiencies.

Further discussion focused on: spending data in the community and mental health service; outcome of the Meridian project; follow on from the efficiency discussions; difficult decisions; and a change in language.

The Chairman suggested the Financial Performance Oversight Group might have a wider remit and become a Sub Committee of the Board.

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

11. Integrated Performance Report

Mrs June Smyth gave an overview of the content of the report. She advised that Local Delivery Plan guidance for 2016/17 had now been received and would be shared with the Board at its' Development session scheduled for 4 February.

Discussion ensued and highlighted several matters including: reduction in discharges, occupied bed days and winter pressures; deterioration in the 18 week RTT; CAMHS and psychology therapy performance; social work waiting times and allocation of social work staff to community hospitals; improvement in physiotherapy waiting times; expansion of ward view to community view; performance reviews and engagement with the staff; and hand hygiene compliance.

Dr Doreen Steele noted the complete change in regard to sickness absence within the Learning Disability service. Mrs Susan Manion paid credit to the staff who had been consistent in applying the sickness absence policies and procedures in order to manage the sickness issue.

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

12. Deep Dive: Physiotherapy Services

Mrs Karen McNicoll gave a presentation on the physiotherapy service. She commented that as of the previous day there were only 35 patients waiting over 9 weeks for treatment. The total number of patients waiting was 669 and all had appointments booked.

Mr David Davidson enquired what analysis was undertaken when a procedure was cancelled. Mrs McNicoll advised that cancellations were made by the service when they had an unexpected short term sickness issues or closed booking slots that were previously open and appointed to. She had commissioned a more detailed analysis to be undertaken with central bookings to ensure the service were working to the capacity of the clinics that they had.

Mrs Jane Davidson commented that the attention that had been given to the service had made a huge difference and she was keen to see what and when the next modernization step would be.

The Chairman recorded the thanks of the Board to Mrs McNicoll for the progress that had been made in the physiotherapy service through her leadership.

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

13. Any Other Business

13.1 GP Representative to H&SC IJB: Chairman proposed the Board support the nomination of Dr Angus McVean as the GP identified by the GP Sub as the GP representative to the Health and Social Care Integration Joint Board. Mr John McLaren suggested the period of the appointment be revised from 1 year to 2 years.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the appointment of Dr Angus McVean at the GP representative to the Health & Social Care Integration Joint Board for a period of 2 years.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to review the membership of the Health & Social Care Integration Joint Board in regard to Borders Health Board appointments and representatives on an annual basis.

Susan Manion left the meeting.

13.2 Winter Plan: Mr Philip Lunts gave an overview of the winter plan activity to the Committee. Discussion focused on: sickness absence and uptake of the flu vaccination; weekend discharges; access to the equipment store and stock management; focused input to delayed discharges and management information with advanced planning taking place with SB Cares; community hospital length of stay; availability of care home beds; opening of surge beds and elective bays; additional resource for rapid reaction teams; and level loading of annual leave throughout the year including the festive period;

The Chairman recorded the thanks of the Board to Mrs Jane Davidson, Mr Philip Lunts and Mr Alasdair Pattinson who had spent a lot of time over the Christmas period and beyond in trying to secure good performance over that period.

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 March 2016 at 10.00am in the Board Room, Newstead.

The meeting concluded at 1.30pm.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 14th December 2015 at 10 a.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Mrs K Hamilton
Dr S Mather

In Attendance: Mrs P Alexander, Non Executive Director
Mr G Arkley, Head of Estates & Facilities (Item 10)
Mr T Barrie, Audit Manager, PWC
Mrs V Buchan, Senior Finance Manager
Mrs J Davidson, Chief Executive
Mr D Eardley, Senior Manager, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
Mr G Ironside, Senior Health Information Manager (Item 5)
Mrs J Laing, Operational Lead, Training & Professional Development (Item 7.4)
Mr P Lunts, General Manager (Item 4)
Mr J McLaren, Employee Director
Mrs K Morris, General Manager (Item 7.4)
Mrs L Paterson, Resilience Manager (Item 4)
Dr T Patterson, Joint Director of Public Health (Item 4)
Mrs E Rodger, Director of Nursing, Midwifery & Acute Services
Mrs J Smyth, Director of Workforce & Planning (Items 7.2 & 7.3)
Ms S Swan, Deputy Director of Finance
Mr K Wilson, Partner, PWC
Mr D Thomson, Associate Director of Nursing (Item 11)

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Doreen Steele.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 21st September 2015**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

Business Continuity Internal Audit Report – Update on Progress

Tim Patterson introduced this item. Tim reminded that the Internal Audit report on Business Continuity had come to the Audit Committee meeting in June where a number of recommendations had been identified to take forward. Tim highlighted reference to a spreadsheet within the report and advised that this was included within the audit recommendations follow-up report later on the agenda. Tim provided background where it was noted that the Resilience Committee had overarching responsibility for resilience across the organisation. There was also an operational group who had been working to address the recommendations within the audit report. Lorna Paterson advised that to address one of the high risk recommendations there was now a more comprehensive Business Continuity Management Policy which included emergency planning. Lorna advised that this had been presented to various groups across the organisation to gain acceptance by all owners. It was noted that the policy clearly set out roles and responsibilities. Lorna referred to the other high risk recommendation which was to annually update the Business Impact Assessment and Business Continuity Plans. It was noted that the General Managers had completed these by the 30th November and all other services were due to complete by the 31st December. Lorna gave assurance that this was on target. Lorna advised that she was working with the Statutory and Mandatory Training Group to increase the uptake of Business Continuity eLearning. David Davidson reminded that there has been an qualified assurance from the BGH in previous years and asked for an update on this. Phillip Lunts gave assurance that Business Continuity Plans were in place for the whole of the BGH, albeit some required updating. Evelyn Rodger advised that she was assured that the BGH was now in a better position and thanked Lorna and Tim for their input to achieve this. Kenny Wilson advised that a follow-up audit would be undertaken to review what has been put in place and the Audit Committee would receive the findings. Carol Gillie asked for clarity on the timescales for completion. Lorna confirmed that they would achieve the deadline of 31st December 2015. Vivienne Buchan highlighted concern within Primary Care as there was still no engagement with dentists and opticians in progressing Business Continuity Plans. Lorna Paterson agreed to check this with Alastair Pattinson and would provide an update at the Resilience Committee later in the week. Susan Swan advised that an update on the high risk recommendations would be required as part of the Governance Statement. David felt that it would be helpful for a meeting of the Resilience Committee to take place prior to the end of the financial year. Lorna agreed to co-ordinate the date of this with Susan.

The Audit Committee noted the progress report.

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group - Update*

Susan Swan provided feedback from the quarterly Countering Fraud Operational Group meeting held on 27th November 2015 which was chaired by David Davidson. Susan gave assurance that the fraud agenda continues to move forward with good attendance from various departments across the organisation. David Davidson added that he was pleased to see representation and input from Scottish Borders Council at the meeting.

The Committee noted the update.

6. **Governance & Assurance**

6.1 *Mid Year Update – Information Governance*

George Ironside spoke to this item. George reported that focus over the last six months had been on preparing the draft Records Management Plan. It was noted that the draft

plan would be going to the Strategy & Performance Committee in January for approval before being submitted to the Keeper of the Records of Scotland by the end of January for review. George advised that work has been ongoing to improve security, namely creation of a mobile device policy, updating secure email guidance following Scottish Government changing their email domain, implementing a unique PIN for every voice recognition device and preparation of a checklist for inclusion at Executive walkrounds on the Compliant Assurance Programme. George highlighted that the number of FoI requests continues to increase and was pleased to report that NHS Borders perform well in terms of response times when compared to other public bodies. George referred to the Fairwarning system that had been introduced in 2012 and has since seen a consistent decrease in the number of staff reported for inappropriate access. It was noted that a total of 12 had been reported in the first quarter of 2015/16 which in the main were for self-lookup. David Davidson referred to the secure email guide and asked for an update on the changes to this. George explained that this was to address the issue that emails to the new 'gov.scot' domain from NHS mail addresses do not travel over a secure route so were not approved for sensitive or confidential information to ensure appropriate encryption is used. David also enquired about the voice recognition devices. George advised that there was a risk of devices being lost which could hold patient's notes so the PIN would ensure any information held on the device could not be accessed. Stephen Mather referred to page 4 which gave details on privacy breach detection. Stephen stressed that staff should not be doing self-lookups and asked what deterrents were being put in place to stop this. George advised that this forms part of staff induction as well as using computer desktop post-its. Stephen felt that this needed to be publicised further and suggested something going out with payslips. Carol Gillie confirmed that there is a facility to add notes onto payslips, however there is a long waiting list to do this. Karen Hamilton agreed that it was important that this was brought to staff's attention that it will not be tolerated and felt that including within payslips would be the most beneficial. John McLaren agreed to take this forward with the Staff Governance Committee.

The Committee noted the update report.

6.2 *Mid Year Update – Risk Management*

Evelyn Rodger spoke to this item. Evelyn advised that this was the first report under the new way of working and would be brought on a bi-annual basis to both the Audit Committee and Clinical Governance Committee. David Davidson referred to the types of risk detailed within the main report and asked how political risk would affect NHS Borders. Evelyn was unable to provide the detail but assumed this referred to a change of government or change of policy. Evelyn agreed to source this information and circulate around the Committee for information. Karen Hamilton referred to page 1 of the main report which provided the background of the new approach to managing risks. Karen noted that risk owners must complete the electronic risk assessment and submit to their line manager for agreement/approval and asked for clarification on the line manager's role. Evelyn confirmed that the line manager would both agree and approve rather than one or the other as it may be interpreted. Stephen Mather highlighted that within appendix 1 the target to be reached for the very high risk associated with food allergens was 30th June 2015 and asked if this had been achieved. Carol Gillie advised that they had been unable to recruit to a dietician post so interim measures, namely in-house training, had been put in place. It was noted that this post would be re-advertised. Carol agreed to circulate the report presented to the Clinical Executive Operational Group for information. David enquired if we were diligent around food preparation areas being correctly managed. Carol confirmed that there was a separate area within the kitchen for special dietary needs. Stephen also referred to the very high risk regarding the capacity and layout of the Emergency Department (ED) as no details had been

provided on action taken. Susan Swan advised that a scoping exercise on the physical layout of the ED had been undertaken and agreement had been reached to commission a feasibility study. It was noted that this formed part of the capital planning work and is included within the prioritisation process. David commented on the very high risk relating to the current prescribing system which was felt to be inadequate and asked if there was any appetite within the organisation to put in place a complete electronic prescribing system. David highlighted that such a system would also see benefits around quicker discharges and a reduction in prescribing errors. Carol was not aware of this being raised before and agreed to discuss further with Alison Wilson.

The Committee noted the update report.

6.3 *Audit Follow-Up Report*

Vivienne Buchan spoke to this item. Vivienne provided an update on outstanding recommendations, where it was noted that there was one External Audit recommendation regarding the sharing of knowledge between staff within the Finance Department who are involved in the production of the Annual Accounts. Vivienne assured that measures are being put in place by the Senior Finance Team to ensure that this recommendation is met. Vivienne referred to the Internal Audit recommendations where it was noted that there was a total of 11 due for implementation and currently in progress. Vivienne highlighted the two high risks arising from the Business Continuity Planning audit which the Committee had received assurance earlier in the meeting that these would be implemented within the timescale. It was noted that an update would be provided from Carol Gillie on the Property Portfolio and Management audit later on the agenda. Vivienne advised that she had received assurance that the recommendations from the Hospital Admission and Discharges audit would be implemented by the end of December 2015. Following the Mandatory Staff Training audit it was noted that KPIs were being developed and would be considered by the Training Group in January 2016. A revised timeline of September 2016 had also been agreed, primarily due to the impact in delays around implementation of the national eEES system. Kenny Wilson commented that the report was very clear and was pleased to see a good process in place for documenting follow-up recommendations. Kenny also noted his concern around the delay with Mandatory Staff Training which would be picked up later on the agenda. Susan Swan reminded that the follow-up process would be audited and the Committee would receive the report. David Eardley advised that NHS Borders are one of the top performers in this area. Susan felt that this was attributable to managers being encouraged to provide realistic timelines.

The Committee noted the report.

- *Property Portfolio Management*

Carol Gillie spoke to this item. Carol referred to the paper which she felt provided details of an action plan with realistic timescales. Carol appreciated that there was a need to have a better working relationship with GPs and confirmed that this is also a challenge within other Boards. Carol confirmed that she was clear that there was a requirement to have robust lease arrangements in place and gave assurance that this would be delivered, however it would take approximately 18 months to achieve this. David Davidson enquired if Scottish Government were involved if this was a national issue. Carol was not aware of their involvement but did highlight that part of the issue is due to having no standard lease agreement in place. David was aware that Warwick Shaw was playing a role in this piece of work and asked how many practices were not the property of NHS Borders. Carol confirmed that there were

four practices. The Audit Committee agreed to the revised dates for implementation of the audit recommendation.

The Audit Committee noted the update and action plan.

6.4 *Debtors Write-Off Schedule*

Vivienne Buchan spoke to this item. Vivienne highlighted that the report provided comparative figures for the last four financial years. Vivienne was pleased to report that there were still no debtor write-off requests this financial year. Vivienne anticipated that this position would change in the report for the final quarter. Vivienne highlighted the historic debt of £19k which related to 2013/14. This was primarily for private patient income due to English Trusts having CCGs and the issues encountered with the contract. It was noted that this was a national issue which NHS Scotland is looking into. David Davidson referred to an issue raised at the recent Countering Fraud conference around whether or not we are able to share information on patients from other countries accessing healthcare. Kenny Wilson confirmed that many Boards experience difficulty in this area and he was aware there has been communication with Scottish Government. Kenny added that the issue within NHS Borders was relatively small. Stephen Mather reminded that doctors are obliged to treat anyone who presents themselves as an emergency but there was no obligation for anything else. Susan Swan advised that George Ironside and his team continue to support in terms of education and awareness.

The Committee noted the report.

7. **Internal Audit**

7.1 *2015/16 Internal Audit Plan Progress Report*

Tony Barrie spoke to this item. Tony reported that the plan was progressing well and provided an update. It was noted that the Infection Control audit had been rescheduled to start in February 2016 and the final report would come to the Audit Committee in March 2016 and that the Financial Planning & Budgeting audit would commence in January 2016. Tony referred to the Integrated Care Fund audit and advised that this would start in March 2016 once the policies and processes were in place. Resources were currently being sourced for the Training of Junior Medical Staff audit and it was hoped that this would commence December 2015/January 2016.

The Committee noted the progress report.

7.2 *Internal Audit Report – Mandatory Staff Training*

Kenny Wilson introduced this report which had an overall high risk rating. Kenny advised that he was extremely concerned with some of the findings within this report. Kenny highlighted that if staff were not undertaking mandatory training there were risks to patients and the organisation. Kenny felt that this was a major risk rather and asked for urgent action to be undertaken to address this. June Smyth welcomed the report as it highlighted difficulties that are present across the organisation. June explained that there was a delay in the national HR system which would allow reporting down to individual staff members to check compliance. It was noted that this information should be held by individual managers and that the Staff Governance Committee receive regular reports. The Co Chairs of the Staff Governance Committee were in attendance to show how important this is and how seriously it is taken. Pat Alexander confirmed that there had been evidence within reports highlighting that we were failing in mandatory training. At first it had been thought that this was due to resourcing issues and members of staff being unable to attend training due to staff shortages on the day, however following a deep dive

it has been confirmed that there is a wider issue. It was felt that there was a need for managers to understand their role in ensuring this training is undertaken by staff. It was also felt that there was a need for clarity around what is classed as statutory and what is classed as mandatory training. It was noted that the report would be taken to the next meeting of the Staff Governance Committee and would be kept to the forefront. John McLaren advised that the Statutory and Mandatory Training Group are focussing on the Training Needs Analysis (TNA) to ensure that this is correct in terms of statutory and mandatory training. John advised that a process has also been put in place whereby the group must confirm that training is mandatory before it is classed as such. A risk assessment is also being undertaken to ascertain what this means for the organisation. John gave assurance as Co Chair of the Staff Governance Committee that he was committed to this. David Davidson enquired about the timescales for completion and whether or not we have the resources. Evelyn Rodger commented that she did not think this work would ever be completed as it is an ongoing process and as things evolve there will be a continual review of mandatory and statutory training. Evelyn advised that for doctors and nurses there is a small allocation within the budgets to allow training to be undertaken within four days. Stephen Mather felt that this training should be the bare minimum to allow a member of staff to fulfil their role within the organisation. Jane Davidson agreed that training should be purposeful. Jane stressed the need to get the basics correct and had been assured from John's update. Karen Hamilton felt that there was an element of prioritisation required and perhaps an exercise needed to be undertaken to determine the most important training. June advised that there is an assumption within departments that all training is required rather than a risk assessment being undertaken to determine what is essential. Janice Laing added that a short life working group is looking at the mechanism for the next TNA and managers would be supported when this exercise is undertaken. David asked what assurance could be given to the Audit Committee. June assured that work had commenced on the recommendations within the audit report and the Staff Governance Committee would receive regular update reports as well as this forming part of Clinical Board reviews. David asked when would be an appropriate time for an update to be given to the Audit Committee. June felt that the March meeting would be appropriate. This was agreed. Kenny Wilson reiterated his concern that until the review of mandatory training is undertaken there was a reputational issue if training currently classed as mandatory was not completed by staff. Jane assured that she would work with June to resolve the issues raised within the report. David noted his concern with the audit findings which had highlighted a high risk to patient safety. David was reassured with the update provided and thanked the Co Chairs of the Staff Governance Committee for attending the meeting. David Eardley advised that Scott Moncrieff act as Internal Auditors for a number of Boards across Scotland and confirmed that the same issues are being encountered. David D felt that this should be shared with the Board. Jane felt that it would be appropriate for the Strategy & Performance Committee to receive regular updates.

The Committee noted the report.

7.3 *Internal Audit Report – Patient Records Management*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that one medium risk and three low risks had been identified during the audit. Tony referred to the medium risk which was a lack of monitoring to detect missing patient records. George Ironside accepted this as there was often a delay in case notes being returned. George confirmed that the Health Records team will consider options for when there is an ongoing access requirement for case notes being out of Records for long periods of time. Recommendations would be made to the Information Governance Committee. David Davidson enquired if we were any closer to electronic reporting to

avoid delays. George advised that there is still a significant amount written within case notes, however these are reducing. Stephen Mather highlighted the amount of time it would take to put records on the system and the risks associated. Karen Hamilton referred to the Scottish Morbidity Record process on page 5 and asked if there should be focus given to ensure accurate coding. George advised that following a baseline check in the summer the discharge letter had been amended in November as there was a risk of misinterpretation. It was noted that a report would be run in January and a significant improvement was anticipated.

The Committee noted the report.

7.4 *Internal Audit Report – Waiting Times*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that this audit was an annual requirement and had identified one medium and three low risks. Tony referred to the medium risk, namely the Board paper detailing the use of social unavailability codes did not contain sufficient detail. Tony advised that this would be taken into account in time for the December 2015 Board report going to the Board in February.

The Committee noted the report.

8. External Audit

8.1 *External Audit Plan 2015/16*

David Eardley spoke to this item and confirmed that it was in line with previous years. David advised that this would be the last External Audit Plan from Scott Moncrieff as they were now in the last year of their five year appointment. David explained that there had been no change to the Code of Audit Practice and as a result the work undertaken would be in much the same format as previous years. David referred to page 8 and the section on materiality where he stressed that this was only guidance. David highlighted the audit focus on page 9 which also provided a commentary on the financial position. David advised that the submission date was 30th June and that the ISA 260 Assurance Report would come to the June 2016 meeting rather than September 2016. It was noted that discussions would take place with the Director of Finance on the audit fee for 2015/16. Carol Gillie commented on the tight timescales but felt that these were achievable.

The Committee noted the External Audit Plan for 2015/16.

8.2 *Audit Scotland Report: NHS in Scotland 2015*

Carol Gillie advised that this was an annual report and had been brought to the Audit Committee for information. Carol advised that the key stats were detailed on page 4 and the key messages were on page 5. Carol highlighted that due to financial and demographic pressures we cannot continue to deliver healthcare in the same way and that there was a general decline in Board's performance. It was noted that there was also concern with the increase in temporary staff which NHS Borders could relate to. Carol advised that NHS Borders did not feature significantly within the report. The key issue relating to NHS Borders was within paragraph 53 where it was noted that there had been a reduction in the overall number of WTE which was against the national trend.

The Committee noted the report.

9.1 *Mid Year Accounts 2015/16*

Susan Swan spoke to this item. Susan advised that the accounts were for the six month period to 30th September 2015. Susan explained that this exercise linked to a recommendation from External Audit around strengthening processes and sharing knowledge within the Finance Department around the production of Annual Accounts. Susan felt that this was an extremely useful exercise to undertake as it picked up any in-year issues. It was noted that the interim audit was planned for January 2016.

The Committee noted the mid year accounts for 2015/16.

10. **Electromedical Stores Stock Write-Off and Revised Stock Control Procedure**

Gary Arkley spoke to this item. Gary advised that the Stock Control Procedure had been revised as a result of equipment being disposed of at the end of its useful life. It had been agreed this financial year that any spares that had not moved within the last five years should be written-off. It was noted that under the revised procedure an exercise to look at this stock would be undertaken twice per year and any relevant spare parts would be disposed of. David Davidson asked if the correct number of spare parts were being ordered. Gary confirmed that they were and gave assurance that spares are tracked within departments and are kept to a minimum.

The Committee noted the update and the revised stock control procedure for the Estates Electromedical Stores stock.

11. **Bank Nurse Shift Approval Procedure**

David Thomson spoke to this item. David provided the background where it was noted that there was a control weakness within the approval process for bank nurse shift payments with some staff being paid for shifts they had not worked. An analysis had been undertaken and had found that authorisation was too elongated and not within 24 hours as per the policy. David went on to take the Committee through the key actions linked to the Standard Operating Procedure and the escalation process. David assured that these were in line with national guidance from Scottish Government and that no breaches or wrong payments had been made since the new process had been put in place. Karen Hamilton referred to the summary on page 2 where it stated that there remain a number of authorisations which are delayed. David gave assurance that these are addressed with individuals and managers and that they work was continuing to ensure 100% compliance.

The Committee noted the bank nurse shift approval procedures.

12. **Items for Noting**

12.1 *Minutes of Information Governance Committee: 8th September 2015 (Draft)*

There were no issues raised.

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

12.2 *Minutes of Financial Position Oversight Group: 7th September 2015*

There were no issues raised.

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

13. **Any Other Competent Business**

None.

12. **Date of Next Meeting**

Monday, 1st February 2016 @ 11 a.m., Committee Room, BGH (Extraordinary)
Wednesday, 23rd March 2016 @ 2 p.m., Board Room, Newstead

BE
24/12/15



Minutes of an Extraordinary Meeting of **Borders NHS Board Audit Committee** held on Monday, 1st February 2016 at 10 a.m. in the Committee Room, BGH.

Present: Mr D Davidson (Chair)
Mrs K Hamilton
Dr D Steele

In Attendance: Mrs P Alexander, Non Executive Director
Mr T Barrie, Audit Manager, PWC
Ms Meike Beenken, Auditor, PWC
Mrs V Buchan, Senior Finance Manager
Mrs J Davidson, Chief Executive
Mr D Eardley, Director, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
Mr K Lakie, Senior Finance Manager (Cost & Efficiency)
Mr P McMenamin, Finance Business Partner, SBC
Mrs E Rodger, Director of Nursing, Midwifery & Acute Services
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 Stephen Mather.

2. **Declaration of Interest**

David Davidson and Karen Hamilton both declared that they were Non Executive Directors on the Integration Joint Board, Pat Alexander declared that she was Vice Chair of the Integration Joint Board and Carol Gillie and Evelyn Rodger declared that they were attendees of the Integration Joint Board.

3. **Review of Code of Corporate Governance**

The Committee reviewed each section of the Code of Corporate Governance in anticipation of the Integration Joint Board becoming a legal entity on 1st April 2016. Susan Swan to action the agreed changes or get further clarity from others where required. Doreen Steele agreed to pass to Susan outwith the meeting a note of some typos and duplications she had highlighted throughout the documents.

The Committee accepted the updated Code of Corporate Governance with proviso that the amendments agreed are made, including those from Doreen Steele.

The Committee made recommendation to the Board to approve the updated Code of Corporate Governance (January 2016).

4. **Compliance with IRAG Guidance**

Carol Gillie introduced this item. Paul McMEnamin reported that an analysis had been undertaken to assess the progress made to date against the guidance. Paul explained that Scottish Government had issued regulations in 2015, secondary legislation to The Public Bodies (Joint Working) Scotland Act 2014. These regulations were consistent with the guidance and recommendations published by the Integrated Resources Advisory Group (IRAG) which included a number of detailed recommendations in relation to the financial planning, management, reporting and governance arrangements which. Paul explained that various pieces of work have been undertaken by the Finance workstream since 2013. Paul highlighted appendix 1 which provided details of the recommendations from IRAG with an update on progress in the Borders partnership against each one. Paul also advised that a summary note of outstanding actions for the Finance workstream, which were required to be completed prior to the new financial year, were detailed within appendix 2. David Davidson referred to appendix 1 and the actions noted as a red status and asked for an update on these. Paul advised that these were all not all within the gift of the Finance workstream, however input and support would still be required. David asked for assurance that these would be completed within the timescale. Carol assured the Finance workstream would be focussing on those with a red status. David asked if an update could be provided at the next Audit Committee meeting on the 23rd March 2016. Carol agreed to work with Paul to produce this. Doreen Steele referred to the comment on the living wage and asked if this applied to all providers of care services and whether the Council would be paying it as she felt that it should be paid to increase the attraction of working within this area. Paul advised that John Swinney had written to all Local Authorities expressing a desire to see the living wage implemented by 1st October 2016. Paul confirmed that there was no legislation and was not compulsory. Karen Hamilton noted that further work was required to progress Resource Transfer. Carol advised that this was a historic situation and that there should be regular reports to bring this information up to date. It was noted that there are a number of options to deal with this but will need to be agreed by all three parties and would be reported on within the update report. Kenny Wilson enquired if the intention was for everything on the appendix to be a green status by the end of March. Carol advised that this was the aspiration but there was potential for some still to be amber.

The Committee noted the progress to date.

5. **Due Diligence**

Carol Gillie spoke to this item. Carol advised that the report was to provide the Committee with assurance on the due diligence process that will be followed to enable NHS Borders to agree the Integrated Joint Board's budget for 2016/17. Carol explained that the report concentrated on the financial governance and highlighted page 4 which detailed the actions that would require to be undertaken prior to a paper going to February Board meeting. It was noted that a similar process was being undertaken for the IJB and a paper was planned for the IJB March meeting. David Davidson reference to the "payment in subsequent years to the IJB for delegated functions" section on page 3 as he assumed more detail would be forthcoming. Carol explained that as agreed the integrated budget would take account of efficiency, whilst ensuring it is open and transparent and would be agreed prior to each financial year. Carol added that a paper was going to the IJB later in the day around the setting up of the IJB Audit Committee. Jane Davidson stressed that levels of activity should form part of the due diligence process. Kenny Wilson noted that historic spend highlighting historic overspends and underspends were key to providing financial assurance. Kenny confirmed that Internal Audit would be reviewing the due diligence process. David Eardley highlighted the opportunity of using the IJB as a mechanism for carrying forward funding to manage the

financial position for resources linked to IJB activity. Carol admitted this was an opportunity that now existed due to the new arrangements but added that this had not been build into planning assumptions

The Committee noted the requirement for a planned Financial Assurance Process covering the Health Board.

The Committee noted the dependencies of assurance to enable the Board to complete the delegation of function and resources to the IJB as a legal entity on 1st April 2016.

The Committee considered and commented on the planned approach from a NHS Borders perspective.

6. **Internal Audit: Health & Social Care Integration – Governance – Terms of Reference**

Carol Gillie spoke to this item. Carol explained that part of the Internal Audit plan included an audit on the governance and set up of Health & Social Care Integration. It was noted that the audit had commenced today and the final report would be presented at the March Audit Committee meeting. Kenny Wilson advised that the process will be looked at to ensure it is compliant with the regulations and guidance. Kenny anticipated that the Local Authority Internal Auditor would assume the role of IJB Internal Auditor and that they would liaise with them around the Internal Audit plan. Kenny explained that it was yet to be determined if Internal Audit reports presented to the IJB would be made public. Jane Davidson advised that the IJB was a public meeting so there may need to be some fine tuning around this. David, on behalf of Stephen Mather, asked if the IJB should have an independent auditor. Kenny felt that there was no merit in doing this and did not see an issue with SBC being the Internal Auditor as to involve a third party may just complicate things further. David Eardley agreed with this as he was aware that IJB's were using the Local Authority Internal Auditor. In addition the IJB external auditor was likely to be the same auditors as the local authority. Jane advised that the IJB had agreed this made sense and that the Committee could take reassurance from this.

The Committee noted the Terms of Reference for the Health and Social Care Integration Governance Internal Audit.

7. **Audit Scotland Report: Health and Social Care Integration**

Carol Gillie spoke to this item. Carol reported that this was the first of three audits and had been undertaken in October 2015. Carol referred to page 21 which gave an indication of where partnerships are across Scotland. Carol also highlighted page 22 which showed which functions were being delegated to IJB's. Carol then highlighted the anticipated savings detailed on page 25. Carol asked the Audit Committee to note the report and take the recommendations into account going forward. Karen Hamilton asked if an update on progress would be brought to a future meeting. Carol anticipated that this would be reported through the follow-up reports which would come to the Audit Committee as they are issued from Audit Scotland. Kenny Wilson suggested that is incorporated within the Internal Audit plan to review progress against the recommendations as well as providing a benchmark against other organisations. This was agreed.

The Committee reviewed and noted the Audit Scotland report.

8. **Date of Next Meeting**

Wednesday, 23rd March 2016 @ 2 p.m., Board Room, Newstead

BE
08.02.16

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on Thursday 14 January 2016 at 3pm in the Huntlyburn House Meeting Room

Present: Stephen Mather (Chair) Doreen Steele
David Davidson Karen McNicoll

In Attendance: Evelyn Rodger Laura Jones
Simon Burt Dr David Love
Sheila MacDougall
Dr Alan Mordue (departed 16.30)
Sam Whiting David Thomson
Jane Davidson Charlie Sinclair
Phillip Lunts Irene Bonnar (left 15.45)
Susan Cottrell (arrived 16.05/departed 16.30)

1. Apologies and Announcements

The Chair noted that no apologies have been received.

2. Declarations of Interest

None.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 18th November 2015 approved.

4. Matters Arising

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

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting advised there are two papers:

1. Infection Control Report; and
2. Healthcare Environment Inspectorate (HEI) Theatres Unannounced Follow-up Inspection report.

Sam advised that there is currently one bay closed due to Norovirus. He also advised that in respect to page 9, an update is that the action plans for audits have now been received and are being progressed.

David Davidson asked for an update on Ward 4 hand hygiene compliance following the poor result noted in the paper. Sam confirmed that a subsequent audit was conducted in December and that a significantly better result had been achieved.

Jane Davidson asked Sam to update the Committee on spreading the learning and approach taken in theatres to other areas. Sam advised that there is already a detailed rigorous audit programme established to assess and improve compliance with infection control standards. However, this is based on an annual audit of key areas and what is recognised is the need for more frequent monitoring through a more rapid spot check process. A proforma has been developed and testing will commence this week with staff going into wards and observing practice.

Doreen Steele asked what NHS Borders had done about the HEI adding additional requirements that were not in the original report. Sam advised that this had been discussed with the HEI, but in their view, as independent inspectors, it is within their remit to add additional requirements as they see fit.

The Chair asked how NHS Borders relates to other Boards in respect of catheter associated urinary tract infection (CAUTI) as denoted on page 3 of the Infection Control Report. Sam advised that this information is not currently available but may be in the future as the national extended Staphylococcus aureus Bacteraemia (SAB) surveillance programme develops. Sam confirmed that all SAB's are reviewed by a Microbiologist. He confirmed there is a standardised blood taking process, but it is not audited. Sam confirmed he will look into the potential for an observational audit of taking blood cultures out with the meeting. Total SAB's is based on positive organism growth in the blood so no scope for misinterpretation. However, variation between Boards in attributing the cause of the SAB may occur as this is based on clinical judgement.

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

5.2 Quarterly Standardised Hospital Mortality Safety Report (HMSR)

David Davidson asked whether analysis could be done to look at deaths occurring at weekends and weekdays. **ACTION:** This should be included in the next report to the Committee.

David Love confirmed all deaths in hospital and those occurring 30 days following admission to an acute hospital are including the HSMR calculation.

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

5.3 Occupational Health Report

David Davidson asked that what action was being done in respect of the non-attendance rate. Irene Bonnar advised that different angles have been looked at. A policy has been created and managers are informed of appointment times to allow staff to take time off. This information is included in mandatory training and Occupational Health have gone back to managers if a staff member advises they cannot attend as they were not released to go to the appointment. The Chair advised the 'do not attends' should be taken seriously. **ACTION:** Irene Bonnar to remit to Staff Governance Committee regarding 'do not attends'.

David Davidson asked about legal requirement to release case notes. Irene Bonnar advised that Data Protection applies so robust procedures are followed.

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

5.4 Risk Management Report

Sheila MacDougall advised that the 3 high risks remain which have been detailed to the Committee in the past. They are:

1. The Poppy System – the new system has been agreed by the learning disability team and this should come off the register once it is in place.
2. Food allergens – there are new national requirements. The implementation of a local solution has been delayed as there is a requirement for new staff in catering. Discussions ongoing with Risk & Safety.
3. Emergency Department (ED) configuration – lack of medical beds and layout. Phillip Lunts advised that in relation to beds actions have been taken including the introduction of a new escalation policy. In addition the establishment of the Acute Assessment Unit (AAU) has reduced crowding in ED. In terms of physical layout, there is work underway to look at this which should address patient safety. **ACTION:** to split the risk into two separate ones and then provide a verbal update on ED risks and actions at the next Committee.

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

6. PERSON CENTRED

6.1 Scottish Public Services Ombudsman (SPSO) Briefings

There are two reports from the SPSO about cases which took place in the Borders General Hospital (BGH). Laura Jones advised the Committee that both cases have been upheld by the SPSO and have had a high profile in the organisation. Laura highlighted that there was significant learning for the organisation from both cases. The internal review of these complaints had failed to identify all of the pertinent issues in these cases and to provide an adequate response. The new complaints handling process introduced in November 2015 aims to drive a change in the organisations approach to handling feedback, encouraging reflective practice and a revised approach to responding to complainants. Laura suggested

that the reports highlighted some behavioural and cultural issues requiring an organisation wide approach akin to the cultural work the Committee has discussed in the past.

The first case related to care in Medical Assessment Unit (MAU) and Phillip Lunts is the lead on the action plan. Jane Davidson advised the Committee that the plan is still a draft at the moment. The second case related to care received in MAU and Ward 10 of the BGH. Phillip Lunts is the lead for this case and an action plan is being developed for this case. Phillip Lunts was in attendance at the meeting to answer any questions for the Committee. Karen McNicoll offered the Area Partnership Forum for assistance in cascading learning and addressing actions.

David Davidson wants assurance that there is no repeat that this will happen again. Evelyn Rodger advised that NHS Borders are looking at key elements of Older People in Acute Hospitals (OPAH) differently, a detailed update will be provided under an item on OPAH to follow on the agenda. If it works, then a lot of the failings raised in these SPSO reports will be addressed. The Chair advised that the OPAH action plan to come later in the agenda does appear to take into account the SPSO cases.

Jane Davidson feels that these cases are not isolated events and that there are themes around attitude and behaviour which do not only relate to these two cases. Jane suggested that this is not something the organisation should be prepared to tolerate as a risk and that these issues need to be treated. Care and Compassion training is beginning alongside a revised approach to recruitment and induction.

Evelyn Rodger highlighted that the work carried out to develop the organisations approach to the management of adverse events has promoted a just culture. Evelyn also advised that the introduction of revalidation by the Nursing and Midwifery Council (NMC) will require staff to undertake reflective practice and this will support the organisation to move forward and provide a change in culture.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and support the Executive Team to progress.

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board Update (Borders General Hospital, Primary and Community Services)

Charlie Sinclair will add the 14 days adverse event charts in addition to the 30 day charts for the next report.

The Chair comments that he was reassured by this report about what is going on within the organisation.

The chair asked about page 3, wound care and why we are using Grampian. Charlie confirmed that Grampian had a tried and tested method and had a well established service including an outreach advisory service to NHS Highland which we would like to replicate. This would provide more resilience and consistency of access to advice than could be provided in a small board with a single individual. .

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

7.2 Clinical Board Update (Mental Health)

David Thomson advised the Committee that Mental Health will be adopting the report template used by the BGH and PCS for the Committee following the health foundation safety measurement and monitoring framework approach.

Page 2 – David advised that recent work had been done to reaffirm the process for reporting and review of suicides in the organisation. A meeting has taken place with Healthcare Improvement Scotland who have a national role to provide scrutiny of suicide reviews carried out by NHS Boards. The process has now been clarified and is now in place.

Following the discussion on this item and the previous item on SPSO cases it was suggested that work is underway in the organisation on cultural change.

Dementia Heat Data –David advised it is now rolled out to all GP practices since this report has been written.

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

7.3 Clinical Board Update (Learning Disabilities)

The Chair asked about the risk register with Learning Disability beds and if there was any progress. Simon Burt advised that finance has progressed and it would have to come to the Board as a business case. Simon assured the Committee that appropriate levels of care are being met in the meantime by alternative providers.

The Chair asked about the health and safety of the Earlston offices, an item which arose at the last meeting. Sheila advised that she had met Simon and a plan is now in place. Simon confirmed if there are any issues it will be added to the Risk Register.

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

8. ASSURANCE

8.1 Care of Older People in Acute Hospitals (OPAH) Annual Update

Charlie Sinclair advised that this update shows progress since 2012 and this plan is a live document and since the time of being written 6 actions are still outstanding. Learning from the SPSO reports will be used and the action plan will reflect this. The outputs of daily compliance audits which have been initiated were tabled at the meeting and demonstrate early progress. The audits focus on compliance with assessment of capacity, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and the bundle of nursing assessments to be carried out on admission to each inpatient ward. However a focus will be maintained on this until reliability is achieved. In addition, work is underway to introduce specific person-centred care plans and clear documentation of conversations with patients and families.

The Chair advised that on the action plan there are acronyms and that it should have a glossary and this will be taken forward for the next report.

Charlie confirmed the OPAH Self-Assessment is being reviewed and refreshed and will be approved by Evelyn next week. **ACTION:** The Self-Assessment will be brought to the Committee in March.

Doreen Steele asked if there is any work underway on consent to treatment. Dr Love advised there is work going on about how consent is taken and an outcome will be available in February. Doreen also asked about issues which arise as a result of restraint in the acute hospital setting. Laura advised that a thematic report on the Prevention and Management of Aggression and Violence (PMAV) came to the Committee last year and an update will be due back to the Committee soon. Laura will request that Sue Kean provides the Committee with an update on work in this area and consider what information should also be provided to the Integrated Joint Board (IJB) given their role with Care Homes.

Jane Davidson advised the Committee that NHS Borders had formally requested the Healthcare Improvement Scotland (HIS) support the organisation by undertaking an OPAH inspection to support continuous improvement in this area. NHS Borders will work proactively with HIS to develop an approach. Evelyn Rodger advised that last year NHS Borders supported HIS in testing the OPAH inspection methodology. There was good engagement from local staff in the session run which aided the development of tools and the engagement approach.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and supports this.

8.2 Blood Transfusion Annual Update

Susan Cottrell attended to discuss the report. The next report is due to be written in April 2016. She believes that it has moved on significantly from 2014 and most issues are addressed.

Doreen Steele advised that although training attendance figures have increased, it still appears low for some areas. Susan advised that was data of March 2015 and since then there is been a real increase in the community hospitals and training figures are now considerably higher.

The key area is medical staff training but Dr Hayward is taking this forward with the Medical Director and Dr Jane Montgomery.

ACTION: The Chair advised that he would like a 6 month report to compare 2015 to 2016 data (March).

The Chair wonders whether training should be targeted to people who use a lot of blood, e.g. orthopaedics. Susan provided assurance that this approach is taken and will continue.

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

9. **ITEMS FOR NOTING**

9.1 **Minutes**

The following minutes for:

- Child Protection Committee
- Adult Protection Committee
- Public Governance Committee
- BGH Clinical Governance
- Primary and Community Services Clinical Governance
- Learning Disabilities Clinical Governance – no minutes
- Mental Health Clinical Governance
- Public Health Clinical Governance – no minutes

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

9.2 **Adult Protection Biennial Report April 2012 – March 2014**

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

10. **Any Other Business**

Sheila MacDougall advised that the first NHS Trust has been charged with corporate homicide and that there is learning from this case for other organisations.

Jane Davidson advised there is Joint Children's Inspection beginning next week in the Borders.

Jane Davidson also advised the Committee that there is a national enquiry into historical child abuse and a letter in October 2014 was received advising NHS Boards that medical records should be retained.

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

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday, 16 March 2016 at 2pm in BGH Committee Room.

The meeting concluded at 17:05



STAFF GOVERNANCE COMMITTEE

Notes of the meeting held on Monday 7th December 2015 at 2pm in the Committee Room, Borders General Hospital, Melrose

- Present:** Pat Alexander, Chair
John McLaren
Karen Hamilton
Stephen Mather
- Ex Officio Capacity:** Shirley Burrell
Yvonne Chapple
- In Attendance:** June Smyth
Janice Laing
Vikki Hubner
David Thomson
Sheila MacDougall
Bob Salmond
Helen Clinkscale
Nicola Barraclough
Claire Smith (Item 10)
Charlie Sinclair (Item 10)
Nicky Berry (Item 10)
Elizabeth McKay (Minutes)

1. Welcome, Introductions and Apologies

Apologies were received from Evelyn Rodger, Irene Clark and Irene Bonnar

2. Minutes of Previous Meeting held Monday 14th September 2015

Amendments to minutes: -

Page 1, Item 2, Action Tracker, Last Sentence - to add Committee after Governance

Page 9, Item 10, Car Parking Update Report, Paragraph 2 - Line 4 – to read ‘Risk & Safety assisted in the assessment of the risks’

Page 9, Item 10 – Car Parking Update Report, Paragraph 2, Line 8 – to read ‘Sheila MacDougall informed it has to go to the Clinical Executive

Operational group and it should be entered on to the Organisational Risk Register’.

Page 10, Item 12 – Terms of Reference – to read ‘Karen Hamilton asked about tracking the versions of draft documents in order that we know which version we are currently looking at’.

Subject to the changes an accurate record of the minutes was given.

Action Tracker

Action 12 – Clinical Governance Committee Action Plan - Complete
Actions 26, 28 & 33 - Car Parking Report – It was agreed to incorporate all of the actions together and for John McLaren to meet with Warwick Shaw to discuss the actions and to bring a report to the next meeting. In progress.
Action 35 – Terms Of Reference – to come to the next meeting. In progress

Matters Arising

Morecambe Bay Report

June Smyth informed the action has been completed and taking back to Clinical Governance.

3. Training Interim Report (Standards 1, 2, 3, 4 & 5 apply)

Janice Laing gave a progress report to the issues that the Committee raised at the last meeting: -

Baseline PDP – The Mandatory & Statutory Working Group have asked training providers to benchmark their current training with other Boards this will enable to scrutinise and review our training is appropriate. The Mandatory & Statutory Working group have established a short life working group to enable to explore solutions and have developed an improved training plan template.

Karen Hamilton enquired when sending emails to managers regarding Training Needs Analysis (TNA) is it stated within the email it is Mandatory & Statutory training. Janice informed not all emails regarding this subject is sent from the Training & Development directorate. Pat Alexander informed the report is very concerning. June Smyth advised the report is going to the Audit Committee in December 2015. Pat Alexander asked for feedback from the Audit Committee to be provided at the next meeting.

It was also requested that the joint Chairs of the Staff Governance Committee attend the item at the Audit Committee to help inform the discussion.

The Staff Governance Committee noted the content of the paper and a full report will come back to the next meeting,

4. Clinical Governance Committee Action Plan (Standards 1, 2, 3, 4 & 5 apply)

John McLaren reported he had a meeting with Laura Jones to discuss this item. The Clinical Governance identified a considerable number of Staff Governance actions which have been actioned with the majority of actions now completed. John informed Item 4 – Culture within the improvement plan is in progress as Jane Davidson is leading on Values Based Recruitment and induction. A lot of work is being carried out within this area.

Item 9 - Listening to and Engaging with Staff is in progress. . John McLaren asked to note the letter received from Scottish Government around the Staff Survey. The results will be launched on Friday 11th December 2015 and the other element to this letter there will be a pause on the Staff Survey for 2016 to enable the organisation to focus on and embed ‘I Matter’. John informed it will give us the opportunity to deliver on the Staff Survey and to make it real for the staff. The letter will go out to the Area Partnership Forum after this meeting.

It was agreed John McLaren would give a verbal update to the Clinical Governance Committee on the 14th January 2016. Pat Alexander suggested having a specific report on this item at a future meeting.

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

June Smyth gave an update and reported that Policy Development is a substantive item on the Area Partnership Forum agenda. All three policies were approved by the Area Partnership Forum. Stephen Mather asked if the arrangements adhere to the regulations. June Smyth informed it is. It was highlighted that the Social Media policy demonstrates good joint working with SBC colleagues. John McLaren would like to recognise and thank Geraldine Bouglas, HR for all the work she carried out on this policy. A lot of comments were received from staff throughout the consultation period. Pat Alexander confirmed it is very useful for the Committee to receive the policy update.

Policy Development Group Updated noted by the Committee

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

Bob Salmond gave a presentation and reported the working group met a fortnight ago and the consensus of the group agreed to develop the presentation slides.

- Timetable – The Staff Survey will provide data to inform the actions for the Staff Governance Action Plan.
- A revised Staff Governance Action Plan including a Corporate Objectives action will be developed within the next few weeks.
- The first draft will come to the Committee at the next meeting in March 2016.
- Long-term issues include work on values
- The short term - a few smart objectives at a corporate level
- An action plan will be developed over a 3 year period

- Standard 1 - Well informed - we require to reach the whole workforce the Social Media policy will be looked at
- Standard 2 – Appropriately Trained – to support personal development review. This is a continuous action from the previous action plan
- Standard 3 – Involved in Decisions Which Affect Them – ‘I Matter’
- Standard 4 – Treated Fairly and Consistently – Values Based Recruitment
- Standard 5 – Provided with an Improved & Safe Environment – Self Assessment for Occupational Health & Safety

Bob Salmond reported the challenge for the Staff Governance Action Plan is making the plan real for the workforce. A 3 year plan is appropriate to achieve this. Ongoing activities are Leadership, ‘I Matter’ and Values Based Recruitment. John McLaren informed he will be contacting Scottish Government regarding 20:20 Workforce Vision Action Plan.

The Staff Governance Committee was happy to note the work in progress.

7. Letter to Scottish Government – NHS Borders Response (Standards 1, 2, 3, 4 & 5 apply)

June Smyth informed this is the feedback from the previous meeting and is for noting

8. Draft Staff Governance Monitoring Return Government Response (Standards 1, 2, 3, 4&5 apply)

John McLaren informed this paper is for noting and advised the presentation that Bob Salmond delivered today (Item 6) provided the key actions which will be given to the government next year.

Stephen Mather asked why staff do not feel they are informed. John McLaren advised this is where ‘I Matter’ will be key to us. Staff should be engaging within their own teams. This year the Staff Survey was broken down in to teams / departments which will provide managers the ability to have meaningful discussions with their staff. June Smyth spoke about a current project taking place within Mental Health & Learning Disabilities and the importance of communication with staff on a weekly basis but there are staffs who are still not reading the communications. A lessons learned exercise will be carried out after the project around being informed.

Bob Salmond spoke about Team Briefings where managers had to have face to face meetings with their teams. We require investing in getting back to face to face meetings with teams. Evidence highlighted that this did work. Shirley Burrell reported we require learning how we give the right information across to staff. This discussion has regularly been brought up at other meetings. Stephen Mather reported it should be fed back to the Executive Team regarding investing in staff. John McLaren reiterated ‘I Matter’ is a key part and will provide the recognition of this process to our staff. ‘I Matter’ will also be a key opportunity to respond to our staff in a meaningful way

9. Integration Update (Standards 1, 2, 3, 4 & 5 apply)

To be deferred to future meeting.

10. Vacancy Management Processes (Standards 1, 2, 3, 4 & 5 apply)

Charlie Sinclair reported that he is working along with Nicky Berry and Claire Smith to improve the process and have also worked closely with the Executive Team. Charlie Sinclair advised key areas within the Vacancy process were separately identified and developed which enabled to slim down a few documents. This was a significant piece of work. There were a lot of issues within the pre employment process. The overall general recruitment process from beginning to end is a ten week period. Managers recruiting staff receive a template providing progress reports throughout the process. This information can also be found on the intranet which staff can see.

Charlie Sinclair referred the Committee to the paper which highlights the number of current vacancy posts sitting between 22 and 26. The aspiration is to lower this figure. Vacant posts are not good for staffs moral. Overall staffs are seeing a difference. There is a weekly Oversight group who work closely on the process.

Pat Alexander informed it is an excellent piece of work and beneficial for the organisation.

Claire Smith commented on Values Based Recruitment. Pat Alexander asked for a formal update at a future meeting. Claire advised it is to ensure the core values are adhered to. The last couple of inductions delivered have received a lot of good comments.

Nicky Beery spoke about the recruitment events which also received valuable comments. As an organisation when recruiting staff we want new members of staff to feel valued and think highly of the organisation. The interview panel are happy with the process as they have been engaged throughout the process.

Sheila MacDougall highlighted the spreadsheet provides information on nursing and asked if it will be rolled out to the organisation. It was reported that the process has been tested with nursing staff and the new vacancy process will be delivered throughout the organisation.

Pat Alexander commended the group for carrying out this piece of work.

Work noted by the Committee.

11. NMAHP Clinical Academic Update (Standards 1, 2, 3, 4 & 5 apply)

Helen Clinkscale spoke to the paper and informed that this item has been discussed at the Clinical Executive Operational Group and Area Partnership Forum to raise awareness and achievements of the work that has been carried out. Helen reported in 2013 a clinical strategy was developed between NHS Borders and Napier University

to strengthen academic links between to the two organisations which was presented to the Board. A meeting will take place in January 2016 regarding the next steps which will be an umbrella approach around patient care.

Helen Clinkscale discussed the research activity informing identifying six clinicians within NHS Borders to be involved in teaching within the university and to enable to undertake research. Helen advised she will be asking the Endowment Committee for funding to enable to move research forward in the right direction.

Stephen Mather informed it is a very good paper and supports this piece of work. Pat Alexander asked if there is any areas were there is funding. Helen Clinkscale advised two members of staff from Out of Hours who have been able to be involved in research and have received backfill of £1,500.

The Staff Governance Committee noted the content of the paper.

12. Revalidation of Nursing & Midwifery (Standards 1, 2, 3, 4 & 5 apply)

David Thomson spoke to his paper advising NHS Borders preparation and arrangements to the introduction of Nursing & Midwifery Council (NMC) model for Nurse and Midwife Revalidation. David informed staffs are personally responsible to meet their own revalidation requirements but would like to assure the Staff Governance Committee there are plans in place within the organisation to support registered staff to enable them to meet the revalidation requirements. It will also provide public assurance.

The key elements require staff to provide evidence of four hundred and fifty practice hours within their scope of practice such as direct patient care, education, research. Also to obtain at least five pieces of practice related feedback. David advised Educational Forums have been set up to support staff which will continue beyond April 2016. This is an ongoing process and there is a review process from NMC. As a Board we are supportive to our staff to ensure they revalidate. David gave a brief update on Eportfolio and informed Magi Hunter is running workshops for staff.

The Revalidation process will be carried out every three years. A communication has been sent to staff via charge nurses asking staff to provide their revalidation dates. Bank staffs who do not have a substantive post are also receiving support

The Staff Governance Committee noted all recommendations within the paper.

13. Future Items

Pat Alexander asked the group for future items to be placed on the agenda. June Smyth suggested items could include progress with Modern Apprentices, Project Search, and a report on Values Based Recruitment.

14. Items for Noting

a) Occupational Health Report

Vikki Hubner informed she would be happy to answer questions from the Occupational Health Report. Stephen Mather enquired about Attendance at Appointments. Vikki gave an update on the text arrangements. It was thought this process would make a difference but people are continuing to phone in to re-arrange their appointments but not giving enough time to give the appointment to another person. Stephen suggested highlighting this issue in the monthly Staff Briefing. June Smyth and Vikki Hubner will discuss this issue with the Communication Group.

Counselling has reduced by 25%. Vikki informed there could be a variety of reasons as staff could be receiving information from nurses or doctors and feel they do not require attending the counselling session.

Report update noted

Mandatory Training – John McLaren informed key issues were taken away from the last meeting for the Mandatory & Statutory group to action. A full report will be coming to the next meeting in March which will provide an update on the Training Needs Analysis process. The Mandatory & Statutory group are taking this item seriously. A discussion took place regarding Moving & Handling and it was reported that sufficient staff are attending the training. Helen Clinkscale informed revalidation will help this process. John McLaren spoke about the Junior Doctors Virtual Induction Passport where doctors are aware of the training they require. John also spoke about the appraisals and PDPs. Stephen Mather advised all staff should receive core training related to their position within the organisation.

Pat Alexander informed we require assurance that the work from the deep dive will be delivered in March 2016 and if the finding is not suitable it will have to be escalated higher up the organisation. Pat Alexander asked if it has been placed on the Risk Register.

The group noted the paper.

b) Risk & Safety Update

Sheila MacDougall informed she would be happy to answer questions from her report. Sheila was asked if the figures regarding falls could be correlated with the Moving & Handling training. Sheila informed they can.

The group noted the paper.

c) Appropriate Access to other Committee Minutes: -

Public Governance Committee

Clinical Governance Committee

Area Partnership Forum

Occupational Health & Safety Forum

Mandatory & Statutory Training working Group

Action: Committee noted all minutes from above.

15. Any Other Competent Business

a) Whistleblowing Champion Training Session

Pat Alexander gave a brief update on this item. Each Board have been asked to provide a Champion which Pat will be the champion for NHS Borders. Pat recently attended a session which provided the understanding of their roles and to examine other policies in the context of the national PIN policy. Public Concern at Work provided the training. We are not expected to be involved in the inspection of the cases. Staff should have access to know where to take their concerns. They can not get anonymity but will be protected as far as possible. Colin Herbert advised that we require reviewing the policy as soon as possible. John McLaren informed it is important that a paper is taken to the next Area Partnership Forum requesting for a short life working group to be set up to look at the policy. The role and remit will be circulated to the group.

It was agreed to place this item on to the future topic list.

16. Date of Next Meeting

Monday 14th March 2016 at 10am in the Committee Room, BGH.

Minutes of a meeting of the Area Clinical Forum held on 28 September 2015 at 5pm in the Committee Room, Education Centre

Present: David Thomson, Joanne Weir, Alison Wilson, Nicky Hall, Tim Patterson, Carol Gillie, Karen McNicoll, Susan Manion, Karissa Johnstone

Apologies:

Agenda Item	Title	Speaker	Summary	Action
1	Staff Survey	John McLaren	<p>John McLaren updated the ACF on the staff survey advising that a response had been posted on the staff governance website stating that NHS Borders had a 53% return which was the highest mainland territorial Board return rate in Scotland.</p> <p>This year he envisaged being quicker in analysing the data than last year.</p> <p>It was noted the staff survey was now undertaken on an annual basis.</p> <p>It was noted that Imatter was a tool to build better relationships and the staff survey was a tool used in the organisation to gather information from a staff perspective.</p> <p>Chris Richards commented that 65% of the staff were over the age of 45 and enquired if that was higher than in other health boards? John McLaren commented that NHS Borders did have an aging workforce and it was the same across Scotland however he was unaware to what degree in each Health Board.</p> <p>John McLaren offered to analyse and break down</p>	John McLaren to send copies of the staff survey to the ACF members via email.

Agenda Item	Title	Speaker	Summary	Action
			the data to assist in identifying areas that required further training.	
2	Nursing & Midwifery Revalidation	DT	<p>David Thompson gave an overview of Nursing & Midwifery Revalidation. He advised that revalidation would commence on 8th October.</p> <p>He was undertaking promotion of the concept of revalidation to nurses and all were being asked to check NMC online. It was a 6-8 week re-registration process.</p> <p>Alison Wilson asked what the implications would be for the nurses under pharmacy. David Thomson confirmed all nurses would be required to undertaken revalidation.</p>	Karen McNicoll to speak to Austin Ramage regarding attendance t ACF.
5	NHS Borders Efficiency Programme	CG/JW	<p>Carol Gillie and Joanne Weir presented the NHS Borders Efficiency Programme to the ACF.</p> <p>During discussion several key elements were raised including: funding short-fall; increased costs; increasing demand from our population; efficiencies required for next 5 years; save £18m over next 3 years; Delivery of £6.9m savings; recurring shortfall will carry on to next year; plans to achieve financial targets; what will IJB support us with; external support; remind clinical services about efficiencies; use of existing technology and new technology for review; social work care package for review - 15 hours per week after hospital discharge for too long after they have got better; use of Private Ambulances; Public Interface - Public need to adjust their expectations to reduce their unnecessary use of</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>services; main resources are around beds.</p> <p>Suggestions from the ACF included: Shared Healthcare Support Workers instead of duplications of professions at the cost of patient care e.g support workers, nurses; Healthcare Support Workers Bank - so that variations of different types of work can be done by the same person; Overview required of the combination of all 9 banks across NHS Borders.</p>	
7	Clinical Governance	KMcN	<p>Risk adjustment on the risk register.</p> <p>Karen McNicoll advised that Simon Burts' paper to the Board was exceptional and was a good example for what the Board was looking for.</p>	
8	Draft Strategic Plan	SM	<p>The ACF were urged to comment on the next iteration of the Draft Strategic Plan.</p> <p>The ACF requested a presentation on the Draft Strategic Plan.</p>	
8	Scheme of Integration	SM	<p>Once the Integration Scheme has been approved by the Minister it is laid before the Scottish Parliament and then the IJB becomes a legal functioning entity.</p> <p>The NHS and SBC are the delivery units for services commissioned by the IJB.</p> <p>The Clinical and Care Governance arrangements require confirmation.</p>	
10	Professional Advisory Support - CSWO	SM	This item was deferred until the next meeting 30 th November	Karissa to invite Elaine Torrance to next ACF.
12	Professional Advisory Committees	ALL	The AOC were discussing Glaucoma SIGN Guidelines.	

Agenda Item	Title	Speaker	Summary	Action
			<p>BANMAC were discussing consultation around the review of care assurances; healthcare improvement consultation.</p> <p>Radiology were experiencing increased demand.</p>	
13	Any Other Business	KMcN	There are no other business	
14	Date and time of Next Meeting	KMcN	<p>Monday 30 November 2015 5pm Committee Room, BGH</p>	

Minutes of a meeting of the Area Clinical Forum held on 30 November 2015 at 5pm in the Committee Room, Borders General Hospital

Present: Karen McNicoll, Nicky Hall, Alison Wilson, Chris Richard, Iris Bishop

Apologies: David Thomson

Agenda Item	Title	Speaker	Summary	Action
1	Apologies and Announcements	KMcN	Apologies had been received from David Thomson.	
2	Minutes of the Previous Meeting	KMcN	It was noted the minutes of the previous meeting required attention and would be resubmitted to the next meeting on 22 February 2016.	
3	Action Tracker	KMcN	The Action Tracker was noted.	
4	Draft Strategic Plan 2016-19 Scottish Borders Health & Social Care Partnership	KMcN	The ACF were asked to review the documentation and feedback any comments directly to Karen McNicoll by close of play Tuesday 8 December. The ACF had been invited to nominate a representative to join the Strategic Planning Group. The ACF agreed the nomination would be the ACF Chair or their nominated deputy.	
5	Clinical Governance Committee: Feedback	KMcN	There was no update.	
6	Public Governance Committee: Feedback	NH	Nicky Hall highlighted summary and quality improvement board and ward areas; Health in your hands discussion; Food fluid and nutrition gap analysis.	The ACF agreed to ask Charlie Sinclair to update them on Food Fluid and Nutrition.
7	Strategy Reports	KMcN	It was agreed this was no longer a standing item on ACF agendas.	
8	National ACF Discussion	KMcN	Karen McNicoll advised that the next national ACF meeting was due later that week and she would circulate the agenda and papers for comments.	

Agenda Item	Title	Speaker	Summary	Action
			<p>Karen McNicoll advised that the National ACF Chairs Group had previously been used as a Forum by the Cabinet Secretary to have direct access to opinion and views, however it was less utilised now. The Group were now discussing their focus, they did have a work plan and the key themes this year were the same as the previous year - workforce planning, health inequality, multiple co-morbidities, clinical strategy.</p>	
9	<p>NHS Borders Board Papers: 03.12.15</p>	IB	<p>Iris Bishop highlighted the “Health in your Hands” paper and advised that Steph Errington was looking to engage with the ACF.</p> <p>Chris Richard spoke of the presentation he would be giving to the afternoon Development session and the ACF discussed potential input items such as: hospital building, mortuary, bariatric, accommodation in general, provide services out in the community instead of bringing patients into the hospital to facilities that are small. Health and social care hubs in community hospitals work up properly to take pressure off BGH.</p>	
10	<p>Professional Committees Advisory</p>	ALL	<p>Allied Health Professionals Advisory Committee: Karen McNicoll advised that the AHP Advisory Committee had not met this time and were struggling to be quorate. The draft strategic plan had been circulated to them for comment.</p> <p>Area Dental Advisory Committee: Karen McNicoll advised that she would ask Robert Irvine if the timing of the meeting did or did not suite Mr Irvine.</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>Area Medical Committee: Karen McNicoll advised that Chris Richard was now a member of the ACF as the SMSC link and the AMC would be resurrected by Chris. Chris Richard advised that there had been a successful reinstatement of the Borders Clinical Club meeting of GPs and Consultants and his intention was to use that as a bit of a seed to get interaction to generate something and then label it as the AMC if possible.</p> <p>He further advised that Non Medical staffing was difficult as was medical staffing.</p> <p>Area Ophthalmic Committee: Nicky Hall advised there had not been a meeting since the last she had reported on.</p> <p>Area Pharmaceutical Committee: Alison Wilson advised the APC had met the previous month. The APC had expressed concern about the wording of the Strategic Plan.</p> <p>More funding had been received for Prescription for Excellence and a working group was planning how to utilise that funding.</p> <p>Public holidays and pharmacy opening hours had been agreed for the festive period.</p> <p>BANMAC: No report available as David Thomson</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>had sent apologies.</p> <p>Healthcare Scientists: No report available as Austin Ramage not present.</p>	
11	Any Other Business	KMcN	<p>Dates for ACF Meetings for 2016 will be confirmed as soon as the Public Board meeting dates for 2016 have been confirmed.</p> <p>ACF agreed to Invite the Chairman and /or Chief Executive to a future meeting and also the new Medical Director when appointed.</p> <p>The ACF noted Dr Tim Patterson had been nominated as Exec Lead for the ACF.</p> <p>The ACF noted that there was an AHP engagement event on Thursday 3 December on Active and Independent Living at Tweed Horizons. The Minister for Public Health would be attending.</p>	ACF agreed to Invite the Chairman and /or Chief Executive to a future meeting and also the new Medical Director when appointed.
12	Date and time of Next Meeting	KMcN	<p>Monday 22 February 2016 5pm Committee Room, First Floor, BGH</p>	



Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 1 February 2016 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:	(v) Cllr Catriona Bhatia (Chair)	(v) Mrs Pat Alexander
	(v) Cllr John Mitchell	(v) Mr David Davidson
	(v) Cllr Jim Torrance	(v) Mrs Karen Hamilton
	Mrs Susan Manion	Dr Cliff Sharp
	Mr Paul McMenamin	Mrs Evelyn Rodger
	Mr David Bell	Mr John McLaren
	Mrs Linda Jackson	Dr Angus McVean
	Mrs Jenny Miller	Mrs Angela Trueman

In Attendance:	Miss Iris Bishop	Mrs Jane Davidson
	Mrs Jill Stacey	Mrs Carol Gillie
	Dr Eric Baijal	Dr Annabel Howell
	Ms Sandra Campbell	Mrs Carin Petterson

1. Apologies and Announcements

Apologies had been received from Dr Stephen Mather, Mr John Raine, Cllr David Parker, Cllr Frances Renton, Mrs Tracey Logan, Mrs Elaine Torrance, Mrs Jeanette McDiarmid, Mrs June Smyth, Mrs Clair Hepburn, Mrs Fiona Morrison and Mr David Robertson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Angela Trueman to the meeting, who was replacing Mr Andrew Leitch as the User Carer Representative, non voting member of the Health & Social Care Integration Joint Board.

The Chair welcomed Dr Cliff Sharp, Interim Medical Director.

The Chair advised that Cllr David Parker was intending standing down from the Health & Social Care Integration Joint Board. Subject to Scottish Borders Council approval the intention was that Cllr Iain Gillespie might join the Health & Social Care Integration Joint Board as the replacement for Cllr Parker. The Chair welcomed Cllr Gillespie to the meeting as an observer.

The Chair welcomed Ms Linda Jackson to the meeting who was deputising for Mrs Fiona Morrison.

The Chair welcomed members of the public to the meeting.

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 Joint Board held on 14 December 2015 were amended at page 3 last paragraph, line 1, to read"post diagnostic dementia...", page 5, second to last paragraph to read "Mr David Davidson..." and page 8, third paragraph, line 2 to read "...spend of £470k.." and with those amendments the minutes were approved.

4. Matters Arising

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker and agreed that the session that had taken place on 20 January 2016 had not fully accommodated the commissioning suggestion and the action would therefore return to amber.

5. Health & Social Care Strategic Commissioning Plan

Dr Eric Baijal gave an overview of the content of the plan and the next steps to be taken. The Chair clarified that the document before the meeting was the Strategic Plan and a separate Commissioning and Implementation Plan would be drawn up.

Mrs Susan Manion advised the meeting that it could not formally approve the Strategic Plan until the Health & Social Care Integration Joint Board had been legally established. The date of legal establishment was 6 February 2016, she therefore proposed that the Strategic Plan be brought back to the next meeting for homologation.

The Chair confirmed that it was the content of the Strategic Plan that required approval as opposed to the finalised document.

Cllr John Mitchell requested the population figures for Hawick and Galashiels be checked.

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

6. Integrated Care Fund – Progress Update

The paper was tabled at the meeting and Mrs Susan Manion reminded the Health & Social Care Integration Joint Board (H&SC IJB) that an update report had been presented at the last meeting which had given a reassurance around governance arrangements and decision making processes.

Mrs Pat Alexander commented that she was keen to have sight of all the appendices.

The Chair advised that the H&SC IJB was noting the progress made against the projects that had already been approved.

Mr David Davidson reiterated that the H&SC IJB should receive their meeting papers seven days in advance to allow the members the time to read and scrutinise all of the content within the papers.

Cllr John Mitchell commented that all officials and staff were working hard and it was difficult to be kept up to date all of the time.

Cllr Jim Torrance commented that it was important that the paper was noted by the H&SC IJB.

Mrs Evelyn Rodger suggested that it might be helpful for the next report to look at stress and distress, how many staff had been trained, were going to be trained, what difference it had made to front line staff, etc. She suggested that level of granularity would have been detailed within the bid and it would be helpful for the H&SC IJB to view progress being made.

Mr Davidson further commented that it would be critical for the H&SC IJB to receive progress reports for each project on how it was progressing against each stage in its timeline. Progress reports would give the H&SC IJB the ability to be able to scrutinise where any issues might lie and offer direction.

Mrs Manion advised that the H&SC IJB would receive a full report on the Integrated Care Fund after the end of the financial year.

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

7. Chief Officer's Report

Mrs Susan Manion gave an overview of the content of the report highlighting the anticipated final approval of the Scheme of Integration on 6 February 2016, formal appointment of the Chief Officer and Chief Financial Officer on 7 March. She suggested the forthcoming Development session scheduled for 7 March would need to become a formal meeting to allow the H&SC IJB to recognise its' legal establishment and requirements ahead of 1 April 2016.

A discussion ensued which encapsulated several issues including: the huge amount of work that had been undertaken by Mrs Manion and her team in order to address the delayed discharges situation in extreme circumstances; achievements to date against the 72 hours target, possibly through a graphic detailing target, trajectory, etc; information on the GP contract and their input to design localities and clusters; status of the Physiotherapy 9 week target as a local stretched target; request for more detail within the categories of reporting, such as graphical trends, so that it would be easier to assimilate and compare; ongoing work on the performance monitoring framework; and oversight of performance.

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

8. Communications Update

Ms Carin Petterson gave an update.

Dr Angus McVean commented that he would be more than happy to provide GP input to future newsletters.

During discussion several issues were raised including: staff engagement; information technology issues; integration website; reinstatement of the Communications Group to look at information available to the staff and public and links to existing websites; make the newsletter balanced and give a preview of items for the following issue; emphasis that primary care is about a whole range of services and teams and not just GPs;

Ms Linda Jackson commented that she would be willing to provide information and stories for the newsletter from the carers sector.

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

9. Integration Joint Board Audit Committee Arrangements

Mrs Susan Manion suggested taking both the Audit Committee and Internal Auditor papers together as one single discussion. She highlighted that within the Scheme of Integration it was clear that the H&SC IJB may wish to establish an Audit Committee and in order to ensure the Audit Committee functioned appropriately the of a Chief Internal Auditor would be vital.

Mrs Jill Stacey confirmed that a key part of any organisation was to have effective governance arrangements in place and in order to ensure transparency, scrutiny and assurance an Audit Committee would be required.

Mrs Stacey advised of a slight revision to the wording of point 7 in Appendix 1 of the Audit Committee paper.

A discussion followed which highlighted: membership of the Audit Committee and skill sets required; risk management strategy for the H&SC IJB to take account of commissioning risks and be shared with the Joint Staff Forum;

The Chair suggested voting members of the H&SC IJB consider if they wished to be a member of the H&SC IJB Audit Committee.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to establish an Audit Committee as part of the governance arrangements of the Health & Social Care Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Terms of Reference of the IJB Audit Committee as detailed at Appendix 1 with the suggested revision.

10. Appointment of Chief Internal Auditor

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** appointed Jill Stacey, Chief Officer Audit and Risk, Scottish Borders Council as Chief Internal Auditor for the Integration Joint Board.

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

11. Monitoring of the Integration Joint Budget 2015/16

Mrs Carol Gillie introduced the report 9 months into the financial year reminding the H&SC IJB that the budget was on an aligned basis and any pressures were the responsibility of the respective partner organisations.

Mrs Gillie advised that the projected year end position was that the partnership would end the year with a £466k expense over budget. It was an improved position following projected breakeven position for Scottish Borders Council services within the delegated functions. The projected overspend at the year end was linked to NHS services, principally GP prescribing and dental services.

Discussion focused on several elements including: reduction in number of clients in residential care; impact of the living wage on the care sector; Scottish Government settlement for Local Authorities; understanding the impact of underspends against delivery of services; and the shift in budget alignment to assist integration of services.

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

12. Integrated Joint Board Governance – Draft Financial Regulations

Mrs Carol Gillie reminded the H&SC IJB that a more detailed session had been undertaken at the Development session in January.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the content of the report and agreed the content of the Draft Financial Regulations.

13. Committee Minutes

The Chair noted that the previous two meetings of the Strategic Planning Group had been inquorate and a discussion took place on how to strengthen the group with suggestions including: reducing the quorum number; support from H&SC IJB members; virtual working through email discussion, input and approval of items; OD plan; financial representative to be included in the group membership; nursing input to the group; deputies to be nominated; terms of reference and membership to be shared; meetings to be planned across the year;

Dr Eric Baijal advised that he would circulate to the H&SC IJB the Terms of Reference, Membership, Remit and Governance arrangements.

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

14. Audit Scotland Report

Mrs Carol Gillie commented that it was a good background information document and she advised that there were 2 further follow up reports to be released.

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

15. Chief Financial Officer

Mrs Susan Manion advised that a draft job description had been drawn up with the agreement of both Scottish Borders Council and NHS Borders and it had been agreed that an appointment would be made on an Interim basis for a period to be identified.

Mr Paul McMenemy had been identified as an Interim appointee on a secondment basis to ensure the H&SC IJB was assured around its financial arrangements from 1 April 2016 onwards.

Mrs Manion proposed the detail of the process to be followed to recruit, timeline and secondment period be shared with the H&SC IJB at its next meeting.

The Chair suggested speaking to other H&SC IJBs regarding sharing the Chief Financial Officer post.

Mrs Carol Gillie confirmed that both she and Mr David Robertson would fully support Mr Paul McMenemy in the role of Chief Financial Officer for the H&SC IJB.

Mrs Karen Hamilton suggested costing the resourcing and staffing implications in other areas as she was aware there were a number of staff across both organizations providing support to the H&SC IJB through their professional roles.

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

16. Any Other Business

16.1 Development: Mrs Susan Manion highlighted that Mr George Hunter had moved on. He has provided a written report which would be fed into the OD work.

16.2 Meeting: The Chair confirmed that the next meeting of the H&SC IJB would be held on 7 March at 9.30am as alluded to earlier in the meeting.

16.3 National H&SC IJB Chairs & Vice Chairs: The Chair gave feedback from the national H&SC IJB Chairs and Vice Chairs meeting held on 28 January. She highlighted: national indicators and what success will look like; key indicators; whole system approach; delayed discharges; political aspirations; shifting resources; and commissioning services.

Cllr John Mitchell enquired if there was any feedback on the Highland partnership that had gone Lead Agency. The Chair advised that those from Highland had advised it had been a painful process but they felt it was now working well. Mrs Jane Davidson reminded the meeting that in Highland there were two partnerships and one had been the Lead Agency model and the other had been the Body Corporate model.

17. 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 7 March 2016 at 9.30am in the Council Chamber, Scottish Borders Council.

The meeting concluded at 3.50pm.