

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: 03.03.16
- Audit Committee: 23.03.16, 04.04.16
- Endowment Committee: 18.01.16, 03.03.16, 09.05.16
- Clinical Governance Committee: 16.03.16
- Public Governance Committee: 10.02.16
- Area Clinical Forum: 22.02.16
- Health & Social Care Integration Joint Board: 07.03.16, 30.03.16

Recommendation

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

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

Approved by

| Name | Designation | Name | Designation |
|---------------|--------------------|-------------|--------------------|
| Jane Davidson | Chief Executive | | |

Author(s)

| Name | Designation | Name | Designation |
|-------------|--------------------|-------------|--------------------|
| Iris Bishop | Board Secretary | | |

Borders NHS Board



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 3 March 2016 at 10.00am in the Board Room, Newstead

Present:

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

In Attendance:

| | |
|---------------|---------------|
| Miss I Bishop | Ms A Blackaby |
| Mrs C Oliver | Mrs K |

1. Apologies and Announcements

Apologies had been received from Mr Warwick Shaw, Dr Hamish McRitchie, Mr Philip Lunts, Mr David Thomson, Dr Anna Beaglehole and Dr Annabel Howell.

The Chair welcomed the patient story individuals to the meeting.

2. Patient and Carer Stories

The Committee heard a patient story which focused on various aspects of care and treatment provided by NHS Borders and its staff. The story was very sensitive and emotional and had both negative and positive aspects to it and the Committee reflected on how to feedback to the Scottish Ambulance Service and what could be done in regard to the Eildon Room in terms of sound proofing or potential relocation.

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

The **STRATEGY & PERFORMANCE COMMITTEE** agreed through Mrs Evelyn Rodger to help the patient to promote her services to staff.

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 21 January 2016 were amended at page 3 with the deletion of paragraph 3 and at page 5, paragraph, minute 13.1, line 3 to replace “Mrs John McLaren with “Mr John McLaren” and with those amendments the minutes were approved.

5. Matters Arising

5.1 Action 2: Newstead Update: Mrs Carol Gillie confirmed that the scheduled check of the Newstead Banking in February had taken place. The results of that check were awaited.

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

6. Service Improvement Programme Update – Mental Health Service and Learning Disability Service

Mrs June Smyth gave an overview of the content of the update report. Dr Cliff Sharp shared his perspective on the experience of the staff in the Mental Health and Learning Disability Service in undertaking the programme.

Mr John McLaren spoke of staff experience and lessons to be learned and the level of management skills that would be required if a similar programme was rolled out into other areas in the future.

Mrs Evelyn Rodger commented that any change was stressful for staff and this should allow professions and teams to be more efficient in discharging their professional and clinical duties.

Further discussion focused on financial outlay and financial benefit; roll out to other departments with inclusion of numbers and facts and quantification of the improvements that had happened to patient care; looking at a change in the level of transparency in moving forward to work in the moment and plan ahead; approach to care planning; managing staff expectation and how they are relaying their experience to other staff and departments; and timelines for practical examples of positive impact; looking at the diagnostics and a potential read across to community nursing, district nursing and health visiting in terms of patient facing contact and quality.

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

7. Local Delivery Plan 216/17

Mrs June Smyth advised that the Local Delivery Plan (LDP) before the Committee was an early draft and was subject to amendment and review. She welcomed any suggestions from the Committee and advised that she would circulate the latest version of the document following the meeting.

Dr Stephen Mather enquired in regard to promoting healthy weight and access to sustainable food. Dr Tim Patterson assured the Committee that there was a Community Food Team in place who were active in schools and communities. Mrs Jane Davidson also advised that there was an active

volunteering network in Burnfoot and the NHS were keen to assist and support them in sourcing cheaper quality ingredients and providing cookery tips and lessons.

During discussion several other issues and suggestions were raised including: visibility of Non Executives throughout the organisation through patient safety walkrounds; variation across Health Boards of Non Executives involvement in walkrounds; gender based violence funding; title of “cardiac arrests” as a measurement of deteriorating patients; sharing the LDP with the Health and Social Care Integration Joint Board; being more ambitious in regard to inequalities and performance.

Mrs Karen Hamilton suggested including in the aims an expansion of the Public Patient Forum (PPF) membership to include some of the less represented groups.

Cllr Catriona Bhatia suggested the inclusion of the NHS being involved in the planning process for new healthy towns. Dr Patterson welcomed the suggestion and confirmed that the Public Health team had input to planning discussions at the Council.

Mrs Pat Alexander suggested including the strengthening of volunteers and how to support and mainstream those roles. Mrs Jane Davidson commented that the Endowment Trustees had sought a paper on optimization of the return on volunteering and she suggested that could be played into the LDP.

The Chairman summed up the conversation and highlighted the Non Executive Directors walkrounds and the need for a greater impetus to be put behind it and the promotion of visibility of Non Executives; the violence against women project and the need to check on funding; cooking and giving young people the means to be able to feed their families and cook healthy meals; sharing the draft Local Delivery Plan with the Health & Social Care Integration Joint Board; and sudden unexpected cardiac collapse.

The Chairman further commented on the Unscheduled Care section and suggested the format might be replicated in other sections of the report.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the work in progress and provided comments on the draft Local Delivery Plan 2016/17.

8. 2015 Review of Public Health in Scotland

Dr Tim Patterson gave an overview of the content of the report and highlighted the public health practitioner role and the role of Joint Director of Public Health posts.

Discussion focused on; the need to move up stream and a lack of clarity and rigour in order to move the health agenda forward; a separation of the public health review from the national clinical strategy; regional and national networks for health screening; and shared services.

Mrs Karen McNicoll extended an invitation to Public Health to join the Area Clinical Forum.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the main conclusions and recommendations of the Public Health Review and how some important decisions on public health

organisation and structure would be taken forward by the Shared Services Review Public Health Workstream.

9. Health & Social Care Integration Joint Board membership

The **STRATEGY & PERFORMANCE COMMITTEE** ratified the Non Executive membership of the Health & Social Care Integration Joint Board.

10. Efficiency Update 2015/16

Mrs Carol Gillie gave an overview of the content of the paper. She summarised that cash releasing savings of £6.071m had been achieved by the end of January against a year end target of £6.911m. Non recurring measures such as carry forwards would be used to ensure the full target was achieved at the year end.

Mr David Davidson enquired if there was a forward programme of business for the Financial Performance Oversight Group, which might assist in pursuing savings schemes. Mrs Gillie agreed to produce a yearly work plan for the group.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Efficiency update as at 31 January 2016.

11. Integrated Performance Report

Mrs June Smyth presented the standard report. She advised that the Planning and Performance team were currently working through the performance reporting for next year and that she would circulate the performance framework presentation after the meeting for comments. She commented that the presentation was focused on reports in general that were submitted to the Board and any potential changes required in 2016/17 given the impact of the Health & Social Care Integration Joint Board. A proposal would be brought to the April Board meeting.

Dr Stephen Mather suggested narrowing down effort to a succinct number of targets that affected patient care which might make them more achievable and sustainable in the longer term as opposed to spreading the effort thinly amongst all the targets and not achieving them.

The Chairman commented the concentrated effort on the Physiotherapy Service had made a huge difference.

Mrs Smyth highlighted to the Board that part of the proposal to come to the Board in April would be a discussion on the number and range of targets, including the local stretched targets that were formulated to drive the HEAT standards.

Dr Doreen Steele enquired about progress against the Dementia Commitment 10 initiative. Mrs Susan Manion advised that colleagues in Mental Health services had undertaken a review of Commitment 10 and she would welcome the opportunity of the service being asked to provide an update to a future meeting or Board Development session.

Mrs Pat Alexander suggested the governance committees might become more involved in targeting areas to raise performance as had been the case with Statutory and Mandatory Training that the Staff Governance Committee had explored.

Other key issues highlighted during discussion included: Theatre utilisation and proposed reporting arrangements; elective centres for additional activity; and escalation of concerns to employee Director by eksf champions.

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

12. Any Other Business

There was none.

13. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 5 May 2016 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.30.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Wednesday, 23rd March 2016 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mrs P Alexander, Non Executive Director (Items 4 and 7.5)
Mr G Arkley, Head of Estates & Facilities (Item 7.3)
Mr T Barrie, Audit Manager, PWC
Mrs V Buchan, Senior Finance Manager
Mr D Eardley, Director, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Ms V Forbes (shadowing Doreen Steele)
Mrs C Gillie, Director of Finance
Mr P Lunts, General Manager (Item 6.3)
Mrs S MacDougall, Risk & Safety Manager (Items 6.5 and 7.3)
Mr J McLaren, Employee Director (Item 4)
Mrs S Milne, Head of Procurement (Item 7.7)
Mrs K Morris, General Manager (Item 7.4)
Mrs J Smyth, Director of Workforce & Planning (Items 4 & 7.3)
Ms S Swan, Deputy Director of Finance
Mr S Whiting, Infection Control Manager (Item 7.8)
Mr K Wilson, Partner, PWC

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Karen Hamilton, Jane Davidson and Evelyn Rodger.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 14th December 2015 and 1st February 2016 (Extraordinary)**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Trackers

The Committee noted the action trackers and the updates provided.

Internal Audit Report – Mandatory Staff Training – Update

June Smyth introduced this item and assured the Committee how seriously the recommendations have been taken across the organisation. June advised that they are looking to significantly reduce the bureaucracy and redesign service provision. June advised that an eLearning training management system linked to Learnpro would be available from June 2016 and would be implemented on a phased approach. It was noted that work to date has been well received and it is anticipated that as a result more staff will attend training in the future. June confirmed that focus would initially be on the areas with poor compliance. June gave assurance that work is ongoing to address the recommendations and gain service buy-in. John McLaren advised that the work described within the action plan would have been taken through the Mandatory & Statutory Training Group, however the audit has kept people focussed and given drive. David Davidson commented that some of the actions did not have a timeline noted against them. Susan Swan reminded that timescales would be monitored and managed through the follow-up process. David noted that on page 2 it stated that staff would have 5 hours protected time for Statutory and Mandatory eLearning. June confirmed that the maximum time required for a member of staff to undertake core training is 5 hours. June added that this was sourced from the guidance, however eLearning tended to be quicker. It was noted that there may be additional training requirements across some parts of the organisation. Pat Alexander confirmed that the Staff Governance Committee would continue to monitor this. David asked if there were any issues with staff being released for training. June advised that this is the next key area that they will be focussing on and that they do have ideas on how to co-ordinate this in a different manner. John stressed the importance of having processes and systems in place which will allow real conversations to be had with managers. John felt that by making systems more user friendly there would be no reason for staff not to undertake the training. Doreen Steele highlighted that not all managers have access to eLearning. June advised that work is being undertaken with Learnpro to provide a recording and reporting facility. This would include a “pass/fail” tool and all managers would have access to this. Stephen Mather asked for an update on non essential training. June advised that there have been discussions with the Senior Charge Nurses about this, however there has been difficulty in understanding what is essential and how regularly training is required to be undertaken. It was noted that work continues on this. David asked Internal Audit for their comments. Kenny Wilson asked, as of 1st April 2016, if the organisation would be looking forward over the next 12 month period. June confirmed that they would. June advised that it was the intention to increase compliance in the high risk areas as much as possible in the first three months. Kenny asked what information would be provided by the system. June advised that only core training would be provided, managers would have to agree any additional training needs. Kenny noted that there was no guidance across Boards on what was mandatory training and asked if a benchmarking exercise had been undertaken. John advised that NES are looking at this as it was recognised as an issue for all Boards, however no solution has emerged to date. John advised that information fed in from other Boards had been pulled together to agree what was classed as core training. David enquired about a follow-up audit. Kenny confirmed that a follow-up would be undertaken, however he felt that it would take a year to get any real output to measure progress and did not envisage this taking place until after this period of time.

The Audit Committee noted the update.***Compliance with IRAG Guidance - Update***

Carol Gillie advised that Paul McMenamin had a clash in his diary and was unable to attend. David Davidson noted that the report received for today’s meeting had not been authorised unlike the report received at the February meeting which had been approved by Carol Gillie, Director of Finance, NHS Borders and David Robertson, Chief Financial Officer, SBC. David commented that there was no update within the report on the RAG status, particularly those flagged as red, therefore he did not feel that it contained the detail that was requested at the

February meeting. Carol agreed with the comments made and that the Committee did require an update on the RAG status. Susan Swan referred to the Audit Committee Terms of Reference and highlighted the addition within the purpose section regarding the governance arrangements to cover NHS functions and resources delegated to the IJB, which becomes its own entity on the 1st April 2016, as she felt that this report was essential to give this assurance.

Following discussion it was agreed to hold an extraordinary meeting as soon as possible to discuss this further. Carol agreed to ask Paul to update the paper as per the discussion at the meeting on 1st February 2016.

The Audit Committee noted the report and agreed that this should be updated to reflect discussion at the meeting on 1st February 2016 for further discussion at the extraordinary meeting.

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group - Update*

Susan Swan reported that the last meeting had been cancelled. Susan provided an update on work undertaken to date which included populating the Fraud page within the Finance microsite on the Intranet. It was noted that the fraud risk assessment had been submitted and feedback was awaited. Susan confirmed that the Partnership Agreement with CFS had been signed by the Chief Executive for the period 1st April 2016 to 31st March 2019. It was noted that a workshop on banking fraud had taken place with the Finance Department. Susan advised that she was also working with the Employee Director to provide a presentation to the Area Partnership Forum in the near future.

The Committee noted the update.

5.2 *NFI Update*

Susan Swan spoke to this item. Susan advised that work is ongoing with other Boards on matches received regarding employees with multiple employments. It was anticipated that this would be complete by the end of April 2016.

The Committee noted the update.

6. **Governance & Assurance**

6.1 *Audit Committee Terms of Reference*

Susan Swan spoke to this item which was a review of the Terms of Reference to ensure the Committee are still content with the remit. Susan highlighted that the main changes were due to the IJB going live on 1st April 2016. David Davidson enquired if the audit arrangements for the IJB had been finalised. Carol Gillie advised that the Chief Internal Auditor had been appointed, however the membership of the Audit Committee has yet to be agreed. Kenny Wilson confirmed that this was consistent with other Boards and provided an update on the issues being encountered. Carol commented that she was keen to see collaborative working between Internal Audit within all three organisations. Kenny referred to an email he had recently received from Jill Stacey, Chief Internal Auditor, SBC regarding the ICF audit and agreed to forward this to Carol for further discussion with David Robertson, Chief Financial Officer, SBC.

The Committee reviewed and approved the Terms of Reference

6.2 *Audit Committee Work Plan 2016/17*

Susan Swan spoke to this item. Susan advised that as part of the Terms of Reference the Committee receive an annual work plan to alert them to what will be coming forward to meetings for the year ahead. Susan highlighted that that she would be picking up with Jill Stacey around timings of the IJB Audit Committee as this would have an impact on the work plan.

The Committee discussed and approved the work plan for 2016/17.

6.3 *Audit Follow-Up Report*

Vivienne Buchan spoke to this item. Vivienne reported that there was one External Audit recommendation recorded as in progress. This related to ensuring that there is up-to-date knowledge and management in the context of transition of Finance Department staff involved in the production of the annual accounts. It was noted that the Senior Finance Team have significantly strengthened processes, knowledge and staff capability to deliver this year's annual accounts. Vivienne referred to the Internal Audit recommendations where it was noted that there was a total of 11. Nine of these were categorised as medium or low risk, two were classed as high risk and had not yet been fully implemented. These related to the Business Continuity Planning report and the Mandatory Staff Training report. Vivienne highlighted that the recommendation relating to the Property Portfolio and Management report, where an update had been received at the previous meeting around shared premises and the action plan agreed with a delivery date of 31st March 2016. Due to work, which would be supported by Health Facilities Scotland, on the future of the Borders General Hospital a revised timescale of 31st December 2016 was being requested. This was agreed. Vivienne referred to the two outstanding recommendations in regard to Business Continuity Planning and advised that she had been assured by the service that the high risk recommendation relating to the Business Impact Analysis would be complete by 31st March 2016. For the medium risk recommendation relating to the level of engagement of contractors to align Business Continuity Plans, Vivienne explained that the Primary Care Contracts Manager had concerns regarding the relevance of this as he had responded that "GP/dentists/opticians/pharmacists are all independent contractors and are not contractually obliged to share their plans with the Board". There was particular concern around dentists and opticians and Vivienne suggested that this is fed back to the Clinical Board and asked for views on this. David Davidson asked Vivienne to speak with Lorna Paterson, Resilience Manager and ask her to invite the Primary Care Contracts Manager to attend the Resilience Committee the following week.

Doreen Steele referred to appendix 1b, in particular the situation with SBC around trying to resolve the issues around a joint lease for Hay Lodge and Kelso and asked for an indication of when this might be brought to a conclusion. It was noted that the leases for Hay Lodge and Kelso were concluded, however we continue to implement individual leases as depending on the property and the owner we are unable to standardise leases. Susan hoped that the integration agenda would assist with this.

The Committee noted the report.

- *Hospital Admissions and Discharges*
Phillip Lunts spoke to this item. Phillip advised that he and Alasdair Pattinson had been tasked with delivering the recommendations. Phillip appreciated that the deadline for delivery had passed, however he assured that work is ongoing and that it was the intention to have everything complete by the end of April 2016. David Davidson asked what assurance could be given that this deadline would be met. Phillip provided an

update on the recommendations where it was noted that two were already fully complete and the remainder were over half way to completion. Phillip added that he intended on taking the report, including an update on the completed actions, to the PACS Clinical Board in April and then to the Clinical Executive Operational Group. It was noted that this would be reported through the follow-up process. Phillip agreed to provide a copy of the Clinical Executive Operational Group paper to be circulated along with the follow-up report for the June meeting.

The Audit Committee noted the update.

6.4 *Debtors Write-Off Schedule*

Vivienne Buchan spoke to this item. Vivienne took the Committee through the report and advised that they have aligned the debt recovery process within the Laundry with that of the Finance Department which would reduce the likelihood of such a substantial write-off request in the future. It was noted that the other large amount related to an overseas patient who is now deceased so they are unable to pursue this. Vivienne gave assurance that the process within the Finance Department has been strengthened. Doreen Steele asked if we include in contracts that we are a preferred creditor. Susan Swan advised that we did not currently do this and agreed to look into this further. Stephen Mather reminded that treatment must be provided if a person presents themselves as an emergency regardless of where they come from. Stephen asked if there was a process in place for those who are not in need of emergency treatment. Susan advised that work has been undertaken with George Ironside, Senior Health Information Manager and provided an update on this. David Davidson asked how we compared against other Boards. Tony Barrie confirmed that in terms of overseas patients we compared very well. Susan highlighted that this is a cultural change and that ongoing assistance is given to frontline staff.

The Committee noted the report.

6.5 *Update on Very High Risks*

Sheila MacDougall spoke to this item. Stephen Mather referred to page 6 and the risk relating to the department capacity and layout of the Emergency Department. Stephen recalled that there had been agreement to split this into two risks but it still appeared to be one. Sheila confirmed that this was correct and that it would be split into two risks, this had just not been actioned. Doreen Steele highlighted the inequalities risks on page 6 and asked if these are fed back to the Community Planning Partnership. Sheila explained that this is only included within internal operational reports and agreed to discuss with Evelyn Rodger to look into how this could be shared going forward. David Davidson referred to the cover sheet and asked Internal Audit for their views on how risk is managed. Kenny Wilson advised that this is done in a variety of ways across organisations and confirmed that the way it is dealt within NHS Borders was satisfactory. Susan Swan reminded that risk had previously been reported through the Healthcare Governance Group and since this group has been disbanded it would now be reported through the Clinical Governance Committee as part of the annual assurance statement. David enquired if there was any work being undertaken nationally. Sheila explained that the Risk Managers Network is trying to standardise processes, however this is not always possible and there is a need to adapt as appropriate.

The Committee noted the update.

7. **Internal Audit**

7.1 *2015/16 Internal Audit Plan Progress Report*

Tony Barrie spoke to this item. Tony reported that the plan was progressing well and provided an update where it was noted that there was two pieces of work to be undertaken to complete the plan, namely Training of Junior Medical Staff and Integrated Care Fund.

The Committee noted the progress report.

7.2 *2016/17 Internal Audit Plan*

Kenny Wilson spoke to this item which had previously been seen by the Audit Committee and was presented today for a final review. Susan Swan provided details of comments collated. Following discussion it was agreed that the Risk Management audit would be undertaken in quarter 4 and Waiting Times should remain in the plan for 2016/17. David Eardley reminded that the Board should be getting internal assurance through the monthly Waiting Times submissions to Scottish Government. David also highlighted that the sample period for the Payroll audit, which was proposed to take place in quarter 3, did not seem to fit with the timing of this. Tony confirmed that these were incorrect dates and would ensure the information was as current as possible in relation to the timing of the audit. The request for a Training audit to be undertaken would be proposed for a future year following the update received at today's meeting and the regular updates that would follow as part of the follow-up process. It was also agreed that the request for an audit of clinical equipment fell into the remit of the Medical Equipment Committee.

The Committee reviewed and approved the Internal Audit plan for 2016/17 with the changes discussed.

7.3 *Internal Audit Report – Health & Safety Management*

Tony Barrie introduced this report which had an overall high risk rating. Tony reported that there is good work being undertaken, however it had been due to the nature of some of the findings that had led to the overall rating. Tony highlighted that there had been a total of two high risk findings, four medium, three low and three advisory. Tony referred to the high risk findings, namely failure to complete risk registers (3.1) and over-assertion of compliance in Health and Safety self assessments (3.2). Tony then took the Committee through the medium risk findings which included no fire advisor currently in place (3.3), lack of action from Prevention and Management of Aggression and Violence follow-up (3.4), lack of up-to-date asbestos risk assessments (3.5) and water quality risk assessments being out of date (3.6). Gary Arkley referred to point 3.3 and advised that it had taken two years to recruit to the Fire Advisor post when it was last vacant and they were now taking a different approach and have spoken with NHS Lothian about sharing this post. It was noted that discussions with Lothian are ongoing. David Davidson asked if it would be worthwhile approaching SBC. Gary advised that their Fire Advisor is not trained to the same standard as the NHS. For 3.5 Gary advised that there are management plans in place for every property where there is asbestos. These would be updated and risk assessments undertaken. Gary noted that the deadline for this was February 2016 and requested an extension to August 2016. This was agreed. Gary referred to 3.6 and confirmed that at the time of the audit water quality tests had been requested from independent contractors. These are now being undertaken and will be completed in the near future. June Smyth explained that she was attending for this item as the Occupational Health & Safety Forum Chair. June confirmed that the group had received the report and have started to address the recommendations. David referred to recommendation 3.4 in regard to lone workers using the Argyll Mobicare system. June gave assurance that this was being taken forward

and would be completed within the timescale. Doreen Steele enquired what areas of the organisation this related to as she was aware of feedback from Learning Disabilities that this was working well. June was unable to provide this information but would check and circulate for information.

It was agreed that a further update would be provided at the September meeting.

The Committee noted the report.

7.4 Internal Audit Report – Theatre Utilisation

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that there had been three medium risk findings, three low and one advisory. Tony took the Committee through the three medium risk findings, namely insufficient formal documentation of policies and procedures (3.1), insufficient formal governance procedures and feedback from monitoring (3.3) and insufficient data accuracy, processing and validation procedures (3.4). Tony noted that for 3.1 there was an Institute for Healthcare Optimisation (IHO) review in progress which would be taken into account as this would also review formal policies and procedures that can be implemented to support theatre utilisation. David Davidson referred to the first bullet point on page 4 which stated that “NHS Borders does not have the appropriate arrangements in place to ensure theatre and ITU utilisation is maximised across both areas”. Katie Morris confirmed that there were informal arrangements in place, these just needed to be formalised. Katie advised that a group had been formed and were meeting on a weekly basis. Part of the remit of this group is to sign off the policies and procedures. Katie confirmed that there was currently no formal feedback given to staff and that a process will be put in place. In regard to the signing off of data, Katie assured that this would be signed off in future. Stephen Mather referred to one of the low risks identified to document procedures on implementing a national definition of utilisation (3.2) and stressed the need for clarity around this as this dictates how many cases are seen each day. Stephen also referred to another low risk whereby it was noted that IT systems are not currently providing sufficient support (3.5) and felt that this was a theme emerging from numerous audit reports and questioned if IM&T should be looked at for a future audit as if systems are not up to standard there would be a huge impact across the whole organisation. Katie advised that for 3.2 national definitions have been agreed and gave assurance that these are followed. For 3.5 Katie confirmed that this formed part of the IM&T work plan, however it had not yet been funded and would welcome this being prioritised. Doreen Steele reiterated the need for a digital strategy to be undertaken across the organisation. Carol Gillie provided an update on the strands of work currently being undertaken within IM&T and agreed to discuss with Jane Davidson/June Smyth around this being a potential topic for a Board Development session.

The Committee noted the report.

7.5 Internal Audit Report – Health & Social Care Integration Governance

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that there had been one medium risk finding and two low. Tony advised that the medium risk rating related to the documents referred to within the Scheme of Integration (3.2). It was noted that there were 21 documents in total and these were at various stages of preparation and would require to be finalised in advance of the 1st April deadline. Carol Gillie agreed that it was a fair report at the point in time when the audit was undertaken. Carol provided an update on all the recommendations. For the low risk finding relating to resistance to change (3.1) Carol advised that a session had been arranged for early April to look at decision making going forward. Carol advised that for 3.2 she was aware that Susan Manion was progressing the outstanding documentation, however could not confirm that

these would be finalised by the 1st April. For the remaining low risk that there was no evidence of a calculation on expected efficiency saving (3.3) it was noted that a budget paper would be presented to the IJB the following week to provide clarity around efficiency savings including what has been agreed to date and what is outstanding. David Davidson asked who was responsible for ensuring that the documents referred to within 3.2 are completed. Carol advised that Susan Manion is the Accountable Officer and would have overall responsibility, however she would require support to achieve this. David asked what assurance could be given to NHS Borders Board that this would be delivered. Carol felt that assurance could be taken from the overall low risk rating provided from the audit. Pat Alexander noted her concern as Deputy Chair of the IJB as she did not yet feel that areas of responsibility were clear. Carol assured that things had moved on significantly since the audit had been undertaken. Susan Swan suggested that an update on the progress of the outstanding documentation could be provided at the extraordinary meeting that was being arranged. This was agreed. Stephen Mather enquired how we compared with other Boards. Tony Wilson advised that some Boards have not yet appointed a Chief Finance Officer so there is no-one in post to take responsibility.

The Committee noted the report and agreed that an update should be provided at the extraordinary Audit Committee.

7.6 *Internal Audit Report – Financial Planning & Budgeting*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that there had been one medium risk finding and one low. Tony advised that the medium risk related to the delivery of efficiency savings (3.2). Carol Gillie advised that this has been reported through various forums across the organisation and agreed it would be incredibly challenging to meet in-year efficiency savings and produce an efficiency plan for future years. It was noted that at present work is ongoing to produce a balanced plan for 2016/17.

The Committee noted the report.

7.7 *Internal Audit Report – Supplies Management*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that there had been four medium risk findings, one low and one advisory. Tony went over the medium risk findings where it was noted that there was a lack of guidance documentation/SOP for Community Hospitals (3.1), there was a lack of control to prevent overstocking in Community Hospitals (3.2), irregularities in stock level reviews (3.3) and lack of an effective Spend Analyser process (3.4). Shona Milne advised that the issues would be addressed for 3.1 and 3.2 as they were implementing a project for a top-up coordinator. Shona anticipated these would be complete by 30th June 2016. For 3.4 it was noted that a refreshed timetable has been issued and quarterly meetings arranged with Senior Charge Nurses. Shona confirmed that the high risk areas and areas of high activity would be looked at in the first instance. Stephen Mather enquired if this would generate any efficiency savings. Shona felt that it may generate some but these would not be significant and if there was anything within Community Hospitals these would be a one off saving. David Davidson asked who undertakes stock control within Community Hospitals. Shona confirmed that this is a member of the nursing staff and that they have a point of contact within each hospital to discuss stock issues. Doreen Steele reminded, in regard to integration, of the need to be aware of any waste within Community Hospitals and ensure this is rectified.

The Committee noted the report.

7.8 *Internal Audit Report – Infection Control*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that there had been one medium risk finding and three low. Tony advised that the medium finding related to the lack of reporting on single bedroom usage (3.1). Sam Whiting agreed with this and advised that the report currently focuses on patients who should be isolated. It was noted that this would be taken forward with IM&T to develop a report detailing bed occupancy across the hospital, particularly focussing on single room occupancy. Sam advised that single rooms can be requested for a variety of reasons and gave examples of these. It was noted that a target date for implementation had yet to be confirmed. Sam explained that he was unable to commit to a date as this was an IT related issue. Tony added that he had discussed with IT who confirmed it would be possible to produce a report, however it would not be given priority. Carol Gillie agreed to speak with Jackie Stephen to get clarity around the timescale as this would assist with the follow-up process.

The Committee noted the report.

8. External Audit

8.1 *External Audit Interim Management Report 2015/16*

David Eardley spoke to this item. David advised that he had nothing of significance to report. David highlighted the bullet points within the summary section on page 1 as these were the main findings which he wished to bring to the Committee's attention. David confirmed that there were no concerns with the governance or performance management. Systems had been reviewed during the audit and staff were well aware of the challenges and have an action plan to address these. David Davidson referred to item 43 on page 14 regarding outstanding work prior to agreement of an integrated budget for the IJB as he felt this was a risk. David E agreed this was a risk and had been reported at the February extraordinary meeting, however it had to be accepted that not everything would go to plan as this was a new area and it would be key to try and minimise risks as much as possible.

The Committee noted the report.

8.2 *Audit Scotland Report: Improving the Quality of NHS Annual Report and Accounts – Follow Up*

Carol Gillie spoke to this item. Carol advised that the full report had been presented to the Audit Committee in September 2015. Carol highlighted that the follow-up report detailed improvements that had been made, providing examples of before and after. Carol gave assurance that NHS Borders took on board the recommendations within the original report. Susan Swan advised that Audit Scotland have indicated that they will be reviewing the governance statement and would be providing feedback on the guidance for completing this.

The Committee noted the report.

9. Annual Accounts 2015/16

9.1 *Annual Accounts Timetable 2015/16*

Susan Swan took the Committee through the timetable for the production of the 2015/16 annual accounts. It was noted that a detailed session on the draft accounts, as per previous years, would be arranged with members and the final accounts would be presented to the June Audit Committee meeting.

The Committee noted the Annual Accounts timetable for 2015/16.

10. **Items for Noting**

10.1 *Minutes of Information Governance Committee: 8th December 2015 (Draft)*

There were no issues raised.

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

10.2 *Minutes of Financial Position Oversight Group: 2nd December 2015*

There were no issues raised.

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

11. **Any Other Competent Business**

Code of Corporate Governance

Carol Gillie referred to the February Board meeting where the Code of Corporate Governance had been presented and where Board Members had been asked to feed back any comments. Carol advised that no comments had been received to date so rather than it go back to the April meeting as planned it would now go to the June meeting. Carol asked if members were content for this to go direct to the Board or if they wished an extraordinary meeting of the Audit Committee to discuss prior to this. Members did not feel that the changes were material, however should something of significance arise then this should be raised with members and they would agree whether or not a meeting was necessary.

12. **Date of Next Meeting**

Monday, 4th April 2016 @ 2 p.m., Board Room, Newstead (Extraordinary)

Monday, 13th June 2016 @ 10 a.m., Board Room, Newstead

BE

01.04.16



Minutes of an Extraordinary Meeting of **Borders NHS Board Audit Committee** held on Monday, 4th April 2016 at 2 p.m. in the Board Room, Newstead.

Present: Mr D Davidson (Chair)
Dr D Steele

In Attendance: Ms Meike Beenken, Senior Associate, PWC
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr K Lakie, Senior Finance Manager (Cost & Efficiency)
Mrs S Manion, Chief Officer
Mr P McMenamain, Interim Chief Finance Officer, SBC

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Stephen Mather, Karen Hamilton, Jane Davidson, Evelyn Rodger, Chris Brown, David Eardley, Susan Swan, Vivienne Buchan and Tony Barrie.

2. **Declaration of Interest**

David Davidson declared that he was a Non Executive Director on the Integration Joint Board. Susan Manion and Paul McMenamain also declared that they were members of the Integration Joint Board.

3. **Compliance with IRAG Guidance - Update**

Paul McMenamain spoke to this item. Paul referred to the report presented at the meeting on 1st February 2016 and explained that this provided an update on the RAG status of each item that had been checked for compliance against the guidance from the Integrated Resources Advisory Group (IRAG). Paul advised that focus had been given on the requirements due prior to the 1st April 2016 deadline, namely approval by the IJB of a financial statement (1 year and 2 indicative years) outlining the resources to support the Strategic Plan and provide the IJB with assurance over the 'sufficiency of resources' included within the financial statement and any inherent risks and mitigating arrangements put in place. Paul confirmed that these had been presented at the extraordinary IJB meeting on 30th March 2016. Paul suggested the he could provide the Committee with a further update at the September meeting to provide the necessary assurances. This was agreed. David Davidson noted the number of outstanding actions and appreciated that these had moved forward since the meeting in February. David enquired about recurring financial pressures and how these would be treated. Paul advised that it was the intention to take a paper to the IJB on due diligence so there was a clear understanding about the financial pressures. Paul added that he was also checking with the IJB's External Auditor to clarify the requirements for annual accounts for 2015/16. Carol Gillie highlighted that IRF had not been updated for 2014/15 and even though it was stated in the Scheme of Integration this should be undertaken it has not yet but will be. It was noted that other Boards were in the same position and that work was being undertaken nationally by ISD. Carol confirmed that the impact would be minimal as service changes linked to the acute

sector had not been agreed and that the IRF work this would be taken forward over the next 12 months. Paul confirmed that this formed part of the work plan.

David referred to action points 42 and 43 to develop an integrated financial planning process which had a deadline of 31st August 2016 and highlighted this would require all three organisations to work together to achieve this which was a common theme throughout the report. David also enquired about action point 67 around fixed assets and asked for confirmation that assets would not be transferred. Carol confirmed that this was correct. Doreen Steele commented that she did not feel that NHS Borders received sufficient information on a regular basis. Carol agreed as would also like to see how the due diligence figures that had been produced linked with activity. David stressed the need for NHS Borders and SBC to be taken along as full bodies with the integration agenda rather than the level of information received being dependent on which group Non Executive Directors were a member of. Paul provided an update on work that was ongoing to develop reporting arrangements, however recognised that NHS Borders and SBC were coming from very different perspectives.

Paul went on to take the Committee through each of the items within the action plan and updates were provided.

Doreen Steele enquired if the data sharing agreement had been concluded. Susan Manion confirmed that it had. Carol agreed to check where this had gone within each organisation.

The Committee noted the update and the progress made. A further update would be provided at the meeting on 19th September 2016.

4. **Health & Social Care Integration Governance Internal Audit Report – Update on Recommendations**

Susan Manion apologised for being unable to attend the previous meeting or arrange for a deputy to cover.

Susan Manion spoke to this item. Susan highlighted the two key documents which had been required to be approved prior to the 1st April 2016 deadline, namely the Scheme of Integration and the Strategic Commissioning Plan. Susan advised that a number of workstreams had been established prior to the Integrated Joint Board with each of these looking at the key issues relating to their workstream. It was noted that in terms of delivery, work is overseen by the Executive Management Team which is chaired by the NHS and SBC Chief Executives. Susan explained that the report provided an update on each of the elements identified by PWC within the Scheme of Integration. Susan took the Committee through the report and provided an update against each of these. David Davidson enquired if there would be a joint Audit Committee meeting between the three organisations. Carol agreed to pick this up with David Robertson and Paul McMenamain. David referred to the Internal Audit report and asked Internal Audit for comment. Meike advised that for the low risk finding (3.1) regarding resistance to change there was a teleconference being held the following day to discuss this further. For the medium risk finding (3.2) around the documents within the Scheme of Integration, Meike felt that it had not always been clear from Scottish Government what the Scheme of Integration was to include. It was noted that at the time of the audit some aspects had not been finalised or contained sufficient detail. Meike added that the quality of the documentation was impressive given the limited guidance. Carol suggested that Susan provided an update report on each of the items at the September 2016 meeting. This was agreed. David asked if there was sufficient support in place to achieve the timescales. Susan confirmed that she had the resource required to complete the outstanding actions. Susan

highlighted that cycles between both organisations are very different and this required to be taken into account and stressed the need for staff to be supported at all levels. David asked for assurance around delivery of the documents referred to within the report. Susan advised that there was nothing that hadn't been anticipated and assured that everything would be completed within the specified timescales. Doreen Steele referred to the Community Planning Partnership, which she was a member of, and advised that the governance had been agreed at the last meeting and felt that the governance arrangements required to be clarified within NHS Borders. Carol agreed to discuss further with Doreen outwith the meeting on how to take forward within the organisation, for example a Board Development Session. It was noted that for the remaining low risk finding (3.3), regarding evidence of a calculation on anticipated efficiency savings, this was now complete as a paper had gone to the extraordinary IJB the previous week.

The Committee noted the update. **A further update would be provided at the meeting on 19th September 2016.**

5. **Any Other Competent Business**

David Davidson thanked those for attending today's meeting and the quality of the papers received.

6. **Date of Next Meeting**

Monday, 13th June 2016 @ 10 a.m., Board Room, Newstead

BE
07.04.16

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 18th January @ 2 p.m. in the Board Room, Newstead.

Present: Mrs P Alexander
Cllr C Bhatia (Left meeting at 3.00 p.m.)
Mrs J Davidson (Left meeting at 3.05 p.m.)
Mrs C Gillie
Mrs K Hamilton
Dr S Mather
Mr J McLaren
Mr J Raine (Chair)
Dr C Sharp (Left meeting at 3.10 p.m.)

In Attendance: Mrs B Everitt (Minutes)
Mrs L Jones (Item 4)
Mrs K Nairn
Mr G Reid
Ms S Swan
Mrs P Walls (Item 6)

1. **Introduction, Apologies and Welcome**

Apologies had been received from Mrs E Rodger, Mr D Davidson, Dr D Steele and Mrs K McNicoll.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 1st October 2015**

The minutes were approved as an accurate record with the proviso that the title for Annabel Howell be added to provide clarity on her role.

4. **Matters Arising**

Action Tracker

The action tracker was noted.

Volunteer Co-Ordinator Post – Update

Laura Jones spoke to this item. Laura highlighted the growth and development of volunteers within NHS Borders since appointment of the Volunteer Co-Ordinator. This was noted as a 95% increase in a 22 month period. Laura advised that her attendance at today's meeting was also to ask Trustees to consider ongoing funding of £43k per annum, either on a permanent or fixed term basis, to cover the Volunteer Co-Ordinator's role and associated recruitment and induction costs for volunteers. Stephen Mather highlighted that if we did not have these volunteers the costs for NHS Borders to replicate this service would be considerable. Stephen noted his support to this request for funding. Pat Alexander enquired if anyone was looking at how this post could be supported from revenue budgets. Pat also asked if volunteers, who are part of other organisations, are supported by the Volunteer Co-Ordinator. Laura advised that as this role is an additionality it fell within the remit for using endowment funding therefore options for funding

from revenue had not been looked at but could be pursued if unsuccessful today. Laura also confirmed that the Volunteer Co-Ordinator does support volunteers from other organisations with the exception of the Friends who are self sufficient. John McLaren highlighted that the additionality is around the volunteers themselves and felt that if the organisation thinks there is value in the Volunteer Co-Ordinator role then there must be a point when it is looked at how this fits into the structure on a permanent basis. John noted his support in funding this on a temporary basis but would like to see the organisation recruit if it felt this was a core role. Karen Hamilton asked if there was a plan to do this. Laura advised there was no plan to do this as this was not an existing post. Laura advised that individual teams and the infrastructure had been developed, however if this role was removed the recruitment and training process would need to be absorbed within teams. Carol Gillie reminded of the financial challenges the organisation will face going forward and stressed that difficult decisions will need to be made by NHS Borders Board and that this may not be considered a priority to be funded by core funding. John Raine noted the excellent work that has been done and the tremendous growth in the number of volunteers. John felt that this should be a priority for NHS Borders and a resource should be found to sustain this service. Catriona Bhatia commented that the report did not quantify what this gave in terms of added value. Jane Davidson agreed that the report did not contain enough information on the changes and achievements made. Pat agreed that there was a need to look at the added value and what this equated to. Karen Hamilton felt it was important to ensure tasks being done by volunteers are not being done by other organisations as she was aware of a potential replication within Audiology. Laura confirmed that she was aware of the work in Audiology and gave assurance that there was no replication of work. Stephen appreciated that it would be difficult to quantify, particularly within a challenging financial environment and suggested that there is scrutiny on a regular basis and if targets are not being met then it would be referred back to the Board of Trustees. Jane suggested that the core request is looked at again to see if this could be accommodated within other areas of the organisation. This would also incorporate looking at what is essential for the future. John Raine suggested that a report on Volunteering be presented to NHS Borders Board to agree a way forward. The Board of Trustees discussed the timescale for the continuation of funding until NHS Borders Board agree a way forward on and agreed funding for a further 12 months. Jane re-iterated that it would be useful to find a mechanism to mainstream this service within the organisation. John added that it must also be clear within the report on what additionality is and what would be imperative/desirable for the Board.

The Board of Trustees noted the update and agreed to sustain funding for the Volunteer Co-Ordinator post for a further 12 months. Laura Jones agreed to produce a paper for the NHS Borders Board with a view on how this service can be mainstreamed within the organisation.

5. Endowment Fund Unrestricted Funds – Underwrite to the Children and Young People’s Centre

Susan Swan introduced this item. Susan advised that the paper provided information to enable the Board of Trustees to make a decision on whether or not to underwrite to a maximum of £1.5m should there be a shortfall in funding for the planned Children and Young People’s Centre. Susan referred to appendix 1 which provided a summary of the level of financial elements considered by the Endowment Advisory Group. Susan highlighted that the funding agreed under the previous item was not included within these projections so this would still have to be taken out. Susan reminded of the £500k previously agreed by Trustees as a commitment to support building of the unit which would be phased in during 2017/18. John Raine advised that a case was being put forward to Scottish Government for capital funding and an application would be made to the Capital Investment Group. John explained that the Endowment Advisory Group had recommended the £1.5m underwrite for this project as it would provide assurance to the group

being led by James Marjoribanks. John stressed that this would not be used unless there was a shortfall in funding.

Stephen Mather felt that underwriting £1.5m would utilise a huge amount of the Endowment Fund and highlighted that the investments may produce a much lower return than anticipated. Stephen proposed reducing the underwrite to £1m. Cliff Sharp advised that the project did not have support from all consultant colleagues within the BGH and he was unable to support an underwrite of £1.5m as he felt this should not be taking place prior to the full business case being approved by the Board. Cliff felt that this was an extremely ambitious project for the Borders to fundraise towards and was too large a risk to take. Catriona Bhatia agreed with these comments as she felt the project was not entirely clear and more information was required on who else would be contributing towards this. Catriona was not supportive of the proposal to an underwrite of £1.5m. John McLaren felt that there were reputational risks, particularly if NHS Borders were seen to be investing in the Royal Hospital for Sick Children in Edinburgh but were not doing anything around the infrastructure of the Children's Unit within NHS Borders. John noted his support as this would be hugely beneficial for children in the Borders area. Jane Davidson accepted there were risks and reminded that NHS Borders had seen an outline business case and had identified there was a need for this. Jane assured that this would not go to a public appeal if we were unable to meet the difference. Jane noted her support for the underwrite of £1.5m.

Carol Gillie advised that she had alerted Scottish Government about securing capital funding along with other projects. It was noted that the initial response had been positive as this was an area they would like to focus on and accepted that Borders have not received as much funding as other areas in the past. Carol explained that part of the process involved Health Facilities Scotland looking at the case and it was noted that a second meeting was due to take place the following day. Carol highlighted that if we were successful in securing funding for this project from Scottish Government then we would not receive this for other projects.

Karen Nairn went on to explain that the reason for requesting the underwrite prior to approval of the business case was to ensure the full business case was as strong as possible. Karen anticipated support being of a similar level to that of the Margaret Kerr Unit appeal with exception of having a major charity to approach on this occasion.

Carol Gillie noted her concern around using such a large amount of the Endowment Fund being committed to this project and was keen to see key dates for reviewing progress to ensure that there was a clear action plan with key decision points prior to going public with the appeal.

Pat Alexander asked Graham Reid for advice on what he envisaged over the next 12 months. Graham advised that he did not foresee any significant change to the portfolio over the next 12 – 18 months, however there would be a need to become accustomed to a more moderate rate of return in 18 – 24 month's time.

The Trustees present at this point were asked for their views and these were noted as follows:

John McLaren – supportive of £1.5m but comfortable with £1m proposal.

Carol Gillie – supportive of £1m proposal and asked for assurance that actions are agreed and monitored to proactively find other sources of funding to ensure that this sum is not required.

Pat Alexander – supportive of £1m proposal.

Karen Hamilton – supportive of £1.5m and accepted £1m proposal – would also like to see restricted funds approached.

Stephen Mather – supportive of £1m.

The Board of Trustees discussed the report and approved an underwrite of £1m for the Children and Young People's Centre.

6. **Innovative Marketing Plan for a Health Promoting Organisation – Closure Report**

Pippa Walls spoke to this item which provided a closure report for the Small Changes, Big Difference project. Pippa highlighted that this involved a different type of approach using social media to bring about a cultural change for clinical staff when interacting with patients. Pippa explained that one element of the project had been aimed at staff whilst the other was a public facing campaign inviting people to make small changes to their lifestyle. Pippa advised that the project focussed on the use of social media and that the majority of the funding had been utilised. In terms of a marketing programme, Pippa was pleased to report that this had been extremely successful. It was noted that the campaign had won an award for the use of social media in a healthcare environment as well as being replicated in other Boards across Scotland. Scottish Borders Council are also looking at using this campaign for their staff. Karen Hamilton congratulated Pippa and the team on the tremendous work undertaken.

The Board of Trustees noted the closure report.

7. **Fund Management**

7.1 *Investment Advisor Report*

Graham Reid reported that the total value of the portfolio as at 31st December 2015 was just over £3m, giving an increase in total return terms equivalent to 3.78% since 30th September 2015. It was noted that this figure slightly outperformed the benchmark. Graham advised that the income from the portfolio for a full year was £100,492 (3.24% yield) which showed in total return terms that the portfolio had increased by 24.8% over the last three years. Graham went on to provide an update on the global economic situation, particularly within China, and what he anticipated over the next 12 months. Graham expected to see positive returns going forward during 2016 and confirmed that he felt the mix within the portfolio was still correct. Stephen Mather referred to three holdings within the portfolio, namely Anglo American, PHP Billiton Plc and Tesco as he felt their value was extremely low and queried if these should be disposed of. Graham advised that the first two were mining commodities which have been under pressure, as evidenced by the recent drop in the price of petrol, however Graham did not recommend disposing of these at the present time. Graham agreed that there was an issue with Tesco but felt that it should be given the benefit of the doubt for the time being, however this view may change in the future.

The Board of Trustees noted the report.

7.2 *Investment Advisor – Market Test Exercise*

Susan Swan advised that the current contract would be coming to an end and that she would be undertaking a market retest for Investment Advisor to the Endowment Fund. It was noted that following a full review the findings would be presented to the Endowment Advisory Group prior to coming to the Board of Trustees for approval.

The Board of Trustees noted the update.

8. **Financial Report**

8.1 *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 £61,041 for the 8 month period to 30th November 2015. It was noted that the income received for the year to date totalled £382,182. Susan highlighted that the costs of fundraising reported a cumulative position on Fund 401 of £81,713 which was in line with what Trustees had agreed to pump prime costs of the major fundraising appeal (Children and Young People's Centre). It was noted that the Fund continues to incur spend against the Trustee approved projects, namely Volunteer Co-Ordinator, Breast Feeding Peer Support and Small Changes Big Difference.

The Board of Trustees noted the financial report to 30th November 2015.

8.2 *Register of Legacies & Donations*

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

The Board of Trustees noted the legacies and donations received for the period to 30th November 2015.

9. **Endowment Fund Work Plan 2016/17**

Susan Swan spoke to this item. Susan referred to the Endowment Advisory Group and advised that meetings would be set as required as it was becoming more apparent that there were more requests for funding coming forward.

The Board of Trustees reviewed and approved the work plan for 2016/17.

10. **Endowment Fund Board of Trustees Terms of Reference – Annual Review**

Susan Swan spoke to this item and confirmed that no significant changes had been made.

The Board of Trustees reviewed and approved the Terms of Reference.

11. **Governance Framework**

11.1 *Annual Review – NHS Borders Endowment Fund Governance Framework*

Susan Swan spoke to this item. Susan referred to the documents listed, namely Endowment Fund Charter, Guidance for Officers of the Board in the use of Endowment Funds and Endowment Fund Financial Procedure and confirmed that these had all been reviewed as part of the annual process. It was noted that two minor changes had been made, namely an alternative method, Virgin Money Giving, to collect on line donations to the Endowment Fund had been implemented. Revised wording had also been issued from HMRC for the use in all fundraising gift aid declarations and Susan confirmed that all NHS Borders Endowment Fund declaration paperwork had been updated to reflect this. Susan advised that a meeting was scheduled for later in the month with Geoghegans, the External Auditors and there may be recommendations come forward from this.

The Board of Trustees noted the report and approved the use of the Endowment Fund Governance Framework for 2016/17.

11.2 *Review of Investment Policy*

Susan Swan spoke to this item. Susan confirmed that she had no amendments to recommend. Stephen Mather referred to the objectives on page one as he felt that the third bullet point (achieve an optimal total return in capital growth and income over a period of time) and the last bullet (invest on a socially responsible basis) contradicted each other. Susan agreed to add additional wording to ensure there was no conflict. Pat Alexander referred to the seventh bullet (ensure appropriate investment of funds whose capital is to be retained in perpetuity and any special terms of specific trusts) and asked if there were any funds identified. Susan advised that that no funds were reported in this way at the moment, however this would be discussed with Graham Reid, Investment Advisor and if required these would be reported separately.

The Board of Trustees reviewed and approved the Investment Policy.

12. **Risk Strategy**12.1 *Review of Risk Management Policy*

Susan Swan spoke to this item following a recommendation from Geoghegans, the External Auditor, to undertake a review of this policy on an annual basis. John Raine enquired who the named Risk Champion was. Susan advised that this is not one person, rather it is a collective of all Trustees unless there was a desire to nominate one Trustee to undertake this role.

The Board of Trustees noted the report and reviewed and approved the Investment Policy.

12.2 *Risk Register Update*

Susan Swan spoke to this item which provided an update on the Endowment Fund risk register.

The Board of Trustees reviewed and noted the Endowment Fund Risk Register update.

13. **Endowment Advisory Group**13.1 *Minutes of Meeting: 25th November 2015 (Draft)*

The Board of Trustees noted the draft minutes of the Endowment Advisory Group.

13.2 *Endowment Fund Funding Applications – Recommendations from Endowment Advisory Group*

Susan Swan spoke to this item. Susan referred to the report which detailed the funding applications received and reviewed by the Endowment Advisory Group. Susan highlighted that two applications had not been supported and the third had been supported in principle but asked that other routes of funding be looked at in the first instance.

The Board of Trustees reviewed the report and approved the recommendations made by the Endowment Advisory Group.

14. **Fundraising Advisory Committee**

14.1 *Report from Chair of Fundraising Advisory Committee*

Pat Alexander introduced this item. Pat advised that the Fundraising review was still being undertaken and when complete the findings would be reported to Trustees. It was noted that the Legacy Funding Strategy would come to the Board of Trustees after the next Fundraising Advisory Committee which was later than anticipated due to the last meeting being cancelled.

Karen Nairn went on to explain the Fundraising Annual Plan would also be presented to Trustees for their approval. Karen provided an update on progress with the level 1 – 3 fundraising projects. Karen advised that she was now a member of the Medical Equipment Committee which would be helpful in the development of these projects. Karen was pleased to report that a further cheque for £20,000 had been received from the Charity Care Shop in Kelso, bringing total contributions since the shop opened in February 2015 to over £60,000.

The Board of Trustees noted the report.

15. **Retirement Event – Update**

Morven Paterson spoke to this item. Morven advised that this was the second event and had been appreciated by those who had attended. Feedback received would be taken on board to improve next year's event.

The Board of Trustees noted the update.

16. **Any Other Business**

'Celebrating Success' Staff Awards 2016

Morven Paterson tabled a paper which provided an update on 'Celebrating Success' staff awards for 2016. Morven highlighted the categories and advised that an additional two had been added from the previous year. It was noted that as at 14th January a total of 26 nominations had been received, with more to date although the exact number was not known. Morven explained that there would be an increase in costs due to an increase in the number of guests being invited. It was noted the main unions had been approached seeking financial contribution as per previous years. Morven confirmed that the Catering Department would again be providing the catering for the event.

John McLaren noted his concern around the low number of nominations received and advised that he would be picking this up at a meeting scheduled for later in the week.

Palliative Care Nurse Consultant

Susan Swan advised that an application had been received from Annabel Howell, Lead Clinician in Cancer Services, to utilise the Palliative Care Fund. Susan explained that she would be emailing out to Trustees requesting approval of a revised medical model to develop a Nurse Consultant post within Palliative Care. Susan confirmed that they would be utilising their own resource, however this would be a permanent recurring commitment.

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

9th May 2016 @ 1 p.m., Board Room, Newstead.

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Thursday, 3rd March 2016 @ 1 p.m. in the Board Room, Newstead.

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

In Attendance: Miss I Bishop (Minutes)
Mrs K Nairn

1. **Introduction, Apologies and Welcome**

Apologies had been received from Ms S Swan.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Children & Young People's Centre – Update**

Karen Nairn gave an overview of the content of the report and updated the Trustees on the development of the Children's Centre Business Case.

Several items were raised during discussion including: temporary suspension of the project, the impact on donors and supporters; reassurances to the Children's Programme Project Board and Project Team; delay in construction and potential for increased costs, changes to design and layout and financial risk; input of a health care planner, Health Facilities Scotland support and recommendations, potential to open up a government funding route; longer term plan for the Borders General Hospital to encompass both infrastructure and service planning and business case to be submitted to the Borders NHS Board in October 2016.

Mrs Jane Davidson suggested the Trustees accept the proposed pause in the project and seek a plan of how to tackle the estate and prioritisation of redevelopment of services through discussion at the Strategy & Performance Committee.

The Board of Trustees agreed to pick up the fund of costs incurred to date and going forward at its May meeting Karen Nairn to provide a discussion paper.

The Board of Trustees noted the update.

Dr Doreen Steele left the meeting.
Cllr Catriona Bhatia left the meeting.
Dr Tim Patterson left the meeting.

4. **Fundraising at the Celebrating Excellence Awards**

Karen Nairn gave an overview of the content of the paper and highlighted the potential for donations and fundraising activities.

Mr John McLaren welcomed and supported the suggested recommendations.

Mrs Carol Gillie advised that Dr Doreen Steele as the Chair of other Charities was keen to suggest that more quality raffle prizes tended to sell more tickets and potentially the Trustees could donate two prizes each.

Mrs Karen Hamilton commented that raffles for large audiences were quite labour intensive and Ms Nairn advised that it would be appropriately accommodated.

The Board of Trustees approved the recommendations contained within the paper and supported that Trustees are asked to donate raffle prizes.

5. **Any Other Business**

None.

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

Monday, 9th May 2016 @ 1 p.m., Board Room, Newstead.

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 9th May @ 1 p.m. in the Board Room, Newstead.

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

In Attendance: Mrs B Everitt (Minutes)
Mrs K Nairn
Mrs C Oliver
Mr G Reid
Mrs J Smyth (Item 7.4)
Ms S Swan

1. **Introduction, Apologies and Welcome**

Apologies had been received from Evelyn Rodger, Jane Davidson and Catriona Bhatia.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 18th January 2016 & 3rd March 2016**

John Raine referred to item 5 (Underwrite to the Children and Young People's Centre) of the minutes from 18th January and highlighted that Trustees had been asked for their views rather than to vote. John asked for the minutes to be changed to reflect this.

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

4. **Matters Arising**

Action Tracker

The action trackers were noted.

5. **Fund Management**

5.1 *Investment Advisor Report*

Graham Reid reported that the total value of the portfolio as at 31st March 2016 was £3.1m. Graham highlighted that the recent elections and the upcoming European election had a negative effect on the market. Graham advised that there had been an increase of +0.99% in the first three months of the year which translated to an increase in capital value of £1,641. It was noted that the portfolio had increased by a total of £700k since January 2012 which equated to a 3.3% yield in income terms. Graham

indicated that there would be a period of volatility in the short term, however he expected to see a positive outturn for 2016 and beyond. John Raine asked for confirmation that the portfolio was benchmarked against the Wealth Management Association (WMA) rather than Asset Risk Consultants (ARC) which had been referred to within the bullet point summary. Graham confirmed this was correct and the portfolio was benchmarked against the WMA. Stephen Mather referred to current situations within Europe which he felt made European investments less attractive. Graham advised that his expectation was over the medium to longer term Europe will come back stronger, however at the present time agreed that there should be minimal investment in this area. Stephen also highlighted reference to the US on page 9 of the main narrative report and asked for clarification on whether or not it was recommended to invest in the US. Graham advised that the US formed a large part of a balanced portfolio. Stephen noted that the North American equities within the valuation report showed a very poor yield. Graham explained that US equities do not traditionally make large amounts of income and that they tend to pick up more capital investments rather than income in this area. Graham re-iterated that a balanced portfolio should have representation from the US. David Davidson reminded that there was a requirement to have available funds to spend as and when required and asked if capital investments could be sold if required should there be insufficient income. Graham confirmed that investments can be turned into cash within a maximum of five days. David felt it may be necessary to undertake a review to ascertain the required level of funds as he did not expect to see substantial growth over the foreseeable future. John McLaren referred to recent events in the press and asked for assurance that due process is undertaken to ensure there is no negative impact on NHS Borders. Graham confirmed that rigorous research is undertaken and the Investment Policy in place is adhered to. Graham assured that he would make Trustees aware if there were any issues. John McL asked how often the policy was revisited. Susan Swan confirmed that this is undertaken on an annual basis and was last reviewed in January 2016. Doreen commented that we have an Investment Policy and referred to David's comment in regard to undertaking a spending review, however reminded that a requirement from OSCR is not to have large amounts held within a portfolio and questioned how this could all be balanced. Doreen felt that Trustees would benefit from a discussion on the Investment Policy and guidance from OSCR. Susan Swan reminded Trustees of the business cycle which had been agreed, whereby the Endowment Advisory Group review and prioritise bids and provide recommendations to the Board of Trustees on each of these. John Raine asked Doreen if there was an expectation to do something additional or if the twice yearly review of projects would suffice. Doreen felt that two reviews per year should be sufficient. Pat Alexander felt it was crucial that it is clear to donors how their money is spent. John R asked the Fundraising Team how they respond if there are any enquiries on how money is spent. Karen Nairn confirmed that donors do tend to like to know how money is being spent, however there is not much donated to the unrestricted general fund as donations tended to be towards restricted funds. Karen Hamilton commented on the twice yearly review of bids and highlighted that there is not a large sum of money available to rank against bids and felt it may be beneficial to agree how much is put at the disposal of these. John R asked if bids are still being received. Carol Gillie confirmed that they are and will be reviewed by the Endowment Advisory Group. Stephen Mather reminded that it is the Trustee's role to spend funds appropriately. John R felt there was a need to look at OSCR requirements alongside spending proposals and the resources available. Following discussion it was agreed that a paper should be produced to look at this. Susan Swan agreed to prepare a paper and invite OSCR to attend the September meeting to give their view, particularly around restricted funds.

The Board of Trustees noted the report.

5.2 *Investment Advisor – Market Test Exercise*

Susan Swan spoke to this item. Susan reminded that this exercise is undertaken to ensure Trustees get the most cost effective service and best quality. Susan referred to the Investment Policy which had been circulated and asked if there were any changes required. It was agreed that there were none. Susan advised that tenders would be assessed in advance of the interviews scheduled for 8th June 2016, with a new contract commencing in August. It was noted that the Endowment Advisory Group would review the tender submissions.

The Board of Trustees agreed that the tender exercise commences as per the planned timeline.

6. **Endowment Fund Annual Accounts 2015/16**

6.1 *External Audit Update*

Susan Swan reported that External Audit had commenced their audit the previous week and a clearance meeting was scheduled for Friday. It was noted that no issues had been identified to date, however some changes were required to documentation so this was in line with the Statement of Recommended Practice (SORP) guidance. Susan explained that the content of the Annual Report and Accounts would remain the same, however the way the report flowed would change in the next version seen by Trustees. It was noted that there was also a requirement to include figures for the previous year to provide a comparison. Risks would also be identified within the main body of the report. Susan advised that as per previous years Trustees would be asked to declare any related party transactions and she would be in contact via email about this.

The Board of Trustees noted the update.

6.2 *Draft 2015/16 Report from Trustees and Annual Accounts*

Susan Swan introduced this item. John Raine highlighted that Cliff Sharp's name was not listed as a Trustee, however noted that Cliff had attended the previous two meetings. Susan explained that due to Cliff only holding an interim position it meant he did not become a Trustee as was the case with Tim Patterson. Following discussion Susan agreed to check this position with Scottish Government. Susan referred to the Trustee's report and advised that an element of this related to Fundraising. A small typo and grammatical error were highlighted and Susan agreed to amend these. Susan referred to the annual accounts, which were in the same format as those received at each meeting. Susan referred to page 17 of the accounts and highlighted that there was a surplus net movement in funds of £167,989. Susan also highlighted, linked to the ring fenced commitment to the Children's and Young Person's Centre, the unrestricted fund available to spend was £220,619. Karen Nairn went on to speak to the Fundraising highlight report and explained that this had been created to make something easily accessible to the public detailing how funds are spent. Karen appreciated that this was the first time a document of this type had been produced and asked Trustees for comment. Trustees felt that in general it was an excellent report and some minor amendments were suggested which Karen agreed to take on board.

The Board of Trustees noted the draft 2015/16 Report from Trustees and Annual Accounts.

7 Fundraising Advisory Committee

7.1 *Minutes of Meeting: 3rd February, 6th April & 25th April 2016 (Draft)*

Pat Alexander introduced this item. Pat highlighted that the majority of focus has been on the Children and Young People's Centre and the Legacy Funding Strategy. Pat explained that the Committee had also experimented with a virtual meeting which in the main had proved successful. Karen Nairn agreed that this had worked well, albeit there was no opportunity for discussion, however the majority of papers had been circulated for comment and approval. Doreen Steele referred to the minutes of the virtual meeting on 25th April as there was a correction to be made to these, namely item 6 (para 3) should read "that the strategy should be linked with the organisation's clinical strategy" rather than shouldn't be linked. Karen agreed to make this amendment.

The Board of Trustees noted the minutes of the Fundraising Advisory Committee.

7.2 *End of Year Fundraising Report*

Karen Nairn spoke to this item. Karen referred to objective 1 relating to the Children and Young People's Centre where it was noted that there would be a significant impact on the timescale due to taking the project through the Scottish Capital Investment Manual (SCIM) process. Karen highlighted that the work already undertaken in regard to fundraising would put them in a good position when the project is re-established. It was noted that a feasibility exercise would be undertaken and this would form part of next year's plan. Karen advised that for objective 2, to develop a marketing campaign to promote legacy giving to 'the difference', would be discussed under the next item on the agenda. For objective 3, to continue to offer advice and support to level 1-3 fundraising projects, Fundraising were now included in the membership of various groups to ensure they were having the correct input to establish support. The Medical Advisory Committee was an example of this. Karen reminded that SCBU had been nominated as Charity of the Year for Sainsbury's in Kelso and Selkirk which has seen funds generated to date of over £4,500. The partnership was due to run until July 2016 and had a target of £10,000. Karen referred to objective 4, to continue to manage the ongoing activities of the Fundraising office and highlighted that the percentage of 25% within the first bullet point should read 22% (the percentage of overall income Fundraising have stewarded in 2015/16). Karen also highlighted the phenomenal success of the Charity for Care shop in Kelso who have donated over £75,000 to date to go towards Fund 21. It was noted that a newsletter celebrating 3 years of the Margaret Kerr Unit (MKU) had been sent to all donors of the appeal funds which also included asking donors if they wished to opt in to being on the fundraising database. It was noted that 71 positive replies had been received as well as 23 of these enclosing donations totalling £1,155. Andrew Murray enquired how much of the MKU's running costs were dependent on fundraising. It was confirmed that there was no running costs dependent on fundraising.

The Board of Trustees noted the report.

7.3 *Legacy Funding Strategy*

Karen Nairn spoke to this item. Karen advised that this has been part of the Fundraising work plan for two years. Karen explained that research had been undertaken on the legacy giving strategies and resources from other NHS and non-NHS charities. Karen highlighted that the aim is for people to tell NHS Borders that they would like to leave a legacy so we can plan and steward the donor. It was noted that a target of 10 enquires and 3 pledged legacy gifts per year had been set. This would be reviewed once the strategy is up and running. Karen advised that it was the intention to create a resources

library which would be widely available. There would also be an element of staff engagement to raise awareness should any discussions arise with patients. Karen highlighted that the print cost would be ongoing, however once material is sourced it would be possible to use this in a variety of ways. It was noted that total costs came to just under £5,000. To include contingency a request for funding of up to a maximum of £5,500 was being requested. Previous legacy gifts had been incorporated within the report to provide a flavour of how costs could be recouped as it was not possible to specify these at the present time. David Davidson referred to the breakdown of costs and in particular the cost of printing as he felt this was very low. Karen confirmed that this was because they had managed to get a very good quote. Karen McNicoll referred to appendix 2 which provided an idea of what the campaign would look like. Karen McN did not feel that the strap-line at the top of the page was the appropriate place to include resuscitation training. Karen N advised that this was a first draft and would take this point on board. Pat Alexander noted that the photography could be used for other projects and asked if these would only be in terms of fundraising as if not, there may a further opportunity to recoup costs. Karen N confirmed that these would be initially used within Fundraising, however there was potential to use outwith.

The Board of Trustees approved investment in the legacy giving strategy to a maximum of £5,500.

7.4 *Fundraising Advisory Committee Review*

June Smyth spoke to this item. June reminded Trustees that the review had been initiated by the Fundraising Advisory Committee last summer and had been undertaken as a combination of a desk-top exercise and interviews with 20 individuals. The findings of the review had been discussed at the extraordinary meeting of the Fundraising Advisory Committee on 6th April 2016 where all recommendations had been discussed and agreed. The report, with recommendations, was now being brought to Trustees for final sign off. Pat Alexander highlighted that if Trustees agreed to disband the Committee there would be actions, primarily in terms of governance, to be taken forward. Susan Swan highlighted that there would also be a need to review the Endowment Fund Board of Trustees annual work plan to pick up the various elements. Susan agreed to take this forward with June.

The Board of Trustees approved the recommendations within the report, namely to disband the Fundraising Advisory Committee and transfer scrutiny and governance responsibilities to the Endowment Fund Board of Trustees, operational responsibilities to the Fundraising function and wider NHS Borders staff/departments as appropriate.

8. Any Other Business

Adult Changing Facility - BGH

Doreen Steele advised Trustees that there was currently no adult changing facility with wheelchair accessibility within the BGH. It was noted that discussions had been ongoing for a considerable amount of time and had been discussed by the Public Governance Committee, with feedback from the member who sits on the national Committee, that NHS Borders is the only Board in Scotland who does not have this facility. Doreen advised that research had been undertaken with the discovery that a £12,000 adjustable bed had been purchased, however this was no longer required and would be available for this use. Doreen stressed that this type of facility was essential for a variety of patients and explained that a shower room/toilet had been identified, however there were health and safety issues with this. It was noted that there would be no responsibility on NHS staff for using the hoist as carers accompanying individuals would

be responsible for operating this. Doreen asked Trustees to mandate this to ensure that this happened as quickly as possible as this had a quality impact and was a human rights issue. Doreen added that she had discussed with Susan Swan and confirmed that it did meet additionality requirements. Andrew Murray enquired where the right location would be for this. It was noted that this had been originally planned as part of the Children and Young People's Centre, however there had been a negative reaction due to the adult element. The shower room/toilet along the corridor from Admin on the first floor has since been identified. Susan Swan advised that she had undertaken a projection on funds and there was a £220,000 balance on unrestricted funds. Susan noted that this was a potential resource, however stressed that it would need to be balanced against other bids. Susan also advised that if the room on the first floor was used for this purpose it would require the ceiling to be strengthened to take the weight of the hoist. Stephen Mather felt that this should be funded by NHS Borders rather than Endowment funding. Carol Gillie advised that this could be looked at but realistically it would need to be prioritised against other capital bids that are put forward. Karen McNicoll felt that by proceeding this could set a precedent and she would wish to see a full list of costings prior to any agreement being made. Karen also felt that this should be located on the ground floor and would look for advice from Health & Safety should there be any accidents with carers using the hoist. It was noted that this had previously been reported to the Board as part of the Public Governance report. A formal report remains outstanding which may consider the potential use of endowment funds. David Davidson felt that NHS Borders had a duty of care and it was their responsibility to agree whether or not this proceeds. Stephen agreed that Trustees did not have the authority to make this decision. Following discussion Carol Gillie agreed to facilitate the preparation of a report for the September Strategy & Performance Committee. John McLaren offered his support.

Health & Social Care Integration

Pat Alexander suggested that an item is added to a future agenda to look at the impact on Endowment Funds due to integration. Trustees discussed and felt that this could be considered when the IJB has been embedded for a period to time.

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

6th June 2016 @ 2 p.m., Board Room, Newstead.

At the end of the meeting, the members of NHS Borders Board remained. Carol Gillie was asked to look into the situation following discussion on the lack of adult changing facilities within the BGH and prepare a report for consideration at the September Strategy & Performance Committee.

BE
16.05.16



Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday, 16 March 2016 at 2pm in the BGH Committee Room

Present: Stephen Mather (Chair) Doreen Steele
David Davidson Karen McNicoll (arrived 14.43)

In Attendance: Evelyn Rodger Sam Whiting (departed 14.35)
Jane Davidson Dr Alan Mordue
Dr Hamish McRitchie Laura Jones
Charlie Sinclair Dr Annabel Howell
Dr David Love Simon Burt (arrived 14.12)
Dr Kate Darlow (arrived 14.10/departed 14.30)
Dr Nad Narrainen-Poullé (arrived 14.10/departed 14.30)
Nicky Berry (arrived 14.50/departed 15.40)
Phillip Lunts (arrived 15.00/departed 15.00)
Dr Imogen Hayward (arrived 15.20/departed 15.50)

1. Apologies and Announcements

The Chair noted that apologies have been received from David Thomson and Dr Cliff Sharp.

The Committee noted that Dr Alan Mordue is retiring at the end of March and this is his last Clinical Governance Committee. The Committee thanked Alan for all the work he has done with the Clinical Governance Committee. In addition Zoe Brydon was thanked for her role as Committee administrator.

2. Declarations of Interest

None.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 14 January 2016 are approved.

4. Matters Arising

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

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting advised that on page 10 of the report, the audit programme of monitoring compliance with the Infection Control Policy has an error. It should be six action plans outstanding and these are currently being chased up with the relevant General Managers.

Doreen Steele asked whether there should be a zero tolerance approach to hand hygiene and if there should be a public campaign. Sam advised it is an important issue and NHS Borders already has a zero Tolerance Hand Hygiene Policy and compliance is a standing topic covered in each monthly Infection Control Report presented to the governance groups across NHS Borders. The TV screens in BGH also include hand hygiene video clips. David Davidson wondered whether the Zero Tolerance Hand Hygiene Policy is highlighted in the induction process for new staff, Sam to review this out with the meeting.

The Chair asked about page 7 (figure 8) which shows that the number of blocked beds is high, while symptomatic patients are low. Sam advised that when a symptomatic patient is present it also means other patients within the same bay may have been exposed and are then prevented from moving elsewhere.

Sam confirmed that the Infection Control team use live data from the Microbiology Laboratory and act upon it.

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

5.2 Adverse Event Report and Pressure Injury Thematic Report

Laura Jones spoke to the Adverse Events Report highlighting that graphs detailing events reported under categories one and two and three demonstrate normal variation. Laura highlighted that work is underway within Clinical Board Directorates and Support Services to improve the timeliness of adverse event management. The detail provided on Significant Adverse Event Reviews (SAER's) was discussed. The Chair enquired about the details of the events outlined in page 4 (table 1) and whether a breakdown could be provided as to the detail of the sixteen extreme events occurring in 2015. Laura was able to advise the Committee of the breakdown which included six sub-categories of events which included six suicides and five drug and alcohol related deaths in addition to five other cases details of which were described in the meeting. All events have been reviewed as part of either a Significant Adverse Event review, complaints investigation or drug and alcohol review.

Laura advised that the falls data is showing normal variation with no significant reduction so a focus will be retained on this area through the work of the Clinical Improvement Facilitators.

Charlie Sinclair advised on the Pressure Injury Thematic Report and that work was being done to continue to monitor and improve pressure injuries and it shows that the onward trajectory is decreasing across NHS Borders for avoidable pressure injuries. The Chair thought that for avoidable pressure injuries NHS Borders should consider a policy of zero

tolerance. Jane Davidson advised that this was that the original aim was achieve zero avoidable pressure injuries. David Love indicated that he felt an aim of zero was a helpful way to describe this aim.

David Davidson advised that the care homes and nursing homes are thought to have a larger problem in relation to pressure injuries. David was keen to hear what the Integrated Joint Board intend to prioritise in this area and was keen to see if they held any data for care homes. It was suggested that the Chief Officer be invited to discuss this issue at the next meeting. Jane advised that NHS Borders needs to ensure a continued focus on the hospital inpatient areas.

Evelyn Rodger advised that the reduction noted is a positive direction of travel and reflects the work which has gone in to developing a pressure damage review process, the work which has been refreshed around link nurses based on learning from previous cases. However more work needs to be done to continue to drive the rate down.

ACTION: To invite the Chief Officer regarding the pressure injury of care homes/nursing homes to the next CGC meeting (May).

ACTION: To take this report to the Joint Clinical Board (Charlie) and to drill down into the information and review strategies to support achievements of zero avoidable pressure injuries.

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

6. PERSON CENTRED

6.1 Patient Feedback

Laura advised that NHS Borders is continuing to embed a revised complaints handling procedure following testing over the last four months using improvement methodology. The aim is to bring this to completion by the end of April embedding the new approach and processes. The new approach is involving far more direct meetings with patients and families and also direct discussion with frontline staff involved in complaint. Additional resource has been sought to support the workload associated with these revisions to fully embed this was of working. Jane indicated that we will focus on embedding this approach over the coming weeks to make it business as usual building on the learning from the last few months of testing. In addition key performance indicators will be reviewed to ensure all aspects of the new process are included and monitored.

The Committee noted the Scottish Public Service Ombudsman (SPSO) decision letter received in January 2016 relating to case 201405563 and that not further action was required of the Board in addition to that which had already been taken through the complaints process. An update on case 201404767 would be provided under the agenda item to follow.

Doreen enquired if the work underway on values based recruitment and the testing of daily conversations led by Senior Charge Nurses with patients were having an impact on

complaints and if a correlation could yet be seen. Jane advised that it is perhaps too early to see a correlation but this is something we will look at throughout the year.

ACTION: Laura Jones and Jane Davidson to provide a presentation at the next Clinical Governance Committee on the new complaints procedure (May).

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

6.2 Update on Scottish Public Service Ombudsman (SPSO) Reports

Phillip Lunts provided an overview of progress against the actions agreed in response to the two SPSO cases discussed at the Committee meeting held in January 2016 indicating that:

- Case 1 201405009 – which relates to the care and treatment of a patient within the Emergency Department (ED) and the Medical Assessment Unit (MAU) and included poor practice around time to first assessment, oxygen therapy and pain control. There were 9 actions agreed in response. Six are complete and 3 are in progress.
- Case 2 201404767 – which relates to the care and treatment of a patient in both the DME ward and MAU and included poor practice around end of life care, dementia, communication with patients and families and complaints handling. There were 23 actions agreed in response. Thirteen are complete, 10 are in progress (6 of which are near to completion over the next month and a further 4 have longer term timescales for delivery).

The actions are monitored weekly and where actions require ongoing assurance there are plans to embed these into regular reporting.

Phillip advised that we need to use this information and learning through all areas of the hospital. In addition there has been significant learning and reflection on these cases which is informing an emerging, new complaints handling process.

Jane indicated that the action plans for these cases are being reviewed regularly with specific focus on how actions can be evidenced and measured. Jane indicated that the action plans will be circulated to the Clinical Governance Committee members following the meeting with a scheduled details review of progress and change.

ACTION: The SPSO Reports and Action Plans for these cases should be a standing item on the Clinical Governance Committee agenda this year with specific reference to these two cases.

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

7. CLINICAL EFFECTIVENESS

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

The Chair pointed out that an acronym had been missed, but overall this was a very good report using the format of the Safety Measurement and Monitoring Framework.

Laura highlighted that work is underway to strengthen reporting from Directorates within BGH and PACS to the overarching governance groups.

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

7.2 Clinical Board Update (Mental Health)

It was noted that reports for mental health and learning disabilities in the future should adopt the paper template which has been tested by the BGH and PCS governance groups reflecting NHS Borders work on the safety measurement and monitoring framework. **ACTION:** Charlie Sinclair to speak to Simon Burt and David Thomson to mentor the others on their reports.

Laura wanted to highlight on page 3 of the report that a case from the Borders has been referred to the mental welfare commission for review. This case has been discussed with Healthcare Improvement Scotland and details provided of the Significant Adverse Event Review which was undertaken locally have been provided. It is felt that there may be multi-agency learning from this case and NHS Borders are organising a meeting between agencies to discuss this case. No outcome has been communicated from the mental welfare commission at this stage.

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

7.3 Clinical Board Update (Learning Disabilities)

Simon Burt advised that the decision on Learning Disabilities beds at NHS Lothian has been put back by NHS Lothian and a Business Case is being created. This is a managed risk.

There is a managed risk with Social Work referrals, which has become a long term issue. This risk sits with the Council.

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

8. ASSURANCE

8.1 Synthetic Vaginal Tapes for Treatment of Urinary Incontinence

Dr Darlow and Dr Nad Narrainen-Poullé wish to request permission to recommence tapes for the treatment of urinary incontinence, following a Scottish Government report that says tapes can be used again.

Doreen Steele questioned whether it should come to this Committee as the Committee do not provide approval. Dr McRitchie advised that it has not been to the Clinical Board for discussion. The Committee noted that the previous Medical Director passed this on following the advice from other NHS Boards who have already taken the decision to proceed with this approach.

David Davidson advised that he does not feel assured from the reports that were sent with the papers and would like medical views about the risks to re-introducing this. Dr McRitchie advised that the paper would go to the Joint Clinical Board for review. Dr Nad Narrainen-Pouille advised that NHS Borders fall within the accepted rates quoted in the literature. Patients are now being asked to go elsewhere to receive this treatment as NHS Borders are not providing it where other NHS Boards are. David welcomed this additional detail and felt reassured that risks had been considered fully. Jane Davidson advised that they wish the local medical professionals to review the procedure in the first instance to consider the risks detailed in the documents and their view on the position NHS Borders should take should be fed back to the Committee.

ACTION: Dr Darlow and Dr Nad Narrainen-Pouille to take the report to the Joint Clinical Board and then email the document around the Clinical Governance Committee for an electronic agreement.

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

8.2 Maternity Services & Morbidity Annual Update

Nicky Berry advised that this is this is her first report to the Clinical Governance Committee in this format as previously the reports used data that was based on historic information prepared through the national reports on maternity services. Nicky advised that all adverse events are monitored closely and that stillbirths are detailed in the paper. Nicky advised that there has been one Significant Adverse Event Review in maternity which has been studied in full and appropriate learning and actions are being implemented. Nicky also confirmed that there has been 233 days since the last stillbirth and the service is delighted with this progress.

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

8.3 Older People in Acute Hospitals (OPAH) Self Assessment

Charlie noted that NHS Borders have requested a proactive inspection of Older People in Acute Hospitals to be led by Healthcare Improvement Scotland. The aim of which was for the Board to establish our current position in relation to the delivery of older peoples care against the existing standards and to identify areas for improvement. Charlie indicated that there is a daily focus on ensuring high reliability in relation to patient assessments taking place on admission with resulting follow through of actions, assessment of capacity, person centred care planning and discussions with patients and families.

Charlie advised that the Self Assessment is still in draft form and it is very extensive but wanted to give the Committee the opportunity to comment. He confirmed to Doreen Steele

that bed rails are risk assessed for restraint. The Chair commented that an Executive Summary would be helpful due to the size of the document.

The Chair asked about whether discharge planning is discussed when a patient is coming into a hospital. Charlie confirmed that the work around Connected Care has assisted with this. Charlie will pick up with Peter Lerpiniere about dementia training feedback and that it should be more objective.

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

8.4 Blood Transfusion six month Update

Dr Hayward was in attendance to answer any questions to this item. Last year there was eight “wrong blood in the tubes” but work has been done with good progress with no reported events in the last year.

Training has increased, but there is ongoing work with clinical staffing. The Chair asked if it was junior or senior who were struggling to complete training. Dr Hayward advised that it is permanent consultants that there have been issues with and it was agreed this will be picked up by Dr Hamish McRitchie out with the meeting.

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

9. ITEMS FOR NOTING

9.1 Minutes

The following minutes for:

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

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

9.2 Clinical Governance Annual Report 2015/16

Comments will be provided by close of play next Friday.

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

9.3 Clinical Governance Committee Workplan 2016/17

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

10. Any Other Business

The Chair wished to raise that the Clinical Governance Committee information is relayed to the Integrated Joint Board (IJB) and a non-voting person of the IJB should be asked to attend the Clinical Governance Committee. It was agreed that the Committee will look at the terms of integration.

11. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday, 25 May 2016 at 2pm in Newstead Board Room.

The meeting concluded at 16.12

PUBLIC GOVERNANCE COMMITTEE



**Minutes of Public Governance Committee (PGC) Meeting
Held on Wednesday, 10th February 2016 from 2.00 – 4.00 p.m.
in the Boardroom, Newstead**

Present:

| | |
|-----------------------|-----------------|
| Doreen Steele (Chair) | Pat Alexander |
| Frank Connolly | Fiona McQueen |
| Heather Fullbrook | Margaret Lawson |
| Margaret Simpson | Bob Devenny |
| Catriona Bhatia | Cliff Sharp |

In Attendance:

| | |
|---------------|-------------|
| Susan Hogg | Laura Jones |
| Clare Malster | Nicky Hall |

1. Welcome & Introductions

Doreen welcomed everyone to the meeting noting that Heather Fullbrook was deputising on behalf of Fiona Morrison.

2. Apologies & Announcements

Apologies were received from: Fiona Morrison, Evelyn Rodger, Mandy Brotherstone, John McLaren, Jane Douglas, Karen Hamilton and Shelagh Martin.

3. Minutes of Previous Meeting (& Action Tracker) 11th November 2015

These were agreed as a complete record so thereby approved.

4. Matters Arising from Minutes & Action Tracker:

- 4.1 Action 27 – Availability of Adult Changing Mats – Doreen reported that she had raised this item at the last Board meeting highlighting the lack of adult changing facilities within the BGH. An identified facility has been built into the new Children & Young Peoples Centre (CYPC) but this is provided the business case is approved by the Board. The Board expressed their concern that as the CYPC is not likely to be available until 2017/18 at the earliest it was agreed that an application be made to the next Endowment Committee meeting in May to look at what additional facilities can be provided. **Action: AP/SH**

Margaret Simpson commented that PAMIS who work in partnership with people with profound learning disabilities and their carers would be able to give advice on equipment. Margaret agreed to send out to Doreen and Susan further information on PAMIS and Doreen shall feedback at the next Board. **Action: MS/DS**

Heather informed the group that the Carers (Scotland) Bill was passed by Parliament on the 4th February. Carers have rights as recognised by law in the discharge

planning not just an informal conversation. The group asked if a presentation on the Carers Bill could be added to the agenda of the May meeting. **Action: HF**

5. Chairs Update:

5.1 Children & Young Adults Changing Facility – As discussed under Action No. 27.

6. Public Governance Business Reports:

6.1 Doreen noted the Public Governance Committee Operational Report and if members have any comments they would like to make on the open consultations could they please feedback to Susan or Laura.

6.2 I note that none of the community hospitals have requested a carer's assessment commented Pat. Heather fed back that staff at the community hospitals are referring more before the patient is admitted. The patient and the carer are receiving support much earlier in the discharge planning process and the staff at the BGH are excellent and very proactive. Margaret Simpson asked Heather if someone is moved out of hospital and into a care home as a temporary measure, at what point would the carer's assessment take place? Heather replied that this needs to be done a week or two after discharge to make sure they are not admitted back into hospital.

6.2 Draft Public Involvement & Community Engagement Strategy:

Laura informed the group of the outcome from our best value audit assessment around community engagement, which was fed back to us from our external auditors with a series of recommendations. This was discussed at our PPF Development Day in October and comments from the group were incorporated into the document to reflect what was discussed. The members may like to take this opportunity to feedback whether or not they think this is far reaching enough, have we missed any areas, and does this reflect the Boards approach to public involvement i.e. volunteering?

Frank suggested that looking at the principles and the setting of objectives, if one party is setting them out it is one sided, why do we not agree to the fairer objectives on page 7 section 2. The key principles are an acknowledgment of the Community Partnership Planning (CPP) engagement framework said Clare Malster.

Doreen commented that our understanding is we have our own legislation on the delivery, not necessarily the commissioning side. It is a separation of duties and requirements. We have had debates on the Board engagement, which can be meaningless as we all go out with different goals and objectives and the CPP as Clare has mentioned has another engagement set of documents. It is worth defining what this particular document is about it, it is about the delivering of services. Laura commented that the NHS Borders strategy around public engagement as an organisation is we have to have an overarching strategy. Catriona remarked that the general public will see whether they are getting the carers assessment done timely to allow patients to be discharged and one service delivery driven by the Integrated Joint Board (IJB). Laura commented that we may need to evolve the PPF to service all of that rather than create a new structure. Doreen advised when this goes to the Board the IJB and the Board need to look at this along with our strategy group to see how we do this in practice. Cliff commented that most strategies if written correctly are pretty unobjectionable. We need to see the action plan generated from this. Doreen asked if the members had any other comments to please contact Laura and we can take forward through the action plan. It was agreed to review this document on a regular basis to enable us to reach our aims.

6.3 Volunteering

Doreen advised that a new bill and guidance would be coming out giving recommendations from the Savile case.

Laura reported that we have recently taken a paper on volunteering, it has been two years, to the Endowment Committee and then to the Board for a more strategic conversation around volunteering and how we continue to build. We have over 200 active volunteers, all detailed in the paper, do we grow further or maintain? Can the group continue to consider this document and can we have a perspective from this meeting.

Margaret Simpson commented that there have been a number of events with the alliance on behalf of the government and the presence of volunteers has made such a difference and they hope it continues.

Doreen noted there are some very interesting questions in the report that we have not looked at in any great depth. Maybe this something we bring back to a topic session.

Catriona asked looking at the endowment report and key area three (culture) who is responsible for managing and how is this supported by the Board? It would be useful to have views on this. Is it something that is part of the core function of the Board or additional? Doreen replied that one of the items for discussion with the Board is this is a key function and the questions that they are asking are about the Board key area 3. We need to discuss what we are doing, what can we do more of. Margaret commented that we need to be cautious because if you have it as core, you lose the independence to ask the questions, as if fully funded by the Board it might not be asked.

Catriona noted the breast feeding peer support service and the increase in mothers choosing to breastfeed. This was recognised as having a high value for mothers and babies, which you can't quantify. They also give support with other issues i.e. loneliness. It has proven to have great benefits for patients and volunteers. These services should be independent and we need to ensure that these do not become core elements commented Catriona.

Huntlyburn ward garden - where are the areas we could do more and do we actively support people to become involved. An identified staff member has to be around to direct and support the volunteer. Doreen asked do we commission a report back on the questions that are asked and take to the Board.

Action: Laura to add to the appendix and the evaluation that has already been done and bring back to the group. LJ

Catriona asked about volunteers within other organisations. For example we may need a wider co-ordination within the Health & Social Care Integration work.

The group discussed the procedure on applying for a PVG. Does a volunteer require one every time they start a new position? Clarification to be sought on the procedure of PVGS, how long they last and do you need more than one for every position within an organisation. **Action: SH**

7. Public Governance

7.1 Draft – PGC – Annual Report – Format & Reporting

Doreen said picking up the points Frank made last year on the format of the annual report, this was the template given to us by the Audit Committee. I have added another table noting our terms of reference and what we have done this last year to meet these and what are the outcomes. Frank commented that it would be helpful to add another column noting this is what we set out to do, what we are doing, and what we shall be doing in the future.

Action: Add another column and circulate in draft form for perusal and comments to agree before the 11th April **SH**

7.2 PGC – Terms of Reference Review

Laura asked if the group felt that the correct members were round the table, if not who was missing. Clare suggested that individual representatives on the group nominate a deputy when they were unable to attend.

It was agreed to change 1.3.1 Frequency of Meetings “The Committee will meet two times per year for standing business and two times per year for topic based” not three times for standing business as currently noted.

To be included in future operational reports was an update from the Integrated Joint Board.

Pat commented that Appendix 1 – NHS Borders Public Involvement Groups & Report flow chart requires to be updated. **Action: SH**

8. Monitoring & Performance Management

8.1 Scottish Health Council update: - Laura spoke to the paper.

8.2 Public Participation Forum (PPF) update: The Chairman’s report was noted by the group.

9. For Noting

Doreen referred to the items for noting and asked for views or questions.

The spiritual care department has become depleted over the last few years but we are working on strengthening our links reported Bob.

10. AOCB

None

11. Future Meeting Dates 2016

4th May

27th July

2nd November

All from 2.00 – 4.00 p.m. in the Boardroom, Newstead

Minutes of a meeting of the Area Clinical Forum held on Monday 22 February 2016 at 5pm in the Committee Room, BGH

Present: Karen McNicoll (Chair), David Thomson, Nicky Hall, Iris Bishop (minutes), Lee-Ann Thomson.

Apologies: Alison Wilson

It was noted the meeting was not quorate.

| Agenda Item | Title | Speaker | Summary | Action |
|--------------------|-------------------------------------|----------------|--|--|
| 2 | Minutes of Previous Meetings | KMcN | <p>The minutes of the ACF of 28.09.15 were amended at page 3 to read "Glaucoma SIGN Guidelines" and with that amendment the minutes were approved.</p> <p>The minutes of the AFC of 3011.15 were approved.</p> <p>It was noted as the meeting was not quorate the minutes would require ratification at the next ACF meeting.</p> | |
| 3 | Matters Arising | KMcN | <p>Iris reported that Jane Davidson had been invited to attend the ACF meeting on 4 April 2016.</p> <p>Karen McNicoll reported that the Healthcare Scientists action was complete. She had spoken to Austin Ramage and Peter Machell.</p> <p>Board Paper on Healthcare Scientists National Delivery Plan to be forwarded to John O'Donnell, Peter Machell, Austin Ramage with an invite for them to come to a future ACF meeting to speak about the plan and the local</p> | <p>Board Paper on Healthcare Scientists National Delivery Plan to be forwarded to John O'Donnell, Peter Machell, Austin Ramage with an invite for them to come to a future ACF meeting to speak about the plan and the local implications and plan for taking it forward.</p> <p>Charlie Sinclair to be invited to speak to ACF about OPAH</p> |

| Agenda Item | Title | Speaker | Summary | Action |
|-------------|---|---------|---|--|
| | | | <p>implications and plan for taking it forward.</p> <p>Charlie Sinclair to be invited to speak to ACF about OPAH Audit and Improvement programme.</p> <p>Elaine Torrance to be invited to come to future ACF meeting to talk about strengthening the Chief Social Work Officer role.</p> <p>Carol Gillie/June Smyth to be invited to ACF on 4 April to give presentation on LDP.</p> <p>Action 5 to be progress and Dawn and Hamish invited to attend next meeting on 4 April.</p> | <p>Audit and Improvement programme.</p> <p>Elaine Torrance to be invited to come to future ACF meeting to talk about strengthening the Chief Social Work Officer role.</p> <p>Carol Gillie/June Smyth to be invited to ACF on 4 April to give presentation on LDP.</p> <p>Action 5 to be progress and Dawn and Hamish invited to attend next meeting on 4 April.</p> |
| 4 | Integration Joint Board Strategic Planning Group | KMcN | <p>Karen McNicoll advised that she had attended the first meeting of the IJB SPG 2 weeks previously. Discussion had focused on the Draft Strategic Plan, Scheme of Integration and Terms of Reference for the group. It was agreed that the Chair of the ACF would go along and we would always send a deputy if the ACF Chair was unavailable.</p> <p>Karen McNicoll advised that the IJB SPG were keen for the ACF to secure an acute clinician to join the SPG. She had suggested they approach the SMSC and AHP Cttee. Karen McNicoll was keen to ask the GP members or Primary Care members on the SPG to come to the ACF and have a chat about how they were finding the SPG and if they wanted any support</p> | <p>The Strategic Plan and Scheme of Integration to be circulated to all ACF members.</p> <p>Karen McNicoll was keen to ask the GP members or Primary Care members on the SPG to come to the ACF and have a chat about how they were finding the SPG and if they wanted any support from the ACF.</p> |

| Agenda Item | Title | Speaker | Summary | Action |
|-------------|-----------------------------|---------|--|--------|
| | | | from the ACF. | |
| 5 | Local Delivery Plan | KMcN | <p>It was noted that P&P and Finance had been invited to attend the next ACF meeting on 4 April.</p> <p>The APF were to receive a presentation on the LDP at their meeting on 4 March and all members of the ACF were welcome to join that session.</p> <p>The ACF noted that there were 3 extra sections within the LDP being scheduled care, unscheduled care and mental health.</p> <p>The ACF were asked to feed in any comments questions, suggestions, to Meriel Smith in P&P.</p> | |
| 7 | Public Governance Committee | NH | Nicky Hall gave feedback on the last meeting of the Public Governance Committee advising that they had concentrated on the Public Governance Committee Terms of Reference, Public Involvement and Community Engagement Strategy and Volunteering Scotland. | |
| 8 | National ACF | KMcN | Karen McNicoll advised that the next national meeting was due to be held on 2 March 2016 and the national group were finding it challenging in terms of recognising their role. A new Chair of the National ACF was due in post and a new workplan would be produced. The main issues were the same, medical and nursing workforce issues, health improvement challenge, financial position, clinical | |

| Agenda Item | Title | Speaker | Summary | Action |
|-------------|--|---------|--|---|
| | | | effectiveness and high quality. | |
| 9 | Borders NHS Board: 25.01.16 | KMcN | <p>The ACF noted the Public Board meeting due on 25 February and reviewed the papers.</p> <p>The ACF suggested advising the Board of the implications in clinical terms, of some of the proposals that may come forward.</p> | Iris send out feedback from last efficiency session where it identified the key theme areas to work on so that the ACF is aware of what is being looked at and raised and what needs to be concentrated on. |
| 10 | Feedback from Advisory Committees | ALL | <p>Karen McNicoll advised that the AHP Committee had met that morning. They were significantly challenged by the cancellation of training. Training had also raised the matter of people failing to turn up for training sessions, especially those that had originally been oversubscribed and so places could have been reallocated if staff had advised there were cancelling their place.</p> <p>The AHPs were also keen to understand if there was a Board position on booking clinical treatment or interviews in community hospitals or health centres.</p> <p>David Thomson advised that the Mental Health Service were also keen to understand this as often they were refused access to clinical rooms for clinical appointments.</p> <p>The AHP Committee were also keen to understand if there would be a replacement for the productivity and benchmarking process. They wished to know how services could move</p> | |

| Agenda Item | Title | Speaker | Summary | Action |
|-------------|-------|---------|--|--------|
| | | | <p>from being in limbo to getting stabilised.</p> <p>Karen McNicoll further advised that the Committee had also looked at proposals around AHP leadership and the management structure.</p> <p>The uniform policy was out for consultation at present and in terms of professionalism and infection control the AHP Committee were keen to suggest doctors routinely wear a uniform/scrubs.</p> <p>Karen McNicoll also commented that the Nursing and Midwifery Workforce tools would be useful for AHP Services in terms of activity tracking and might also be transferable to other services to monitor against the activity.</p> <p>The ACF noted there was no update available from the Area Dental Advisory Committee.</p> <p>The ACF noted there was no update available from the Area Medical Committee.</p> <p>Area Ophthalmology Committee (AOC): Nicky Hall advised that the last meeting had been postponed due to a bereavement.</p> <p>The ACF noted there was no update available from the Area Pharmacy Committee.</p> | |

| Agenda Item | Title | Speaker | Summary | Action |
|-------------|----------------------|---------|---|---------------------|
| | | | <p>Borders Area Nursing & Midwifery Advisory Committee (BANMAC): David Thomson advised that the January meeting had been cancelled. There remained on-going issues of revalidation and a suite of support mechanisms were being put in place. Learning and development sessions continued to be run. Other issues of interest included the national dress codes and the annual review of the adult protection committee.</p> | |
| 11 | Any Other Business | KMcN | <p>ACF Relaunch: Karen McNicoll suggested a relaunch of the ACF and it was agreed that the next meeting on 4 April be broadened out and any member of an advisory committee be welcomed to come along.</p> <p>Workforce Conference: Karen McNicoll highlighted the Workforce Conference on 11 March.</p> <p>Revalidation: David Thomson highlighted the NMC link on the intranet to the revalidation process. He advised he would be pleased to talk to anyone about the revalidation process.</p> <p>David Thomson advised that there had been lots of activity around N&M Workforce and Workload Planning and how other members of staff fitted in with the broader teams and that he was keen to encourage conversations with Senior Charge Nurses (SCNs).</p> | |
| 12 | Date of Next Meeting | KMcN | The ACF discussed the meeting times and | The ACF suggested a |

| Agenda Item | Title | Speaker | Summary | Action |
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| | | | <p>agreed the next meeting would be held at 5pm.</p> <p>The ACF suggested a Newsletter be formulated in a newsy style which could include an update and brief description of what each profession was about and some of the topics covered in the meetings and it could be done as a precursor to the next meeting on 4 April.</p> <p>The ACF suggested a microsite on the intranet be formulated with each Advisory Committee having a page on it.</p> <p>The ACF also agreed to get along to each other's Professional Advisory Committees to do a bit of shadowing and see what was happening and raise the profile of the ACF.</p> | <p>Newsletter be formulated in a newsy style which could include an update and brief description of what each profession was about and some of the topics covered in the meetings and it could be done as a precursor to the next meeting on 4 April.</p> <p>The ACF suggested a microsite on the intranet be formulated with each Advisory Committee having a page on it.</p> <p>The ACF also agreed to get along to each other's Professional Advisory Committees to do a bit of shadowing and see what was happening and raise the profile of the ACF.</p> |



Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 7 March 2016 at 9.30am in the Council Chamber, Scottish Borders Council

Present:

| | |
|----------------------------------|------------------------|
| (v) Cllr Catriona Bhatia (Chair) | (v) Mrs Pat Alexander |
| (v) Cllr Frances Renton | (v) Mr John Raine |
| (v) Cllr John Mitchell | (v) Dr Stephen Mather |
| (v) Cllr Iain Gillespie | (v) Mr David Davidson |
| Mrs Susan Manion | (v) Mrs Karen Hamilton |
| Mr Paul McMenamin | Dr Cliff Sharp |
| Mr John McLaren | Mrs Evelyn Rodger |
| Mr David Bell | Dr Angus McVean |
| Mrs Linda Jackson | Mrs Angela Trueman |
| Mrs Elaine Torrance | |

In Attendance:

| | |
|--------------------|---------------------|
| Miss Iris Bishop | Mrs Jane Davidson |
| Mrs Jill Stacey | Dr Eric Baijal |
| Ms Sandra Campbell | Mrs Carol Gillie |
| Mr David Robertson | Mrs Carin Petterson |
| Mrs Clare Smith | Mrs Karen McNicoll |
| Ms Julie Watson | Mrs Tracey Logan |

1. Apologies and Announcements

Apologies had been received from Cllr Jim Torrance, Mrs Jeanette McDiarmid, Mrs June Smyth, Mrs Clare Hepburn, Mrs Jenny Miller and Mrs Fiona Morrison.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Clare Smith and Ms Julie Watson to the meeting who were speaking to the Workforce Planning Framework item on the agenda.

The Chair welcomed and announced that Cllr Iain Gillespie had been formally appointed by Scottish Borders Council to the Health & Social Care Integration Joint Board in place of Cllr David Parker.

The Chair confirmed that the items 3 (Formal Appointment of Chief Officer) and 4 (Appointment of Interim Chief Financial Officer) on the agenda would be taken at the end of the meeting in a private session of the Health & Social Care Integration Joint Board.

2. Formal Establishment of the Scottish Borders Health & Social Care Integration Joint Board

Mrs Susan Manion confirmed that the Health & Social Care Integration Joint Board was now legally established.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the legal establishment of the Scottish Borders Health & Social Care Integration Joint Board.

3. Declarations of Interest

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

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

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 1 February 2016 were approved.

5. Matters Arising

5.1 Minute 5: Health & Social Care Strategic Commissioning Plan: Dr Eric Baijal confirmed that the population figures for Hawick and Galashiels had been checked and were accurate.

5.2 Action Tracker: Mrs Susan Manion advised that the Development session timetable and subject matter for the Health & Social Care Integration Joint Board would be reviewed.

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

6. Health & Social Care Integration Joint Board – Code of Corporate Governance

Mrs Susan Manion gave an overview of the suite of documents that made up the Code of Corporate Governance for the Health & Social Care Integration Joint Board. Each document was then discussed in turn.

In regard to the Local Code of Corporate Governance, Mrs Jill Stacey confirmed that the cover paper set out how the Board would measure itself and meet the key principles that would apply.

Mr David Davidson suggested reviewing the wording in terms of labels and titles as page 50 referred to the “Leader” and that was an incorrect terminology for the Health & Social Care Integration Joint Board.

Mr John McLaren sought clarification of a staff governance element to the code. Mrs Manion advised that there were two outstanding items, one of which was staff governance and the other was patient public involvement, both of which were referred to in the Scheme of Integration. Both elements would be included in the Code in future once the detail had been fully worked up and agreed.

Mrs Stacey suggested Principle 5 was the key element around staff governance and she reminded members that the document remained live and would change as the Health & Social Care Integration Joint Board evolved.

Mrs Manion advised that the Standing Orders element had been in place during the shadow period and were now submitted for formal approval.

Mrs Pat Alexander suggested revising the wording at Point 24 to include members of sub committees.

Mrs Manion suggested the Audit Committee Terms of Reference and formal appointment of members to that Committee would be brought to the next meeting of the Health & Social Care Integration Joint Board.

A discussion took place in regard to the Clinical and Care Governance Assurance Framework and several issues were raised including: the Health & Social Care Integration Joint Board receive a copy of the Health Board Clinical Governance reports and the equivalent Local Authority reports; the NHS Clinical Governance Committee expand its membership to include a member of the Health & Social Care Integration Joint Board; NHS Clinical Governance Committee minutes be shared with the Health & Social Care Integration Joint Board; linking assurance to performance information/reports;

Mr John Raine cautioned against over complicating matters and was clear that there were governance processes in all organisations around the table and there was no need to duplicate those. The requirement of the Health & Social Care Integration Joint Board was to be assured that good governance was in place in the organisations from which it commissioned services.

Mrs Manion agreed with the suggestions raised and advised that the next step was to work out a common approach and understanding in terms of providing an assurance for all the services within the delegated functions.

Mrs Evelyn Rodger advised that she would work with Mrs Manion and Mrs Karen McNicoll on the wording of the document as the Healthcare Governance Steering Group referred to had been disbanded.

Mrs Pat Alexander enquired how Scottish Borders Council received assurance in regard to the Arms Length Organisation, SB Cares. Cllr Frances Renton advised that SB Cares had a Strategic Board and the minutes of that Board were submitted to Scottish Borders Council full Council meetings. Mrs Elaine Torrance confirmed that quality assurance issues were also addressed through that Board.

Mr John McLaren recalled that it had been mooted previously that a member of the Health & Social Care Integration Joint Board should sit on the SB Cares Board. Mrs Torrance confirmed that a request would be made to the Health & Social Care Integration Joint Board to identify a member for the SB Cares Board.

In relation to the Risk Management Strategy, Mrs Manion advised that the principles were simple and straight forward and recognised the different systems and processes that were in place in partner organisations.

Mrs Evelyn Rodger suggested including clinical risk as types of risks to be reported at section 2.3.

Mr David Davidson commented that in the health service there was a drive for Audit Committees to become both audit and risk owners for those risks above those covered by the Clinical Governance Committee. He suggested Mrs Manion speak with colleagues in the Scottish Government to seek their advice and suggestions.

Mrs Manion recorded her thanks to the workstreams for their significant effort in producing the suite of documents.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the current suite of documents which form the Code of Corporate Governance for the Health & Social Care Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved an annual review of the Code of Corporate Governance.

7. Health and Social Care Strategic Plan

Mrs Susan Manion gave an overview of the content of the document and the next steps to be taken. Dr Eric Baijal reminded members that they had seen and commented on the document previously.

Mr John Raine confirmed that he was happy to support the approval of the strategic plan.

The Chair thanked Dr Baijal and his team for developing the strategic plan and confirmed that the document was in essence what the Health & Social Care Integration Joint Board was all about and would in effect hold everyone to account for making improvements to the health and care of the people of the Scottish Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** homologated the decision to approve the Health & Social Care Strategic Plan.

8. Workforce Planning Framework

Mrs Clare Smith gave an overview of the workforce planning framework and Mrs Julie Watson spoke of the people planning process within Scottish Borders Council and how both were taken into account and used to formulate a single plan for the Health & Social Care

Integration Joint Board. It was noted that both processes were very similar and the next step was to align the processes in terms of timescales. It had been agreed to ensure both NHS Borders and Scottish Borders Council workforce plans would be in place by 30 June each year.

A discussion ensued which focused on several elements including: linking to third sector partners; a challenge for staff in integrated services where terms and conditions vary; recognition of potential difficulties in regard to professional guidance for staff in integrated services; creative solutions for localities in regard to GP recruitment and locum cover; a strategic approach to recruitment; impact of living wage on low paid staffing groups; and workforce age profiling; sharing values based recruitment processes.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Workforce Planning Framework report and the planned actions for 2016/17.

9. Monitoring of the Shadow Integrated Budget 2015/16.

Mr Paul McMenamin detailed the content of the monitoring report of the shadow integrated budget advising of a projected pressure position of £403k overspent at the end of January 2016. He detailed the pressure areas and mitigating actions that had been taken. He confirmed that any year end overspends would be addressed by the responsible organisations.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected position of £403k net pressures at 31st January 2016 and noted that both partner organisations were working to minimise any adverse variance at year-end but should that not be possible the responsible organisation would ensure that resources were available to ensure a break even out turn.

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

10. Health and Social Care Integration Integrated Resources Advisory Group

Mr Paul McMenamin gave a detailed overview of progress made to establish the financial governance arrangements for the partnership as well as the proposed way forward.

Mr John Raine commented that the compliance assessment to date report, was a report approved by the Interim Chief Financial Officer and the Financial Statement for 2016/17 was complete and to be approved by the Health & Social Care Integration Joint Board in March and accompanied by a due diligence report. He enquired if the due diligence report as contained within the appendices and if it was contradicted by the Chief Officer's report that suggested the Interim Chief Financial Officer and the Chief Officer could not recommend acceptance of the draft budget until such time as the efficiency gap for the Health Board had been resolved.

Mr McMenamain confirmed that there was an anomaly as the report had been written with the full expectation that a fully funded report would be presented for approval. It became apparent late on in the process that a fully funded report would not be received. Work continued to develop a finally agreed position in terms of forecasts and the due diligence of the sufficiency of resources.

Mr Raine enquired if the due diligence report was available. Mr McMenamain advised that the report was drafted and the assurance report reflected the due diligence process. The final due diligence report would be submitted to the Health & Social Care Integration Joint Board for their consideration.

Mr Raine enquired of the status of other Health & Social Care Integration Joint Boards across Scotland in regard to determining and accepting their budgets. Mrs Manion advised that a number of other Health & Social Care Integration Joint Boards were meeting in March to agree their budgets.

Mrs Susan Manion advised that on reflection the recommendation had been amended in order to provide the Health & Social Care Integration Joint Board with an update in relation to the financial arrangements and the expectation that the budget required resolution by end of March.

Cllr John Mitchell commented that he was delighted the Health & Social Care Integration Joint Board was deemed VAT neutral.

The Chair sought clarification that the compliance check document would be resubmitted to the Health & Social Care Integration Joint Board as completed. Mr McMenamain confirmed that that would.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made to date in the development and implementation of the key financial arrangements following recommended best practice and compliance with legislation which required to be in place prior to 1 April 2016 and beyond and agreed the plan of actions for the remaining work requiring completion and approval.

11. Health and Social Care Partnership Draft Financial Statement 2016/17 and Assurance over the Sufficiency of Resources

Mrs Susan Manion gave an overview of the content of the report. She highlighted several key elements including: draft budgets to be delegated and summary of delegated functions; highlighting the set aside budget; financial risks of resources available to it and the mitigation that had taken place; due diligence; base line; understanding of existing and evidenced emerging pressures; and planned efficiencies. Mrs Manion was keen to stress she was absolutely clear of the intent to complete the planned efficiencies work across the systems to ensure there were plans in place through the NHS in order to be able to provide assurance to the Health & Social Care Integration Joint Board on the sufficiency of resources.

Mrs Manion further highlighted that Scottish Borders Council had agreed its efficiencies and the NHS given their later national timeframe had been unable to confirm their efficiencies to

date. She suggested further work would be undertaken on the financial statement and the accompanying due diligence report and both would be submitted to the next meeting.

A discussion ensued that focus on several matters including: caveats in place until a settled financial position for the NHS is reached; £5m for development and refinement of Health & Social Care Integration Joint Board services; further guidance on the £5m to be issued by Scottish Government; double counting of £5.2 sitting in baseline budget for both Scottish Borders Council and NHS Borders; and the Health & Social Care Integration Joint Board would direct Scottish Borders Council through written directions how to use the £5.2m.

Mr David Robertson quoted from the John Swinney letter to all Council Leaders and advised that he would share the letter with Health & Social Care Integration Joint Board members.

Cllr John Mitchell enquired how the financial figure was arrived at for the NHS. Mr McMenamin confirmed that it was a calculated share of NHS Borders financial budget for 2016/17 as at present and a determination of set aside. Mrs Carol Gillie expanded on the explanation and advised that legislation and guidance defined which services were set aside. She advised she would happy to provide Cllr Mitchell with more detail outwith the meeting.

In regard to efficiency savings Mr John Raine recognised that the Health & Social Care Integration Joint Board needed to be assured on the affordability of the functions delegated to it. He advised that the NHS dealt with efficiency savings each year by tasking senior staff and others including Board members to find efficiency savings during the course of the financial year. He advised that NHS Borders was required to make £11m savings in 2016/17 and was not at present in a position to identify in detail how those savings would be achieved.

Mrs Manion highlighted the differences between the two organizations processes in dealing with financial gaps and savings targets. She clarified that there were ongoing discussions within the NHS about the level of efficiencies and where they could be achieved and where the headline figures were. She reiterated that the NHS was complex in terms of different budgets sitting within it and efficiency plans across the whole system were being considered and the determination of an efficiency level for the Health & Social Care Integration Joint Board was determined by a proportion of the totality of the NHS Budget.

Mrs Elaine Torrance sought assurance on the potential impact on joint services and delivery of the strategic plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the current position in relation to the production and agreement of a fully evidenced and funded joint delegated and notional budget for 2016/17 for the Scottish Borders Health and Social Care Partnership

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that further work should be undertaken to bring forward efficiency proposals within NHS Borders 2016/17 financial plan (delegated or non-delegated) or alternatively, identify other sources of potential funding in order to fully fund the proposed level of budget to be delegated to the Partnership on the 1st April 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a final financial statement accompanied by a full assurance report be presented to the Board prior to the 1st April 2016 for approval, requiring the convention of an extra-ordinary meeting in late March 2016

12. Chief Officer's Report

Mr David Davidson suggested the report should contain more detail and timelines. The Chair echoed Mr Davidson's request.

The Chair advised that the next Development session for the Health & Social Care Integration Joint Board was identified as 23 May and she proposed that it be a full day taking the Board out into the region. She asked Board members to alter their diaries accordingly.

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

13. Committee Minutes

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

14. Any Other Business

14.1 SB Cares: Mrs Elaine Torrance sought a member of the Health & Social Care Integration Joint Board to become a member of the SB Cares Governance Committee. Mrs Torrance was asked to circulate the Terms of Reference for the Committee. It was noted that Cllrs Renton and Mitchell were already members of the Group and a member from the NHS membership of the Health & Social Care Integration Joint Board would be welcomed.

14.2 Extraordinary Meeting: It was agreed that an Extraordinary meeting of the Health & Social Care Integration Joint be called before the end of March to focus solely on the Financial Sufficiency of Resources. The Board Secretary was tasked with identifying a suitable date.

15. Date and Time of next meeting

The Chair confirmed that the next meeting of the Health & Social Care Integration Joint Board would take place on Monday 18 April 2016 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 11.30am.



Minutes of an **Extra Ordinary** meeting of the **Health & Social Care Integration Joint Board** held on Wednesday 30 March 2016 at 10.30am in the Council Chamber, Scottish Borders Council.

Present:

| | |
|-------------------------|-------------------------------|
| (v) Cllr Iain Gillespie | (v) Mrs Pat Alexander (Chair) |
| (v) Cllr John Mitchell | (v) Mr John Raine |
| (v) Cllr Frances Renton | (v) Mrs Karen Hamilton |
| Mr David Bell | (v) Dr Stephen Mather |
| Mrs Jenny Miller | (v) Mr David Davidson |
| Mrs Angela Trueman | Dr Andrew Murray |
| Mrs Susan Manion | |

In Attendance:

| | |
|--------------------|------------------------|
| Miss Iris Bishop | Mr Paul McMenamin |
| Mrs Jane Davidson | Mrs Jeanette McDiarmid |
| Mrs Jill Stacey | Mr Kirk Lakie |
| Mr David Robertson | Dr Eric Baijal |

1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Cllr Jim Torrance, Mrs Evelyn Rodger, Mrs Elaine Torrance, Mr John McLaren, Mrs Fiona Morrison, Dr Angus McVean, Mrs June Smyth, Mrs Tracey Logan and Ms Sandra Campbell.

The Chair confirmed the meeting was quorate.

The Chair welcomed newly appointed Andrew Murray, Medical Director, NHS Borders 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 the single item on the agenda.

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

3. Health & Social Care Partnership Financial Statement 2016/17 and assurance over the sufficiency of resources

Mr Paul McMenemy gave an overview of the content of the paper highlighting: historical funding; temporary measures; savings targets; determination of 16/17, 17/18 and 18/19 budgets; mitigation of risks; horizon scanning; and the governance arrangements in place for the partnership.

Mrs Jane Davidson advised that the budget from NHS Borders was indicative as was the efficiency plan and that it would be confirmed as the year progressed as the Health Board had yet to approve the budget. She reiterated that it was a fair and reasonable assessment of NHS Borders' expectation from Scottish Government.

The Chair questioned if the amount of outstanding efficiency was reducing. Mrs Davidson advised that the main areas were the Alcohol and Drug Partnership and Dental Services. She advised that plans were being worked up to redesign to deliver similar outcomes and other opportunities were also expected to be identified.

Mr John Raine thanked Mr McMenemy for a comprehensive and detailed report. He noted that the £5.26m made available by Scottish Government in respect of health and social care was to be split, with 50% of the sum used for releasing cost pressures in social work taking into account the living wage and cost of reducing charging thresholds. Mr Raine enquired how the other 50% would be used, if it was intended to be additional monies and represented additionality, and if it was for the Health & Social Care Integration Joint Board to determine the use of that funding?

Mr McMenemy confirmed that the uncommitted amount in theory was for the Health & Social Care Integration Joint Board to direct as additionality and he cautioned that the full implications of the cost of the living wage on the full financial year were not yet known as well as other unknown factors. Mr Raine sought confirmation that Mr McMenemy was suggesting the full £5.26m could be swallowed up in meeting the cost of the living wage and unknown factors as anticipated at present and Mr McMenemy confirmed that this may in fact be the case given the current estimates represented only a part year impact.

Mr Raine commented that he understood there was a clear steer from the Cabinet Secretary that part of the £5.26m (50%) would represent additional money to support integration for the Health & Social Care Integration Joint Board to develop integration in the way that it wished to see it developed. Mr McMenemy commented that he aspired to that being the case and advised the letter from Mr Swinney was quite clear on the intended use of the £5.26m.

Mr David Robertson advised that the funding from the Scottish Government around the living wage was predicated on care home providers themselves providing 25% of the cost of the uplift and he suggested in reality that cost would flow back to the Health & Social Care Integration Joint Board in terms of care home providers. He supported the aspiration of resources to be open to the Health & Social Care Integration Joint Board for integration and urged caution around specific sums.

Mr David Davidson sought clarity that the £5.26m would remain in the notional budget for the Health & Social Care Integration Joint Board until such time as the Health & Social Care Integration Joint Board issued directions as to its use. Mr McMenemy advised that both he and Mrs Susan Manion were committed to that approach and he committed to bring back a

report once the full implications of the living wage, etc were known so that the report could assist the Health & Social Care Integration Joint Board in its deliberations on where to direct the use of the full £5.26m funding.

Cllr John Mitchell enquired with regard to the set aside budget rising, if it had altered as the percentage had altered. Mrs Manion advised that the set aside budget was set on the basis of what were considered to be services for acute care in hospital most related to the Strategic Plan for the Health & Social Care Integration Joint Board and that it was essentially around unscheduled care provision.

Cllr Mitchell enquired if the cost of running wards were included. Mr McMenamin explained that they were included and NHS Borders set aside budget as defined by the Scheme of Integration included the relevant wards/bed functions. The set aside budgets were solely owned and managed by NHS Borders and simply supported the overall aims and objectives of the partnership.

Mr Raine commented that the Integrated Care Fund monies equated to £6.4m over the 3 year life of the Strategic Plan and were there to make a difference to integrating services. He was pleased to see the fund referred to in the report as a key enabler of integration and he welcomed the review of the governance arrangements and requested a timescale for that review. He further emphasised to colleagues that the Health & Social Care Integration Joint Board had to be the controlling influence over the fund. Mrs Manion advised the Integrated Care Fund report would be submitted to the next meeting and would outline the timescales of, the work agreed, outcomes and proposed planned expenditure, as well as the review of the governance arrangements.

Mr Davidson sought clarification on the role of the Audit Committee and if it was to be an Audit and Risk Committee. Mrs Jill Stacey clarified that the Terms of Reference agreed for the Audit Committee included the oversight of scrutiny of risk management arrangements and internal control and would fulfill the scrutiny role of governance in the widest sense.

The Chair summed up the conversation commenting that it had been a useful discussion and raised a range of issues to be worked through as the Health & Social Care Integration Joint Board entered its first year of business.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved the estimated Health and Social Care partnership budget for 2016/17, including both the element delegated by NHS Borders/Scottish Borders Council and that retained by NHS Borders and set-aside, specifically:

| | 2016/17 | 2017/18 | 2018/19 |
|---|----------------|-------------------|-------------------|
| | £'000 | indicative | Indicative |
| | | £'000 | £'000 |
| Budgets Delegated: | | | |
| Scottish Borders Council Funding Delegated | 46,531 | 46,583 | 47,083 |
| NHS Borders Funding Delegated : | | | |
| - Primary & Community Services | 87,352 | 87,272 | 87,685 |
| - Large Hospital Budget | 18,128 | 18,160 | 18,325 |

| | | | |
|--------------------------------|----------------|----------------|----------------|
| - Social Care Fund | 5,267 | 5,267 | 5,267 |
| Total Delegated Funding | 157,278 | 157,282 | 158,360 |

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key areas of financial risk in 16/17 and the proposed actions for mitigation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** instructed the Chief Officer to identify, in partnership with NHS Borders and Scottish Borders Council, further proposals / directions for ensuring that the total budget delegated is fully funded by agreed levels of activity/efficiency savings across both delegated and notional areas of the integrated budget.

Mrs Karen Hamilton advised she was supportive of the proposal provided it did not link to the plans to deliver £793k efficiency savings so that there was flexibility for that to be delivered. Mrs Davidson advised it would difficult given that directions had yet to be issued and the annual financial statement required the inclusion of sums attached to spend and activity to be applied.

Mr McMenamain clarified that the financial plan remained a work in progress and was evolutionary and he would continue to work with colleagues across the partnership and he assured the Health & Social Care Integration Joint Board that it would remain business as usual on 1 April 2016. Mrs Manion confirmed that directions were required to be agreed by all parties to enable the creation of change to deliver the strategic plan in the future.

Mr Davidson commented that as there was no confirmation of the national funding settlement for Health Boards, it was difficult to make an informed decision. Mrs Davidson advised that she would be submitting a paper to the Health Board in early April which would recommend the level of resource to be provided to the Health & Social Care Integration Joint Board, and reiterated that the funding proposed at this stage was indicative.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the risks which may emerge in future years and consider them and any others which may arise as part of the wider 2017/18 financial planning process.

4. Any Other Business

There was none.

5. 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 18 April 2016 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 11.20am.