

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

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

**Background**

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

**Summary**

Committee minutes attached are:-

- Strategy & Performance Committee: 05.11.15
- Audit Committee: 21.09.15
- Endowment Committee: 01.10.15
- Clinical Governance Committee: 18.11.15
- Public Governance Committee: 11.11.15
- Staff Governance Committee: 14.09.15
- Health & Social Care Integration Joint Board: 12.10.15, 14.12.15

**Recommendation**

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

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

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Jane Davidson	Chief Executive		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Iris Bishop	Board Secretary		

**Borders NHS Board**

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 5 November 2015 at 10.00am in the Board Room, Newstead

**Present:**

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

**In Attendance:**

Miss I Bishop	Dr C Sharp
Mr P Lunts	Mrs C Oliver
Mrs J Stephen	Mr G Ironside
Mr R Erskine	Mr M Cant-Pinnons
Ms S Doyle	Ms J Douglas
Ms K Morris	Mr B

## 1. Apologies and Announcements

Apologies had been received from Susan Manion and Dr Hamish McRitchie

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

Mrs Jane Davidson recorded the congratulations of the Board to Scottish Health Awards nominees and winners who were Ms Fiona Hawke, winner of the Top Therapist in Scotland Award, Melburn Lodge Team winner of the Care & Mental Health Award and the Top Team in Scotland Award and the Learning Disability Service who were nominees for the Top Team in Scotland Award.

Mrs Karen Hamilton recorded the congratulations of the Board to the Small Change, Big Difference campaign who were runners up in the best use of social media campaign category at the E Health Insider Awards.

## 2. Patient and Carer Stories

Mrs Clare Oliver introduced Mr B and the Team. Mr B spoke about the John Muir Award and how being involved in nature and conservation work had helped him to learn and develop and feel more like a part of society and feel stronger as an individual.

Discussion focused on the impact of small interventions that made such a big difference to individuals.

Mr Mike Cant-Pinnons advised that whilst the specific externally contracted service was being concluded the learning from it and support for individuals would continue to be provided in house. Dr Cliff Sharp suggested the Committee seek an update report in 12 months time on how the project had been embedded into the service and continued to be provided.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story and sought an update report in 12 months.

### **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 3 September 2015 were approved.

### **5. Matters Arising**

**5.1 Minute 12: Young Carers' Strategy 2015:** Mrs Karen Hamilton enquired if there was any feedback on the utilisation of the Young Carers Card. Mrs Evelyn Rodger advised that she would continue to raise the matter.

**5.2 Minute 16: Physiotherapy Waiting Times:** Mrs Karen Hamilton enquired if any progress had been made in regard to the "blanket withheld number on phonecalls". Mrs Karen McNicoll advised that she had raised the matter with Mr George Ironside who was looking into it. She gave a commitment to raise the matter again.

**5.3 Playlist of Life:** The Committee noted the "Playlist for Life" item had been deferred to the January 2016 Strategy & Performance Committee meeting.

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

### **6. Winter Plan**

Mr Philip Lunts gave a presentation on the further detail and actions that had been progressed in support of the winter plan. He gave a recap of the rationale around the winter plan; system grip; patient flow; discharge to assess; nursing vacancies; additional medical cover for additional beds; hospital safety brief and aim of 40% discharge target by midday; rapid access to support complex discharges; length of stay in community hospitals; and use of flex beds in a more creative way to meet the 72 hour target.

Mrs Jane Douglas spoke of the use of flex beds the previous year and how they would be utilized during the current winter period. She advised that assessments would be carried out when patients were in flex beds and she highlighted the use of step up and step down beds in SB Cares Care Homes.

The Chairman enquired about capacity across the system. Mrs Douglas advised that short stay occupancy was at 65% and long stay occupancy at 82%. She assured the Committee that there was capacity within SB Cares Care Homes as well as capacity in Berwickshire and vacancies that could be utilised in Whim Hall and St Andrews (currently subject to a Moratorium).

Mr David Davidson enquired about support to people in their own homes and capacity within the Arms Length Organisation (ALEO) to supply temporary support. Mrs Douglas advised that there was pressure in the system for care at home services and with regard to the ALEO they were the main provider across the Borders. She commented that the ALEO were able to flex their capacity in day services and care home based services which were both under used, so that they would be able to move staff to meet demand, indeed a flex team had been set up the previous week as a model to be utilised going forward. She also highlighted the rapid reaction service which needed to get functioning and working properly.

Mrs Karen McNicoll commented that previously the Committee had asked about the involvement and readiness of the Joint Borders Ability Equipment Store (BAES) and whether that was a rate limiting step. Mrs Douglas advised that the BAES should be reflected within the plan and SB Cares had provided assurance that they had an on call duty system to cover the festive period and would be able to manage any urgent equipment needs.

The Chairman enquired about the number of boarded patients. Mr Lunts noted that there had been a surge of activity and the number of boarded patients had increased. He assured the Committee that an ambulatory care assessment centre would be formed at the start of December and would be critical in establishing medically staffed beds for those patients outwith the core medical beds as opposed to boarding them in other wards.

Mrs Pat Alexander enquired about the number of patients awaiting a social work assessment. Mrs Douglas confirmed that the number of patients awaiting assessment had reduced and had reduced consistently over the past 3 years. The timeframe for waiting for an assessment was quite low and the intention was to place care managers into community hospitals to begin the assessment on the day of arrival instead of waiting for a referral. Mrs Evelyn Rodger commented that nursing staff also contributed to the assessments.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the winter plan.

## **7. Delayed Discharges**

The Chairman commented that he was disappointed that a Delayed Discharges report had not been provided for the Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that a Delayed Discharges report had not been received but would be received at the December Board meeting.

## **8. Health In Your Hands**

Dr Sheena MacDonald gave an update on the development of the Clinical Strategy In patient Services Review. She focused on critical care capacity; the flow of frail ill elderly people from the acute sector to community hospitals and developing different models; and the improvement work around elective care.

Discussion focused on: the engagement of GPs in regard to the Eildon project; role of the Board in appointing a GP to the Integration Joint Board; engaging with the public on an informal basis in public places such as cafes; and the national conversation on the clinical environment and how similar that conversation has been to the questions we have asked locally.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Health In Your Hands update.

### **9. Draft Borders Director of Public Health Report 2015**

Dr Tim Patterson shared the consultation draft of the Director of Public Health Report 2015 with the Committee and sought feedback on the content. He highlighted several elements within the report including: smoking cessation rates; drug and alcohol usage; and discussion on public health priorities.

Dr Stephen Mather welcomed the readability of the document but noted that much of the tabulated information related to 2009-2011. He enquired if there was any more up to date information available. Dr Patterson advised that much of the local lifestyle data was only available up to 2011, however he was ensuring data was being updated where any more recent figures were available.

Discussion focused on: the meaning of the diagram on page 10; statutory requirements to undertake screening programmes; educating the public about their personal responsibility for their personal health; page numbering to be refined; national report on health impact assessment in rural communities and how to incorporate health in the consideration of planning applications; e-cigarettes; inequalities; and default retirement age and life expectancy.

The **STRATEGY & PERFORMANCE COMMITTEE** considered and commented on the report.

### **10. NHS Borders Equality Mainstreaming Progress Report 2015**

Mr Warwick Shaw introduced the action plan advising that it was a work in progress. Ms Simone Doyle gave an overview of the content and highlighted some key elements including: equality impact assessment; key performance indicators and systems in place; and meetings scheduled to scope requirements for implementation.

Dr Doreen Steele emphasised the importance of the equality impact assessments.

Mrs Pat Alexander enquired if there was sufficient involvement from the Public Governance Committee to ensure the views of other equality groups were captured. Dr Steele reminded the Committee that the Public Governance Committee (PGC) was a committee of governance and would not be involved in operational matters, however she assured the Committee that both Mr Shaw and Ms Doyle provided timely feedback to the PGC on progress with the action plan.

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

## 11. Update on the Impact of European System of Accounts Issue 2010 on HUB Agreements

Mrs Carol Gillie gave an overview of the content of the paper, she advised that the schemes that were currently in place were funded by revenue and therefore did not appear on the balance sheet. She cautioned that there was however the possibility that in future similar schemes may have to appear on the balance sheet and that would mean that the funding of projects such as the Reprovision of the Hospital for Sick Children in Edinburgh would need to be addressed and potentially impact on NHS Scotland capital monies.

Dr Stephen Mather enquired if the system was bonded to the Private Finance Initiative. Mrs Gillie advised that this was an arrangement where private finance supported infrastructure development in the public sector but unlike Private Finance Initiatives in this scenario profit levels were capped. She commented that due to financial constraints in the public sector in order to take forward infrastructure projects a solution to support the use of private funding would be required to be found.

Mr David Davidson suggested it might be a political issue and Mrs Gillie confirmed that NHS Directors of Finance were feeding comments into the national dialogue on the matter.

The **STRATEGY & PERFORMANCE COMMITTEE** delegated authority to the Chief Executive and Director of Finance to oversee conclusion of amendments as a result of ESA 2010 to the Territory Partnering Agreement and the Hubco Shareholders Agreement.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update and on conclusion of the issues that had come to light as a result of ESA2010 approved delegated authority to the Director of Finance and the Chief Executive as appropriate to sign the amended documents.

## 12. Newstead Update

Mrs Carol Gillie gave an overview of the content of the paper, she highlighted the risks associated with retaining the Newstead site and advised that actions would be put in place to minimise the risks as much as possible.

A discussion ensued that included views in relation to: value and cost of the banking stability; use of independent advisers and contractors; responsibility of landowners bordering the Newstead banking; realigning the river; insurance; interest in the site from external parties; and relocation of staff.

Cllr Catriona Bhatia suggested she would send Mrs Gillie the name of an engineer at Scottish Borders Council to see if a different opinion on the stability of the banking might be forthcoming.

Mr David Davidson enquired if the matter was detailed on the NHS Borders risk register. Mrs Gillie confirmed that it was. Mrs Gillie further advised that on professional advice a survey would be carried out regularly, approximately every 6 months, and if there were any deterioration short term measures would need to be put in place. She assured the Committee that currently the site was safe for staff to use and she would update the risk register following each survey.

The **STRATEGY & PERFORMANCE COMMITTEE** considered the information presented in the report.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the retention of the Newstead site until alternative accommodation was made available within the NHS Borders property portfolio for the services currently located on the Newstead property.

The **STRATEGY & PERFORMANCE COMMITTEE** welcomed Cllr Bhatia's offer of providing another opinion via Scottish Borders Council about the engineering costs to rectify the banking problem.

### **13. NHS Borders Efficiency Report for the six months to 30 September 2015**

Mrs Carol Gillie presented the regular 6 monthly efficiency report and highlighted that the efficiency target for 2015/16 was £6.9m. At the end of September £4.7m of the target had been delivered. A plan was in place to deliver the full £6.9m but not without risk and it did include the use of carry forward funds from the previous year and ring fenced funding. She emphasised that it was likely that at the end of the financial year there would be a recurring shortfall of £1.7m on the efficiency target with no schemes to show how that would be offset. Of the 4 identified schemes that had been worked on throughout the year with the intention of assisting with recurring savings, none had confirmed savings realised.

Mr David Davidson advised that he presumed the Financial Performance Oversight Group would be scrutinising the efficiency schemes at its next meeting. Mrs Gillie confirmed that the schemes would be highlighted to the group for them to consider how to assist delivery.

Mrs Pat Alexander asked that more information be provided in future on the non financial impact of removing some schemes/funds.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency report and progress to 30 September 2015.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that Mrs Gillie would provide an update to the Non Executive's meeting on 3 December 2015.

### **14. Deep Dive – Diagnostics Waiting Times**

Mrs Katie Morris gave a presentation on Diagnostics waiting times and highlighted several key elements including: national diagnostic target; diagnostic tests; waiting time measurement; reported performance on endoscopy and radiology; service challenges and actions; and comparative performance.

Mr John McLaren sought clarification that the information for July was accurate for testing and not for the full process. Mrs Morris confirmed that was the case and assured the Committee that there were no patient safety issues.

During discussion several matters were highlighted including: increase in demand for CT and MRI scans; appropriate scrutiny and approval systems in place; reviewing demand and capacity and productivity as well as looking at benchmarking and medicalisation; cost effectiveness of providing extra sessions and weekend sessions in Radiology; upstream demand for diagnostics; generation of

income from radiology services and potential to extend; significant contribution and commitment of staff;

Dr Stephen Mather commented that he was reassured that things were now moving in the right direction.

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

#### **15. Deep Dive – Did Not Attends (DNAs)**

Mrs Jackie Stephen and Mr George Ironside gave a presentation on Did Not Attends (DNAs) and highlighted several key elements including: new out-patient appointments; bigger numbers of patients; DNA rates covering all age groups of adults and children; looked at pattern over the year; interventions and actions that have been taken to improve performance; automated patient reminder service; interventions; deep dive into general surgery; and next steps.

Dr Stephen Mather enquired if the service should be targeting specific areas such as colposcopy as part of the cancer screening programme or diabetes which had a large number of DNAs. Mrs Stephen acknowledged targeting areas in the first instance might be a preferred way forward and agreed that a deep dive into colposcopy could be undertaken. She further advised that work had been done previously on medical paediatrics and that could be reviewed and the input of GPs be sought to gain a more common understanding on what the issues were. In regard to diabetic patients she advised that they were a hard to reach group and the service was keen to test a different way of engaging with them such as via video call and baseline work was being undertaken on that in the first instance.

During discussion several suggestions and comments were made including: open access appointments for some groups of patients such as trauma patients; evening and weekend clinics; removal of anonymised phone numbers from the service; preference for mobile phone contact for young people; transport links; GP input; foster personal responsibility; changing peoples behaviours and perceptions; involving social services for those known vulnerable, difficult and disadvantaged people; and use of volunteers through local parishes and churches.

Dr Doreen Steele enquired if there was any correlation between DNAs and cancelled clinics and children's services. Mrs Stephen advised that she would look into the query outwith the meeting.

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

#### **16. Service Improvement Programme Update - Mental Health Service and Learning Disability Service**

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress update, and that a further update report would be presented to the next Strategy & Performance Committee meeting.

#### **17. Integrated Performance Scorecard**

Dr Stephen Mather advised that he would discuss with Mrs Katie Morris a short list of questions, in relation to some performance elements in the report under her management, for her to address outwith the meeting.



The **STRATEGY & PERFORMANCE COMMITTEE** noted the September 2015 Integration Performance Report.

**18. Any Other Business**

**18.1 Flu Vaccination:** Dr Doreen Steele, as Flu Champion for the Board reminded colleagues to take up the offer of a flu vaccination. She reported that to date there was only a 30% uptake of the flu vaccination compared to a 42% uptake in the same period the previous year. Dr Sheena MacDonald assured that Committee that actions were being taken to increase the level of flu vaccination uptake by staff.

**19. Date and Time of next meeting**

The Chair confirmed that the next meeting of the Strategy & Performance Committee would take place on Thursday 21 January 2016 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 1.40pm.*



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 21<sup>st</sup> September 2015 at 10 a.m. in the Board Room, Newstead.

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

**In Attendance:** Mr T Barrie, Audit Manager, PWC  
Mrs V Buchan, Senior Finance Manager  
Ms S Castledine, Senior Manager, Scott Moncrieff  
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  
Mrs L Jones, Head of Quality & Clinical Governance (Item 8.2)  
Mrs E Rodger, Director of Nursing, Midwifery & Acute Services  
Ms S Swan, Deputy Director of Finance

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Chris Brown and Kenny Wilson.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 16<sup>th</sup> June 2015**

The minutes were approved as an accurate record.

4. **Matters Arising**

*Action Tracker*

**The Committee noted the action tracker.**

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group - Update*

Susan Swan provided feedback from the quarterly Countering Fraud Operational Group meeting. It was noted that the group had received an update on the Fraud Risk Assessment Methodology and a full review would be undertaken at the November meeting. Susan advised that CFS would be having a more targeted approach around patient exemption checking with a pilot scheme being undertaken in NHS Forth Valley.

Susan gave assurance that the group had discussed the Technical Bulletins received and was content with the action taken. The Annual Fraud Report for 2014/15, which forms part of the annual accounts process and is signed off by David Davidson, Counter Fraud Champion, had been circulated for information and comment on improvements that could be made to future reports. Susan advised that membership of the group is made up of the Heads of Service and that they are looking to promote fraud prevention through the staff intranet via departmental microsites. Jane Davidson asked for assurance that the group was made up of the correct membership to ensure that the fraud prevention agenda is moved in the correct direction throughout the organisation. Carol Gillie confirmed that she was content that the group did have the right membership to do this, however highlighted that it was a new group and felt that it should continue in its current format to allow it to become established before assessing if any changes were required. . It was noted that CFS had provided positive feedback and would like to see this model within other Boards.

**The Committee noted the update.**

#### 5.2 *Revised Payment Verification Protocols*

Susan Swan spoke to this item. Susan gave assurance that this revised guidance, which is agreed nationally, would be picked up by Practitioner Services Division (PSD) and confirmed that Costas Kontothanassis attends regular meetings on behalf of NHS Borders. It was noted that Costas is also a member of the Countering Fraud Operational Group. David Davidson asked for an update on how engaged GPs are with this agenda. Carol Gillie confirmed that GPs and other independent practitioners actively engage with PSD to undertake this work which covers the four work streams, namely medical, dental, ophthalmic and pharmaceutical.

**The Committee noted the contents of the updated guidance.**

## 6. **Governance & Assurance**

### 6.1 *Audit Follow-Up Report*

Vivienne Buchan spoke to this item. Vivienne provided an update on outstanding recommendations, where it was noted that there were none for External Audit and 11 for Internal Audit which were all currently in progress. Vivienne highlighted that six recommendations had been implemented since the last meeting and were detailed within appendix 1A. Vivienne went on to provide an update on the recommendations within the two audit reports that had high risk recommendations, namely Business Continuity Planning and Hospital Waste Management. Vivienne referred to the recommendations not yet due for implementation and explained that the Staff Training & Development Review, which had an initial target date of December 2014, had been given a revised date of September 2016 due to the delays in the implementation of the national HR system. It was noted that the revised date was linked to national deadlines. Doreen Steele agreed that this was a realistic timescale. David Davidson enquired about the Hospital Waste Management audit recommendations. Stephen Mather confirmed that this was under the remit of the Clinical Governance Committee. Evelyn Rodger added that she had met with Gary Arkley and Warwick Shaw and had been provided with assurance on the implementation plans. Evelyn referred to the Bed Management audit recommendations and highlighted that there was no target date against this. Vivienne confirmed that this was correct as the lead had advised that work is ongoing to allow a plan to be put in place to move to 100% reliance on the Trakcare system outputs. Vivienne confirmed that she had been given assurance that all recommendations had

been implemented. Tony Barrie also confirmed that the audit recommendations were complete and the work being taken forward was related to the service rather than recommendations arising from the audit. Evelyn felt that it would be useful to provide updates on the progress for recommendations that are not yet due. The Committee discussed this and Vivienne agreed to include this information in future reports.

**The Committee noted the report.**

6.2 *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 reported that to date there had been no debtor write-offs requests during 2015/16. Vivienne gave assurance that the Finance Department continue to work on recovering the historic debts which totalled £19k. David Davidson noted great improvement, primarily due to the new process implemented within dental, and congratulated on this.

**The Committee noted the report.**

6.3 *Minutes of Healthcare Governance Steering Group: 4<sup>th</sup> May 2015*

Evelyn Rodger spoke to this item. Evelyn reported that these would be the last minutes seen by the Committee following agreement by the Board that the group was no longer required. It was noted that the Clinical Executive Operational Group would oversee work previously dealt with by the Healthcare Governance Steering Group. David Davidson referred to item 6 of the agenda, in particular Resilience. Evelyn advised that the Audit Committee would oversee the governance of resilience arrangements across the organisation. It was agreed that this was appropriate. Evelyn referred to item 7.2 where it was stated that the Infection Control Committee did not have good attendance from Clinical Boards. Evelyn assured that there was now a stronger representation on this Committee and Sheena MacDonald had committed to attend on a regular basis.

**The Committee noted the minutes of the Healthcare Governance Group.**

6.4 *Risk Management Annual Report 2014/15*

Evelyn Rodger introduced this item. Stephen Mather referred to page 10 and in particular the increase in the number of risks recorded against OH&S Moving and Handling. Stephen commented that this formed part of mandatory training and asked if there was an increasing problem in this area. Evelyn assured that there was not an increasing problem and confirmed that the Staff Governance Committee had reviewed statutory and mandatory training. Evelyn explained that there had been a misunderstanding within the service and that a more flexible approach is being put in place to allow more training to be delivered within the clinical areas, e.g. theatres. David Davidson referred to the Risk & Safety course attendance trajectory on page 7 and noted that there was a significant difference between the trajectory and the actual attendance. Evelyn advised that this is now a substantive item on the Clinical Executive Operational Group agenda for monitoring. It was noted that this is also discussed at the performance review meetings. Doreen Steele suggested that “mandatory training” is changed to “essential and legal” to ensure everyone across the organisation is clear that it must be undertaken. David enquired about how the Audit Committee would receive feedback on risks. Evelyn advised that the Committee would receive a twice yearly update. Susan Swan agreed to add this to the Audit Committee Work Plan. Stephen highlighted that it would be extremely helpful if covering papers provided clarity on why reports are going to a particular Governance Committee and if it has been seen elsewhere and any action

taken. Both Internal and External Audit agreed that it would be good practice to include this information. Doreen Steele felt that a precedent should be set whereby reports of this nature are seen by the Audit Committee in the first instance and then disseminated across the organisation as appropriate. David suggested that he meet with Evelyn and Carol Gillie to discuss this further outwith the meeting. This was agreed. Jane Davidson agreed that the Audit Committee is the correct home for risk and should be brought here, however due to timings there may be occasions when these are required to go elsewhere beforehand. Jane also suggested that at a mid-year risk report is seen by the Audit Committee to show the outcomes of the work being undertaken. It was noted that the Committee normally receive a mid-year report on risk management at the December meeting.

**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 majority of Terms of Reference have either been agreed or are in the process. Tony assured these would be ready in good time for work commencing. Tony highlighted that two audits had been completed and a draft report is currently being prepared. Tony referred to the Training of Junior Medical Staff audit and advised the timing of this is being re-arranged. David Davidson referred to the Mandatory Staff Training audit and asked if this was on track to come to the December meeting. Tony confirmed that it was and that a draft report is currently being discussed with management. David referred to the Utilisation audit and gave an update on a visit himself and Stephen Mather had made to Theatres where they had found staff did not have a good understanding of this. Evelyn Rodger confirmed that Katie Buckle would be working with Theatre staff in preparation for the audit. Doreen Steele showed concern around the delay in the Training of Junior Medical Staff audit due the number of training issues across Scotland at the present time. Tony explained that the Terms of Reference (ToR) had been agreed, however feedback received was that due to previous work in this area it was not felt that the audit was necessary. The ToR for this work has since been reviewed and the view has been taken that this did not address the areas that would be covered within the audit. It was noted that the audit would be undertaken and contact was currently being made with the service. Carol Gillie added that the service had wished to avoid duplication, however it was felt that the issues covered within the previous exercise did not cover the remit of the audit. It was noted that Sheena MacDonald, as Executive Lead, had given assurance that this audit would go ahead. Stephen Mather stressed that this was an extremely critical area and must be addressed prior to the work undertaken by the General Medical Council.

**The Committee noted the progress report.**

*7.2 Draft Internal Audit Annual Strategic Plan – 2015/16*

Tony Barrie spoke to this item which was a revised document to the version previously seen by the Committee. Tony advised that the audit universe has been discussed with Vivienne Buchan and was now better aligned to NHS Borders. It was noted that the strategic risks had been included and were mapped to the work that would be undertaken. Evelyn referred to page 3 which she assumed should reflect the organisation's structure, and would provide comments to Vivienne. Susan Swan reminded the Committee of the detailed session earlier in the year to go through the plan which Non Executive Directors

had been invited to attend. It was noted that it was the intention to do a similar session with the revised plan.

**The Committee commented and approved the Internal Audit Strategic Plan for 2015/16.**

**7.3 *Internal Audit Report – Property Transactions Monitoring***

Tony Barrie introduced this report which had an overall low risk rating. Tony advised one low risk recommendation had been identified, namely there was no signed certificate available, although this had been completed, for the one disposal that had taken place during 2014/15. It was noted that evidence of the transaction being completed is required. Carol Gillie gave assurance that the correct process had now been undertaken and advised that John Smith, Estates Officer has since designed a flowchart to ensure that documentation is completed in future.

**The Committee noted the report**

**7.4 *Internal Audit Report – Hospital Admission & Discharges***

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that two medium and five low recommendations had been identified during the audit. Tony confirmed that good practice had been noted and the report provided assurance. Tony referred to the medium risks, namely there was lack of an Admission, Transfer and Discharge (ATD) protocol and out of date policy documents, whilst the other related to the audit and self review arrangements. Stephen referred to the ADT protocol and enquired where we were at in terms of updating this and getting assurance that it is moving forward. Evelyn Rodger confirmed that this was being drafted and gave assurance that this would be approved appropriately within the organisation prior to the implementation date. Vivienne confirmed that updates would be reported within the audit follow up report. David Davidson referred to page 14 of the report and showed concern that MDT forms were not being completed. Evelyn advised that clinicians are responsible for completing these. Evelyn added that the report would go to the Clinical Executive Operational Group to ensure recommendations are taken forward. David asked if the MDT forms were available electronically. Jane Davidson advised that electronic forms were not currently available, however work is ongoing with the company who helped to develop Wardview to design these and it was hoped they would be available within the next two months. Jane highlighted that it was a good report overall and reminded that it would be the recently appointed General Managers who would be responsible for taking forward. It was noted that operational KPIs would monitor progress and in turn would be reported through the quarterly performance review meeting.

**The Committee noted the report.**

**8. External Audit**

**8.1 *Annual Report to Members 2014/15***

David Eardley spoke to this item. David advised that the report summarised the activity undertaken by External Audit during 2014/15. David explained that work was categorised into four areas, namely financial statements, use of resources, performance and governance. It was noted that work had been undertaken in accordance with the Audit Scotland Code of Audit Practice. David provided an overview of each area where it was noted that an unqualified opinion had been given on the financial statements and

overall there were effective arrangements in place for the Board to manage its financial position, despite ongoing challenges which the Board continue to closely scrutinise. It was noted that there was a strong management framework in place and although the Board was not in the position it would like to be against targets, plans were in place to address these areas. David had no particular issues to raise around the Board's governance arrangements. David Davidson commented that the report gave a good reflection on the activities of staff across the organisation.

**The Committee noted the Annual Report to Members for 2014/15.**

8.2 *Best Value Review – Community Engagement*

David Eardley introduced this item which had been referred to within the Annual Report to Members. David explained that Best Value Toolkits are no longer compulsory, however Audit Scotland encourage that these are undertaken. It was noted that management had discussed which toolkit would be taken forward and agreed on Community Engagement. It was noted that the approach took the form of a self assessment with management taking the lead for this piece of work. David highlighted that the main suggested action was for NHS Borders to agree where they wished to be and work towards this. Stephen Mather noted that in general this was a good report. Doreen Steele suggested that the report goes to the Public Governance Committee as they are responsible for public engagement. Laura Jones agreed to action this. Doreen enquired if any of the evidence submitted could have been given an “advanced practice” rating. David E replied that had it been felt that there was a case for this it would have been discussed with management. Evelyn Rodger asked how this matched against the valuation received for the Public Participation Standards. Laura confirmed that the findings were consistent and the same actions were detailed within both reports. Jane Davidson felt that there was room for improvement and agreed that from a governance perspective it should be remitted to the Public Governance Committee. Carol Gillie reminded that the Board influences which toolkit is undertaken and that it provides the Board with confidence as well as highlighting where there is room for improvement to engagement more positively with the community.

**The Committee noted the report.**

8.3 *Audit Scotland Report: Annual Report & Accounts 2014/15*

Carol Gillie advised that this report had been circulated for information.

**The Committee noted the report.**

9. **Stock Write off & Stock Review Process for Technical Stores**

This item was withdrawn until the December meeting.

10. **Items for Noting**

10.1 *Minutes of Information Governance Committee: 9<sup>th</sup> June 2015*

There were no issues raised.

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

10.2 *Minutes of Financial Position Oversight Group: 25<sup>th</sup> May 2015*

There were no issues raised.

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



## 11. Any Other Competent Business

### *Procurement Request – Code of Corporate Governance – Roxburgh Street Surgery*

Carol Gillie provided the Committee with background on the Roxburgh Street replacement surgery which the Board had previously approved the Business Case. It was noted that the scheme had been plagued with delays and an update would be provided at the Board meeting on 1<sup>st</sup> October 2015. Carol reminded of the land swap with Scottish Ambulance Service when they relocated to the BGH site and explained that the Committee were being asked to approve a variation to the Standing Financial Instructions to allow demolition of the old ambulance building in Roxburgh Street. Due to the size of the project the Board were mandated to undertake this piece of work with Hubco. It was noted that were various reasons for bringing forward the demolition of this building, primarily to mitigate the risk of having an empty building, give assurance to the practice that progress is being made and there would be no financial advantage waiting for the demolition work to be completed within the main contract. David Davidson enquired if there was any insurance being paid for this building. Carol confirmed that there was not. David agreed that it would mitigate the risk of having an empty building and asked for assurance that there would be no financial detriment. Carol confirmed that it would cost exactly the same amount whether the building was demolished now or later. Stephen Mather asked if demographically this was the correct location to build a new health centre. Carol confirmed that it was and that the Board had previously approved the Business Case stating this was the preferred location. Doreen Steele agreed that we should move ahead with this project as the current premises were not fit for purpose. Doreen reminded that a substantial amount of time had passed since the Board had approved the Business Case and that by demolishing the building it would give the practice assurance that things were moving forward. Karen Hamilton enquired if there were any potential risks should the site, once the building was demolished, remain unused. Carol advised that no potential risks had been identified, however if the building remained then there could be a risk to the Board of wilful damage such as fire.

The Committee agreed to the variation to the Standing Financial Instructions to allow this piece of work to be undertaken.

## 12. Date of Next Meeting

Monday, 14<sup>th</sup> December 2015 @ 10 a.m., Board Room, Newstead.

BE  
29.09.15

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Thursday, 1<sup>st</sup> October 2015 @ 1 p.m. in the Board Room, Newstead.

**Present:** Mrs P Alexander  
Mr D Davidson  
Mrs J Davidson  
Mrs C Gillie  
Dr S Mather  
Mr J McLaren  
Mrs K McNicoll  
Mr J Raine (Chair)

**In Attendance:** Mrs B Everitt (Minutes)  
Mrs K Nairn  
Mrs C Oliver  
Mr G Reid  
Ms S Swan

1. **Introduction, Apologies and Welcome**

Apologies had been received from Dr D Steele, Cllr C Bhatia, Mrs K Hamilton, Mrs E Rodger and Dr S MacDonald.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 3<sup>rd</sup> June 2015**

John Raine referred to the update on the Zambia Twinning Fund and highlighted that Trustees had agreed to the recommendation on the Twinning Endowment Fund and transfer of funds as appropriate to new governance and operational management arrangements which would be agreed by NHS Borders Board. John felt that this contradicted the action recorded on the tracker which stated that Trustees would be provided with the recommendations on a way forward. It was agreed that the minutes and action tracker should be amended to reflect that NHS Borders Board would be provided with recommendations on the most appropriate way forward regarding a new governance structure.

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

4. **Matters Arising**

*Action Tracker*

Susan Swan provided an update on the Zambia Twinning Fund following a recent meeting with Brian Magowan and Chris Faldon. It was noted that they understood the issues and would work with the Board to agree a way forward and a new governance structure. Susan confirmed that the contents for a Board paper had been agreed and that both Brian and Chris would attend the Board meeting when this is presented. Jane Davidson asked that the process be made as simple as possible. Carol Gillie assured that this was the approach being taken. Trustees agreed that this

was not appropriate to sit within the Endowment portfolio as it is not in line with the Borders Health Board charitable purpose and should only remain until a suitable alternative is agreed.

**The action tracker was noted.**

## 5. Fund Management

### 5.1 *Investment Advisor Report*

Graham Reid reported that the total value of the portfolio as at 23<sup>rd</sup> September 2015 was just over £3m giving a decrease in value of -3.85% since the previous quarter. Graham advised that this was due to a decrease in capital value of £144,831. It was noted that this quarter was the worst seen for the last five years and that overall the portfolio was down £49k for the same period the previous year. Graham highlighted that income from the portfolio in a full year was equivalent to a 3.4% yield (£102,500). Graham explained that he was unable to predict when there would be a rise in interest rates which would in turn be supportive of economic growth. Graham went on to provide Trustees with an update on the global economic situation, particularly within the US and China. Graham stressed the need to remain with quality investments to see out volatile situations going forward. David Davidson asked if the recommendation was to remain with current investments at the present time. Graham advised that the portfolio was above index values in assets and recommended that no action is taken at the moment. Stephen Mather referred to page 3 and highlighted that emerging economies were not doing particularly well. Graham provided an update where it was noted that there was still an opportunity to see an upside, however this would take time. As there was only a small percentage of the portfolio within emerging economies, Graham felt that there would not be much impact and was content to keep these at the moment.

**The Board of Trustees noted the report.**

## 6. Financial Report

### 6.1 *External Audit Memorandum Report – Update on Recommendations*

Susan Swan spoke to this item. Susan explained that each recommendation from the report had been listed with an update supplied for each on action taken. Susan highlighted that updates were for recommendations from both the 2013/14 and 2014/15 reports. Susan referred to the implementation of the new UK Generally Accepted Accounting Practice, including the new Statement of Recommended Practice on page 3 and suggested that Geoghegans, External Auditors, are asked to supply a written proposal on what this will mean for Trustees. Trustees agreed that Susan should ask External Audit to provide a report for consideration at a future meeting. Susan also referred to the recovery of investment income tax and gave assurance that this is being progressed to ensure appropriate recovery and future income tax exemption is secured. Jane Davidson referred to the accounting for multi-year commitments recommendation on page 2 where action taken was noted as bids for funding from the Endowment Fund will be written to ensure Trustees have the opportunity to evaluate benefits and outcomes prior to further funding commitments. Susan confirmed that in the main this was relevant to bids coming forward to Trustees whereby a mid and final report are now requested to allow Trustees to have visibility of delivery of benefits from investment. Jane asked if this was in line with the current Scheme of Delegation. Susan confirmed that it was.

**The Board of Trustees noted the update and agreed with action taken/to be taken.**

6.2 *Primary Statements and Fund Balances*

Susan Swan spoke to this item. Susan reported that the income and expenditure account recorded an in-year surplus of £54,443 for the 5 month period to 31<sup>st</sup> August 2015. Susan highlighted that the costs of fundraising reported a cumulative expenditure position on Fund 401 of £66,435 which was in line with the agreement of the Trustees to pump prime costs of the major fundraising appeal. Susan referred to the schedule detailing all fund balances with a separate analysis of the individual Top 20 high value funds. It was noted that the Top 20 Funds reported a cumulative balance of £1,699,136 which was 85% of the total value of the 187 Restricted Funds. Susan highlighted Funds 21 and 30 which both held considerable balances. Susan provided feedback on a recent meeting with Annabel Howell, Lead Clinician in Cancer Services, to provide Trustees with assurance that plans were in place to utilise these funds. It was noted that these would go through the appropriate approval route. Pat Alexander enquired if there was scope for any of these funds to be spent on patients within the community. Susan confirmed that there was as these are for the provision of palliative care and that Annabel had been clear that the project would be for the benefit of patients within the community as well as within the hospital. John Raine noted that the Haemodialysis Fund also held a large balance and asked if there were any plans for this. Susan advised that they were still unable to get a spend plan, however work continues with the service to achieve this. David Davidson referred to the palliative care proposal and asked if this would be for a number of years. Susan confirmed that it would be set up on an ongoing basis and a programme of work would be put in place. Jane Davidson reminded of the importance of getting sign off from Trustees as part of the process.

**The Board of Trustees noted the financial report to 31<sup>st</sup> August 2015.**

6.3 *Register of Legacies & Donations*

Susan Swan spoke to this item which detailed all donations and legacies received since the previous meeting.

Susan referred to the recent email correspondence asking Trustees to approve the disposal of a property as part of a legacy in favour of the Borders Health Endowment Fund. Susan confirmed that she had received virtual approval from all Trustees to dispose of this property and has now given instruction to Pike & Chapman to proceed.

**The Board of Trustees noted the legacies and donations received for the period to 31 August 2015.**

7. **Fundraising Advisory Committee**8.1 *Minutes of Meeting: 21<sup>st</sup> September 2015 (Draft)*

Pat Alexander spoke to this item. It was noted that discussion had primarily focussed on The Children and Young People's Centre project. Pat highlighted that there had been slippage with timescales, however it was very much still on track. Pat referred to the review of the Fundraising Advisory Committee which was being undertaken by June Smyth where it was noted that this is on target to deliver a report to the Committee in December.

**The Board of Trustees noted the draft minutes.**

## 7.2 *Fundraising Plan 2015 - 2018*

Karen Nairn reminded Trustees that the plan had been presented at the previous meeting in June where it had been noted that there had been a change in format to help differentiate it as a charity document rather than standard Board correspondence. Karen advised that amendments had been made to objective 1, namely the building of a new Children and Young People's Centre. Karen confirmed that there had been consultation with Finance and that timescales had yet to be confirmed, however these details would be added when agreed. Karen highlighted the other objectives, to develop a marketing campaign to promote legacy giving to 'the difference' and to continue to offer advice and support to level 1 – 3 fundraising projects. Jane Davidson advised that she has asked for the plan to be developed to ensure it is more forward planning with specific aims which will help the Fundraising Advisory Committee. Jane referred to discussion at the last Fundraising Advisory Committee around the refresh of the Children and Young People's Centre surrounding architects etc. Jane had enquired if this was still in line with the OBC and if fundraising was still in line with the project. It had been confirmed that there had been no move away from the OBC which the Board had previously approved. Pat Alexander highlighted that Fundraising are very much linked to the development of this project within their three year plan, however stressed that it is not this department who will shape and move the project forward. Pat was keen to ensure Trustees were sighted on the other valuable work undertaken within Fundraising. It was noted that when the campaign starts it will require a significant amount of resources. Karen assured that the work being undertaken is in line with the OBC and as a result of the recommendations arising from it. John Raine reminded that it was the Board who had approved commission of a Children and Young People's Centre. David Davidson enquired if we were in regular contact with donators and if they were content with the delays. Clare Oliver confirmed that regular updates are provided. Clare added that there was a concern around leadership, however progress has been made in the last month with support being secured from within the Borders community.

### **The Board of Trustees approved the Fundraising Plan for 2015 - 2018.**

## 7.3 *Report from Chair of Fundraising Advisory Committee*

Pat Alexander introduced this item which was linked to the three year plan. Karen Nairn went on to update Trustees on progress made against each objective. It was noted that 'the difference' have added another giving platform to their portfolio which allows fundraisers to also use Virgin Money Giving which allows more choice and flexibility. Karen reminded Trustees of the Charity for Care shop in Kelso which opened in February 2015 and reported that it has since donated over £40,000 to palliative care. It was noted that 'the difference' had 5 runners in the Great Edinburgh Run raising £942 and 8 runners in the Great North Run. Karen McNicoll asked if it would be appropriate for a Trustee to visit the Kelso shop to show appreciation. Karen N felt that this would be welcomed and advised that Annabel Howell has already been in to see them. It was noted that a visit to the Margaret Kerr Unit is being organised to show where all their efforts are going. John McLaren referred to the recent "Ask the Board" question around the percentage taken to administer the Endowment Fund. Karen confirmed that a response had been provided which had been clear and transparent on costs. It was noted that a meeting was due to take place with Finance and part of this discussion would involve looking at how these costs are communicated to the wider organisation in the future.

### **The Board of Trustees noted the report.**

7.4 *Fundraising Advisory Committee Review - Update*

Pat Alexander provided Trustees with assurance that the review is on target and a report would be presented to the December Fundraising Advisory Committee.

**The Board of Trustees noted the update.**

8. **Any Other Business**

None

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

18<sup>th</sup> January 2016 @ 2 p.m., Board Room, Newstead.

BE  
07.10.15

**APPROVED**



Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday 18 November 2015 at 2pm in the BGH Committee Room

Present: Stephen Mather Doreen Steele  
David Davidson

In Attendance: Evelyn Rodger Sam Whiting (left 14.25)  
Simon Burt Dr Alan Mordue  
Catherine Jeffrey (shadowing) Sheila MacDougall  
Laura Jones Charlie Sinclair  
Jane Davidson (left 14:30)  
Dr Jane Montgomery (arrived 14:55)  
Mandy Brotherstone (arrived 15.20)  
Dr Annabel Howell (arrived 15.30)

**1. Apologies and Announcements**

The Chair noted that apologies had been received from Dr Sheena MacDonald, Nicky Berry, Karen McNicoll, Dr David Love, David Thomson, Dr Craig Wheelans and Dr Hamish McRitchie.

The Chair welcomes Catherine Jeffrey, Registrar in Public Health who is shadowing Dr Alan Mordue.

**2. Declarations of Interest**

Doreen has an interest as NHS Education for Scotland (NES).

**3. Minutes of the Previous Meeting**

The minutes of the previous meeting held on 16<sup>th</sup> September 2015 were approved.

**4. Matters Arising**

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

**5. PATIENT SAFETY**

## 5.1 Infection Control Report

Sam Whiting advised that since the report has been written there has been an outbreak of Norovirus within the hospital. One ward was closed, but it has since reopened.

Sam handed round a leaflet to the Committee as it is Antibiotic Awareness Week.

The Chair highlighted that the Staphylococcus aureus Bacteraemia (SAB) rate was good in June but has increased again and therefore the Chair wondered if there is a trend? Sam advised that nothing more has been highlighted and that Infection Control do not know what factors contributed to that drop in June. However, they are continuing to review each SAB case to identify any learning.

David Davidson advised that on page 5 it mentions that the community infection control nurse has an annual meeting with care home leads to discuss infection control. He wondered if an annual meeting is frequent enough. Sam advised that the care home network had met more frequently initially, but now good contacts and communication links were established, an annual meeting is sufficient.

Alan Mordue asked if it is possible to review catheter practice in the community. ACTION: Sam to look at this and report back to the Committee.

The Chair asked about isolating patients and is it an acceptable risk to the organisation? Jane Davidson advised that the risk is being managed day to day but cannot be fully mitigated without a rebuild of the building. Charlie Sinclair advised that it is assessed clinically on an individual basis. The Committee noted that the risk is being tolerated and managed.

Jane Davidson advised the Committee that NHS Borders were one of the first Boards to have Norovirus as the season has not officially commenced.

Sam advised that there was a Theatres Inspection follow up in September and the report from that inspection will be published next week.

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

## 5.2 Adverse Event Update Report

Laura Jones spoke to the report and noted that slips, trips and falls remain the highest number of adverse events which take place in NHS Borders. It was noted that detailed thematic reports on falls and pressure damage were presented at the last two Clinical Governance Committees outlining trends and improvement work underway in response.

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

## 5.3 Mortality Review Report

Laura Jones advised this is the annual report of reviews of every single death in occurring in the Borders General Hospital.



The team are currently considering the sampling approach to review deaths and morbidity with a view to getting the most learning for the time available to undertake reviews.

Sheila MacDougall asked on page 10 and the information on Examples of harm identified in this review and whether going forward health and safety and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) can be included in the benchmarking. Laura advised that if harm is found then NHS Borders check that it has been reported in Datix and whether an adverse event has been conducted. If it has not, then Clinical Governance and Quality Team write to clinicians to ascertain why and to request a further review of the case at departmental mortality and morbidity meetings. .

ACTION: Laura to review this and to discuss RIDDOR further with Sheila MacDougall.

ACTION: Laura to ascertain whether the age range of deaths on page 2 is correct as it states that the mean age of patients at their time of death was 79 years (range 75 – 81).

The Chair advised on page 10 there are two areas of harm that are of concern:

- Delayed diagnosis of aortic aneurysm due to poor monitoring and documentation
- Opioid toxicity in chronic kidney disease leading to respiratory arrest

The chair would like to know further details of these two and see what the learning from these are. ACTION: Laura to report back to the Committee with more information.

Also the Chair and David Davidson raised the point about accuracy and completeness of clinical documentation stating that only 13% of clinical documents had a date, time and signature for every clinical entry. ACTION: The learning from this is to be communicated to clinical staff by the Associate Medical Director for Clinical Governance and Quality.

Sheila advised that she is worried over the ineligibility of notes and is an ongoing issue. ACTION: Doreen Steele to feedback to NES to see if core training can be influenced.

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

## **6. CLINICAL EFFECTIVENESS**

### **6.1 Clinical Board Update (Borders General Hospital, Primary and Community Services)**

Charlie advised that this is the first combined report of Borders General Hospital (BGH) and Primary and Community Services (PACS) and the report has changed format to reflect the Safety Measurement and Monitoring Framework domains of safety which NHS Borders are testing on behalf of the Health Foundation.

David Davidson advised that timeliness of responding back to staff about adverse events within 14 days remains poor. Charlie advised that the three General Manager's are now in post and there is a weekly meeting where the position against this is reviewed and action taken.

Sheila advised that risk 616 has been downgraded to high, but there is another very high risk in relation to Accident and Emergency (A&E) Department in respect of the layout and facilities. The Committee noted that this will be picked up without the meeting.

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

## 6.2 Clinical Board Update (Mental Health)

Simon Burt advised that the Community Addictions Team high risk and the business case for a new system is being completed and he is confident for resolution by January 2016.

David Davidson asked about case reviews and consistency of approach between organisations. Evelyn advised there is a joint protocol. ACTION: Evelyn to discuss with David Thomson and a update will be provided in the next Clinical Board Update for the Clinical Governance Committee meeting.

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

## 6.3 Clinical Board Update (Learning Disabilities)

Again, Simon Burt spoke to this paper. The Chair asked about the risk register date and Simon confirmed it is July 2016. Simon advised that the Learning Disability inpatient bed requirement in NHS Lothian is a tolerated risk and at the moment no patients are in a hospital setting.

Accommodation at Earlston was raised by David Davidson and Simon advised this has now been resolved. Sheila MacDougall advised that the staff room occupancy numbers is NHS Borders priority, but overall occupancy is Scottish Borders Council (SBC) as the landlord. Simon advised that he has taken advice from SBC. This issue remains unresolved and further discussion is to take place outside the meeting. ACTION: An update on the outcome of this discussion will be brought back to the Committee in the next Learning Disabilities Clinical Board Update.

Social Work reviews have increased to 47%, but it is not obtaining the stretch target of 70% and Simon will continue to report to the Committee in his Clinical Board Update reports.

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

## 7. ASSURANCE

### 7.1 Medical Education Annual Update (including GMC survey results)

Dr Jane Montgomery was in attendance to answer any questions in relation to this Annual Update.

David Davidson noted that there appears to be difficulty in recruiting to some posts. Jane advised that it is a significant risk, but this is nationwide. There is no difference to any other

Board, but it is an issue due to the small numbers of staff in NHS Borders. There is a National Initiative to attract medical practitioners to Scotland and the Universities have been asked to increase the recruitment of local people in medical schools. Doreen Steele advised that there has been a lot of discussion nationally about this and that NES see NHS Borders as a good performing Board.

David Davidson wondered if this issue was being brought up by South East and Tayside (SEAT) and Jane advised that there is a good flow of information from NHS Borders and NES and that the Medical Director links into SEAT in relation to these issues.

**ACTION:** Chair to write to the Medical Director and Chief Executive about the issue of recruiting medical staff and what national support may be given noting that the Committee have concerns that relate to the risks to the Organisation.

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

## 7.2 Nutritional Care – Food, Fluid and Nutrition Gap Analysis

Charlie Sinclair advised this is a gap analysis and can assure the Committee that the food, fluid and nutrition group are actively working on the outcomes of the gap analysis.

Evelyn Rodger advised that there is slight risk to delivery of all timescales detailed in the report as the improvement facilitators working in this area have been asked to assist ward 4 for the next 5 weeks. Charlie advised that, at the moment, they are on schedule to meet the targets.

The Chair asked about Continuing Professional Development (CPD) for nursing but the report does not mention medical. Charlie confirmed that medical staff are indeed part of the provision of good nutritional care and will ensure any educational needs identified for medical staff are captured. .

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

## 7.3 Children's Services Annual Update (including 'Getting It Right for Every Child' (GIRFEC))

Mandy Brotherstone advised it is an annual snap-shot of progress in Children's Services. There is more data and charts in this report compared with the first report that came last year to the Committee.

The Chair thought the report was good. Mandy advised that within the Act the Named Person will be implemented locally on 1<sup>st</sup> April 2016 to allow extra "bedding in" months. It is noted there is a current case in the Supreme Court in the next few weeks time about the Named Person Act. There is a robust GIRFEC plan detailing what needs to be done locally. David Davidson wanted to commend the work going on in preparation for the changes to legislation.

Simon Burt asked about integration of services and Mandy advised that the transition system is currently being progressed. A transition policy has been developed and Mandy will pick this up with Dawn.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and commented they liked the format of the report.

### 7.3 End of Life Care Report

Annabel Howell spoke to this update report. Scottish Borders has completed a Palliative Care Needs Assessment and it was designed to highlight any gaps in provision whilst identifying areas of good practice.

The gaps are around identifying patients earlier and joining up transitions between long term condition care and end of life care.

Annabel advised that an Action Group will take forward the recommendations.

ACTION: In June the Committee to hear a Carer's Plan from Alan Mordue.

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

## 8. ITEMS FOR NOTING

### 8.1 Minutes

The following minutes for:

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

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

## 9. Any Other Business

ACTION: Appendix 93b – BGH Clinical Group minutes – the Committee are concerned over the number of reports that have not been received. Charlie Sinclair as Chair of the Group was asked to address this.

Doreen asked for Public Health to review the report she has seen on Diabetes with particularly reference to compliance with reviews for patients. She will send this onto Alan Mordue.

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

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Thursday, 14<sup>th</sup> January 2016 at 3pm in Huntlyburn House Meeting Room.

*The meeting concluded at 16.04*

# PUBLIC GOVERNANCE COMMITTEE




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**Minutes of Public Governance Committee (PGC) Meeting  
Held on Monday, 11<sup>th</sup> November 2015, from 2.00 – 4.00 p.m.  
in the Boardroom, Newstead**

**Present:**

Doreen Steele (Chair)	Frank Connolly
Karen Hamilton	John McLaren
Catriona Bhatia	Pat Alexander
Sheena MacDonald	Fiona McQueen
Margaret Lawson	Karen Hamilton
Margaret Simpson	

**In Attendance:**

Susan Hogg	Laura Jones
Claire Malster	Stephanie Errington
Charlie Sinclair	

**1. Welcome & Introductions**

Doreen welcomed everyone to the meeting.

**2. Apologies & Announcements**

Apologies were received from: Fiona Morrison, Nicky Hall, Claire Irvine, Shelagh Martin, David Love and Craig Wheelans

**3. Minutes of Previous Meeting (& Action Tracker) 13<sup>th</sup> July 2015**

These were agreed as a complete record so thereby approved.

**4. Matters Arising from Minutes & Action Tracker:**

- 4.1 Action No. 27 – Availability of Adult Changing Mats – Susan gave an update on behalf of Alasdair Pattinson. Alasdair is working with Trish Wintrup and Katie Morris to look at identifying a room within outpatients. This may not always be in the same location but staff would be made aware of where it was located. Alasdair was asked to update Susan before the next meeting in February. Margaret (Simpson) commented that at the ILF Board yesterday it was noted that we are one of the only Boards who do not have this facility and they would be willing to work with us to identify a space.

**Action:** Margaret to send contact details to SH.

Action No. 36 - Name of meeting rooms to be visible within the hospital - John commented that it would be useful to review the effectiveness of the signage as it stands. Pat suggested that when agendas were sent out clear instructions to be noted so attendees would know where the meeting room was located. After much

discussion it was suggested that we work with the space utilisation group and that Secretaries/PA's current list of names of rooms to be the same when sending out instructions.

## 5. **Health In Your Hands:**

Clinical Services Review & Public Engagement Exercise – Steph explained that we would be having conversations with our public to engage and genuinely find out what matters to them. This would touch on their own experiences and try to work services around that and services in the future. We shall be testing out these plans over the next few days visiting coffee shops etc. in the Borders.

The three questions to be asked were run by the group for their comments:

1. What are you proud of within your NHS?
2. Tell us about a time when you have used our services? Was your experience positive or negative? Could anything have been improved?
3. I'm sure you are aware of the pressures facing our NHS: increasing demand for our services, financial pressures, recruitment difficulties, and an aging population. Bearing this in mind is there anything we can do differently?

Frank commented that he felt the first two are good questions and you would get a lot of information but the third one is quite complex. Margaret (Lawson) suggested most people would know the correct answer but whether you will get a true answer! Sheena explained that we did try more open questions when engaging with staff but they found it quite difficult. However, what was good was an enabler to get into the things that were not quite as good, which is the purpose of the first two. The third question is to enable us to engage with the public who are co owners of the system to help us design our health service going forward. The public may have ideas on what we could be doing differently that we had not thought of.

We need to be clear that we can achieve the outcomes and what is in our capacity within Borders to be able to challenge and to change said Karen. John noted that we should be looking at making it much simpler. What you do with those questions and how you present will be very different for your informal groups i.e. different in supermarkets from coffee shops, can't draw out as much from people in a supermarket. Sheena asked for feedback on how we end the conversation i.e. "thank you we shall take away your thoughts and look at them and your ideas and see what is feasible". Would you like us to contact you again? J

Steph agreed to come back to the group in the future and any suggestions on how we should take this forward to be passed to Susan.

## 6. **PPF Development Day:**

Laura updated the group on the plans that were discussed at our recent PPF development day by the members for taking forward next year and how we can support Health & Social Care Integration. Laura also welcomed suggestions from the members on how we can engage with hard to reach groups and younger users of health care.

## 7. **Food, Fluid & Nutrition Gap Analysis:**

Charlie Sinclair talked to the group about the national work and revision of the standards. Different wards have different speciality on dietary requirements we are looking at targeting knowledge and skills on a very general basis. To aid our cognitive impaired patients we are

looking at purchasing coloured tumblers and adding pictures to our menus. We shall look at staff access to ipads to assist patients when choosing their meals by using pictures. Doreen asked about the quality of the food served and Charlie explained that we have a Food, Fluid and Nutrition Group with representatives from clinical wards, dietetics and catering who look at quality, delivery and standardised menus, the nutritional values of the meals, presentation and feedback from patients on the food they received. The catering dept. has introduced a range of portion sizes and snacks instead of full meals if requested by patients.

Karen commented to the group that she has been involved in the ward walkrounds and the quality of the food is very important. We need to have more availability of specific menus with regard to a patients' religion and cultures. During a three month stay in the BGH a patient who was vegan found it a particular challenge to find anything that they could eat and family members often brought food in. With her health promotion hat on Karen asked Charlie do you follow through these kinds of conversations in regard to weight monitoring, lifestyle choices and do your staff have these conversations when patients are going home with regard to lifestyle changes. Charlie replied that we have specialist dietetic input available to all patients if necessary. Pat felt it would be a good idea if we invited someone along to a future meeting to let us know what resources are available to meet these standards so people can understand. It was agreed to invite a representative from catering to come along to a future meeting to explain how we manage the pounds and pence. Charlie commented that it takes a lot of work to get the right balance but it can become more challenging when a patient's friends and families bring in their own foods and this becomes a storage problem.

John noted that at the end following of the presentation you use the RAG status. My understanding is that the action plan will be a proactive one so what is the value of having a RAG status? Doreen suggested a comments column to highlight what you have actually achieved. Frank asked Charlie if they would be measuring the end result. Charlie replied that yes we do for an individual. Pat asked could there be a possibility of using volunteers to help those less able to eat their food on the wards. Charlie explained that we have a range of volunteering opportunities on a ward base level. Laura explained that we do have RVS on ward volunteers but there have been some issues. It has to be risked assessed and discussion with the nursing staff. Charlie said we are looking at ways in which we engage and involve family and carers.

8. **AOCB**  
None

9. **Future Meeting Dates 2016**  
All 2.00 – 4.00 p.m. in the Boardroom at Newstead  
10<sup>th</sup> February  
4<sup>th</sup> May  
27<sup>th</sup> July  
2<sup>nd</sup> November





## ***STAFF GOVERNANCE COMMITTEE***

Notes of the meeting held on Monday 14<sup>th</sup> September 2015 at 10am in the Committee Room, Borders General Hospital, Melrose

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

### **Ex Officio Capacity:**

**In Attendance:** June Smyth  
Irene Bonnar  
Janice Laing  
Sheila MacDougall,  
Warwick Shaw  
Maggie Czajka  
Jenny  
Julie Roberts  
Kath Liddington  
Sue Kean  
Ailsa Paterson  
Elizabeth McKay (Minutes)

### **1. Welcome, Introductions and Apologies**

Apologies were received from Evelyn Rodger, Helen Clinkscale, Charlie Sinclair, Shirley Burrell, Jane Davidson, Irene Clark, Louise Robson, Nicola Barraclough and Yvonne Chapple

### **2. Minutes of Previous Meeting held Monday 15<sup>th</sup> June 2015**

Amendment to minutes - Page 6 – Section 7 – Last Paragraph - To remove the word personally to read professionally. It was agreed with this one amendment to the minutes an accurate record was given.

### **Action Tracker**

Action 12 – Item 4) Clinical Governance Committee Action Plan – This action is regarding the Mid Staffordshire report which went to the Clinical Governance Committee. John McLaren will have a conversation with Laura

Jones. It was noted that there is no outstanding items but will pursue getting this item updated.

Actions 26, 27 & 28 – Car Parking – Item on the agenda.

Action 29 - Staff Governance Action Plan – Item on the agenda.

### **Matters Arising**

#### **3. Training Deep Dive (Standards 1, 2, 3, 4 & 5 apply)**

Janice Laing led today's deep dive on Training.

#### **Statutory and Mandatory Training Working group - Janice Laing**

Janice gave a brief background to the Statutory and Mandatory Training Working group, the measures which have been introduced to promote Patient Safety, gave an outline of the annual Organisational Training Needs Analysis, reporting mechanisms and Governance arrangements. The group representation has been revised & the refreshed Terms of Reference were endorsed by the Area Partnership Forum on the 22<sup>nd</sup> June 2015.

#### **Internal Audit 2014 - Janice Laing**

Janice gave a brief on the action plan & outcomes which include the development of the NHS Borders Statutory and Mandatory Training Policy which has now been implemented following approval at APF in June 2015.

Janice Laing introduced each of the training leads to provide an update within their training areas: -

#### **Prevention Management Aggression Violence (PMAV) – Sue Kean –**

- Sue spoke to the presentation slides
- Highlighted the differential between bookings/attendances and the projections from the TNA
- Highlighted the approach around requiring to cancel training if numbers are too low but efforts are made prior to this to fill classes
- Works closely with departments to consider localised training based on risk assessed needs.

#### **Occupational Health & Safety Training – Irene Bonnar**

- Irene spoke to the presentation:
- Training – overlaps with Health & Safety training
- The training supports compliance such as Prevention Management of Sickness Absence and Moving & Handling training.
- The uptake has not been aligned with the Training Needs Analysis (TNA) figures.

### **Risk & Safety Training – Sheila MacDougall**

- Sheila spoke to her presentation.
- Statutory duty to consolidate training.
- At last years deep dive it was highlighted the attendance of training being low.
- Training is to prevent sickness and injury to staff as well as patients.
- Sheila spoke to the 2014/15 figures. There is a huge gap between attendance and Training Needs Analysis figures. There is a small amount of Non Attendance. The issue is with the bookings in first place.
- It is expected that the 15/16 figures will also be low. Efforts being made to ensure that Performance score cards are being looked at Performance Reviews to address the gap.

### **Practice Development - Janice Laing**

Janice gave a brief on Practice Development which accounted for 41% of the 2015/2016 Training Needs Analysis (TNA). This was mainly resuscitation & Clinical Skills such as IV Therapy.

### **Practice Education-Janice Laing**

Janice gave a brief on Practice Education and the National priorities. Areas of Mandatory training for Nursing, Midwifery and AHP's are Flying Start and Mentorship.

### **Multi Agency Training- Janice Laing**

Janice gave a brief on the Multi Agency Training for Adult Support & Protection and Dementia. Adult Support & Protection training is delivered at 3 different levels & training is also delivered to address the National priorities for financial harm, A&E and Care Homes. Combined Adult Support & Protection and Dementia training is being delivered to the twenty two Care homes in the Borders.

Dementia training is delivered to address the training needs outlined in the 4 levels of the National Promoting Excellence Framework.

### **Management & Leadership Training – Julie Roberts**

- Julie Roberts covers other areas of training around leadership such as Organisational Development, Corporate & Business Skills and also Induction.
- Does not have problems with staff not attending training.
- Working to get Management and Leadership training to become mandatory training.

### **Youth Employment – Janice Laing**

- Janice gave a brief update on the NHS Borders successful Sector Based Work Academy & the various youth employment training schemes Janice reported further that the introduction of Modern Apprentices to the vacancy process was supported at the last Area Partnership Forum.

### **Library Service – Kath Liddington –**

- A more suitable model has been implemented to meet NHS Borders needs.
- The service has increased its numbers.
- Dedicated space provided for medical education.
- Kath gave an update on eLearning.
- Reviewed externally by Capita and was given a positive outcome.
- Administration Teams provide performance indicators.

Karen Hamilton enquired about analysis of attendance asking is there something wrong with the Training Needs Analysis? Is it realistic? Is it too vast? John McLaren informed as Chair of the Mandatory & Statutory Working group there has been acknowledgement and recognition of this question. The Training Needs Analysis (TNA) is currently being reviewed and the group are identifying the need for supporting managers in this process. The Terms of Reference has been amended to ensure the right people are members of this group including line managers and senior managers.

Janice Laing advised some people do not understand the refresher period. June Smyth reported one of the key difficulties is that we do not have good information around this. A tool is required to enable to track but will not be able to provide this tool until Electronic Employment Support Service (EESS) is implemented. We need to continue to support managers and provide them with the necessary information.

Pat Alexander asked who is responsible for completing the Training Needs Analysis. John McLaren advised the process has been changed and managers provide a coordinator and since this change has happened the response rate has risen to 98% from about 65%.

John informed not all staff receives their appraisal by their manager for example a Band 5 can appraise a lower band. Line managers should be made aware of the outcome of staff appraisals.

Sue Kean informed she visited unscheduled care wards to discuss staff training. By providing this information hopefully staff will be released to attend the training. Sheila MacDougall reported she has communicated with managers regarding training for the last seven years and it is still an issue.

Stephen Mather requested for a glossary of acronyms to be provided with papers.

Stephen Mather informed there are three different types of training and we should be concentrating on mandatory training. There should be core training for all staff such as Fire training. It was agreed to look at the core training for the various groups of staff.

June Smyth informed we have not outlined the current process and asked Janice Laing to define it. Janice informed we have the Mandatory and Statutory PDPs which defines / aligns groups of staff. The list is reviewed and revised on an annual basis. In the last year an authorisation process has been put in place for which trainers attend the working group meeting to discuss why their training should be mandatory / statutory. If the group agree with this it is then taken to the Clinical Executive Operational Group and APF for approval. Stephen Mather reiterated there is too much training for staff to carry out.

Janice Laing advised the Mandatory & Statutory policy will provide guidance to ensure the appropriate decisions are made.

Irene Bonnar spoke about managers carrying out a risk assessment by looking at the services their staff delivers on a daily basis. By following this process it would ensure staff is appropriately identified for training. Kath Liddington advised there is an effort across NHS Scotland to identify eLearning training and NHS Education training. John McLaren informed all Boards across NHS Scotland are having the same issues with training.

Kath Liddington advised that Training & Development have a template providing guidance to complete the Training Needs Analysis.

June Smyth asked the training providers a question around capacity of training. If staffs are not being released to attend courses and the training is being cancelled how do you redeploy your resources. Janice Laing informed time is consumed by following up the training. Sue Kean reported that PMAV should not run with less than four people but you have to look at the risk element to members of staff. Sue advised that over a six month period she carried out training at nights and weekends at appropriate venues. The courses are reviewed prior to the date of training. Sheila MacDougall advised she follows a similar process.

**Next steps for the Committee: –**

Stephen Mather would like to see a review of the Training Needs Analysis based on staff, patients and the organisation. To ensure it fits in to the categories and to trim the list down. June Smyth advised a recent internal audit on training was carried out and the Mandatory and Statutory Plan will be updated following the outcome of this audit.

Karen Hamilton asked for sight of how it is reviewing. June will look to see if there is an interim system that could be put in place prior to EESS being available. Irene Bonnar advised we can get some information but the

concerned that there is a capacity issue. June would like to revisit the format of the training and to look to see if there is another model available. A cost needs analysis is also required.

Pat Alexander asked if senior managers are being held responsible for looking at the training needs and what are they doing to improve and ensure staff receive their training. Janice Laing advised this is why the Terms of Reference was revised to ensure senior managers are on the group. Performance Reviews enable to have discussions regarding the Training Needs Analysis also as well as updates at the Clinical Executive Operational Group.

Pat Alexander asked why staff are not being released to attend training. Can we find out why this is happening?

John McLaren summarised from today's discussion the key actions being: -

- Review the Training Needs Analysis (TNA) list.
- Mandatory & Statutory audit will provide some recommendations.
- Being aware / sighted of the developments that were discussed today.
- It is key to have discussion with senior management.
- To look at the resources and the format of training.

Action: John McLaren reported today's discussion will be taken to the next Mandatory & Statutory Working Group and will report back the outcome based on the key points to the Committee in March 2016. It was agreed for a brief interim position report to come to the next meeting in December 2015. Pat Alexander reported the Committee needs to support training.

June Smyth asked for support from the committee when Mandatory & Statutory Audit is presented to the Audit Committee and invited Pat Alexander to attend the Committee when it is presented as a Co- Chair of this group.

Julie Roberts reminded the committee of the importance of other training for staff development which is not mandatory and statutory.

#### **4. Policy Development (Standards 1.2.3.4 & 5 apply)**

June Smyth reported the paper went to the Area Partnership Forum at the August 2015 meeting for approval. The paper has been brought to the Committee for information to bring to your attention of the amount of activity that has been carried out on policy development.

Karen Hamilton enquired about the Dress Code Policy. June Smyth advised it is linked to infection control. Uniform relates to clinical and staff appearance. Dress code - appropriately dressed.

The Social Media Policy is currently out for consultation and will go to the next Area Partnership Forum in October 2015 for sign off.

The Adverse Weather policy will be finalised at the October 2015 Area Partnership Forum meeting.

Action: Update on Policy development noted and Committee will be given regular update on Policy development Group at each meeting.

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

John McLaren informed the actions from last year require being reviewed and currently looking at representation to be on the group to enable to look at the wider actions. We require drawing from last years staff survey results and also information coming from Ask the Board to enable to deliver the key actions. The aim is to bring the draft plan to the December meeting for sign off.

Action: A draft proposal on reviewed Actions for Staff Governance Action plan to be brought back to Committee in December.

**6. Draft Staff Governance Monitoring Return Governance Response (Standards 1, 2 & 5 apply)**

John McLaren advised we normally sign off the return at the June meeting after being submitted to Scottish Government in May. It has been brought to the committee today to have a conversation and suggest at the next meeting to have a discussion regarding the framework for future years and would like the committee to be involved so that we are confident everyone is happy prior to when the report is submitted to Scottish Government. June Smyth advised the timeframes do not normally fit in and this is the reason why we want to revise the process.

John McLaren reported s positive response was received from the government and the committee to be congratulated for this and for those who worked on the return and action plan.

Action: Paper to be brought back to next meeting of Committee with draft process outline for discussion.

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

John McLaren advised we are currently leading on the NHS Scotland mainland Boards. The percentages from other Boards have improved this year and we are going down. John McLaren reported the Working group are working hard to encourage staff to complete the survey. John informed he and the Partnership Chairs have met with night staff within the BGH, Mental Health and Community hospitals. Capita have projected that we will sit at 42% and John has challenged this. The survey will close a week today. Estates and Facilities are significantly low and also some of the acute units within the BGH. Corporate Services is increasing and also Primary Care is doing well. We are not managing to get some staff to complete the survey and to expect the percentage to be less than last year.

Karen Hamilton informed it would be an opportunity to raise it at the Annual Review this Thursday. Pat Alexander asked if there is anything we can do to help Estates and Facilities. Warwick Shaw informed he will continue to encourage staff to complete the survey. John McLaren reported he recently shadowed the General Services group. They seem to be very positive but his eyes were opened to the amount of work they do on a daily basis and would like to recognise the good work. Warwick Shaw agreed with John.

Sheila MacDougall highlighted staff do not feel the survey is anonymous and do not feel safe enough to complete it. John McLaren advised the survey is anonymous and has been highlighted in the communication that was sent out to staff. A lot of nursing staff have requested hard copies. Stephen Mather asked if this issue has been fed back to the national group informing this is an anxiety and John McLaren advised this has been fed back. John McLaren advised Capita have to keep to the rules of the Data Protection Act.

Irene Bonnar informed the General Services staff are in the next tranche of 'I Matter'. John McLaren advised he and June Smyth have registered the Staff Survey as a risk on organisational risk register. June Smyth advised another key point is the timescale of the survey which is now a yearly survey rather than every two years. John McLaren will feedback to the working group today's discussion.

Action Noted updated no actions otherwise until Full Report is provided.

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

- This item is deferred to the next meeting

**9. Morecambe Bay Report (Standards 1, 2, 3, 4 & 5 apply)**

June Smyth gave a brief update and advised the paper was presented to the Clinical Governance Committee, who had advised it should be brought to the Staff Governance Committee for information. June informed she will have a conversation with Nicky Berry who has been leading on this report and provide and update under Matters Arising at the next Staff Governance Committee meeting.

Action: June to advise Committee of progress on this action plan specifically around recommendation 8.

**10. Car Parking Update Report**

Warwick Shaw tabled a short presentation providing a review of the last five months data. There are five to six car parking charges issued per day. A large number of the charges have been cancelled. There was a number of staff who did not understand the system. The appeals rate varies significantly. Thirty percent of the appeals are successful. Fifty percent of the tickets are paid with



the remaining fifty percent are sitting with debt recovery. A meeting recently took place with Minster Baywatch and the solicitors. The solicitors are to feedback information. John McLaren has anxieties around the process. Warwick informed currently a policy is being developed.

John McLaren reported the bus services H1 and H2 are either reduced or discontinued which will not be an incentive for staff to travel by bus. Karen Hamilton asked to note we have made some success to standardise the appeals process. Sheila MacDougall highlighted her department Risk & Safety assisted in the assessment of the risks which was also taken to the Occupational Health & Safety Forum for sign off but has not been placed on the risk register. John McLaren asked as a Committee we have this on the agenda for the next meeting to enable assurances where it is sitting. Sheila informed it has to go to Clinical Executive Operational Group and it should be entered onto the Organisational Risk register. Pat Alexander asked if there is evidence staff are late for work as they are unable to park. Warwick Shaw informed some times cars are abandoned but there does not seem to be evidence. The majority of appeals are from the public.

Action: Car Park risk assessment to be brought to next Committee meeting to discuss.

## **11. Future Items**

John McLaren asked the group to provide future items they would like placed on the agenda. Stephen Mather highlighted the duplication of papers being placed on Governance agenda's prior going / from to the Board meeting. Karen Hamilton suggested this issue could be tracked administratively informing which committees the paper has been presented to. It was agreed to amend the cover paper to highlight 'Other Committees papers have been presented at'. The responsibility of the report will sit with the author to provide information. John McLaren will highlight this issue to the Board and will ask for it to be placed on all templates.

Actions: Pat Alexander requested Integration to be placed on the next agenda and asked to invite Susan Manion and James Lamb to attend. Stephen Mather suggested Jane Davidson to provide an update. Pat Alexander highlighted each organisation has different terms and conditions. John McLaren will have a discussion with Susan Manion, Jane Davidson and June Smyth.

## **12. Items for Noting**

### **a) Occupational Health Report**

Irene Bonnar gave an update on the quarterly update and was happy to take questions.

Action: The group noted the paper

b) Risk & Safety Update

Sheila MacDougall gave an update. A positive result the Occupational Health & Safety assessment received a 100% return. Sheila informed it will go to the Clinical Executive first before coming to this committee.

Action: The group noted the paper.

c) Terms of Reference

Stephen Mather asked to remove the words at least – 1.3 Meetings

Stephen Mather asked to reword Bullet point 1 as it is an assurance committee to the Board. – 1.4 Remit

Karen Hamilton asked about tracking the versions of draft documents in order that we know which version we are currently looking at.

Action: John McLaren informed he will update the Terms of Reference and it will be brought back to the next meeting for sign off.

d) Appropriate Access to other Committee Minutes: -

Public Governance Committee

Clinical Governance Committee

Healthcare Governance Committee

Area Partnership Forum

Occupational Health & Safety Forum

Mandatory & Statutory Training working Group

Action: Committee noted all minutes from above.

**13. Any Other Competent Business: none**

**14. Date of Next Meeting**

Monday 7<sup>th</sup> December 2015 at 2pm in the Committee Room, BGH.



Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 12 October 2015 at 2.00pm in the Council Chamber, Scottish Borders Council

**Present:**

Cllr F Renton	Mrs P Alexander (Chair)
Cllr J Mitchell	Mr D Davidson
Cllr J Torrance	Dr S Mather
	Mrs K Hamilton

**In Attendance:**

Miss I Bishop	Mrs S Manion
Mrs C Gillie	Mr D Robertson
Mrs T Logan	Dr E Baijal
Mr B Howarth	Mrs J Miller
Mr J Lamb	Mrs S Pratt
Dr A McVean	Mr D Bell
Mrs J McDiarmid	Mrs E Torrance
Ms C Petterson	Mrs E Rodger

### 1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Mr John Raine, Cllr David Parker, Mrs Fiona Morrison, Dr Sheena MacDonald, Mr Alasdair Pattinson and Mr John McLaren.

The Chair confirmed the meeting was quorate.

The Chair welcomed various attendees to the meeting including Mr Bob Howarth, Ms Sandra Pratt and Dr Angus McVean.

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 AND 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 10 August 2015 were approved.

#### **4. Matters Arising**

- 4.1 Minute 7: Interim Standing Orders:** Miss Iris Bishop to reissue the revised Standing Orders.
- 4.2 Minute 15: Chief Financial Officer Update:** Mr David Robertson advised of progress reporting that a Job Description had been agreed and advertisement was expected to take place in the next two weeks.
- 4.3 Action Tracker Minute 9: Children's Services:** Mrs Elaine Torrance confirmed that the new arrangements for Children and Young Peoples services to report to the Community Planning Partnership had been agreed. She undertook to circulate the paper to Health & Social Care Integration Joint Board members for information.

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

#### **5. Consultation on the Draft Strategic Plan for Health & Social Care**

Dr Eric Baijal introduced the revised draft strategic plan and advised that approval was sought from the Health & Social Care Integration Joint Board to consult on the revised version of the Strategic Plan for Health and Social Care Integration.

Mrs Susan Manion recorded her thanks to all those involved in the formulation of the plan particularly Mr James Lamb and Ms Carin Petterson.

Mrs Evelyn Rodger enquired in regard to how we would be looking to achieve the new standard of discharges over 72 Hours. Mrs Susan Manion commented that it would sit within the context of the performance framework. It was noted that an update on delayed discharges would be given at a future meeting.

Mrs Karen Hamilton noted a grammatical change required on page 19.

Mr David Roberson suggested revising the wording at the bottom of page 15 to "recognising patterns of inequality and deprivation".

Mrs Jenny Miller suggested the inclusion of further detail on how anticipatory care planning was measured on page 23.

The Chair on behalf of the Health & Social Care Integration Joint Board, thanked all involved in the formulation of the final document.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the draft Strategic Plan "Changing Health and Social Care for you – a further conversation" for public consultation, subject to any further revision required.

## 6. Integrated Care Fund Progress Report

Mr Bob Howarth updated the Health & Social Care Integration Joint Board members on the progress of allocating funds from the Integrated Care Fund. He highlighted that the key areas that had been looked at in regard to the Integrated Care Fund plan had been consolidated within the strategic planning work in order to strengthen assessment processes and ensure robust strategic and financial allocation.

Mrs Sandra Pratt briefed the Health & Social Care Integration Joint Board members on progress with the Eildon proposal. She advised that a stakeholder meeting was being held on 29 October 2015 to bring together people from the locality including community and acute staff to help shape the model in terms of how workable and manageable it might be and to refine the submission to Integrated Care Fund.

Dr Angus McVean suggested the GP community may have significant concerns about the Eildon project, that it had been developed at a strategic level and that it lacked in input from primary care providers. He welcomed the stakeholder session on 29 October 2015 and the input of GPs to that session.

Mrs Susan Manion reiterated that the Eildon project was an outline plan with the intent to demonstrate progress. She welcomed the input of GPs to the engagement process

Mrs Pratt confirmed that the project was a concept for primary care and acute to explore and agree. An outline had been submitted to the Integrated Care Fund in order to advise them that as the project developed and progressed, resources would be sought. The locality would be the driving force behind the project taking into account the potential impacts on both acute and primary care services through testing the model to see if it was appropriate and workable. She advised that all GP Practices in the locality area had been contacted and all but two had given feedback. The GP Practices were keen to participate and engage on the project.

Dr McVean advised that he was now assured that GP input was taking place, however he would have preferred the GP Local Negotiating Committee (LNC) to have been engaged with at an earlier stage.

The Chair commented that the Health & Social Care Integration Joint Board recognized it was important to ensure GPs and all stakeholders were engaged with on all the initiatives that would be developed, tested and established.

CLlr Jim Torrance was surprised to hear Dr McVean's comments given that Dr Jonathan Kirk and Dr Sheena MacDonald had spoken of the proposed project at various meetings. He further commented that potentially with the success of such a project community hospital beds might be reduced.

Mr David Davidson commented that good engagement with all stakeholders on any project or service change was a key factor of good governance. If a bid were submitted to the Health & Social Care Integration Joint Board to consider, it would wish to be assured that the bid was worthwhile, achieved outcomes and that the background to it was fully understood.

Cllr John Mitchell enquired if the project would lead to the replacement of Viewfield, which had closed when the Borders General Hospital had opened. He further enquired if the £2.13m was for each year or just the first year. Mrs Carol Gillie confirmed that the £2.13m funding was expected for the current year and the following 2 years. She confirmed that there was absolutely no intention to open a replacement for Viewfield as a cottage hospital.

Dr Stephen Mather commented that healthcare could not stay static and any proposals that assisted in looking at different ways of delivering healthcare to the benefit of the population should be applauded. He further welcomed the interesting point raised by Cllr Torrance that the success of the project could lead to the consequences of capacity across the system.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and in so doing supported the work undertaken to date.

## **7. Programme Highlight Report**

Mr James Lamb provided an outline update on progress on the delivery of the Integration Programme and advised that the project work was now moving to conclusion as the programme moved into the implementation stage. He focused on several key points including; publication and engagement on the strategic plan; producing an end of programme report; and lessons learned. A full end of phase one report would be submitted to the next meeting.

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

## **8. Integration Scheme Update**

Mrs Susan Manion updated the Health & Social Care Integration Joint Board members on the current status of the draft Scheme of Integration. She advised that a further revised version had been produced taking into account further legislation and guidance that had been received since March 2015. A second draft was due to be submitted to the Scottish Government for review by the end of October 2015.

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

*Cllr John Mitchell and Cllr Jim Torrance left the meeting.*

## **9. Communications Update**

Ms Carin Petterson updated the Health & Social Care Integration Joint Board members on progress made in regard to the next newsletter for staff (tabled). It was intended to publish it more frequently and it was available on line and being distributed through email lists. Some hard copies had been printed and would be distributed through the Strategic Planning Group networks to GP practices, care homes. etc.

Mrs Karen Hamilton suggested quantifying what was required in terms of hard copies to ensure good budgeting. It was confirmed that there were enough available resources for hard copy publications to be produced.

*Cllr John Mitchell and Cllr Jim Torrance returned to the meeting.*

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

## **10. Monitoring of the Integration Joint Budget 2015/16**

Mrs Carol Gillie presented the exception report on the integration joint budget to the end of August 2015. She highlighted several points including: the budget for domestic abuse was still being identified; the budget for 15/16 was on an aligned basis; the projected year end position was an overspend of £388k linked to overspends on GP prescribing and dental services. The financial pressure on GP prescribing was linked to certain drugs being in short supply globally. The NHS had put in place contingency funds to support the overspend. She further reported a breakeven outturn in adult services despite a number of pressures as detailed within the report. As a result of remedial actions and Scottish Borders Council Executive having approved a virament of £300k to support some of the pressures the position was projected to breakeven.

Dr Stephen Mather enquired what would happen when the drugs budget outstripped any contingency funding and the year end position was an overspend? Mrs Gillie confirmed that both she and Mr David Robertson had continually tried to highlight how challenging the financial position would be. She commented that the draft Scheme of Integration was clear that in dealing with financial pressures the Health & Social Care Integration Joint Board would be expected to discuss what actions it could take to bring the budget back into line.

Mr Robertson commented that the mechanisms to deal with adverse variances at the year end had not yet been agreed.

Mrs Tracy Logan commented that the whole purpose of the Health & Social Care Integration Joint Board was to improve the outcomes for the population by driving performance of the delivery of the delegated functions in a more efficient and effective way, whilst recognizing that it was the duty of all partners to deliver as much as possible in order to fund the growth if nothing else.

The Chair enquired if contingency funding would be put in place to deal with an overspend in the future. Mrs Gillie advised that the due diligence process was being worked through which would provide assurance on how contingency funding might be provided in the future. Mr Robertson advised that at Scottish Borders Council brokerage mechanisms were in place for accessing Council reserves as opposed to contingency funding and Mrs Gillie confirmed that brokerage mechanisms were not available to the NHS.

Further discussion focused on: contractors costs; non funding of drugs centrally; future delivery of more effective and efficient redesigned services; carers costs; due diligence and budget assumptions.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and projected year end overspend of £388k.

#### **11. NHS Borders Winter Plan 2015/16**

Mrs Susan Manion highlighted the NHS Borders Winter Plan 2015/16 to the Health & Social Care Integration Joint Board members for their information, she tabled a revised cover sheet.

During discussion several key areas were raised including: working collectively across both social care and health; impact of delayed discharges on acute and social care services; planning ahead with home care providers; availability of equipment from the Joint Ability Equipment Store; home carer recruitment difficulties; use of intermediate care and flex beds; 7 day delivery of services; and joint reporting on delayed discharges. In regard to performance it was noted a more defined report would be submitted to a future Health and Social Care Integration Joint Board in line with the performance framework.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the NHS Borders Winter Plan 2015/16.

#### **12. Annual Report of the Chief Social Work Officer 2014/15**

Mrs Elaine Torrance presented her Annual Report to the Health & Social Care Integration Joint Board members for their information.

Cllr Frances Renton also highlighted the progress made in regard to inspections of care homes and adult protection.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and section 12 key challenges.

#### **13. Any Other Business**

There was none.

#### **14. 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 14 December 2015 at 2.00pm in the Council Chamber, Scottish Borders Council.

*The meeting concluded at 3.55pm.*





Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 14 December 2015 at 2.00pm in the Board Room, Newstead

**Present:**

Cllr C Bhatia (Chair)	Mrs P Alexander
Cllr F Renton	Mr J Raine
Cllr J Mitchell	Mr D Davidson
	Dr S Mather
	Mrs K Hamilton

**In Attendance:**

Miss I Bishop	Mrs S Manion
Mrs C Gillie	Mr D Robertson
Mrs J Davidson	Mrs J McDiarmid
Mr J McLaren	Mr D Bell
Mr J Lamb	Ms S Campbell
Mrs J Smyth	Dr E Baijal
Mrs E Rodger	Dr A McVean
Mrs J Douglas	

## 1. Apologies and Announcements

Apologies had been received from Cllr Jim Torrance, Cllr David Parker, Mrs Fiona Morrison, Ms Jenny Miller, Dr Sheena MacDonald, Mrs Tracey Logan and Mrs Elaine Torrance.

The Chair confirmed the meeting was quorate.

The Chair welcomed various attendees to the meeting.

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.

Dr Stephen Mather raised the matter of two late papers (Chief Officer Report and Financial Regulations paper) being emailed to members the previous day and tabled at the meeting. He confirmed that he and other members of the Integration Joint Board had been unable to read the papers in advance of the meeting and requested they be withdrawn and submitted to the next meeting.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive the Chief Officer report at the meeting and to defer the Financial Regulations paper to the Development session on 20 January 2016.

### 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 12 October 2015 were amended at page 2, paragraph 3, line 1, replace “Torrence” with “Torrance” and at page 4, minute 8, line 5, replace “Governance” with “Government” and with those amendments the minutes were approved.

### 4. Matters Arising

**4.1 Minute 5: Consultation on the Draft Strategic Plan for Health & Social Care:** Clarification of dealing with Delayed Discharges was sought. It was noted that Delayed Discharges was a feature of the Development session to be held on 20 January 2016, where a full discussion of the topic would take place.

**4.2 GP Representation:** Mr John Raine advised that it was for the Health Board to determine the GP representative on the Integration Joint Board, and noted that Mrs Pat Alexander had made a sensible suggestion of seeking interest across all GP practices in being involved with the work of the Integration Joint Board. This suggestion was supported by the Health Board Medical Director.

Mrs Susan Manion confirmed that discussions had taken place with the GP Sub Committee, which was the usual engagement route for the Health Board to GP Practices in that regard. She further commented that information on the new GP contract was anticipated and had the expectation that GP leads would be identified for each GP Practice on a cluster basis in localities and the finer details of that would be discussed with colleagues across primary care.

Dr Angus McVean commented that GPs would welcome the broadening of input into the process and suggested the Health Board might consider clarification of the role and function of the GP representative to the Integration Joint Board, were they to represent the GP community across Scottish Borders or as an interested individual.

Mrs Alexander noted the parallel between the GP representative and the Third sector representatives to the Integration Joint Board. Cllr Catriona Bhatia suggested the Organisational Development plan might assist.

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

### 5. Update on the consultation on the Draft Strategic Plan for Health & Social Care

Dr Eric Baijal advised that the formal consultation had concluded on 11 December 2015. Cllr Catriona Bhatia noted the different methods of consultation used and looked forward to hearing the substance of the feedback. Mr David Davidson enquired how many people had

actually participated in the consultation. Dr Baijal gave a commitment to circulate that information to the Integration Joint Board.

Mr Davidson enquired if all of the opportunities to engage through social media had been used. Cllr Bhatia noted there had been over 100 people present at the Interchange session and Mrs Susan Manion confirmed there had been a very good turnout at each of the engagement sessions that had been held.

Dr Baijal confirmed that there was sufficient feedback to be able to analyse it by locality.

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

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive the consultation participation numbers from Dr Eric Baijal by email.

## **6. Organisational Development Plan**

Mrs June Smyth gave an overview of the content of the plan and advised that it remained a working document. It had been designed around the development of the Integration Joint Board, Strategic Planning Group and Health and Social Care Management Team. She further commented that she was keen to take forward something around the Joint Staff Forum at a future point.

Dr Eric Baijal welcomed the Organisational Development (OD) Plan and suggested inclusion of the Integration Joint Board establishing "Vision and Values" and inclusion of a risk commentary at the end of the plan to mitigate some of the issues, given the activity was heavily loaded towards the early months of the year. It was noted that some of the dates seemed challenging in relation to the March 2016 deadline. Mrs Smyth agreed to revise with the managers and Integration Joint Board to ensure realistic implementation.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the updated Organisational Development Plan.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** requested the Board Secretary confirm the outstanding appointments for the Integration Joint Board members with Mr George Hunter.

## **7. Update on Scottish Borders Dementia Strategy**

Mrs Jane Douglas gave an update on the Dementia Strategy and highlighted several key elements including: commitments 10 and 11 had launched as national strategies; reconstitution of the dementia training group; funding of stress and distress training for staff; formation of enhanced dementia team; development of dementia friendly communities; and evaluating the effectiveness of the objectives moving forward.

Dr Angus McVean noted the progress made with post diagnostic dementia support and enquired if more focus was now required on the diagnostic element. Mrs Douglas agreed that more focus on raising awareness was now required.

Mrs Evelyn Rodger welcomed the detailed paper and suggested a gap analysis against the strategy be produced to enable clear sight of progress and the difficulties to be mitigated.

Mr John McLaren noted the approach to train up 500 staff in distress/stress training and enquired if there would be a further roll out to staff. Mrs Douglas gave a commitment to clarify the position and advise Mr McLaren outwith the meeting.

Cllr John Mitchell enquired if the Scottish Dementia Working Group had branches UK wide and if the service required volunteers? Mrs Douglas confirmed that the group was made up of those who already had dementia, for those with dementia and there were several main groups across Scotland that linked together and into Alzheimers Scotland. She confirmed the intention to set up a branch in the Scottish Borders and advised that recruiting those with dementia to the group was currently underway.

Mr John Raine commented that he was encouraged to hear Dr McVean express a need to increase the rate of diagnosis and he sought quantification against the objectives. The extent of the effort towards achieving the dementia diagnosis target and the success to date should not be under estimated though. He further queried why the Enhanced Dementia Team had concluded given the suggestion had been that it was ahead of its time. Mrs Douglas confirmed that work was required to reframe, relaunch and implement alongside other existing teams.

Mrs Jane Davidson encouraged the Integration Joint Board to consider how the strategy would influence the strategic commissioning plan moving forward and how it would contribute to the outcomes set by the Integration Joint Board.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and agreed to receive an update in April 2016.

## **8. Health & Social Care Integration Programme: End of Phase 1 Report**

Mr James Lamb gave an overview of the content of the report, highlighted several key elements including: stock take; transition from phase 1 to phase 2; programme plan to phase 2; and introduce of the new programme manager. Whilst the Joint Staff Forum was not mentioned in the paper Mr Lamb recorded that credit should be afforded to them for their input to the engagement sessions and the position engagement that had taken place with both management, staff and unions.

Ms Sandra Campbell, gave an overview of the content of Appendix 2 highlighting the formation of a small focus team to oversee delivery and address any risks and difficulties. She further commented that there would be a rationalisation of the current working groups to ensure they were outcome focused with clear delivery plans and they would include the commissioning and implementation plan; locality plans; performance monitoring work; and the integrated care fund plan.

Mr John Raine raised issues of governance in regard to the Integrated Care Fund. Mrs Susan Manion suggested addressing those issues during the Integrated Care Plan Update item later on the agenda.

Cllr John Mitchell suggested there remained gaps in the plan to be addressed before “business as usual” could commence. Mrs Campbell confirmed that names, dates and plans were being clarified so that implementation could progress.

Mrs Karen Hamilton highlighted several typographical errors within the document.

Mr David Bell noted that the revised Draft Scheme of Integration stated that the Integration Joint Board “may” set up a Joint Staff Forum and he requested that the Integration Joint Board reaffirm its commitment to a Joint Staff Forum. Mrs Manion commented that the change had been made on the advice received from Scottish Government. Mrs Jane Davidson clarified that it referred to the Integration Joint Board having the ability to set up a Joint Staff Forum the same as it had the ability to set up an Audit Committee. She assured both Mr Bell and Mr McLaren of the commitment of NHS Borders to the Joint Staff Forum.

Mrs Manion recorded her thanks to Mr Lamb for developing the programme and bringing it to the point of moving into implementation.

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

*Mr David Robertson arrived.*

## **9. Chief Officer Report**

Mrs Susan Manion gave an overview of the report.

Dr Stephen Mather commented that delayed discharges were a risk to the system over the winter period and he enquired about the current position in regard to delayed discharges and social care provision.

Mrs Marion referred to the presentation and discussion at the recent NHS Board meeting which had outlined in detail the actions being taken in support of the winter plan. She advised that there were some 30 delayed discharges with pressures across both health and social care systems. Operationally a number of different options were being taken forward.

Mr David Davidson suggested the Integration Joint Board needed to commit to deliver against the Delayed Discharges target. He further commented that bearing in mind there were 2 different organisations that had come together, the Integration Joint Board was the ideal body to look at the total outcome from both commissioned services. The Integration Joint Board should commit to ensuring both bits worked for the collective good and in future he wished to receive reports that tied the 2 parts of the journey together.

Mr David Robertson commented that it should also be looked at to what extent services were able to reduce admission to hospital.

Cllr Catriona Bhatia highlighted the immediate winter plan issues and the longer term strategic issues of preventing admissions in the first instance.

Dr Angus McVean suggested looking at the bigger picture of readmission rates. Mrs Davidson advised that Mrs Jane Douglas and others from health were reviewing readmissions as a specific issue and would be engaging with GPs to work out what was of concern as it appeared to be a holistic issue.

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

#### **10. Health & Social Care Integration Joint Board Business Cycle 2016**

Miss Iris Bishop gave an overview of the business cycle and meeting dates for the 2016.

Cllr John Mitchell suggested revisiting the choice of venue for Development sessions in order to reduce any costs.

Mrs Jeanette McDiarmid enquired about the formal approval by Scottish Parliament of the Scheme of Integration in regard to impact on meetings in 2016. Mrs Susan Manion advised that once approved by the Cabinet Secretary it would be laid before Parliament for 28 days. Formal approval was therefore expected to be received by 6 February 2016 which would mean the Development session on 7 March would commence as a formal meeting for the first hour or so to formalise the Health & Social Care Integration Joint Board.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the meeting dates and business cycle for 2016.

#### **11. Integrated Joint Board Governance – Draft Financial Regulations**

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to defer the paper to the Development session on 20 January 2016.

*Mrs Jane Davidson left the meeting.*

#### **12. Monitoring of the Integration Joint Budget 2015/16**

Mrs Carol Gillie gave an overview of the report and highlighted the overspend on NHS drug costs and confirmed that a breakeven position would be achieved at the year end. In regard to local authority adult services she confirmed that there was a projected overspend and a number of actions were being taken forward to address the position.

Mr David Robertson commented that in relation to Scottish Borders Council there was an overspend at this point in the year as additional residential and flex beds were commissioned. The current budget was for about 50 beds however activity levels were greater and there had been additional pressure from two major care home contracts being passed back to the Council during the current financial year. Actions were being taken forward to address the pressures.

Mr David Davidson suggested the Integration Joint Board receive assurance on the stability and sustainability of some of the services that Border residents relied on especially during the winter period.

Cllr Catriona Bhatia outlined that in terms of strategic commissioning, Scottish Borders Council provided 50% of home care provision and the private/third sector provided 50%. However, that balance had now moved to 60% Scottish Borders Council, 40% private/third sector. She suggested that in future the Integration Joint Board would receive a report in relation to qualitative and quantitative elements across the range of services provided.

Mrs Jeanette McDiarmid highlighted that costs of other providers were increasing and the dilemma was the ability to meet the increase in costs or use SB Cares as an alternative.

Mrs Karen Hamilton commented that it was important the Integration Joint Board was sighted and aware of the consequences for service users and patients.

Mrs Pat Alexander enquired in regard to the GP prescribing budget if any work was underway nationally in terms of direct contact with drug companies. Mrs Gillie confirmed that the NHS Board Directors of Finance were working collectively on the matter.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected position of overspend by £891k at 31st October 2015 and noted that both organisations were working to address the financial pressures and put in place actions to ensure financial targets were delivered.

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

### **13. Integrated Care Plan Update**

Mrs Susan Manion advised that the Integrated Care Fund (ICF) plan had been agreed the previous year in line with the criteria for the funding given at that time. The ICF Plan had been developed to assist in meeting the national outcomes and had been mindful of the lessons learnt from the Change Fund programme. Rather than seeking bids, work was done to commission key pieces of work to achieve outcomes. Commissioned projects were taken through the ICF Programme Board and Strategic Planning Project Board before being submitted to the Integration Joint Board. Mrs Manion recalled that Mr Raine had been concerned that the Integration Joint Board was not sighted on how the ICF monies were being used and that the governance routes were unclear. She suggested that the governance arrangements be refreshed and the plan be updated.

Mr David Davidson enquired if the ICF monies were spent without the direction of the Integration Joint Board? Mr Raine clarified that it was a similar point that he had raised earlier, seeking clarification on how the Integration Joint Board satisfied itself that it had proper governance over the £6.3m over the next 3 years, when the report before the

Integration Joint Board gave a schedule of schemes which could not be determined as to what they were, how they were prioritized and what they were delivering.

Mrs Carol Gillie confirmed that earlier in the year around March the governance arrangements around the ICF had been agreed by the IJB and it had been confirmed that the Integration Joint Board delegated the authority to approve project funding to the Programme Board and had asked for six monthly update reports. She summarised that the ICF Steering Group reviewed each project against the criteria which included outcomes, sustainability and financials. The Strategic Planning Board had authority to approve individual projects up to £75k and a total spend of £500k in one year. Anything above that level was escalated to the Programme Board for a decision. It was obvious that by the time the update was submitted to the Integration Joint Board it was presented as a very high level update with the detail removed. She suggested the Integration Programme Board would find data on the outcomes delivered critical and the report should be amended accordingly.

Mr David Robertson clarified that the budget for 2015/16 for the ICF was £2.1m with a projected spend of £470k by end of March 2016. Discussions had taken place between Mr Robertson and Mrs Gillie in regard to passing the resource to Scottish Borders Council to carry forward.

Mr Davidson enquired if the Health Board had made a formal arrangement to ring fence the money when passing across to Scottish Borders Council in terms of audit. Mrs Gillie confirmed a formal arrangement had been agreed by the 2 parties and any arrangement could be subject to review by audit.

Cllr Bhatia noted that the report was light on detail in relation to the projects themselves. It was agreed that, as well as a refresh of the governance arrangements, now that the ICF had been considerably extended, more detail on the agreed pieces of work would be outlined at the next meeting.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to a refresh of the ICF governance arrangements and an update of the plan.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the report be revised to include further detail.

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

#### **14. Committee Minutes**

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

#### **15. Any Other Business**

The Chair confirmed that the next Integration Joint Board Development session was being held on Wednesday 20 January 2016 at 9.30am, at Tweed Horizons.



Dr Stephen Mather recorded his apologies for the Development session.

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

The Chair confirmed the next meeting of the Health & Social Care Integration Joint Board would be held on Monday 1 February 2016, at 2pm in the Council Chamber, SBC.