**Borders NHS Board**

## STATUTORY AND OTHER COMMITTEE MINUTES

### Aim

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

### Background

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

### Summary

Committee minutes attached are:-

- Strategy & Performance Committee: 05.05.16
- Audit Committee: 13.06.16
- Endowment Committee: 06.06.16, 20.07.16
- Clinical Governance Committee: 13.07.16
- Staff Governance Committee: 20.06.16, 18.08.16
- Area Clinical Forum: 20.06.16
- Health & Social Care Integration Joint Board: 20.06.16, 15.08.16, 31.08.16
- Community Planning Partnership Strategic Board: 09.06.16
- Critical Services Oversight Group: 13.06.16

### Recommendation

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

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

**Approved by**

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

**Author(s)**

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

**Borders NHS Board**

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 5 May 2016 at 10.00am in the Board Room, Newstead

| | | |
|---|---|---|
| Present: | Mr J Raine | |
| | Mrs K Hamilton | Mrs J Davidson |
| | Mr D Davidson | Mrs S Manion |
| | Cllr C Bhatia | Mrs E Rodger |
| | Mr J McLaren | Mrs J Smyth |
| | Dr D Steele | Mrs C Gillie |
| | Mrs K McNicoll | Mr T Patterson |
| | Mrs P Alexander | Mr W Shaw |
| | Dr S Mather | Mr A Murray (late) |
| In Attendance: | Miss I Bishop | Mr A Pattinson |
| | Dr H McRitchie | Mrs C Oliver |
| | Mr P Lunts | Mr C Sinclair |
| | Mrs M Brotherstone | Mr G Ironside |
| | Mrs A Wilson | |

## 1. Apologies and Announcements

Apologies had been received from Dr Cliff Sharp and Dr Annabel Howell.

The Chairman welcomed various attendees to the meeting.

The Chairman mentioned the friendly Managers v Clinicians football match that had taken place the previous evening and noted that the Managers had won the match.

The Chairman sought reflections on the Staff Awards, Celebrating Excellence event held on Saturday 30 April and noted that lots of positive feedback had been received from those who had attended the event.

## 2. Patient and Carer Stories

Mrs Jane Davidson led an open discussion on the complaints process, improvements and reflections from the recent Health Improvement Scotland visit.

Several points were made during discussion including: the need to hear from patients and carers; the need to know of the learning for the organisation; what had changed and improved; the potential for the patient/carer story to also involve the staff; cultural weakness; understanding the expectation of patients/carers coming to the Board and what the Board's expectation was; seeking assurance that our

values and behaviours were being implemented; areas of inconsistency; learning being embedded and sustained; patient stories as a powerful vehicle to enable change; understanding where our weaknesses are; learning from the Beverley Alimo-Metcalfe work; and structural issues on the way in which we deliver care and we must assist our staff to be consistent in providing good quality compassionate care.

Mrs Davidson commented that the Older People in Acute Hospitals (OAH) Inspection feedback headline had been that compassion and care was coming through as a clear theme which gave comfort to the Chief Executive, Director of Nursing, Midwifery and Acute Services and Associate Medical Director for the Borders General Hospital. The inspection consisted of a full day of interviews at all levels across the organisation and the verbal feedback given at the end of the inspection had appeared to be fairly positive. Mrs Davidson reiterated that the hard work had to start now to move forward and take the organisation from a positive place to a better learning organisation constantly striving for improvement.

The Committee shared their reflections on the inspection and feedback session.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the continuation of patient carer stories with follow up reports to identify learning and consequent action.

## 3. Declarations of Interest

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

Dr Doreen Steele declared an interest in the Deanery Visit item on the agenda as she was a member of the Board of National Education Scotland.

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

## 4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 3 March 2016 were approved.

## 5. Matters Arising

**5.1 Minute 5.1: Newstead Update:** Mrs Carol Gillie confirmed that the survey report on the river banking at Newstead had been received. She confirmed that there was no sign of significant movement and a fence had been erected to mitigate any risks associated with the banking.

The Chairman enquired if car parking facilities could be extended and Mrs Gillie confirmed that there was no budget provision for that. Mrs Jane Davidson spoke about the need to provide good facilities for staff and not to allow the premises to run down. Mrs Gillie would discuss potential improvements with staff taking account of the objective to vacate the site.

**5.2 Minute 7: Local Delivery Plan 2016/17:** The Chairman enquired if the gender based violence funding had been secured. Dr Tim Patterson advised that there was a funding gap in the current financial year of £6k-£7k and both Scottish Borders Council and NHS Borders had been asked to

contribute towards that gap. A proposal was being drawn together for submission to the Big Lottery Fund to secure funding for the next financial year.

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

## 6. Winter Plan Update

Mr Philip Lunts presented the winter plan update to the Committee. He provided a conclusion to the 2015/16 period and explained the preparation for the forthcoming winter 2016/17 period.

Discussion focused on: costings against the winter plan for staff and beds; clinician engagement on early discharge and not just focused on beds; presentation of the winter plan to the Area Clinical Forum; reducing emergency admissions workshops with an evidence based approach to inform the winter plan for 2016/17; contact with social care and social services; assurance around the linking up of the expert group; intent to ensure people are kept at home if that is the most appropriate setting; wellbeing of staff; single point of access; teams working jointly; clarity of outcomes using data to ensure sustainable through the strategic plan; general frailty of patients admitted has increased and need to ensure the skill set is in place around the patient to enable discharge; include and involve the support network for the individual to ensure discharge can be facilitated when appropriate; public awareness and education on expectations; on admission notify there will be a plan for discharge by 11am on the day of discharge across a 7 day service; look at re-enablement facilities and community facilities and a step down facility; Health & Social Care Integration Joint Board to look at the potential for increasing investment in home care provision through the integrated care fund; assurance on how the home care service is operating and inputting to the success of the winter plan; and agreement that the Health & Social Care Integration Joint Board should also receive the winter plan presentation.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and confirmed they wished to continue to receive regular updates.

## 7. Delayed Discharges

Mr Alasdair Pattinson highlighted the key issue of increased length of stay of complex delayed discharges, particularly in Community Hospitals and there had been an anticipated outturn at the end of March of associated occupied bed days being about 5%, recognising the downward trajectory had not been met, which was anticipated to be the result of complex delays in community hospitals.

The Chairman enquired about the impact of the day of care audit in community hospitals. Mr Pattinson advised that it ranged from 40-50% of people not meeting the hospital day of care criteria, sometimes that was in regard to a delay in decision making, discharge home and challenges in relation to placements and home care.

Further discussion highlighted: inclusion of care managers on wards in Borders General Hospital and Community Hospitals; early assessment resolution; day of care audit tool rolled out across the organisation; discharge to assess unit; access to home care; work with social care providers; training; eligibility criteria for adaptations; availability of access to long stay, intermediate and step up and step down facilities; financial thresholds; criteria around packages of care and assessments and financial impact; lack of transparency in terms of funding, what the Council had available and how that resource could be used; recycling of equipment; bringing together the 2 different cultures and the systems in

hospital needed to connect with those in the community; 72 hour delayed discharge; reassessment of care packages after a 4 week period to release the resource where appropriate to be reassigned; the complete patient journey/pathway and commissioning from the Health & Social Care Integration Joint Board.

Mrs Karen Hamilton enquired about those patients who fell outwith the criteria and Mrs Susan Manion advised that she intended to produce an action plan to describe timescales of who by what by when. She also referred to the work that had been undertaken in Glasgow and that she would take their learning into account.

Mr John McLaren asked that the action plan in Appendix 2 be cross referenced against the strategic plan outcomes in order to provide assurance around what the actions were delivering.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report and agreed that Appendix 2 of the paper be cross referenced to the strategic plan.

## 8. Pressure Ulcer Thematic Adverse Event Report

Mr Charlie Sinclair provided an update to the Committee on pressure ulcers and highlighted continued improvement and slight variation.

Dr Stephen Mather advised that the matter had been discussed at the Clinical Governance Committee and he made the observation that the avoidable pressure ulcer mean within the graph on page 3 was misleading. Mrs Jane Davidson commented that it was a reasonable point that had been made as when the organisation described normal variation it was around the current system and she suggested reporting should be on the redesign system moving forward. Mrs Evelyn Rodger agreed that reporting against the redesigned system would be taken forward.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress made to reduce the number of avoidable and unavoidable pressure ulcers.

## 9. Deanery Visit 14 April 2016 and the implications for Medical Training in NHS Borders

Dr Hamish McRitchie gave an overview of the visit, how it had been conducted and the outcomes of the visit to the Committee. He further advised that an action plan had been drawn together to address the findings of the visit, the majority of which had been completed.

The Chairman enquired if the Deanery written report would be a public document. Dr McRitchie confirmed that it would be and Dr Doreen Steele commented that it would be available on the General Medical Council (GMC) website along with the training survey results.

Dr Steele emphasised the impact of being placed into enhanced monitoring on attracting future trainees and consultants.

Further discussion highlighted: review of medical education facilities at the Education Centre; role of educational supervisors; management of operational responsibilities of trainees; educational content; risk register; learning from other Health Boards who had been through enhanced monitoring; approximately 70 junior doctor posts, although a number were not filled, in total with 4-5 supervisors;

reputational risk and media management; forward preparation for General Medical Council visits to NHS Scotland Health Boards in 2017; job planning and operational demands; counter balancing measures; potential for efficiencies to the detriment of quality; and patient safety.

The Chairman and Board members expressed their serious concern at the nature of the criticisms of the service by the Deanery.

The Chairman indicated that the Deanery Report should go to the next available meeting of the Board.

The Chairman requested Mrs Clare Oliver prepare a holding statement for the media.

The **STRATEGY & PERFORMANCE COMMITTEE** noted and recorded their concern at the content of the report, supported the action being taken in response and agreed the increased reporting frequency as proposed by the Medical Director and Chief Executive.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive an increased reporting frequency of Medical Education KPIs for the next 6 months.

The **STRATEGY & PERFORMANCE COMMITTEE** sought assurance on the use of the Education Centre as an educational facility and the impact of the Headquarters relocation to that building.

## 10. Inpatient Services Review and Health In Your Hands

Mrs June Smyth gave an overview of the content of the paper.

Mr David Davidson enquired if resources were available for the Critical Care and Eildon Community Ward projects. Mrs Smyth confirmed funding was through the Integrated Care Fund and Mrs Susan Manion clarified that it was specific funding for work on reducing admissions and delayed discharges.

The Chairman noted that the Galavale reprovision business care had been approved by the Board the previous year and he enquired about the timescale for completion. Mrs Carol Gillie advised that approval in principle had been received from the Scottish Government however a more detailed design plan and cost plans had been requested for submission to the Capital Investment Group in August. A full tender exercise would then be undertaken with work commencing later in the calendar year with an anticipated move in the next calendar year.

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

*Mr Andrew Murray joined the meeting.*

## 11. NHS Borders Pharmaceutical Care Services Plan 2016

Mrs Alison Wilson gave an overview of the content the paper and plan explaining that there was likely to be a further revamped pharmaceutical care services plan as work was being undertaken nationally through the National Services Scotland Information Services Directorate (NSS ISD) on commonality for future plans.

Dr Stephen Mather noted that there was a potential gap in the provision of pharmacy opening times in eastern Borders. Mrs Wilson advised that the gap was covered by a pharmacy in Berwick Upon Tweed that, although it was outwith Scottish Borders, was included in the local publicity for eastern Borders.

Dr Mather further highlighted the repeat prescription reordering scheme not being taken up in Kelso. Mrs Wilson advised that the situation remained unresolved at present however work to rectify the situation was ongoing.

Further discussion focused on: prescription for excellence; hub and spoke models; inequalities; and customer surveys and vulnerable groups.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the NHS Borders Pharmaceutical Care Services Plan 2016.

## 12. Scottish Child Abuse Inquiry and implications for NHS Boards

Mrs Mandy Brotherstone drew the attention of the Committee directly to the recommendations within the paper.

Mr David Davidson sought clarity on the role of the Board as the employer in terms of the Procurator Fiscal's findings. Mrs Jane Davidson confirmed that the Board's internal policies and General Medical Council (GMC) rules would be applied where required.

Mr George Ironside advised that casenotes of patients who had been treated at Dingleton Hospital were stored with a third party.

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

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that appropriate reporting arrangements for the working group once established would be through the Staff Governance Committee with by exception reports directly to the Strategy & Performance Committee.

## 13. Childrens Inspection update

Mrs Mandy Brotherstone advised the Committee that the draft report had been received and was being checked for factual accuracy. The final report was due for publication towards the end of June, beginning of July. Mrs Brotherstone further advised that the inspection had been a multi-agency inspection lead by the Children and Young Peoples Leadership Group who were pulling together an action plan on that back of the findings of the inspection.

Mrs Jane Davidson noted that areas of concern were in relation to the health needs of local children being met in full and what Health Visitors and School Nurses could provide. Mrs Brotherstone advised that the quality of record keeping across all agencies required improvement and was being addressed.

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

*Dr Hamish McRitchie left the meeting.*

## 14. Efficiency Update

Mrs Carol Gillie gave an overview of the paper reporting on the position to the end of March 2016 advising that cash releasing savings of £6.911m had been achieved for 2015/16 however a recurring revenue deficit of £1.666m had been carried forward into the new financial year. Mrs Gillie also gave an update on progress on the 2016/17 efficiency programme.

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

## 15. Integrated Performance Report

Dr Stephen Mather suggested the criteria for referral for endoscopy, CT and MRI should be reviewed to ensure that primary care referrals for those services were appropriate. Mrs Evelyn Rodger confirmed that it was included in the capacity and demand planning work that was being taken forward. Mr Andrew Murray advised that it was also being looked at in terms of radiology.

Further discussion highlighted: training needs identified for hand hygiene; social work waiting times; narrative updates for targets consistently not meeting trajectories; improvement in psychological therapies waiting times; eksf and PDP targets; HSMR data; average length of stay data; high readmission rates; and review of recording issues and health inequalities.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Integrated Performance Report as at end of March 2016.

## 16. Any Other Business

**16.1 Trainee Engagement in Improving the Quality of Medical Education & Training (TIQME) Workshop:** Mr Andrew Murray gave feedback to the Committee following the TIQME session he had attended that morning. He highlighted that the session had focused on improving the quality of medical education. He noted that NHS Lanarkshire who had been in enhanced monitoring had used the TIQME principles to enable them to develop their systems and he intended learning further from them to enable medical education to be transformed in NHS Borders.

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

## 17. Date and Time of next meeting

The Chairman confirmed that the next meeting of the Strategy & Performance Committee would take place on Thursday 1 September 2016 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 2.38pm.*

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 13th June 2016 at 10 a.m. in the Board Room, Newstead.

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

**In Attendance**: Mr T Barrie, Audit Manager, PWC
Ms R Blenkinsop, Assistant Manager, Scott- Moncrieff
Mr C Brown, Partner, Scott Moncrieff
Mrs J Davidson, Chief Executive
Mr D Eardley, Director, Scott Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr P McMenamin, Chief Financial Officer, IJB (Item 7.4)
Dr J Montgomery, Consultant Anaesthetist/Director of Medical Education (Item 7.3)
Mrs L Paterson, Resilience Manager (Item 6.1)
Mrs E Rodger, Director of Nursing, Midwifery & Acute Services
Dr C Sharp, Associate Medical Director (Item 7.3)
Mr J Smith, Estates Officer (Item 7.6)
Ms S Swan, Deputy Director of Finance
Mr K Wilson, Partner, PWC

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Vivienne Buchan.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 23rd March and 4th April 2016 (Extraordinary)**

**The minutes were approved as an accurate record.**

4. **Matters Arising**

*Action Tracker – 23rd March 2016*
In regard to the Infection Control Internal Audit report (reference 7.8), Carol Gillie agreed to ensure that Sam Whiting was aware of the response provided by Jackie Stephen to the recommendation relating to IM&T.

*Action Tracker – 4th April 2016*
In regard to the Data Sharing Agreement (reference 3), Carol Gillie agreed to follow this up with Phillip Barr, Depute Chief Executive, SBC.

**The Committee noted the action trackers.**

5. **Fraud & Payment Verification**

5.1 *National Fraud Initiative - Update*
Susan Swan reported that she has now received the timetable for this exercise and it was noted that recommended matches will be confirmed on 26th January 2017.

**The Committee noted the update.**

5.2 *CFS Patient Exemption Checking – Results of Extrapolation Exercise - 2015*
Susan Swan spoke to this item. Susan explained this exercise is undertaken at the end of each financial year and looks at the levels of fraud using the results of patient exemption checking. It was noted that this will be remitted to the Countering Fraud Operational Group for discussion at the August meeting to identify the true level of fraud and risk within NHS Borders.

**The Committee noted the results of the extrapolation exercise for 2015 and that the Countering Fraud Operational Group would be taking this forward.**

6. **Governance & Assurance**

6.1 *Resilience Committee Workplan 2016/17*
Lorna Paterson spoke to this item. Lorna highlighted the main drivers behind the plan, such as the Regional Resilience Partnership risk assessment and national guidance on resilience. Lorna advised that additional items have since been added following issue of the version presented at today's meeting and went on to provide an update on these. Lorna confirmed that there had been engagement with Directors, Managers and Resilience Leads across the organisation. Karen Hamilton noted that many of the timescales have passed and felt it would have been helpful to have had an indication against these on whether there had been any slippage. Lorna agreed to circulate the updated work plan around the Committee. Jane Davidson referred to item 8, update of the major incident plan and advised that this had progressed well and had recently been signed off. It was noted that the major emergency procedures were now in place and work is ongoing for a full scale test that will involve partner bodies. It was further noted that two control room exercises have taken place since April. Doreen Steele commented that there is notice of these exercises taking place however there is no update on the outcome. Doreen felt it would be helpful to have sight of this to close the loop. David Davidson suggested that the Audit Committee could receive a copy of the Resilience Committee papers for information and background. Lorna agreed to supply these.

**The Committee noted the Resilience Committee workplan for 2016/17.**

6.2 *Audit Follow-Up Report*
Susan Swan spoke to this item. Susan reported that there was one External Audit recommendation relating to strengthening processes within the Finance Department during the Annual Accounts process. It was noted that these have been strengthened and visits to other Boards will be arranged to look at working papers to provide a comparison. Susan

went on to report that for Internal Audit there were a total of 12 recommendations due for implementation and are currently in progress. It was noted that Internal Audit had also reviewed the audit follow up process which is undertaken within the Finance Department. Stephen Mather referred to appendix 1A and the recommendation regarding the standardisation of Business Impact analyses which was noted as complete, however the update for the action which the Primary Care Contracts Manager had responsibility for suggested that this was still in progress. Lorna Paterson provided an update on what had been reported to the Resilience Committee by the Primary Care Contract Manager where it was noted that standardisation was complete from a business continuity perspective and a Primary Care letter of assurance had been received for the period to 31 March 2016. Susan agreed to request an update from the Primary Care Contracts Manager and circulate around the Committee for information. Jane Davidson noted that positive work continues in regard to business continuity across the organisation and reminded that many of the actions will be ongoing with some contractors being higher risk than others.

**The Committee noted the follow-up report.**

6.3 *Debtors Write-Off Schedule*

Susan Swan spoke to this item. Susan was pleased to report that for the previous quarter three no debtors write offs had been requested, primarily due to a number of follow-up procedures that have been put in place within the Finance Department. Stephen Mather referred to overseas patients and enquired if we were confident these were being picked up. Susan confirmed that the Finance Department is working with staff within Medical Records, A&E and on the wards to help educate around routine questioning. Susan went on to provide an update on a recent case. Stephen asked if staff appreciated their involvement in this process. Susan felt that Medical Records staff were fully engaged but there was the potential for clinical staff to be somewhat detached from the process. Following discussion Susan agreed to provide a communication for issue around the relevant staff. Carol Gillie assured that there was routine checking of the policy, however did feel that further engagement is required with the clinicians. David Davidson noted that laundry debts were the highest level of write-offs during 2015/16 and asked for an update. Susan advised that this had primarily been due to one of the businesses who used the laundry going into receivership. It was noted that a month's deposit, based on what the average usage will be, is now requested. Doreen Steele showed concern that this was a large amount arising from a total of nine invoices. Susan advised that the Finance Department are now liaising with the Laundry Manager around any unpaid invoices and assured that the process is now much tighter. Karen Hamilton noted the remarkable improvement within dental. Susan explained that the Finance Department now work more closely with the dental teams and that patient's pay for their treatment in instalments rather than accruing costs. It was also noted that chip and pin machines are now available within practices, however credit card charging has yet to be reviewed.

**The Committee noted the report.**

6.4 *Code of Corporate Governance - Update*

Susan Swan spoke to this item. Susan reminded that this had been reviewed by the Committee in December 2015 prior to going to the February Board meeting. Susan highlighted that a number of adjustments had been required, many of these in relation to Health & Social Care Integration. Susan referred to the summary paper which highlighted the changes made and felt that all issues had been captured from previous discussions. Carol Gillie reminded that this is a live document and there would be ongoing changes. Susan confirmed that the Code of Corporate Governance Steering Group would meet on a quarterly

basis and she would be happy to receive comments at any time for feeding into this group. David Davidson enquired if Susan Manion, Chief Officer had seen the document due to the majority of the changes being in relation to Health & Social Care Integration. Carol confirmed that this had gone to the February meeting of NHS Borders Board where all Non Executive and Executive Directors had been given the opportunity to comment. David asked if the document had been shared with David Robertson, Chief Financial Officer, SBC. Carol advised that it had not been as this had been discussed as part of the Finance workstream where it had been agreed that both organisations would share documentation with their respective Audit Committees in the first instance. Chris Brown stated that this was a good exercise to undertake and that the summary report was extremely helpful.

**The Committee reviewed and made recommendation to the Board to approve the updated Code of Corporate Governance.**

7. **Internal Audit**

***2015/16 Audit Plan***

7.1 *2015/16 Internal Audit Plan Progress Report*

Tony Barrie spoke to this item. Tony reported the report summarised the planned work and confirmed that this had all been completed. The final two reports would be presented later on the agenda.

**The Committee noted the progress report.**

7.2 *Internal Audit Annual Report 2015/16*

Kenny Wilson spoke to this item. Kenny reminded that risk areas had been agreed at the start of the financial year and confirmed that the work is now complete with 13 reviews being undertaken. It was noted that of these four had received an overall high risk rating, two a medium rating and the remainder low level risk rating. Kenny referred to the overall audit opinion of "major improvement required" and advised that he wished to reflect on this following amendments to the Training of Junior Medical Staff audit report. Kenny highlighted that five high risk findings had been identified relating to the reviews of Supplies Management, Mandatory Staff Training, Training of Junior Medical Staff and Health & Safety Management. It was noted that the Supplies Management was a medium risk, not high, leaving a total of four high risk reports. Kenny also highlighted the overall number of findings detailed on page 6 with a note of the previous two years for comparison. Kenny confirmed that the overall initial conclusion was that there were a number of significant weaknesses and non-compliance in the framework of governance, risk management and control which may put the achievement of organisational objectives and the reputation of the Board at risk. Kenny advised that he would be checking evidence of the follow-up work and this view may therefore change. Carol Gillie advised that there had been discussion following issue of the audit opinion and dialogue was ongoing. Carol reminded that the organisation had requested the audits to target these specific areas for a number of reasons including where there was a potential for weakness so these could be addressed and confirmed that evidence is being provided in regard to a number of the recommendations as good progress has been made in taking these forward. It was noted that in general NHS Borders has a good track record in addressing audit recommendations. As a result of these audits Carol felt that the organisation was in a stronger position with risk and areas of weakness reducing rather than having moved to a higher risk category. David Davidson asked if the document would be re-issued when discussions were concluded. It was noted that it would be and it was hoped to have this concluded by Tuesday for issue on Thursday at

the latest. Jane Davidson, as Accountable Officer, drew the Committees attention to the statement on page 6 that it was "not considered a reflection of deteriorating management controls" and reminded that the Audit Committee ratify the audit plan for the year ahead. Jane praised the organisation for looking at areas that had not been previously audited which would in turn target behavioural issues moving forward. Jane felt that if there was no progress then this would be an issue and regardless of the opinion would hope to get the Audit Committee's support to tackle areas within the organisation that require change. David confirmed that the Audit Committee would continue as it has in the past and provide this support.

**The Committee noted the draft report and that they would receive a final version of the report by Thursday at the latest.**

7.3 *Internal Audit Report – Training of Junior Medical Staffing*

Kenny Wilson introduced this report which had an overall high risk rating. Kenny advised that following issue of the report additional comments had been received and an updated version was tabled, still resulting in an overall high risk rating. Tony Barrie went on to report that two high risks, four medium risks and one low risk recommendations had been identified. Tony highlighted the high risk recommendations, namely inadequate night-to-day handover arrangements which he felt to be a patient safety issue (3.1) and inadequate IT infrastructure and simulation facilities (3.2). It was noted that 3.2 had since been downgraded to low risk within the revised report, however it was still felt that there are a number of IT issues to be resolved. David Davidson commented that the reduction by two ratings was unusual. Kenny explained that it has now been confirmed that this is not a GMC requirement afterall. Tony went on to 3.3 which noted that the Medical Education Administration team was understaffed (originally medium risk and now reduced to low risk). The action agreed would involve a review of the current staffing arrangements in the Department of Medical Education to ensure the level of staffing in place is sufficient to address the needs of junior medical staff in training. Tony referred to the medium risks, namely there was inconsistent ward inductions (3.4), supervisors' job plans and supervision time (3.5) and informal education governance (3.6). For 3.4 it was noted that the Department of Medical Education and wards would jointly develop a Ward Induction Manual to be applied across all wards to ensure consistency. For 3.5 it had been agreed that going forward annual job plans for all the Clinical and Educational Supervisors will incorporate supervision time. It was noted that for 3.6 a Medical Education Governance Forum would be established with its authority, accountability and responsibilities identified. Cliff Sharp advised that is has been identified that there is a need for improvement around training and that the findings of the audit had been extremely helpful. Cliff reminded that this was in regard to training and not about patient safety. Cliff stressed that patient safety comes before training so this had not been given the priority it should perhaps have received. Cliff went on to provide an update on the GMC's expectations and advised that since Andrew Murray had taken up post of Medical Director he has put a Task Force in place. In regard to the IT and admin support recommendations, which had seen their risk elements reduced, Cliff confirmed that the Executive Directors for these areas have committed to look into this. Jane Montgomery advised that there is an overwhelming workload within the Medical Department which is contributed to by a lack of doctors. Jane reported that for the handover recommendation they are looking at Trakcare as a solution which will ensure a more robust handover process across the whole hospital. It was noted that SIMMAN had also been purchased to provide simulation training for doctors and other professionals. David Davidson enquired about the timeline for work being undertaken by the Task Force that is being led by the Medical Director. Jane Davidson confirmed that this was September. Jane M added that the Deanery visit was planned for November. Jane M confirmed that the

audit report had gone to the Clinical Governance Committee and was planned to go to the Staff Governance Committee. David asked if the establishment of a Medical Education Governance Forum would be part of the work undertaken by the Task Force. It was noted that it was and a paper had been produced. Stephen Mather noted that this was a helpful audit and it was now crucial what action is taken on the recommendations. Stephen felt that there was a patient safety issue due to inadequate handover arrangements. Stephen was surprised at the downgrade in risk of the IT issue as this appeared to be a theme across the whole organisation. David asked if this was being taken forward as part of the Task Force. Cliff confirmed that it was. Carol Gillie added that trainees have full IT access when using NHS Borders' facilities, however there is limited access, only in certain areas when using their own facilities. Jane M advised that there are often insufficient workplace computers for the demand. Stephen felt that this required to be explored further. Carol confirmed that there has been a commitment to do this. Cliff highlighted that if there is not a quality training environment then there may be an issue in attracting junior medical staff to work in Borders. Doreen Steele noted that it is known what needs to be addressed and we now have an action plan to do this, however reiterated that there is a desperate need for a digital strategy to be undertaken across the organisation. Jane D advised that there would be a focus on IT at the Board Development Session later in the month. Doreen asked if the timescale of September would be achievable, particularly as we were about to enter the holiday period. Jane D advised that she had spoken with Andrew and he was comfortable with this deadline and confirmed that some of the actions were now complete. Jane would also be discussing further with Jane M during the course of the week. It was noted that the Medical Director had also visited NHS Lanarkshire to look at their handover process. Jane D confirmed that she had spoken with the Deanery the previous week and would be meeting with them to ascertain what else is required to be done within NHS Borders. Jane D reminded that this audit had been requested as part of the audit plan as there had been concern around whether or not this was working effectively. Jane D gave assurance that the recommendations will be taken seriously and will be acted upon. David appreciated the enormity of the task and the cultural change required, however asked for assurance around the timescales so this can be given to the Board. Jane D assured that everything was being done to achieve this timescale. David felt it would be appropriate to receive an update on progress in six months. This was agreed.

**The Committee noted the report.**

7.4 *Internal Audit Report – Integrated Care Fund*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that two low level recommendations had been identified, namely there was no evidence of ICF plans (3.1) and no evidence of use of Improved Network (3.2). Management had agreed for 3.1 that they will ensure that copies of all key ICF documentation are easily accessible. For 3.2 it was noted that communication protocols in respect of the Improvement Network would be produced and finalised. Paul McMenamin referred to 3.1 and confirmed that as of 18th March 2016 all key integration programme documentation is saved on a shared network which a number of NHS staff have access to. It was noted that this includes all the existing information for the 11 programme workstreams. Paul agreed to provide details for circulation to the Audit Committee. In regard to 3.2 Paul confirmed that a communication protocol is being produced and will include how lessons learned will be shared. Doreen Steele advised that Non Executive Directors do not have access to the shared network referred to and felt that they should have this as it is essential for planning service change. Carol Gillie suggested that advice is sought from the Head of IM&T. Susan Swan stressed that the communication protocol is fundamental and should be cascaded down through the organisation to ensure staff receive the relevant updates on integration. It was noted that

Susan Manion would be following this up. Paul agreed to get an update in the meantime and circulate around the Committee for information.

**The Committee noted the report.**

***2016/17 Audit Plan***

7.5 *2016/17 Audit Plan*
Kenny Wilson spoke to this item which provided an update on the status of audits within the plan for 2016/17. Kenny highlighted the Health & Social Care Integration audit and advised that the Terms of Reference had not yet been agreed as the scope of work was still being discussed.

**The Committee noted the progress report.**

7.6 *Internal Audit Report – Property Transactions*
Tony Barrie introduced this report which had an overall low risk rating. Tony reported that two transactions had been concluded during 2015/16 and went on to provide an update on the findings. It was noted that for the disposal of West Grove, where the sale proceeds were greater than £100,000, the pro forma certification had not been signed by the Chief Executive in a timely manner and the property advisor's section had not been fully completed. In addition, the certification for Roxburgh Street had not been available for testing. It had also been noted that the pro-forma for Roxburgh Street had been updated with the incorrect date when the property was declared surplus. John Smith explained that all the issues detailed had been the result of human error. Carol Gillie gave assurance that all the points raised have been addressed.

**The Committee noted the report.**

8. **Corporate Governance Framework**

*8.1 Review of Corporate Governance Framework*
Susan Swan spoke to this item. Susan advised that the report provides assurance on governance across the organisation and includes the work undertaken by both Internal and External Audit. Susan confirmed that if, following discussion earlier in the meeting, there was a change to Internal Audit's overall opinion this would be updated within the report. Doreen Steele referred to an issue she was aware of regarding the payroll system which sits on a mainframe infrastructure that does not support development and has therefore been highlighted as a risk. It was noted that the National Payroll Board are looking at this and will provide all the options available. Carol Gillie referred to page 12 of the report which detailed the proposed disclosures for inclusion in the Governance Statement and provided an indication of what the organisation is facing. Carol highlighted that IM&T was a risk and reminder of the discussions earlier in the meeting. David Davidson enquired if this was noted on the risk register. Carol confirmed that the disclosures were in line with the register. Susan added that these were not significant enough to be disclosed to the Scottish Government portfolio Audit Committee which would be signed by David as Chair of the Audit Committee.

**The Committee reviewed and noted the Corporate Governance Framework for 2015/16.**

9. **Annual Accounts 2015/16**

9.1 *Final Annual Accounts 2015/16*

Susan Swan spoke to this item. Susan reminded of the detailed session held to go through the annual accounts on 30th May 2016. Susan highlighted that the summary report detailed the changes made to the accounts since that session and the clearance meeting with Scott Moncrieff which had resulted in an unqualified opinion being received. Susan advised that there were no significant issues to report. Susan referred to page 31 of the accounts providing details on exit packages and advised that these pertained to 2013/14 and would be updated in the final version issued to the Board. Stephen Mather referred to page 12 and the section on payment policy as he noted that there had been deterioration from the previous year. Susan explained that the payment of invoices can fluctuate for a variety of reasons, such as incorrect authorisation, and that this continues to be monitored. It was noted that this is included within the Finance Department's monthly performance scorecard and was within the tolerance levels.

**The Committee noted the Annual Accounts for 2015/16 and the changes made following the clearance meeting with Scott Moncrieff, External Auditor.**

9.2 *Final Endowment Fund Annual Accounts 2015/16*

Susan Swan spoke to this item. Susan advised that the accounts had been approved at the Endowment Fund Board of Trustees meeting on the 6th June 2016 and formed part of the package going to the Board on the 23rd June 2016. Susan was pleased to report that an unqualified opinion had been received from Geoghegans, the External Auditor.

**The Committee noted the Endowment Fund Annual Accounts for 2015/16.**

9.3 *Final Patient's Private Funds Annual Accounts 2015/16*

Susan Swan spoke to this item. Susan advised that these accounts had been audited by Geoghegans, the External Auditor and was pleased to report than an unqualified opinion had been received. It was noted that the accounts would also form part of the package going forward to the Board on 23rd June 2016.

**The Committee noted Patient's Private Funds Annual Accounts for 2015/16.**

## 10. External Audit

10.1 *ISA 260 Assurance Report/Annual Report to Members 2015/16*

Chris Brown introduced this item. Chris referred to the key messages highlighted on page one and advised that NHS Borders had met all its financial targets and the savings target had been achieved overall. Chris was pleased to report that an unqualified audit opinion had been issued. It was noted that that there had been a significant reliance on non-recurring savings which would have an effect on the savings target for 2016/17 and would be a major challenge for the Board. This would be overseen by the Financial Position Oversight Group, a Sub Committee of the Audit Committee. Chris confirmed that Scottish Government is aware of the challenges as every Board have highlighted these. Chris advised that the Board's governance arrangements had been reviewed and there were no areas of concern. Chris referred to the challenges faced around integration and highlighted that this was not unusual as many Boards were encountering issues across Scotland. Chris stressed that this would be a major challenge as it is key to financial sustainability. Chris recognised that the disclosures were reflective of the Internal Audit reports that highlighted control weaknesses. Chris advised that should there be a change of opinion from Internal Audit this report would

require to be updated to reflect this. Chris reminded that this was Scott Moncrieff's final year as the Board's External Auditor and noted thanks to the Finance Team for all their help and assistance over the last five years and wished them well for the future. David Davidson noted thanks on behalf of the Audit Committee to External Audit and the Finance Team. Carol Gillie thanked External Audit for a fair report and referred to the recommendation on page 24 regarding the progress of the audit and quality of working papers. Carol agreed that more could be done in this area. Carol thanked External Audit for their professional approach during the audit and for their help and advice over the last five years.

**The Committee noted the report.**

10.2 *Audit Scotland Report: Community Planning Update*

Carol Gillie spoke to this item. Carol advised that this was a follow up report and referred to appendix 1 which provided details from the original report. Carol highlighted the key messages on page 5 as well as the recommendations on page 6. Carol referred to the recommendation regarding the Community Planning Partnership (CPP) and advised that she would be discussing with Jane Davidson and Tim Patterson on how this would be picked up by the CPP. Jane Davidson confirmed that new governance arrangements were being put in place so the recommendations would be fed into this. David Davidson enquired how the Audit Committee would receive feedback. Doreen Steele reminded that Tim Patterson had provided feedback at the previous Board meeting and assumed that this would continue. David highlighted that those who were not members of the CPP did not have access to agendas and papers. Doreen noted that this was the same for those who are not members of the Integrated Joint Board. Jane agreed to take this forward as they were currently pulling together a plan for the Board on how to keep members informed of the work of the CPP.

**The Committee noted report.**

10.3 *Audit Scotland Report: Improving the Quality of NHS Annual Report & Accounts – Governance Statement – Good Practice Note*

Carol Gillie spoke to this item. Carol advised that a full review has not yet been undertaken as the report had only been received recently. Carol assured that there would be a full review and findings would be brought to the December Audit Committee. It was noted that some actions had already been taken on board within the 2015/16 accounts. Doreen Steele enquired if these recommendations applied to annual reports. Carol confirmed that they did. Susan Swan asked External Audit if they would encourage Boards to follow this guidance. David Eardley advised that External Audit do not provide an opinion on the guidance. David confirmed that the Governance Statement was in line with other Boards and was pleased to see that disclosures were being made proactively.

**The Committee noted the review that had been undertaken and that further consideration will be given to remaining comments within the good practice note as part of the 2016/17 annual report and accounts process.**

11. **Items for Noting**

10.1 *Minutes of Information Governance Committee: 8th March 2016 (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: 14th March 2016*

There were no issues raised.

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

10.3 *Appointment of External Auditor 2016/17 – 2020/21*
Carol Gillie referred to the letter noting that Audit Scotland had been appointed as the Board's External Auditor for the period 2016/17 – 2020/21.

**The Committee noted the External Auditor appointment.**

12. **Any Other Competent Business**

None.

13. **Date of Next Meeting**

Monday, 19th September 2016 @ 2 p.m., Board Room, Newstead.

BE
04.07.16

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 6th June 2016 @ 2 p.m. in the Board Room, Newstead.

**Present:**
Mrs P Alexander
Cllr C Bhatia
Mr D Davidson
Mrs C Gillie
Mrs K Hamilton
Mr J McLaren
Dr A Murray
Mr J Raine (Chair)
Dr D Steele

**In Attendance:**
Mrs B Everitt (Minutes)
Mrs K Carter (Item 5)
Mrs K Nairn
Mrs C Oliver
Miss M Paterson
Ms S Swan (Item 5)

1. **Introduction, Apologies and Welcome**

Apologies had been received from Stephen Mather, Jane Davidson, June Smyth, Evelyn Rodger and Karen McNicoll.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 9th May 2016**

**The minutes were approved as an accurate record.**

4. **Matters Arising**

*Action Tracker*

**The action tracker was noted.**

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

5.1 *Final 2015/16 Report from Trustees and Annual Accounts*
Susan Swan spoke to this item. Susan advised that Trustees were now presented with the final Annual Report and Accounts which were reflective of the Statement of Recommended Practice (SORP) guidance. Susan referred to the Audit Memorandum from Geoghegans, the External Auditor, which provided an unqualified audit opinion, and highlighted that there were a number of recommendations within the report which would be brought to the next meeting with the suggested action against each of these. Trustees discussed the decision at the last meeting to invite OSCR to the September meeting and agreed that it would be more appropriate to do this for the January meeting. Susan agreed to action this. Susan went on to report that the Endowment Funds recorded an in-year surplus of £164,742 compared to £473,276 in 2014/15 and

highlighted the main transactions made during 2015/16. Susan referred to the main risks for the charity detailed on page 8 which had been taken from the Charities Risk Register. Susan explained that the Annual Accounts financial templates now formed the latter half of the document and highlighted that figures for 2014/15 have now been added to provide a comparison. Karen Hamilton referred to page 3 where she noted that the Margaret Kerr Unit (MKU) was very well supported. Karen asked if there were plans in place should donations continue to be received at this rate. Carol Gillie advised that she had spoken with Annabel Howell, Associate Medical Director, Primary Care & Community Services & Palliative Care, who is looking to provide a different type of service going forward which would see links to support patients in the community. It was noted that a model would be built utilising both charitable and NHS funds. Andrew Murray advised that an application had been made to the Integrated Care Fund for set-up costs as well as utilising some of the Endowment funds. Clare Oliver added that from a Fundraising perspective it is not possible to stop people donating to a specific fund, however should there be unsolicited requests they would look to redirect to other appropriate projects. John McLaren felt that this was an excellent opportunity to widen the vision around palliative care as he was aware that there is no associated counselling service for people who have suffered bereavement. Doreen Steele stressed the need to look at sustainability as the MKU is for palliative care, not a hospice therefore there required to be caution around this. David Davidson provided feedback from the last Palliative Care Clinical Network meeting he had attended where it was noted that they are trying to expand the service into the community. David agreed that it was an opportunity for funds to be used to develop a counselling service to help those dealing with bereavement. Pat Alexander highlighted that this was a good example of the impact of integration on Endowment Funds and would encourage Annabel to make contact with the Integrated Joint Board. John Raine enquired if the fund was named MKU or Palliative Care. It was noted that it was named Palliative Care which provided more flexibility. John stressed the need for clarity to ensure that it is obvious that this is for the wider palliative care service. Doreen appreciated that there was evidence that more people are looking to die in their own homes, however felt that we can't lose sight that the unit does also provide support to relatives.

John Raine highlighted that there was duplication around the Investment Policy being reviewed on an annual basis on pages 6 and 7. Susan agreed to delete one of these. John also referred to page 9 under "Designated Fund" which stated Trustees had agreed to designate £1.5m of unrestricted funds as a contribution to the Children and Young People's Centre project. John reminded that the actual agreement was to contribute £0.5m plus an underwrite of £1m. Susan agreed to clarify this within the narrative and the notes to the accounts. It was noted that Pat Alexander's title required to be changed as well as the order of Trustees should be in alphabetic order. Susan agreed to amend these. John referred to his position as Chair of the Endowment Advisory Group (EAG) as he felt that it was not appropriate for him to chair the EAG and then make recommendations to the Board of Trustees. It was agreed to review the Terms of Reference and the Chair of the Endowment Advisory Group at its next meeting. Karen referred to the section on induction and training of new Trustees on page 10 as she felt that the session with OSCR would be a helpful refresh for Trustees. Carol also agreed to discuss as part of the Board Development programme other training opportunities for Trustees.

**The Board of Trustees approved the Annual Accounts for 2015/16 with the proviso that the changes discussed are made.**

5.2 *External Audit Memorandum*

Susan Swan spoke to this item. Susan referred to the recommendations and confirmed that appropriate action had been taken which has led to an unqualified opinion being received that the accounts are compliant. It was noted that the recommendations from External Audit related to improvements and strengthening controls. As previously mentioned a full report would be brought to the September meeting. Carol Gillie explained that it was due to the tight timescale between External Audit concluding the audit and today's meeting that it had not been possible to bring it to this meeting. John Raine referred to the recommendation regarding the recovery of income tax on investments. Susan confirmed that this had been actioned. Susan highlighted the section on accounting for the Fundraising Team costs which was based on the three year fundraising plan, however due to the limited progress with the Children & Young People's Centre, an alternative formalised approach would need to be agreed going forward. John McLaren referred to the 1% administration charge and asked what this covered. Carol advised that was the cost for administering all the Endowment Funds. David Davidson felt it would be helpful for Trustees to see what makes up this admin charge. Carol suggested that this is brought back to Trustees for a refresh. Susan Swan agreed to provide this for the September meeting. Doreen Steele noted that the Children & Young People's Centre is still in the early planning stages and highlighted that we are unable to charge retrospectively. Susan explained that costs had been incurred linked to the centre and these were always envisaged as an element of pump priming was required. Carol added that this was a form of loan which endowments were giving to the project and it would be paid back when funding for the centre was sourced. Doreen enquired if agreements could be put in place for the centre and what would happen to the costs incurred and how they would be covered as it would not be possible to charge to other funds retrospectively. Trustees felt it would be beneficial to see a report detailing this guidance at the next meeting. Susan agreed to prepare a report.

**The Board of Trustees noted the External Audit Memorandum report.**

6. **Fundraising Advisory Committee**

6.1 *Fundraising Strategy & Annual Plan 2016/17*

Karen Nairn introduced this item. Karen explained that this was a three year plan, however the focus for today's meeting would be on 2016/17. Karen referred to page 5 which detailed how NHS Borders benchmarked against other Boards and highlighted that we favoured well in comparison. Karen also highlighted the SWOT analysis on page 6 which listed strengths, weaknesses and opportunities as well as a risk analysis. It was noted that the fundraising function had identified five key aims to focus on, namely income, support, partnership, awareness and stewardship. Karen then highlighted the objectives for each of these aims.

Karen went on to explain that in regard to supporting the Children & Young People's Centre a feasibility study would be conducted following the SCIM process. Support would also continue to be provided for level 1 – 3 fundraising projects as required. Karen advised that Fundraising is now represented at the Friends meetings to encourage partnership working. Work would also be ongoing to make the public aware of all the areas they can support across NHS Borders as well as put in place a process to steward donors and encourage them to continue donating. John Raine noted that this was an excellent report. Doreen Steele agreed, however felt that this was an opportunity to highlight the successful fundraising appeals and these had not been all included. Doreen

agreed to pick this up with Karen outwith the meeting. David Davidson showed concern around the statement about maintaining a minimum of 80p in every £1 donated to the charity. Clare Oliver advised that a benchmarking exercise would be undertaken and the wording would be amended. David enquired if we were able to claim gift aid. It was noted that we could. David referred to the objective on page 13 to identify potential projects within the "masterplan" to support areas such as Radiology and A&E and asked what additionality would be brought to these areas. Carol Gillie advised that this was in regard to improving the environment rather than the core service. David felt that there required to be clarity around this so there was no confusion. Clare agreed to reword this element. Karen Hamilton highlighted reference to the MKU and following discussion earlier in the meeting suggested that this should be described in all public documents going forward as the Margaret Kerr Unit/Palliative Care. This was agreed.

**The Board of Trustees approved the Fundraising and Strategy Plan for 2016/17.**

6.2 *Future Governance and Approval Routes of the Fundraising Function*

Clare Oliver spoke to this item. Clare explained that the report provided proposals for the governance and approval routes for future fundraising activity following the disbandment of the Fundraising Advisory Committee (FAC). Clare gave assurance that anything being put forward for approval in future would have first been reviewed by June Smyth and/or Carol Gillie. It was noted that June Smyth would be a regular attendee going forward. Clare confirmed that she has discussed with the Chief Executive on how to provide the Board with regular updates and suggestions such as the weekly Board round up or Board development sessions have been put forward. It was noted that the review had highlighted challenges with clinical engagement and a proposal was to invite clinicians to attend a Board development session. David Davidson suggested contact be made with Annabel Howell and Hamish McRitchie. Clare confirmed that contact had been made previously, however this could be revisited. Pat Alexander noted that there was no reference to a risk assessment being undertaken as she would have assumed there would be risks. John Raine reminded that this had been considered as part of the review on whether or not to disband the FAC. Clare also gave assurance that the risk process would be built into future business cases. Pat felt that it would be helpful for this to be included within the paper. Clare agreed to action this. Pat also felt it would be beneficial for a review to be undertaken in 12 months to see the impact of disbanding the FAC. It was agreed that Claire Oliver would ask June Smyth to do this.

**The Board of Trustees approved the proposed approval routes as detailed within the report and agreed that there should be a review of the new arrangements in 12 months.**

7. **<u>Celebrating Success Staff Awards 2016 – Feedback Report</u>**

Morven Paterson reported that the total cost of the event after sponsorship and donations was £13,312.49. It was noted that this was a slight increase from the previous year and was due to entertainment costs and the rise in the number attending and VAT costs. Morven confirmed that there had been a good response rate to the questionnaire issued following the event and highlighted some of the positive comments received on page 2. It was noted that a lessons learned report would be presented to the September meeting.

Karen Hamilton enquired if any negative comments had been received and whether there had been a cost impact due to the 40 people who had not attended on the evening. Morven advised

that as the catering had been provided in-house there had been no impact on cost as they had been kept fully up-to-date. In regard to negative comments Morven explained that a full analysis had yet to be undertaken so she was unable to advise, however these would included as part of the lessons learned report received at the September meeting. David Davidson highlighted that Trustees had previously agreed £11k for the cost of the event and enquired how the increase had been paid. Carol Gillie confirmed that the additional cost had been paid from the Endowment General Fund. David also stressed the need to reach all staff to ensure fairness and equity across the organisation. Clare Oliver advised that everyone receives the same information which is distributed by Communications and that John McLaren is a member of the group overseeing the event to ensure fairness to all staff. It was noted that groups of staff who have not attended in the past are also encouraged to attend. David asked if there were any alternatives for members of staff who are either unable to attend or do not wish to, such as a Christmas lunch. Carol advised that these can no longer take place as the policy had been changed in line with the national review undertaken by OSCR, however as the awards were in line with training and development this fitted the criteria. John McLaren noted that from the lessons learned in previous years, income generation had not been looked into to fund the event. Clare explained that the event is organised by Planning & Performance therefore there is no additional cost to the organisation, however if income generation to fund this was to be looked at in the future then more resource would be required. Karen referred to the number of nominations received as she felt that there should be encouragement to try and get more in future as well as support being provided for those making applications. Clare confirmed that a session has been arranged and this would be taken into account.

**The Board of Trustees noted the report and that a full lessons learned report would be presented to the September meeting.**

8. **Any Other Business**

*Retirement Event*
Morven Paterson spoke to this item which provided an update on the 2016 retirement event to which all retirees would be invited. It was noted that this would take place during August at the Haining, Selkirk and Trustees would receive an invite when the date is confirmed. David Davidson recalled the last event taking place in Selkirk and suggested that varying localities be chosen to ensure equity. It was noted that Selkirk had been picked again as it was the preferred central location as it was good for parking and accessibility. John Raine suggested looking at the addresses of retirees in future years and a location being picked to suit the majority of these. Morven advised that there will be a feedback report which would provide an opportunity to discuss whether the event continues and the location etc.

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

*Fundraising Highlight Report*
Karen Hamilton referred to the Fundraising highlight report which had been circulated along with the documents for item 5.1 but had not been discussed. Karen highlighted a small typo on page 7. Karen Nairn agreed to amend this.

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

26th September 2016 @ 2 p.m., Board Room, Newstead.

BE
28.6.16

Minutes of an Extraordinary Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Wednesday, 20th July 2016 @ 1 p.m. in the MacMillan Centre Meeting Room, BGH.

**Present:**
Mr D Davidson
Mrs C Gillie
Dr S Mather
Mr J McLaren
Dr A Murray
Mr J Raine (Chair)
Dr D Steele

**In Attendance:**
Mrs B Everitt (Minutes)
Mrs K Nairn
Mrs C Oliver

1. **Introduction, Apologies and Welcome**

Apologies had been received from Cllr C Bhatia, Mrs J Davidson, Mrs E Rodger, Mr J McLaren, Mrs J Smyth, Mrs K McNicoll, Ms S Swan and Mrs P Alexander.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Duchess of Sutherland Legacy**

Judith Smith provided Trustees with the background to this legacy. The Trustees noted the proposal for the funding to be used to employ on a permanent basis a Band 7 Clinical Nurse Specialist for three days per week to work with patients with gynaecological cancer. It was noted that a clause within the legacy was that the postholder would be called "Sutherland Nurse". Judith went on to explain that the original request for a Band 6 undertaking 10.5 hours per week was not feasible to undertake this type of role as a separate post. The agreement from the legacy was for 5 years rolling forward with the commitment to give at least one year's notice should the agreement cease. The Cancer Endowment Fund would also hold the equivalent of one year's salary. Judith highlighted that based on this arrangement there would be a two year period in which to redeploy the postholder should funding cease in the future. Judith explained that the postholder would develop skills and expertise on an ongoing basis that could to used elsewhere in the organisation. It was noted that the role would include undertaking examinations and prescribing and would work with medical teams. John Raine felt that the risk was lowered if the postholder could be redeployed elsewhere in the organisation. John McLaren enquired if the person was already in post. Judith confirmed that they were not and gave assurance that if approved the post would be advertised in accordance with the organisation's recruitment policy. Carol Gillie added that the postholder would be an NHS Borders employee but would be funded by charitable funds. Stephen Mather noted his support for the proposal but showed concern that NHS Borders may have to absorb the cost in the future should funding cease and questioned if we would wish to establish the post on this basis. Carol felt that this was low risk and highlighted that the initial sign up was for five years and reminded that there would be advanced notice if funding was to cease by which time the individual would have transferrable skills which could be used elsewhere in the organisation and the two year notice period would be used to put arrangements in place. Stephen suggested a change in the wording relating to advanced nurse skills which Judith agreed to amend. Doreen Steele felt that this was a very good opportunity to become a centre of excellence and agreed that this was a low risk for the organisation at the

present time. Doreen fully supported the request. David Davidson also noted his support to the proposal, however would not like to see money from another source, other than the appropriate fund, being used to fund this. David noted that this would be a permanent post and would have liked to have had more detail around the training elements. David also noted concern around the language used and asked for assurance that this was appropriate for Scot's law. David showed concern around reference to Agenda for Change in case there were changes to this in the future. David suggested that it would be for the Board to consider what happens to this post should funding cease. Carol confirmed that it would become a decision for the Board if the funding ceased. Judith recalled that the initial proposal had gone to the Central Legal Office (CLO) for review but was unsure if they had seen the revised proposal. Carol Gillie agreed to check with Susan Swan and if required the CLO would be asked to undertake a detailed review. Stephen Mather asked for assurance that the postholder could not refuse to be redeployed should this be necessary. John McLaren confirmed that they could not do this and gave assurance that there were processes in place. Doreen felt it may be beneficial to protect NHS Borders and suggested reference to this be made within the documentation. Andrew Murray asked for clarity around the role and whether this was currently within the structure. Judith provided clarification on the role and confirmed this is not currently a post within NHS Borders. Andrew referred to the three day week and asked if there was an opportunity to link with NHS Lothian to make the post full time as this may make the role more attractive. Judith provided an update on the current structure and where she anticipated this post would sit to provide cross cover etc. Judith did not envisage an approach being made to NHS Lothian at the present time. Doreen asked if it was a certainty that no more than three days per week would be required. Judith advised that the numbers for gynaecological cancers are much lower than for other cancers so did not anticipate more than three days per week being required. Andrew enquired if Trustees were also approving the title of the post. Judith advised that there were no issues with this and confirmed that she had consulted Evelyn Rodger and Charlie Sinclair. John thanked Judith for the work undertaken to date and advised that Pat Alexander who had been unable to attend the meeting had also noted her support.

**Trustees unanimously supported the proposal.**

4. **Any Other Business**

None.

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

Monday, 26th September 2016 @ 2 p.m., Board Room, Newstead.

BE
22.07.16

Minutes of a meeting of the **Clinical Governance Committee** held on 13th July 2016 at 2pm in the Committee Room, BGH

| | | |
|---|---|---|
| Present: | Stephen Mather (Chair) | Doreen Steele |
| | David Davidson | |
| In Attendance: | Evelyn Rodger | Laura Jones |
| | Simon Burt | Dr David Love |
| | Sam Whiting | Phillip Lunts |
| | Jane Davidson | Dr Annabel Howell |
| | Charlie Sinclair | Dr Andrew Riley |
| | Lynne Morgan Hastie | Dr Andrew Murray |

## 1. Apologies and Announcements

The Chair noted that apologies had been received from Cliff Sharp, Susan Manion, David Thomson, Sheila MacDougall, Hamish McRitchie, Karen McNicol, Tim Patterson and Nicky Berry.

Andrew Riley is attending on behalf of Tim Patterson.

It was noted that Karen McNicol is leaving NHS Borders.

## 2. Declarations of Interest

None.

## 3. Minutes of the Previous Meeting

Doreen Steele noted that on page 5 – Patient Feedback Report it should say 'compliments' and not 'complaints'.

The minutes of the previous meeting held on the 25th of May were then approved.

## 4. Matters Arising

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

## 5. Patient Safety

### 5.1 Infection Control Report

Sam Whiting (SW) presented his report.

David Davidson (DD) asked about the risk associated when isolation is not possible. SW responded that the risk is difficult to quantify. The evidence of cross transmission is very rare. DD asked about visitors and infection control. SW answered that as visitors tend not to go from bed to bed and do not perform invasive procedures, the risk of cross infection associated with visitors is lower than staff.

There was prolonged discussion around infection control measures in six-bedded bays. Jane Davidson (JD) asked if are we are content that systems are operating as intended. SW responded that monitoring does confirm that systems and processes are operating as intended with generally good compliance.

With regard to hospital cleanliness monitoring, SW explained that resources for cleaning clinical areas are prioritised over non-clinical area. This would have the effect of reducing the overall compliance score at times where non-clinical areas are included in monitoring checks. SW was asked in the next report to show a split in cleanliness scores between clinical and non-clinical areas.

DS asked regarding page 9 reasons for the hand hygiene audit not being submitted or completed and was concerned that this did not support a zero tolerance approach to hand hygiene. SW answered that failure to submit an audit tended to be associated with changes in staff who had been allocated to complete audits or were on leave. In these cases, the relevant Senior Charge Nurses had confirmed that this task had now been allocated to alternative staff.

DL asked about cleaning of blood spillages and described what he had observed recently in the Emergency Department. SW advised that the spot checking process includes periodic observations of cleaning processes as they happen. The recurring theme in audits relating staff knowledge on cleaning was being addressed by training accompanying the rollout of a new cleaning agent that is easier for staff to use and will support better compliance. SW explained that in response to the feedback by DL, he would ensure that the Emergency Department is prioritised for early adoption of the new cleaning agent.

SW summarised the incident on page 7. SW explained that an outbreak report is being drafted along with a significant adverse review. No further cases have been identified.

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

### 5.2 Adverse Event Overview and Prevention and Management of Aggression and Violence (PMAV) Thematic Report

Laura Jones (LJ) presented the Adverse Event Overview containing information on trends over the last 3.5 years since the introduction of the adverse event management policy.

Evelyn Rodger (ER) noted that graphs 1, 2, 3 showed normal variation in the numbers of adverse events reported and queried whether we should be expecting to see a reduction in these numbers based on the improvement work underway. LJ advised it is important to promote a positive culture around the reporting of errors and we would not necessarily aim to see a reduction in reporting of incidents. We should however be monitoring outcomes and seeing reductions against these based on the focused improvement work.

LJ highlighted that individual cases and learning is discussion at clinical board governance groups and can be highlighted to the committee in reports from clinical boards. JD said that it was a helpful report but not an assurance report. JD suggested that this would be positive from an assurance perspective for the committee to ensure learning and action follow significant adverse events.

**Thematic Report - PMAV**

Sue Keean was unable to attend the meeting so DS suggested a further discussion be scheduled for the September meeting. At the next meeting the committee would like to discuss the areas experiencing high levels of aggression and violence and training uptake in these area.

ER advised that she has been in discussion with the PMAV team to look at how training can be provided differently within clinical areas.

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

5.3 Significant Adverse Event Review's (SAERs)

JD asked the committees views on making SAER reports available to the public through the NHS Borders internet site. It was suggested that this is already done in NHS Ayrshire and Arran. LJ highlighted that a lot of work has been done to involve patients and families throughout the SAER process to provide an open and transparent approach.

There was a debate around this and the need to ask permission from patients. The chair suggested that the Board be consulted on this to make a decision. AM agreed to take this for a discussion at the Board development session.

SM suggested that some detail of individual SAERs be shared through clinical board governance reports to ensure the committee can be assured that learning and actions are being addressed. JD suggested this would be useful from an assurance perspective to link the learning from SAERs to a change in outcomes over time. LJ and AM agreed to consider this for the next report to the committee.

5.4 Very High IT Risks

Jackie Stephens (JS) came to the meeting to discuss the very high IT risks that were facing NHS Borders. She gave a presentation on the following risks:

- Windows XP Desktop
- Radiology Hardware (RIS)

JS is also attending the board in September to discuss the issues further with a view to considering a plan for the resources required to address this. The committee were keen to see a phased plan to address this.

JS was asked to review the risk levels with June Smyth on the basis of the work that has been done to date.

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

## 6. Person Centred

6.1 Scottish Patient Service Ombudsman (SPSO) Reports

Philip Lunts (PL) talked to a paper summarising progress against the 5 SPSO improvement action plans. For two cases all actions are now completed and closed. The other three are ongoing and PL provided an update on the actions complete and those remaining with timescales for completion.

The Chair asked how the committee can be assured that actions have been completed where staff have been required to undertake personal reflection and practice change. Andrew Murray (AM) advised that they are ensuring that the conversation is taking place by checking the log of appraisals and monitoring feedback about individuals thereafter. ER advised that this would also apply to nursing and would be linked to their appraisal and revalidation process.

JD agreed that this is assuring for the committee and noted that some measures continue to be tracked from the SPSO cases. JD highlighted that this is about culture change and will take time and a continued focus.

JD highlighted that during a recent meeting with a family they had discussed their confidence in raising concerns whilst you are a patient in the hospital. As a result testing work is going to take place in Women's and Children's of a bedside sign advising patients and families about how to raise concerns and who they can contact outwith the ward.

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

## 7. Clinical Effectiveness

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

Charlie Sinclair (CS) advised that the BGH and PCS will now use the reporting format on front of the committee at the meeting. CS has enhanced the report by adding a summary at the beginning providing an assurance position across each directorate.

CS outlined that daily monitoring of compliance with Older People in Acute Hospitals (OPAH) process measures is continuing. Some areas are now seeing sustained compliance. CS indicated that the audit processes is being reviewed to assess if a sampling process would be effective. JD will consider this with CS.

CS indicated that the SPSO cases relating to the BGH and PCS had been covered in the earlier agenda item.

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

### 7.2 Clinical Board Update (Mental Health)

Simon Burt (SB) advised that he was happy to take questions in David Thomson's absence.

DD asked for examples of medication errors and noted that he would be happy to receive an email with this information. SB agreed to provide this.

DD enquired about what was happening with the Borders Addiction Service (BAS) in relation to IT issues they were experiencing. SB told DD that the issue holding this up is due to BAS having a preferred system which the clinical board accepted. Information Governance needs to be reviewed and this is currently happening.

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

### 7.3 Clinical Board Update (Learning Disabilities)

SB advised the committee that he would be moving the LD report over to the format being used by the BGH and PCS for the next meeting.

SB highlighted the ongoing issues around the provision of residential units for clients with autism and challenging behaviour across the UK. At present places are sourced from England and Wales. This requires local staff to make regular visits and impacts on the service. This has been raised by Cliff Sharp at the South, East Scotland and Tayside regional planning group. and SEAT. SB advised that he was managing the risk associated with this issue and is in discussion with Lothian about future provision.

SB highlighted that this is risk which spans the integrated service. DS said that this would be appropriate to go to the IJB for future commissioning consideration.

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

## 8. Assurance

### 8.1 Occupational Health Annual Report

Irene Bonnar (IB) gave a summary of occupation health activity from 201515/16. There has been a good use of the service from the staff.

It was noted that just under 25% of referrals to Occupational Health are for MSK. JD highlighted that she has asked for a drop in service to be developed for staff experiencing MSK problems. IB was asked to bring information on how this is progressing to a future meeting.

There was a discussion around uptake for classroom based training. Concern was expressed at the uptake rates and rate of cancellations but individuals and training providers. The committee requested assurance that this issue was being tackled by the group reviewing training provision. IB agreed to raise the points with John McLaren and bring an update back in the next report to the committee.

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

### 8.2 Child Protection Annual Update

ER advised that this was a historical Report from last year from the Child Protection Committee. Moving forward from the recent Joint Inspection of Children's Services the work plan for the next year will be more focused on outcomes rather than processes.

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

### 8.3 Care of Older Adults in Hospital (OPAH) Annual Update

Deferred until September.

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

## 9. Items For Noting

9.1 Minutes

The following minutes for:

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

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

## 10. Any Other Business

SB told the committee that the Joint Adult Health and Social Care inspection to be carried out by the Care Inspectorate will take place soon. It is anticipated that this will start in January 2017.

## 11. Date and Time of Next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday 28th September 2016 at 10am – 1pm in the BGH Committee Room. **Please note the change of time.**

*The meeting concluded at 4.20pm*

# *STAFF GOVERNANCE COMMITTEE*

Minutes of the meeting held on Monday 20th June 2016 at 10am in the Committee Room, Borders General Hospital, Melrose

| | |
|---|---|
| **Present:** | Pat Alexander, Co-Chair<br>Karen Hamilton<br>Stephen Mather |
| **Ex Officio Capacity:** | Irene Clark |
| **In Attendance:** | June Smyth<br>Karen Shakespeare<br>Susan Manion<br>Colin Herbert<br>Sheila MacDougall<br>Claire Smith (Item 3)<br>Helen Clinkscale<br>Ailsa Paterson<br>Bob Salmond<br>Jane Montgomery (Item 5)<br>Elizabeth McKay (Minutes) |

## 1. Welcome, Introductions and Apologies

Apologies were received from John McLaren, Jane Davidson, Shirley Burrell, Yvonne Chapple, Irene Bonnar, Evelyn Rodger, Janice Laing, David Thomson, Vikki Hubner

## 2. Minutes of Previous Meeting held Monday 14th March 2016

An accurate record was given.

**Action Tracker**

**Action 37** – Clinical Governance Committee Action Plan – Pat Alexander reported that she and John McLaren have been asked to attend the Clinical Governance Committee in September 2016. Pat advised she will not be available on this date.

**Matters Arising**

a) Car Parking

Karen Hamilton enquired if the minutes from the Car Parking Group will be circulated to the Staff Governance Committee.
***Action: Elizabeth McKay to contact Warwick Shaw.***

b) Integration

Susan Manion discussed the governance arrangements around Staff Governance. Susan advised she had a conversation with John McLaren and David Bell who is the Staff Side Co Chair for the Joint Staff Forum. They discussed the current arrangements regarding aligning them with the Integration Joint Board responsibilities to enable to deliver services.

The Terms of Reference will be looked at and be brought to this Committee at a future meeting prior going to the Integration Joint Board. Susan Manion informed it is important to ensure the work is being noted. It was noted that there are culture and language issues within both organisations.

Susan Manion would like to ensure there is clarity around the process and it is being followed properly. The Joint Staff Forum will help to provide guidance such as the recruitment processes. Susan emphasised it is important to include the key priorities to support staff.

The Staff Governance noted Susan Manion's update and that she will keep the Committee updated.

c) Whistleblowing

Colin Herbert informed he will be attending a national meeting this week on behalf of Pat Alexander and will provide feedback to the Committee. Pat Alexander stated that the last meeting of the Whistle Blowing policy group had been cancelled and asked that Colin Herbert convene a meeting.

**Action: C Herbert to convene a meeting of the Whistleblowing Policy Group.**

## 3. Local Workforce Plan (Standards 1, 2, 3, 4 & 5 apply)

Claire Smith presented the Local Workforce Plan for 2016 – 19

- Partnership Involvement
- Workforce Conference took place in March of this year. It was a successful event. The key themes presented at the conference were Implementing Values, Social Media and Dementia. Each of these themes feed into the Plan. The evaluations were very good and it has been agreed to re-run the conference in November this year.

- A Partnership Local Workforce Plan Sub group has been set up and meets regularly to enable to feed in to the Plan. It was agreed at the last Area Partnership Forum that the Plan will go out for a four week consultation period commencing from the 1st July to the 31st July 2016. Members of the group are asked to encourage staff to comment on the Plan.
- Claire Smith spoke about the Workforce priorities identified within the Plan which also includes the Corporate Values including Values Based Recruitment, Staff, Patient and Public Experience.
- Claire Smith gave a brief update on the key work areas. A series of meetings has taken place with managers to enable to project changes. Also, detailed discussions have taken place with Nursing & Midwifery, AHP Services, Medical and Dental.
- Looking at the population and workforce profiles

Claire Smith advised the next steps of the process: -

- The Finance Director and Chief Executive to sign the workforce projections prior to being submitted on the 30th June 2016.
- Separately, the draft plan will be issued for a four week consultation period commencing on the 1st July to the 31st July 2016.
- The Workforce Plan Sub group will meet to look at the comments.

A discussion took place regarding the Committee getting sight of the final draft of the Plan and having an opportunity to review. It was agreed that an extraordinary meeting is to be organised in August 2016.

Karen Hamilton stated it was a good presentation and the workforce issues we face will be challenging to address.

**The Staff Governance Committee noted the Draft Workforce Plan presentation. Elizabeth McKay to organise an Extraordinary Staff Governance Committee in August 2016.**

**4. Training Report (Standards 1.2.3.4 & 5 apply)**

June Smyth highlighted that the paper was here today to provide assurance that the issued identified in the recent Internal Audit Report were being addressed.

Stephen Mather asked for assurance that the Mandatory & Statutory Training Working group will scrutinise the training. June Smyth confirmed scrutiny over what is classified as mandatory training is in place and an approval process has been finalised. Moving forward the lists will be agreed on an annual basis with the Clinical Executive Operational Group.

Stephen Mather asked that in future cover papers to the Committee should clearly show when and where the paper has previously been considered, why it was being brought forward to this Committee and which iteration of the paper was being presented. If there have been material changes, these should be highlighted in the paper so that members know what has changed. It was agreed the cover paper template for the Staff Governance Committee would be revised accordingly.

Karen Hamilton asked whether all of these actions will have a positive impact on the number of people attending mandatory training. June Smyth reported we are predicting an improvement in compliance in the second half of the financial year, once the new processes are put in place. These new processes are currently being tested. Stephen Mather highlighted it would be helpful to understand why people are not attending training. A discussion took place regarding eLearning which will be a maximum of five hours per year for the core list training. Stephen Mather asked for assurance that the IT system will be sufficient to enable staff carry out eLearning. June Smyth informed she will look in to this issue.

Helen Clinkscale informed that the Central Booking System will bring major benefits to reporting. It will also provide training plans.

**The Staff Governance Committee noted the Training Report.**

## 5. Medical Education Report (Standards 1, 2, 3, 4 & 5 apply)

Dr Jane Montgomery reported on the recent training quality visit to the medical and medicine for the elderly units from the Quality Management Team on behalf of NHS Education for Scotland in April 2016, this was a trigger visit in response to the GMC National Training Survey in 2015.

The visit team included lay representatives, Royal College representatives, and peer consultant physicians from other hospital as well as the Deanery representatives. The team met with trainees, consultant educational supervisors, services managers and nursing staff to triangulate their feedback.

Dr Montgomery outlined the key points from the findings of the visit team. An action plan is to be completed and submitted which will include timescales for improvement. A return visit is required by 31 October 2016 so progress will have to be evidenced. Several actions are already complete including new processes in the medical unit and engagement with trainees, providing long term stability. NHS Borders had been very close to being placed on enhanced monitoring by the GMC, such a measure would be very damaging to our reputation as a training provider. Stephen Mather raised his anxieties regarding quality of training, reputation and concerns about the impact this might have on our ability to recruit doctors in future. He added the NHS board must prioritise the response and resources to resolve the issues raised by the visit team.

Dr Montgomery explained a particular priority on safe handover, a key patient safety indicator, this is being addressed with the support of Clinical Governance to trial a revised system on TRAK. . One of the concerns was reported" chaos" within the medical admitting unit and downstream wards regarding breaches, patients boarded on non medical wards and lack of staff. It was reported that there was little opportunity for an educational component after ward rounds.

Induction was generally a concern but the priority was the lack of ALS training for FY2 doctors, NHS Lothian has provided support. Dr Montgomery reported on the

recent purchase of equipment to support simulation training which was a positive development.

Pat Alexander added the report is very concerning but that the issues only recently had been brought to the Board's attention. Stephen Mather advised the first report about medical education and training quality was received in 2014. He continued that one of the key points is the reduced accommodation for training facilities due to staff being relocated to the Education Centre from Newstead and he has raised this issue at the Clinical Governance Committee. He added that safe handover was essential and highlighted this as a patient safety issue which is NHS Borders main corporate objective. IT infrastructure is also another concern which affects everyone in NHS Borders but the reported lack of access for trainees had significant implications. June Smyth reported that the Space Utilisation group meets regularly to agree priorities for the limited resource and the strategy for IT infrastructure was continually reviewed. Helen Clinkscale reported that all reasonable measures would be taken to support Dr Montgomery as Director of Medical Education. There had been a history of development of the medical educational resource over the past fifteen years. Efforts have been made to expand resources to support clinical skills development including the potential to restore ALS. The clinical skills lab has been developed as a multi disciplinary training resource.

Bob Salmond reported that the poor feedback from the GMC survey was disappointing compared to previous years when trainee feedback had been more positive and this may explain the apparent absence on the Board agenda. He felt it important to place the report in context as all NHS Boards except one had received a trigger quality visit. Performance across NHS Boards in relation to trainee satisfaction was poorer than expected. Secondly the visit had been undertaken in a period of unprecedented gaps on trainee rotas in medicine and genuine difficulty in securing a reliable supply of locum replacement. There is a direct correlation between trainee vacancies and the dissatisfaction of trainees expressed in the anonymous GMC survey. On a positive note the decision to recruit Clinical Development Fellows and recent outcomes in trainee recruitment should allow for more stable rotas in August. Bob Salmond concluded by stating that some of the feedback was not accurate regarding the level of trainee working as the lead doctor on medical admitting – this reflected the opinions of one trainee rather than evidence. NHS Borders would have to prioritise addressing all of the issues in the report some were more important than others. Stephen Mather commented that the Board had little choice but to respond positively to the GMC when they made recommendations on the quality of training.

Sheila MacDougal advised of the connection between the GMC and Health and Safety Executive as there was the potential for prosecution, for example, if patient handovers and the capacity for supervision of trainees was not appropriately addressed.

**Pat Alexander summarised the discussion and asked the Staff Governance Committee to note the report of the visit from the deanery quality team It was suggested that a Board Development session on medical education and quality of training for junior doctors should be undertaken as possible so that the Board can remain sighted on this very serious situation. June Smyth will arrange for this item with Iris Bishop.**

## 6. Sickness Absence Report (Standards 1, 2, 3, 4 & 5 apply)

Colin Herbert spoke to the Sickness End of Year Report for 2015/16 which provides trends across the whole organisation. The 15/16 national data reports NHS Borders is currently sitting at 4.36%. The figure from the previous year was 4.1%. In comparison with NHS Scotland NHS Borders remains 0.8% below the national average and has the lowest 2015/16 rate for a territorial board.

There has been a reduction in sickness absence across all Clinical Boards apart from PACS. For the first year it has been possible to separate the sickness % for trained and untrained Nurses, it was evident that the absence within the Untrained Nursing staff was particularly high and would need further analysis and investigation in the coming year. The main reasons for Sickness Absence have not changed much over the past two or three years muscular-skeletal problems and mental well being issues which are identified as the highest two. Other unidentifiable reasons have reduced over the last two years. Colin Herbert spoke about the age demographics which highlights the age group 52 – 56, which has the highest sickness number of days lost. Colin Herbert reported Ailsa Paterson is carrying out a piece of work regarding this age group in terms of further analysis. Irene Clark asked if the majority of staff sit within this age group and was informed yes.

Colin Herbert reported that we are addressing sickness absence by providing one day training and also half day refresher training for managers / line managers. We also carry out sickness absence reviews with managers to enable to support them. We also have a six month resource to enable us to look at the major hot spots. Although the sickness absence for the cumulative year to March 2016 was 4.36% and a reduction the previous year, the April / May figures for this year show an upward trajectory.

Stephen Mather informed Medical and Dental has the lowest sickness rate compared to senior management who has the highest rate and asked if it is down to culture. Bob Salmond explained doctors will cover for each other and will pay back at a later date. Stephen Mather also noted that the Senior Manager group showed low level of stress, anxiety and depression and wondered why that was. Colin Herbert advised the senior management group is a very small group staff group and it was difficult to make analysis around the causes of absence.

Sheila MacDougall informed the two biggest sickness absence groups are musculo-skeletal and mental well being issues and would like to see a balance to the prevention of these illnesses. June Smyth advised there is a promoting wellbeing workstream which Irene Bonnar leads on.

June Smyth informed a deep dive is required to enable to look at the absences within the ward areas. Ailsa Paterson is looking at age related sickness and will feed into the project. Pat Alexander informed it is good to see that we are the best Board in NHS Scotland but we still require looking at resources for people when off sick.

**The Staff Governance Committee noted the report.**

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

Ailsa Paterson gave an update. The Area Partnership Forum approved the two HR policies titled Parental Leave and Breast Feeding at Work in April 2016 which have now been published. There is an attached report which went to the last Area Partnership Forum which highlights the ongoing work to reviewing our policies. The Area Partnership Forum agreed that policies can be released over the summer period for consultation and update will be given at the next meeting.

Pat Alexander asked which group signs off the policies. June Smyth informed that under the present Terms of Reference the policies are signed off in partnership at the Area Partnership Forum and then come to this Committee so they are given sight of policies.

**The Staff Governance Committee noted the paper**.

## 8. Staff Governance Monitoring Framework (Standards 1, 2, 3, 4 & 5 apply)

Bob Salmond updated the Committee on the work of the Staff Governance Action Plan Working Group, which is a sub-group of the Staff Governance Committee.
He presented two documents:

- The 2016 Staff Governance Action Plan.
- Staff Governance Standard Monitoring Framework Return: 2015/16

Bob Salmond commented on the latest Staff Governance Action Plan. He explained the plan brought together the Staff Survey Results, The iMatter Board Reports and Everyone Matters 20:20 Workforce Vision Action Plan in a single comprehensive document.

He added that the Working Group have agreed three further priority actions going forward:

- Standard 2 (Appropriately Trained) – Statutory and Mandatory Training
- Standard 3 (Involved in Decisions) – Development of role of Local Partnership Forums.
- Standard 5 (Safe and Improved Working Environment) – Whistleblowing / "Safe to Speak up".

Bob Salmond referred to the final version of the 2015 – 2016 staff governance monitoring framework return as submitted to the Scottish Government Workforce and Staff Governance Committee on 06 May 2016. An earlier draft of this document was considered by the Staff Governance Committee at its meeting on 14 March 2016 and had subsequently been discussed at the APF in April. The submission forms part of the ministerial briefing for the Annual Review and the Committee should expect written feedback in the autumn which will influence the priorities in the Staff Governance Action Plan going forward. At its next meeting the Staff Governance

Committee should receive an update on the local monitoring framework depending on the Annual Review arrangements.

Karen Hamilton asked about the actions from the Staff Survey, 'I Matter' and 20-20 Workforce Vision Action Plan and the response rates and if this would influence the importance of each aspect. Bob Salmond commented that each aspect had an equal weight. The staff survey and "I Matter" had different purposes. The staff survey being a questionnaire directed to all staff at a corporate level and "I Matter" being a diagnostic tool aimed at continuous improvement of employee experience for teams. It would be expected for the latter to have a higher response rate given that staff opted into the staff survey. Our response rate for the staff survey was 50% and the advice from the consultants in public opinion methodology that this was a valid sample.

In response to a question, Bob Salmond confirmed executive directors have been nominated to be a sponsor of each of the actions in the SGAP. This information would be updated in the SGAP in due course.
The Committee agreed to note the reports. The feedback from Scottish Government will be considered by the Committee later in the year.

**The Staff Governance Committee noted the update and supported our local approach**

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

To be deferred to the next meeting.

## 10. Shared Services (Standards 1, 2, 3, 4 & 5)

June Smith informed the paper was taken to the Area Partnership Forum for information and was presented the Clinical Strategy group last month. It is to ensure the Committee knows that the programme is in place and being scrutinised. It states within the Terms of Reference that the Staff Governance Committee will receive reports.

**The Staff Governance Committee noted the update.**

## 11 Future Items

Pat Alexander reviewed future items on the agenda**.**

## 12. Items for Noting

a) Occupational Health Update

**To be deferred to next meeting**.

b) Risk & Safety Update

Sheila MacDougall gave an update on the activities within Risk & Safety: -

Education Programme - there will be some improvement to the Education Programme.
Aggression & Violence - this is one of the highest reporting areas.
Occupational Health & Safety Self Assessments 2015/16 - aiming for a 100% return
Risk Assessments - being placed on the Risk register
Resilience - staff are sighted on this
Adverse Events –

Pat Alexander highlighted the link to Statutory and Mandatory training has been noted.

Sheila MacDougall advised that Risk, Health & Safety do not cancel training when there are low numbers of trainees attending. Managers require understanding the training staff require to attend. Helen Clinkscale informed that her staff are being proactive and addressing the hot spots of training such as PMAV.

**The Staff Governance Committee noted the update**.

c) Occupational Health & Safety Forum – Approved Terms of Reference

Sheila MacDougall advised the paper is here for noting.

d) Remuneration Committee

Colin Herbert informed it is an activity report from the last year. Karen Hamilton enquired if secondments are part of the Terms of Reference. Colin Herbert advised it now includes secondments.

**The Staff Governance Committee noted the report.**

e) Scottish Child Abuse Inquiry and Implications for NHS Boards

June Smyth spoke to the paper and reported work is underway and it will be reported into this Committee. The Terms of Reference will come to a future meeting.

**The Staff Governance Committee noted the paper**.

f) Appropriate Access to other Committee Minutes: -

Clinical Governance Committee

Area Partnership Forum

Public Governance

Mandatory & Statutory Working Group

Audit Committee

Occupational Health & Safety Forum

**The Staff Governance Committee noted all of the minutes to above meetings**.

## 13. Any Other Competent Business

There was none**.**

## 14. Date of Next Meeting

Monday 12th September 2016 at 10am in the Committee Room, BGH.

# *EXTRAORDINARY STAFF GOVERNANCE COMMITTEE*

Minutes of the meeting held on Thursday 18th August 2016 at 11am in the Committee Room, Borders General Hospital, Melrose

**Present:** John McLaren
Stephen Mather

**Ex Officio Capacity:** Yvonne Chapple

**In Attendance:** June Smyth
Helen Clinkscale
Sheila MacDougall
David Thomson
Claire Smith
Isabel Richardson
Anne Suttie
Ailsa Paterson
Elizabeth McKay (Minutes)

## 1. Welcome, Introductions and Apologies

Apologies were received from Pat Alexander, Karen Hamilton, Jane Davidson, Shirley Burrell, Alison Wilson, Irene Clark, Irene Bonnar and Evelyn Rodger

John McLaren welcomed all to today's extraordinary meeting to look at the Local Workforce Plan – 2016 – 2019. Due to the Committee not being quorate it was agreed that the Plan would be signed off electronically by the non executives.

## 2. Local Workforce Plan (Standards 1, 2, 3, 4 & 5 apply)

Claire Smyth presented the Local Workforce Plan: -

- Good response rate to the consultation
- The Partnership Sub group met twice to look at the comments received from the consultation and updated the Workforce Plan
- It was a very good process.
- An Executive summary to be developed
- The Plan is linked to other documents such as the Local Delivery Plan, Strategy and other national documents
- There is an Action Plan within the document

Claire Smith asked the Committee for comments: -

- Stephen Mather recognised this was a big piece of work and congratulated Claire and her team to developing the Plan.
- Stephen Mather informed he only had one small criticism and asked what are we going to be doing with the Plan?
- John McLaren advised the Action Plan will be helpful and assist in what we can get out of this
- June Smyth asked Claire to provide some feedback received from the consultation
- Claire advised she received feedback regarding language which she noted and changed and sent back a replacement paragraph
- Changes were made to sections within Pharmacy
- There were questions around the target audience, does the Plan require being so long. Claire Smyth informed the summary plan will help and would like agreement regarding this today.
- John McLaren asked to anonymise the comments and provide the feedback to the group
- Stephen Mather enquired about Page 7. He would like to suggest having another column asking what success looks like and how to measure it. This would enable to highlight what has been achieved within the future
- Helen Clinkscale to share a draft paper that she produced earlier this year.
- June Smyth reported that Jane Davidson welcomed this review.
- John McLaren advised that the government provided specific criteria's to be demonstrated within this document.
- June Smyth asked Claire if she was planning to report back to ensure we have a system to record to enable to make a definitive statement.
- Claire Smith advised it is a three year plan and next update will be a shorter Plan
- The next steps are to make adjustments to the Action Plan and send it out electronically for agreement and work to be carried out on the Executive Summary
- A communication to be sent to Scottish Government informing a consultation has been carried out and there will be a delay in receiving the documents
- Stephen Mather asked for the changes to be highlighted within the document.
- To use the change log???
- All of the information will be circulated

- Sheila MacDougall highlighted the Recruitment Retention Strategy asking foe the statement to be clearer as it reads specifically to Medical Recruitment.

It was agreed to: -

- To develop the Executive Summary and circulate to the Committee then to Jane Davidson, Chief Executive
- The documentation will be sent out next week to the Committee and given a week to look and sign of the document

- June Smyth advised we are going through an internal audit a recommendations will be given to the Audit Committee
- The group thanked Claire Smith and Isabel Richardson for the amount of work they have both carried out throughout the process.
- A formal ratification will be given from the Committee at the next meeting on the 12th September 2016.
- Claire Smith will contact Scottish Government advising they will receive the document by the 16th September 2016.

**3. Any Competent Business**

**4. Date of Next Meeting**

Monday 12th September 2016 at 10am in the Committee Room, BGH.

**Minutes of a meeting of the Area Clinical Forum held on Monday 20 June 2016 at 5pm in the Committee Room, Ed**

Present: Karen McNicoll (Chair), Philip Lunts, Nicky Hall, Gerhard Laker, Alasdair Pattinson, Kirsten Austin (Minutes)

Apologies: Alison Wilson, David Thomson, Dr Chris Richards, Dr Tim Young

**It was noted the meeting was not quorate.**

| Agenda Item | Title | Speaker | Summary | Action |
|---|---|---|---|---|
| **2** | **Minutes of Previous Meetings** | KMcN | Karen McNicoll (KMcN) welcomed everyone to the meeting and notes the apologies above.<br><br>The minutes from the meeting on the 4th of April were discussed.<br><br>Nicky Hall (NH) identified that on Page 6 it noted that Katie Morris was to speak to Nicky Hall. This section is to be formatted so it reflected the relevant paragraph. Katie and Nicky are still to discuss. | |
| **3** | **Matters Arising** | KMcN | Gerhard Laker (GL) was welcomed to the meeting who has now taken over from Robert Irvine.<br><br>Dr Tim Young and Angus McVean were asked to attend today to discuss the Integrated Joint Board Strategic Planning Group. They were both unable to attend and their response was fed back to the meeting. | David Thomson to chair August meeting.<br><br>Karen is to ask Evelyn Rodger and Andrew Murray to attend the ACF to discuss the IBJ Strategic Planning Group and Clinical Engagement. - October |
| **4** | **Winter Planning 2017** | PL | Philip Lunts (PL) talked through his presentation for the Winter Plan for 2016 in relation to last year. There was one produced one for last year to ensure services run in the winter with minimal disruption through the festive period and over the time November to March. | Philip Lunts to come back in October to update us on the Winter Plan. |

| Agenda Item | Title | Speaker | Summary | Action |
|---|---|---|---|---|
| | | | Last year focused on staffing, beds and delayed discharges. The EA 4 hr standard targets were met 95% of the time.<br><br>PL advised that this year they are aiming to engage clinical staff more in the planning and get their view – which is a key focus this year.<br>Winter planning started around a month ago and a planning group has been established. The group will be coming to the people who run the individual services to find out what works for them.<br><br>NH asked if this will protect the elective beds?<br>PL said that yes it would, last year we had 50 cancelled procedures due to unscheduled procedures. We are now planning as far in advance as we can however this will mean that different surgical specialities will be working together.<br><br>Norovirus – being prepared and maximise our flu vaccination. 60% uptake is our target. Last year we hit just under 50%.<br><br>The plan is to get communications out to say its winter. Before coming to the Emergency Department, go to your local Pharmacists, NHS 24 to see if they can assist in the first instance.<br><br>PL – are there any pressures on Dentist and Ophthalmology services during the winter period?<br>GL noted that everyone wants their treatment before Christmas, but other than that no. | |

| Agenda Item | Title | Speaker | Summary | Action |
|---|---|---|---|---|
| | | | KMcN queried the nurse led BECS and asked if that was going to allow an opportunity to test nurse discharge and in ED and 4 hour emergency access standard or is it still only Doctors that can discharge patients.<br><br>PL – want to look at the new nurse staffing model – minor injuries and x-rays without getting a Doctor involved. EMP or other nurse practitioners to go minor injuries also need to boost up our EMP cohort. We don't use them effectively as we can. Looking at different kinds of patients that come through ED and adjust shift patters.<br><br>KMcN – patients that has been hanging around for a while, it could be an advanced practitioner or EMP discharging them. Or someone in discharge lounge waiting to be discharged can be kept waiting when a nurse could do it?<br><br>PL acknowledged KMcN point and agreed that she was right and that we haven't trained them to do this.<br><br>KMcN – advanced recruiting, what are you recruiting and are there other skill sets that could add value in that context. Are there are other people that can add value not just nursing.<br>PL – our ED is small runs on 2 docs and one EMP. Doctors do a lot of minor work. Only 5-6 patients coming in an hour. | |

| Agenda Item | Title | Speaker | Summary | Action |
|---|---|---|---|---|
| | | | KMcN noted that the mobility equipment service is provided by an arm's length organisation, SB Cares. This service is pivotal to people going home and supporting people to getting home. Are they resourced up for the winter period and do we understand their plans. It was noted that April can be just at testing as the winter with the holidays; tourists etc and suggested that the winter plan be stretched to April to cover this time.<br><br>KMcN asked PL if he felt that he has enough clinical engagement?<br>PL – No. Different clinicians will recognise different things. That why I wanted to come here, clinicians looking at the while system. I think what we will do – take to other clinical forums and heads of service and SW.<br>KMcN suggested that PL also attends the Adult services delivery group for their feedback.<br><br>GL asked if there were any planned communications going out to the public.<br>PL said that there were ones sent out last year and there are still a lot left over.<br>NH asked where they were being distributed too.<br>PL advised that they had been sent to GPs, dentists, optometrists, libraries etc. Will mention this to the communications people.<br>KMcN said to PL that it would be good to see a communications plan and when they will distribute them.<br>GL asked if radio had also been considered | "Get ED" leaflet from Comms to send round the ACF. |

| Agenda Item | Title | Speaker | Summary | Action |
|---|---|---|---|---|
| | | | PL advised that it had been used last year but social media was the most successful in getting the information out to people.<br>KMcN told those present that the AHP committee has asked her to feedback that they would be keen to look at or support the 7 day service. Rather than scaling up the OT and Physiotherapists for a certain number of days. The expectation is raised. Why are we not doing that anymore?<br>PL told KMcN that they are looking at how we mainstream some of these things due to budget constraints.<br><br>NH said that if there is bad weather, we postpone. What out of hour's service can be provided when we are on holiday?<br>GL said that dentistry is always covered out of hours in Livingston. BECS cover weekend. Most practices during the week will see their own emergency patients unless it is trauma. | |
| **5** | **Clinical Governance Committee** | KMcN | KMcN told those present that the current Ombudsman reports and communication re the care of patients at the hospital were discussed. There are a few improvement plans that are being worked on at the moment as outcomes of the findings by the Ombudsman.<br><br>There was an unannounced OPAH inspection held and we are currently awaiting the feedback from this. However there is nothing to be concerned about. | |

| Agenda Item | Title | Speaker | Summary | Action |
|---|---|---|---|---|
| | | | There will be an inspection for the older adult's social work services by the end of the year. | |
| **7** | **Public Governance Committee** | NH | NH advised that the last meeting was held on the 4th May. There was discussion around the spiritual care service and the development of this and a presentation from the Borders Voluntary Care Voice and the care bill.<br><br>Under any other business there was a document called "Four questions to ask your doctor". This will be put out round the surgeries for it to be put up everywhere. It was suggested that this may be slightly adapted for surgery or for dentistry or for other services. | Get a copy of "Four Questions" from Andrew Murray. Put on agenda for August agenda. Ask people from here to share it with their committees and to discuss in August. |
| **8** | **National ACF Group** | KMcN | KMcN told the meeting that the National ACF Group met a fortnight ago and with Paul Gray who is the Chief Executive of NHS Scotland and Jason Leitch who is the clinical director at NHS Scotland. There were conversations about realistic medicine and the clinical strategy. They were promoting clinical engagement and it being wider than medics and nursing. KMcN said that a lot of her colleagues were saying the same thing. It would be unfortunate going forward, if it was only about the biggest groups. Other services that need to be thinking about.<br><br>The work plan for the ACF for the year ahead was discussed and what we would expect is to have all the boards to have common themes for example; demographics, multiple long term conditions. | Work plan to put on the intranet. |

| Agenda Item | Title | Speaker | Summary | Action |
|---|---|---|---|---|
| | | | New chair of the Nation group is Dr Andrew Evanett who is a GP in Highland. | |
| **9** | **Borders NHS Board: 23.06.16** | KMcN | NH noted that on Page 39 of the Local Delivery Plan regarding Technology and Data that they don't get to see the referrals. If NH does a referral on SCI gateway, it's not fully what I have typed in. Someone in the hospital gets the referral from the GP but we don't get to see it. We cannot access it anymore after that.<br><br>NH hall stated that this was not providing an efficient means | |
| **10** | **Feedback from Advisory Committees** | ALL | NH said that she has someone spoke to someone from pharmacy as they have been asking for specific medication – what is available for minor ailments.<br>Ophthalmology and Pharmacy need to work together so that we are not asking for something that isn't allowed. | NH to have a conversation with Alison to increase awareness. |
| **11** | **Any Other Business** | KMcN | See action tracker for updates. | |
| **12** | **Date of Next Meeting** | KMcN | 1 August 5pm, Committee Room, BGH | |

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 20 June 2016 at 2.00pm in the Board Room, NHS Borders, Newstead

| | | |
|---|---|---|
| **Present**: | (v) Cllr C Bhatia (Chair) | (v) Mrs P Alexander |
| | (v) Cllr J Mitchell | (v) Mr J Raine |
| | (v) Cllr F Renton | (v) Mr D Davidson |
| | (v) Cllr I Gillespie | (v) Dr S Mather |
| | (v) Cllr J Torrance | (v) Mrs K Hamilton |
| | Mrs S Manion | Mrs E Rodger |
| | Mr D Bell | Dr A McVean |
| | Miss J Miller | Ms L Jackson |
| | Ms A Trueman | Ms I Clark |
| **In Attendance**: | Miss I Bishop | Ms S Campbell |
| | Mr P McMenamin | Mrs J Stacey |
| | Mrs J McDiarmid | Mrs K McNicoll |
| | Dr E Baijal | Mr S Barrie |
| | Mr P Barr | Mrs A Wilson |
| | Ms F Doig | Mr C Svensson |
| | Ms S Donaldson | Ms T Wintrup |
| | Ms J Robertson | Mr A Pattinson |
| | Mr D Robertson | Mrs C Gillie |

## 1. Apologies and Announcements

Apologies had been received from Dr Andrew Murray, Mr John McLaren, Mrs Elaine Torrance, Mrs Jane Davidson, Mrs Tracey Logan, Mrs June Smyth and Ms Lynn Gallacher.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting.

The Chair welcomed members of the public to the meeting.

## 2. Declarations of Interest

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

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

## 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Integration Shadow Board held on 18 April 2016 were amended at page 8, line 8 and replace £2,663m with £2.663m and with that amendment the minutes were approved.

## 4. Matters Arising

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

## 5. Integrated Care Fund Update

Mr Paul McMenamin gave an overview of the content of the paper. Mr McMenamin highlighted the partnerships integration programme work and the wider financial resources delegated to the partnership. He further highlighted potential areas for investment and disinvestment and advised that the Integrated Care Fund was a transitional resource.

Mrs Susan Manion reported that a review of all existing pieces of work had been undertaken as well as the governance sub structure. She confirmed that the agreed pieces of work that were being taken forward were in line with the Strategic Plan.

Dr Stephen Mather enquired if in the unlikely event that the integrated care fund was not completely spent, if the balance of funds would be carried forward. Mrs Manion confirmed that funding would be rolled over as it was a 3 year fund.

Mr David Davidson noted that on page 1 of the report there was no comment on how much was already spent. He further suggested the 14 projects be listed in priority order of what could be achieved quickly. Mrs Manion advised that all projects had been previously agreed and were mapped against the national outcomes and had their own timescales.

Mr Davidson enquired if all the bus operators were included in the transport hub discussions and what the outcome was. Mrs Manion reported that the subject of transport was being taken forward through the Community Planning Partnership (CPP) and the funding was a contribution made towards that piece of work. The Chair advised that a paper was being submitted to the next CPP meeting on the outcomes and Cllr John Mitchell added that he expected the paper to address issues of subsidy and strategic direction for public transport.

Further discussion focused on: Eildon Community Ward and prevention of admission funding; and the narrative and layout of Appendix 2.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the progress made to date in the development of the partnership's transformation programme, in particular, those projects funded from within its Integrated Care Fund programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there would be a fuller report to the next meeting on the wider investment towards the delivery of the strategic plan

with specific plans for service redesign in keeping with the commissioning and implementation plan.

## 6. Revised Governance Arrangements for Integrated Care Fund

Mr Paul McMenamin gave an overview of the content of the paper, highlighting the input of the Executive Management Team and a number of key high level roles across key stakeholder groups. Mr McMenamin described the flow of business within the revised governance arrangements and clarified that the Health & Social Care Integration Joint Board (IJB) would be asked to ratify proposals.

Mr John Raine welcomed the move towards a simpler form of governance. He also welcomed the inclusion of statements in the report that the IJB was ultimately responsible for the effective use of the Integrated Care Fund (ICF) and also the reference to the role of the IJB being to set the strategic intent of the partnership. He also emphasised that the Board was responsible and accountable for the success or otherwise of the whole enterprise of integration. There were however some contradictions in the report. It stated that the Executive Management Team (EMT) would be responsible for refining and approving proposals and that once approved they could be implemented. However, the report also stated that the Board would be asked to ratify proposals approved by the EMT and might refer proposals back.

Mr Raine stated the definition of `ratify` was to formally approve which could present difficulties if proposals were already being implemented. Board approval of proposals would not delay implementation if work was effectively programmed and also because the Board met frequently.

Mr Raine indicated that the process should be simple and clear with schemes supporting the delivering of the ICF programme going to EMT for endorsement and then on to the Board for final approval with an explanation as to what the schemes were intended to achieve, at what cost, over what timescale and how sustainable they would be. The Board would then ratify or refer back. Worked in this way, the governance would be simple and clear and support the fact that the Board was ultimately accountable.

Mrs Susan Manion advised that the role of the EMT was in terms of delivery. She explained that the EMT was the place where the Chief Executives as decision makers in commissioning services would agree to the delivery of the services requested by the IJB. The IJB on strategic matters was itself advised by the Strategic Planning Group. The role of the Chief Officer was to make the recommendation to the IJB to commission the services. She commented that the advantage in the setting up of the EMT was that it converged into a single group and was easier to then take a collective decision and collective view on the way forward in line with the IJBs requirements.

Ms Jenny Miller enquired if there would be third sector representative on the proposed Service Redesign Steering Group. Mr McMenamin advised that the membership and terms of reference for the working groups would be redefined with the intention that the former membership, form the main membership of the Service Redesign Steering Group plus other stakeholders.

Mr David Davidson suggested the second sentence in paragraph 4.6 was contradictory as per Mr Raine's earlier comments. Mr McMenamin advised that he would be content to remove that sentence from the report as it added little value by way of explanation.

Discussion further focused on: the purpose of the proposed new groups; description of the whole system in terms of the use and totality of resource; streamline process and provide assurance that funds were being spent in appropriate areas; and potential routes for appeal.

Mrs Karen Hamilton questioned whether any proposals not agreed by the EMT would be seen by the IJB. Mrs Jeanette McDiarmid explained that the EMT would provide the IJB with assurance that the recommendations submitted to it met the outcomes in the strategic plan, enabling the IJB with its decision making. She further advised that if the IJB did not approve a recommendation it would be referred back to the EMT.

Towards the end of the discussion Mr Raine said he was happy to support the proposals following the assurances given by the Chair and Mrs McDiarmid that the governance process was intended to run in the way he had earlier outlined.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised governance arrangements for the Integration Care Fund subject to the deletion of sentence 2 at paragraph 4.6 on page 4 of the paper.

## 7. The Localities Framework

Dr Eric Baijal gave an overview of the content of the paper and highlighted several elements including: engagement of local communities, alignment of localities and GP clusters, resourcing, support for GP practices and long term conditions proposals.

Several items were highlighted during discussion including: locality working will only succeed with ongoing necessary resource; locality engagement and partnership groups; in review of existing partnership and engagement forums; flexibility of localities; review of quality controls; expectation that GP cluster arrangements would be known by 30 June; and the use of technology for sharing patient information to ensure the patient remains at the centre of the care package.

Dr Angus McVean commented that the GP community was in a current state of flux in regard to converting to clusters and discussions continued. He suggested there may be a potential outcome of 3 clusters instead of 5. He echoed Dr Stephen Mather's concerns that investment in the community was required to prevent admissions and allow support to be put in place early to support people in their own homes.

Dr McVean suggested GPs were moving away from chronic disease management and investment would be required to enable them to lead the delivery of those types of services if that was the expectation of the IJB.

Mrs Susan Manion commented that the Public Partnership Forum (PPF) was originally accountable to the Scottish Borders Community Health & Care Partnership that had been

concluded. Discussions had been taking place regarding a revision of the PPF to ensure the governance of patient and public involvement requirements for the IJB were met. She advised a paper on the PPF would be brought to a future meeting.

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

## 8. Equality Mainstreaming report.

Mrs Susan Manion reported that the Health & Social Care Integration Joint Board was obliged to provide and publish an equality mainstreaming report. The report was submitted to the IJB for comment and agreement and to highlight that both NHS Borders and Scottish Borders Council had already agreed equality outcomes (Appendix 1). She assured the IJB that the equality outcomes matched across to those within the Strategic Plan as well as the local outcomes. She reiterated that paragraph 8.2 within the report would ensure the IBJ met the equalities legislation requirements.

Discussion focused on: paragraph 5.8 should read paragraph 8.2; aspirational changes; how to make practical changes in areas such as discrimination; training; and how will people see change.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the equality outcomes outlined in paragraph 8.2 and Appendix 1 and noted the review by April 2017 to inform the development of the revised outcomes for 2017 onwards.

## 9. Delayed Discharges

Mrs Susan Manion advised that a formally agreed performance framework for the IJB was still under construction. She was keen to ensure that the future report would including monitoring and actions across all of the health and social care remit. She was further keen to collectively address delayed discharges and ensure duplication was removed. Mrs Manion further reported that the move to the 72hour target would take place on 1 July.

Dr Angus McVean commented that he was keen to see data on readmission rates (especially those presenting 2 or 3 times in quick succession) as potentially those discharged too quickly could be readmitted if their problems had not been resolved. Mrs Evelyn Rodger advised that she was very mindful of the potential issues of discharging patients too early in their care pathway and a focus and attention was being paid to readmission rates to ensure patients were not being disadvantaged.

Mr Alasdair Pattison commented that work was being progressed in identifying the 2% of the population in Borders who were high resource individuals to ensure they were appropriately resourced in the community to prevent admission and readmission.

Cllr John Mitchell enquired where the 2% figure originated. Mr Pattinson advised that it was a percentage taken from national data and he was keen to view the profile for the 2% in Scottish Borders and reasons for admission and readmission.

The Chair suggested that the arbitrary 72hour target wasn't necessarily best for the patient. Mrs Rodger advised that in terms of the target, it was no different to the Accident & Emergency (A&E) target, in that it was a proxy measure for how the system was behaving. In terms of data intelligence in Scottish Borders, she advised that Scottish Borders had the lowest number of care packages, and the message received from Health Improvement Scotland was that health and social care wasn't functioning as well as it might in Scottish Borders. She advised that currently there were 5-6 patients who could not be moved to where they needed to be for their care needs due to delayed discharges in the system. Mrs Rodger suggested the IJB might want to see the trajectory to get to 72 hours and then a regular update on progress against the target.

Mrs Manion advised that the trajectories for future delays had yet to be confirmed and she suggested identifying what the likely impacts were going to be for the proposals in the action plan.

Dr Stephen Mather commented that there were areas of concern in regard to care home placement and patient choice for care home placement. He suggested a key measure of success for the IJB was to make a difference to delayed discharges and enquired if the ICF could be used to specifically target delayed discharges and improve care at home and choice of care home placement to make a tangible difference to individuals.

Mrs Manion reiterated that the ICF would be funding a range of initiatives which were in the action plan for delayed discharges, such as reablement, access to home care, rapid resource and other initiatives sitting within the context of the ICF.

Cllr Jim Torrance reiterated that it was a whole system approach that was required as historically there had always been an issue with delayed discharges in Scottish Borders, due to a lack of social care availability; lack of residential care nursing home placements; pressure on beds in the Borders General Hospital; and potential readmissions. He reminded the IJB that Waverly House had been purchased for the provision of fast tracking people and that facility had been blocked with long term clients and he emphasised the need to ensure there were appropriate services and equipment available to people to safely return to their own homes.

Mr David Davidson suggested he would be keen to see a detailed list of the obstacles to see what the interconnections were and whether they were assumed to be real or not. He was also keen to know the current status against the 72 hour target.

Mr Pattinson commented that it was a complex arrangement to manage people through the health and social care pathway and that delayed discharges were managed at the margins. Progress had been made in terms of occupied bed days but it was becoming more difficult.

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

## 10. Draft Corporate Services Support Plan Update

Mrs Susan Manion gave a brief overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and confirmed to proceed with the approach to develop the longer term Corporate Services plan.

## 11. Clinical & Care Governance Framework

Mrs Karen McNicoll updated the IJB on the work that had been undertaken to ensure the IJB would be provided with assurance on clinical and care governance matters. She suggested the IJB receive a report on clinical and care governance at each meeting moving forward.

Dr Stephen Mather commented that he welcomed the attendance of the Chief Social Work Officer at the NHS Borders Clinical Governance Committee. He also enquired how the information on clinical care in care homes would be brought to the attention of the IJB. Mrs McNicoll advised that information on clinical care in care homes was now being gathered as part of the care standards and would be submitted to Scottish Borders Council. That information would also be drawn together with information from the Clinical Governance Committee into a report for the IJB to ensure the IJB received appropriate information assurance.

Cllr Jim Torrance commented that a survey on pressure sores in hospitals and care homes had been carried out previously and had identified it was a 50/50 split. Mrs Manion reported that she was aware of the data for the acute setting but not for care homes. Mrs Evelyn Rodger advised that Datix was the system used by staff to record pressure ulcers and the district nurses captured that information for the community setting.

Further discussion focused on: streamlining systems and managing information more transparently; removal of duplication; ensuring qualitative information was monitored; information sharing; a clinical and care governance reporting timetable to be established for the IJB in due course: and clarifying high level governance arrangements.

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

## 12. Appointments to Sub Committees and Gorups

The Chair suggested nominees for membership of the 3 groups:-

Audit Committee: Cllr John Mitchell, Cllr Jim Torrance, Mr John Raine, Mr David Davidson. Cllr Frances Renton seconded the nominations.

Strategic Planning Group (Chair): Mrs Pat Alexander. Mr John Raine seconded the nomination.

SB Cares Governance Group: Mrs Karen Hamilton. Cllr Frances Renton seconded the nomination.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that membership for the Audit Committee be Cllr, John Mitchell, Cllr Jim Torrance, Mr John Raine, Mr David Davidson.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that the Chair of the Strategic Planning Group be Mrs Pat Alexander.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that the member for the SB Care Governance Group be Mrs Karen Hamilton.

## 13. Annual Report

Mrs Susan Manion suggested that in future the Annual Report would include a chart of what had been achieved in line with the outcomes in the Strategic Plan on the performance of the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Health & Social Care Integration Joint Board Annual Report 2015/16.

## 14. Monitoring of the Joint Integration Budget

Mr Paul McMenamin reported the provisional outturn position to 31 March 2016 as an adverse variance of £932k. He advised that pressures had been experienced during the year and had been met by savings in other related areas of the budget. Overspends at the financial year end would be addressed by the respective partner organisations. He further advised that the majority of savings achieved were non recurring.

Mr David Davidson sought assurance that the vacancy freeze did not impact on delivery. The IJB was assured that essential frontline posts were not subject to the vacancy freeze.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected provisional outturn position of £923k net adverse variance within the delegated joint budget at 31 March 2016.

## 15. Delegated Functions

Mr Paul McMenamin introduced the paper and gave an outline of the content. He highlighted the detail on savings and investments in order to provide assurance to the IJB on the sufficiency of resources. He further commented that the 2016/17 financial plan addressed the financial challenges experienced in 2015/16.

Mr John Raine commented on the fact that this report, like the previous financial report and the following financial report, had no apparent sign-off or input from the Director of Finance of the Health Board and asked if there was an explanation for this.

The Chair commented that the report did not require sign off by the Chief Financial Officer for Scottish Borders Council or the Director of Finance for NHS Borders.

Mrs Carol Gillie advised that there had been a number of points of detail and clarity that had not been included in the report and due to the tight timescales involved in signing off the report she was unable to sign it off on that occasion.

Mr David Davidson enquired where the social care funding had been used in relation to the range of items shown in the social care budget table on page 4. Mr McMenamin reminded the IJB that the social care fund had been allocated to the partnership for the partnership to direct the use of the funding. He advised that Scottish Borders Council had assumed the funding would be utilised for social care to address the pressures they had identified (living wage, gap in home care, demographics) which when added together the assumptions came to slightly more than the social care fund itself. If the costs did not materialise the funding would not be required to the same degree. He suggested the next report on the agenda gave more detail on actual and projected costs and how the IJB may wish to direct the use of the social care fund.

Mr Davidson enquired if the £12k pay uplift in SBC on page 9 was correct. Mr McMenamin clarified that the pay uplift figure was correct as it reflected pay awards and increments only, give that the majority of care staff had transferred to SB Cares.

Mr Raine returned to the earlier issue saying he felt it to be important, for the assurance of the IJB, for there to be an input from the Health Board Director of Finance, particularly in respect of factual matters and bearing in mind the particular report was also about the planned efficiency and savings targets within NHS Borders, and the IJB would have greater confidence knowing there was close co-operation between the finance officers.

Mr McMenamin commented that cooperation from the finance teams within the partner organisations was vital to the success of the partnership and he echoed Mrs Gillie's comments.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further detail provided as to the areas of targeted investment made by NHS Borders and Scottish Borders Council in relation to the 2016/17 budget for those services delegated to the IJB from 1st April 2016, specific to the summary of areas of key pressure experienced during and at the end of 2015/16.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further detail provided on each partner's 2016/17 efficiency/savings programme on which their Financial Plans were based and the full delivery of which was required in order to ensure that the 2016/17 delegated budget was fully affordable and funded, noting progress to date, associated risks of each proposal and resultant overall risk to the affordability of the delegated budget as a whole.

## 16. Alcohol & Drugs Partnership Funding 2016/17

Mr Paul McMenamin introduced the report and explained that Fiona Doig coordinated the work of the Alcohol and Drugs Partnership (ADP) who were commissioned by the Scottish Government to deliver treatments, support families, protect the vulnerable and provide preventative medicine. It was noted that there was a proposed reduction in national funding for ADPs for 2016/17.

The Chair enquired who the other partners in the ADP were and it was confirmed they included NHS Borders, Scottish Borders Council, Police Scotland, Third Sector and the Scottish Drugs Forum.

Mrs Evelyn Rodger enquired if there were proposals to make a reduction to allocations to the voluntary sector. Mrs Fiona Doig reported that the ADPs preferred option was not to make any savings, should a 20% saving be implemented across the over all budget then it would impact on all budget streams.

Further discussion focused on: contributions from all partners to the ADP; sustainability of services; potential for non recurrent funding; identified efficiency savings; targeting services to those most in need; quality of the paper presented to the meeting; Chief Executives view and Executive Management Team view.

*Cllr J Torrance, Cllr John Mitchell left the meeting.*

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of £220k of 2016/17 social care funding on a non recurring basis to the Alcohol and Drug Partnership and noted the proposals for reducing spend in 2016/17 by £51k across non supported and treatment areas of budget.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** further requested that the ADP engage with other partners in regard to on-going funding.

**17. 2016/17 Financial Plan – Social Care Funding**

Mr Paul McMenamin outlined the proposals for the direction of the funding allocated to the partnership in line with social care funding of £2.048m in 2016/17 increased to £2.861m in 2017/18 assuming no other changes and reflecting the full year effect of the living wage.

Discussion highlighted several key issues including: living wage already paid by SB Cares; would SB Cares remain as the provider of last resort?; assurance sought that reablement would be looked at; and consideration of pressures on the acute sector in order to achieve the objectives of the Strategic Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of £2.048m of 2016/17 social care funding in order to meet the commitments outlined above

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of a further £220k in 2016/17, on a one-off basis, to the Alcohol and Drug Partnership in order to sustain services until transition to a new affordable model for delivery was made by 1st April 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the full year impact of those commitments from 2017/18 would be £2.861m and that further proposals for directing the remaining uncommitted social care funding would be brought to the Board when developed for consideration and approval.

## 18. Communications Quarterly Report

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

## 19. Chief Officer's Report

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

## 20. Committee Minutes

It was noted that Mrs Elaine Torrance had been appointed as President of Social Work Scotland.

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

## 21. NHS Pharmaceutical Care Services Plan

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the NHS Borders Pharmaceutical Care Services Plan 2016/17.

## 22. Any Other Business

**22.1 Emergency Department**: Mrs Susan Manion distributed the "Welcome to your Emergency Department" leaflet to members for information.

## 23. 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 15 August 2016 at 2.00pm in Committee Room 2, Scottish Borders Council.

*The meeting concluded at 4.47pm.*

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 15 August 2016 at 2.00pm in Committee Room 2, Scottish Borders Council

| | | |
|---|---|---|
| **Present**: | (v) Cllr F Renton | (v) Mrs P Alexander (Chair) |
| | (v) Cllr J Mitchell | (v) Mr J Raine |
| | Mr D Bell | (v) Mr D Davidson |
| | Mrs S Manion | (v) Dr S Mather |
| | Mrs E Torrance | (v) Mrs K Hamilton |
| | Mrs J Smith | Dr A Murray |
| | Ms A Trueman | Mrs E Rodger |
| | Dr A McVean | Ms L Gallacher |
| **In Attendance**: | Miss I Bishop | Mrs J Davidson |
| | Mr P McMenamin | Mrs J McDiarmid |
| | Mrs A Wilson | Mrs J Robertson |
| | Mrs T Wintrup | Mrs A Howell |
| | Mrs S Martin | Mrs L Crombie |
| | Ms C Petterson | Mrs C Gillie |
| | Mr D Robertson | Mrs J Stacey |
| | Mrs A Howell | |

## 1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Cllr Jim Torrance, Cllr Iain Gillespie, Mrs Tracey Logan, Dr Eric Baijal, Mrs June Smyth, Mrs Julie Murray, Ms Sandra Campbell, Mr Alasdair Pattinson, Mr John McLaren, Mrs Shona Donaldson, Mr Stewart Barrie and Ms Gwyneth Johnston.

The Chair confirmed the meeting was not quorate.

The meeting agreed to discuss and note the items on the agenda and noted it would be unable to approve any recommendations. The Chief Officer proposed the ability of the Health and Social Care Integration Joint Board to remit items to the Chair or Chief Officer to approve. This was rejected as it was not in line with the standing orders.

The Chair welcomed a range of attendees to the meeting including Mrs Shelagh Martin from the Scottish Health Council and Mrs Lynn Crombie from SB Cares.

The Chair welcomed members of the public to the meeting.

## 2. Declarations of Interest

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

Mr David Davidson declared that in regard to the item on Integrated Care Fund Update, he was the Chair of two independent charity organisations.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted Mr Davidson's declaration.

## 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 20 June 2016 were amended at page 2, last line replace "fulsome" with "fuller" and page 4 last paragraph, first line replace "Patient" with "Public" and with those amendments the minutes were noted and would be held over for approval at the next meeting.

## 4. Matters Arising

**4.1 Action 1: Draft Strategic Plan:** It was suggested that the session on Commissioning be held sooner rather than later.

**4.2 Action 6: Inspection of Adult Services:** It was noted that Item 6 was now complete as the session had been held earlier that day.

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

## 5. GP Contract Update and Cluster Approach

Dr Angus McVean gave an overview of the content of the paper and highlighted: a move to a four cluster approach; demographics; appointment of quality cluster leads; appointment of practice quality leads; and funding of the quality leads.

Dr Stephen Mather enquired how the Practice and Cluster Quality Lead appointments would be resourced. Dr McVean advised it would be for the Health & Social Care Integration Joint Board to provide the resource. Mrs Susan Manion commented that the specific decision making was a matter for the Health Board as the contractor for GP services, however resources for primary care funding to support GPs had been provided as part of the functions delegated and therefore sat within the delegated budget.

Dr McVean advised that he understood that the Practice Quality Leads would be funded from the primary care budget however the Quality Cluster Leads might not be.

Mrs Manion advised that funding currently flowed from the Health Board to GPs through the Health & Social Care Integration Joint Board and the next step would be to identify what was required and what was approved and then understand the implications and whether it could be funded from another source.

Dr Mather commented that it appeared the assumption was that the Health Board would be funding the posts and he asked for assurance that the appointment process would be robust

as the posts were essentially becoming lead positions. He further enquired if the appointees would become Health Board employees. Mrs Manion responded that she understood that the current process was to employ and then agree how funded and she would continue with that approach.

Dr Mather requested that the recruitment and appointment and funding of the quality lead posts be reviewed and brought back to the Board for further discussion.

Mr Andrew Murray enquired about the next steps. Dr McVean advised that the legislation passed to GPs was that GP Practices would agree the cluster approach to be taken locally. Discussion had taken place at the Local Medical Committee (LMC) where the preferred option had been to have 4 locality clusters and the LMC were settled on that position. In regard to the cluster quality leads the LMC were clear that a robust interview and appointment process was required to ensure the right person was appointed with the right experience and ability to speak for and to the constituent GP practices.

Mrs Jane Davidson commented that the matter was yet to be discussed by and with the Health Board, including the engagement with the LMC. She was aware of informal engagement taking place but reminded the Health and Social Care Integration Joint Board that the Health Board was the contractual agent with GPs and required to understand and discuss with the LMC their proposal.

Mrs Manion commented on the need to be supportive and work with GPs and in relation to locality plans. She suggested it was a good compromise to ensure it was local and offered opportunities to think about across the health and social care system. She further suggested that at the point when the contractual arrangements were discussed by the Health Board, the mechanics of recruitment and funding would take place to support the process.

Mrs Elaine Torrance enquired if the arrangements could be tweaked if they did not work. Dr McVean responded that the arrangements would be entirely flexible and he and colleagues were aware that there were possibilities the approach might not work and would need to be relooked at.

Mrs Jenny Smith commented that in terms of locality plans were the localities being asked what they felt would work best for them. Dr McVean commented that he was keen that the localities were not seen as GP clubs and he was keen to ensure the clusters were seen as whole system clusters encompassing all health and social care agents such as the third sector, allied professions.

Mrs Jane Robertson advised that the Locality Co-ordinators were in the process of formalising localised working groups to develop the 5 locality plans and sought assurance that whatever the outcome of the 4 GP cluster proposals the locality coordinators were kept informed.

Mrs Jane Davidson suggested the challenges of several services operating across more than one cluster would need to be thought through.

Mr David Davidson sought assurance that the delivery of quality would be on an equal basis across the whole of the Borders. The Chair echoed Mr Davidson's comment and cited

postcode prescribing as a potential challenge in ensuring localities did not just deliver what the local community wished.

Mr John Raine enquired, in recognising primary care was pivotal to the success or otherwise of the Health and Social Care Integration Joint Board (IJB) where the accountability lay, in the sense that GPs had a contract with the Health Board and also a responsibility and accountability to the IJB and he sought the views of Dr McVean and Mrs Manion of how they saw that accountability in order to enable the IJB to monitor progress and how the cluster arrangements would succeed over time. He questioned it is was a dual accountability?

Mrs Manion responded that as independent contractors the accountability sat with the individual practices and in terms of the performance of individuals it sat with the Health Board. Given the locality approach and development of the performance framework around services, ultimately the GP practices would be accountable for themselves. She advised GPs would report performance to the IJB from their GP practices.

Dr McVean commented that his contact was with the Health Board and he reported to the Health Board, he did not have a responsibility to the IJB, he had a responsibility to his contract provider and defence organisation but no responsibility to the IJB. Dr McVean reiterated that as an independent GP working in Practice that was his reporting and responsibility route.

The Chair thanked Dr McVean for providing the first look at what GP practice clusters would look like and noted that further reports would be received and would also clarify some of the issues raised during discussion. She emphasised that IJB colleagues would be keen to see localities and GP clusters working well together and that there was an expectation that there would be an equality of service across the Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and considered the report and that it would receive further update reports in due course.

## 6. Integrated Care Fund Update

Mr Paul McMenamin provided an overview of the Integrated Care Fund (ICF) programme spend position at 30 June 2016, as well as an overview of the latest position for budget approval and development of the programme. He confirmed that there were 19 projects that had been approved by the Steering Group with a further 5 projects identified for approval. The total value of all approved projects amounted to £2.41m.

Mrs Jane Robertson gave an overview of the five new projects: development of locality plans; locality management; health and social care coordination; community led support; and the matching unit.

In regard to the projects recommended to the Health and Social Care Integration Joint Board (IJB) for approval, Mr John Raine sought assurance from the Executive Management Team (EMT) that the projects were sustainable and would assist the achievement of the aims of the IJB, given the EMT was the route for recommendations to the IJB.

Mrs Susan Manion contradicted the minutes of the previous meeting in regard to the approval route for ICF projects and stated that in terms of the process the ICF Steering Group and the Chief Officer approved the projects, the EMT considered and reviewed specific proposals with an oversight to ensure delivery and then recommended to the IJB. She was keen to revisit the approval process again and commented that at each stage of the process the ICF Steering Group carefully monitored the application against the outcomes and drew the Board's attention to Appendix 2 and 3 of the paper which she suggested provided the assurance required.

Mr John Raine pointed out that in the minutes of the last meeting Mrs Jeanette McDiarmid had clearly stated that the Executive Management Team would provide the IJB with assurance to the recommendations submitted to it against the Strategic Plan. Mrs McDiarmid confirmed that the EMT went through each project in detail in order to be able to provide that assurance to the IJB and suggested that it be more clearly referred to within future reports.

Dr Stephen Mather commented that he failed to see how "development of locality plans" and "locality management" actually improved services for the patients, he suggested both initiatives looked at changes to the way things were managed. In regard to the other 3 projects he could see a direct correlation to improvements in patient care and patient access. He suggested that to state redesign was a key priority was incorrect as the key priority should be the most important things for patients.

Mr Paul McMenamin suggested his terminology could be reviewed and whilst he agreed that projects 1 and 2 were not key priorities to the patient, all the stakeholders he had engaged with saw service redesign as a priority to enable them to achieve their outcomes.

Mrs Manion advised that the locality coordinators were crucial to the development of the locality plans and she emphasised that it was short term funding to set up the new arrangements.

Mr David Davidson noted the engagement of the third sector and enquired about the input of charitable organisations. Mrs Jenny Smith suggested she and Mr Davidson met outwith the meeting to explore the matter in more detail.

Mr Davidson enquired about the overspend in regard to the contract for the Joint Borders Ability Equipment Store tender. Mrs Elaine Torrance gave background to the tender and explained that the technical specification had increased since the award of the tender due to infection control requirements and suitability of accommodation.

Mr Davidson then enquired about the funding for the transport hub and what the outcomes of the hub were. Mrs Smith advised that the transport hub was a third sector based project with engagement between the third sector, Red Cross and the Bridge. Funding had allowed a redesign and streamlining of the Bridge booking system to a single point of contact for the patients and public to access the service.

Mrs Evelyn Rodger enquired if the report had been developed in partnership. Mr McMenamin advised that the paper had been endorsed through both partners roles in the EMT. He

commented that in essence neither Mrs Carol Gillie nor Mr David Robertson needed to approve the report.

Mrs Smith commented that in terms of the ICF, she had a third sector reference group who were keen to have a clearer picture of the governance process and terms of reference for the groups being set up as well as an understanding of the formation and role of the EMT and how the projects flowed up to the IJB. She also asked that there be a more consultative approach before initiatives and projects were put before the ICF Steering Group and cited the matching unit as a potential project where there could be issues with third sector providers.

Mr John Raine commented that he thought it right that the ICF Steering Group, who embraced all partners, should make a case for all projects, however in terms of committing the expenditure of public monies he reiterated that that decision could only be made by the IJB and that was why he had sought assurance from the EMT that they scrutinised the projects before they were recommended to the IJB as they were the custodians of the public purse and had to be assured that each project would be achieved and correlate to the outcomes of the strategic plan.

Mrs Davidson commented that the ICF had an approved governance process and she suggested the EMT and IJB refresh itself on that process.

Mrs Lynn Crombie advised the IJB that the JBAES tender price had been extended to 26 August and any delay in a decision would result in an increase in costs.

The Chair proposed the next Development session be focused on governance processes for the IJB and that the Audit Committee be tasked with reviewing the governance processes ahead of the session.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the progress made to date in the development of the partnership's transformation programme, in particular, those projects funded from within its Integrated Care Fund programme.

Given that the meeting was not quorate the **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold an extra ordinary meeting as soon as possible.

## 7. Prescribing Efficiencies

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting.

## 8. Performance Management Framework

Mrs Susan Manion introduced the proposed performance management framework and advised that she was seeking comments on the format and content. She acknowledged the significant amount of work that had been undertaken by Mrs Stephanie Errington and Mrs Gillian Young in producing the draft framework.

Dr Stephen Mather noted there was a duplication of item 18 on page 7. Mrs Elaine Torrance suggested adult protection be included. The Chair suggested the colours be changed to lighter tones.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further development of the Performance Management Framework and noted a revised version would be submitted to the next meeting.

**9. Health and Social Care Public Governance Arrangements**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting as it required consideration by the Public Partnership Forum, the Public Governance Committee of NHS Borders, inclusion of a quorum, inclusion of conflict resolution process, and inclusion of social care.

**10. Monitoring of the Health & Social Care Partnership Budget 2016/17**

Mr Paul McMenamin gave an overview of the content of the report and highlighted that it was a purely factual report and that actions were being taken to address the actions the report raised.

Mr David Robertson commented that the report was due to be submitted to the SBC Executive meeting the following day and he said that he would inform them that as the IJB meeting was inquorate no decisions on the content of the report could be made.

Mrs Jane Davidson suggested she would have expected, given the various overspends in health, that the report would have referred to the activation of Section 8 of the Scheme of Integration around financial recovery plans, especially given the level of overspend on NHS unscheduled care services.

Mrs Susan Manion advised that in the first instance the paper detailed the current financial monitoring position. She suggested a second issue was the process by which the social care fund would be accessed and allocated based on the content of the John Swinney letter and to address the pressures within the Health Board. She commented that the social care fund would not address all the pressures across all the agencies.

The third issue related to how overspends and pressures would be dealt with. She commented that discussions would take place with colleagues in the Health Board around recovery plans and scrutinising efficiency plans.

The Chair made further suggestions that the use of the social care fund be worked up taking into consideration the pressures in both SBC and NHS Borders to ensure a joined up partnership approach was taken to allow the IJB to make a fully informed decision. She suggested a recovery plan be submitted to the IJB for the whole of the budget.

Mr McMenamin advised that since the 30 June further considerable pressures had emerged across the wider delegated budget. He commented that in GP prescribing the financial pressure had significantly increased in recent months. Mr McMenamin further advised that in

his professional judgement, whilst he did not quote Section 8 of the Scheme of Integration, his report did refer to working in partnership to address the financial position.

Mr John Raine commented that whilst the IJB was unable to make a decision at that time on the £1.427m social care fund, any decision taken in isolation from all other pressures would be a problem for the IJB in the future as there were considerable budget pressures across both partner organisations.

Mrs Manion suggested there was an explicit expectation of how the social care fund would be spent and that the IJB had already agreed an element of that spend. She commented that consideration and agreement in principle had been reached regarding spend on the flex beds within the Health Board, but she urged the IJB to be mindful that the allocation of the social care fund needed to be in line with the expectations of the Scottish Government.

Mrs Elaine Torrance commented that a lot of additionality was Scottish Government driven and SBC could not have estimated how much should have been put in the budget. She suggested that if older people with mental health issues and the vulnerable were to be cared for at home then the budget needed to be allocated for that purpose in the first instance, in order to keep people safe in the community.

Mr David Davidson sought clarity that the recommendation in regard to the £1.427m had been discussed by both the Health Board Director of Finance, Scottish Borders Council Chief Financial Officer and the IJB's Interim Chief Financial Officer, he commented that it was not clear if that had happened and if not he sought an explanation of the governance around that series of proposed allocations. He suggested when the matter was to be discussed again more clarity on that point be given, as well as Elaine Torrance's issues, what percentage uplift was to address past pressures and current issues and what the percentage spend would be on new services.

Mr McMenamin responded that Mrs Gillie and Mr Robertson and he had discussed the report and the main areas at the EMT. He commented that at the last meeting of the IJB it had been noted that a report to the IJB of this nature contained his recommendations as professional advisor to the IJB and those of the Chief Officer and whilst he was keen for full consensus he had a stewardship role for the IJB and he believed the recommendations to be considered and measured.

He further commented that he thought it strange that the social care fund came through the NHS funding mechanism as the letter was part of the local authority settlement. He further commented that there were a range of ongoing pressures within the delegated budget which had yet to be addressed, such as client payments for self directed support.

Mr David Robertson commented that the information gathered to prepare the report had been produced by SBC and the Health Board and he advised that neither he nor Mrs Gillie had any difficulty with the factual accuracy of the report. He advised that additional information could be provided to the IJB from the wider NHS and SBC finance departments.

The Chair commented that the IJB would inevitably need to take difficult decisions based on a full comprehensive report and reminded the IJB that the Audit Committee would also wish to

scrutinise and challenge the whole budget at part of its governance and assurance role to the IJB.

Mrs Jeanette McDiarmid welcomed the opportunity for Mr McMenamin to provide more evidence on each of the pressure areas in social care and how they met the requirements of the John Swinney letter.

Mrs Jane Davidson acknowledged the monitoring information provided and welcomed a joint quality discussion whereby both parties were part of a symbiotic relationship and could have an understanding of what was going into the financial report. She welcomed the involvement of the Audit Committee and on a point of note suggested the report and discussion should not focus on the John Swinney letter per se but should focus on the provision of the social care fund resource by NHS Borders to the IJB as that was what was provided on a practical basis.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and sought additional information in regard to the recommendations for the next meeting.

*Stephen Mather left the meeting.*
*Annabel Howell left the meeting.*

**11. Chief Officer's Report**

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

**12. Delayed Discharges**

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

**13. Any Other Business**

**13.1 Awayday Evaluation: 23.05.16:** The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the evaluation would be withdrawn from the meeting agenda and submitted to the next Development session.

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

The Chair confirmed that an Extra Ordinary meeting of the Health & Social Care Integration Joint Board would be arranged.

*The meeting concluded at 4.32pm.*

*Signed: …….*

Minutes of a meeting of an Extra Ordinary Health & Social Care **Integration Joint Board** held on Wednesday 31 August 2016 at 10.00am in Committee Room 1, Scottish Borders Council.

| | | |
|---|---|---|
| **Present**: | (v) Cllr C Bhatia (Chair) | (v) Mr J Raine |
| | (v) Cllr J Mitchell | (v) Mrs K Hamilton |
| | (v) Cllr F Renton | (v) Mr D Davidson |
| | (v) Cllr S Aitchison | Mrs E Rodger |
| | Mrs S Manion | Mrs A Trueman |
| | Mrs E Torrance | Mr A Murray |
| | Mr D Bell | Mr J McLaren |
| **In Attendance**: | Miss I Bishop | Mr P McMenamin |
| | Mrs J McDiarmid | Dr E Baijal |
| | Mr D Robertson | Mrs C Gillie |
| | Ms J Robertson | |

## 1. Apologies and Announcements

Apologies had been received from Cllr Graham Garvie, Mrs Pat Alexander, Dr Stephen Mather, Mrs Jenny Smith, Ms Lynn Gallacher, Dr Angus McVean, Mrs Jill Stacey, Mrs Jane Davidson, Mrs Tracey Logan and Dr Annabel Howell.

The Chair confirmed the meeting was quorate.

The Chair recorded the thanks of the Board to Cllr Jim Torrance and Cllr Iain Gillespie who had stepped down from the Board. The Chair welcomed the appointments of Cllr Sandy Aitchison and Cllr Graham Garvie to the Board.

The Chair welcomed a range of attendees to the meeting.

The Chair welcomed members of the public to the meeting.

## 2. Declarations of Interest

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

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

## 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 20 June 2016 were approved.

The minutes of the Extra Ordinary Health & Social Care Integration Joint Board meeting held on 15 August 2016 were approved.

## 4. Matters Arising

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a future development session would consider the relationship between the sub groups of the Health & Social Care Integration Joint Board, the Scottish Borders Council and NHS Borders to ensure connections were made and that there was clarity as to the separate roles.

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

## 5. Integrated Care Fund Update

Mrs Susan Manion highlighted some key points being: agreements reached so far in relation to projects; projects to be progressed in support of the Implementation Plan; mapping against outcomes and investment; and locality plans and developing resources. She further touched on Locality Management, Community Led Support and the Matching Unit.

The Chair suggested going through each of the five projects in turn and taking questions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Delivery of the Localities Plan Project.

In regard to the Locality Management Pilot, Mr John McLaren expressed his anxiety on how the pilot would be progressed given the differences in staff engagement processes within both parent bodies. Mrs Jeanette McDiarmid noted the concern and confirmed that the local authority would engage with the unions at the start of the pilot and prior to any implementation. Mrs Carol Gillie advised that she and Mrs McDiarmid would ensure due process was followed in order to address Mr McLaren concerns.

The Chair suggested any feedback and learning from Mr McLaren around the process would potentially be useful for the future.

Mrs Elaine Torrance reminded the Board of the linkages to the Joint Staff Forum and suggested all of the projects would be of interest to the Joint Staff Forum.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Locality Management Pilot.

In regard to the Health & Social Care Coordination Project, Mrs Manion advised that the project was linked to the Locality Management pilot in the sense that it was the implementation of the implementation plan for models of care, she clarified it was about individuals taking responsibility for essentially holding the strings on a number of patients pathways to ensure they were followed.

Mrs Evelyn Rodger whilst supportive of the principles of locality managers, was keen to understand how much of the resources had gone in to support managers. She suggested it would be helpful to have that mapped out, in order to be clear on what was available, what had been delivered and what might be needed in the future. The Chair further commented that it should also include release of funding from other areas to support that moving forward.

Mr McLaren questioned the sustainability of continuity of service if it related to one individual. He further queried how realistic, one year was in order to be able to demonstrate delivery against the objectives in the plan. Mrs Manion confirmed that the intention was to put 2 to 3 items together to make it as robust and sustainable and systemic as possible and not just reliant on individuals.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Health & Social Care Coordination Project.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Community Led Support Project.

In relation to the Matching Unit Project, Cllr Sandy Aitchison enquired if the £115k contained all of the expenditure for staff, etc. Mrs Manion confirmed that the infrastructure already existed and the project was about social workers moving to a brokerage for placements for individuals and support/care packages. Mrs Torrance advised that it was also about putting systems in place to be able to reallocate care packages quickly.

Mrs Karen Hamilton sought a more comprehensive breakdown of how costs were achieved to understand if it was a really good piece of work for £115k.

Mr David Davidson enquired about the risks for each of the projects in meeting the budget requirements. Mr David Robertson commented that all of the projects were listed in Appendices 2 and 3 and he suggested the inclusion of a RAG status and Risk status for each project, the Appendices could then be used as the overall monitoring report for the projects.

Mrs Jane Robertson advised that there was already in place a process for recording and reviewing risks relating to the projects which could be made available to Board members.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Matching Unit Project.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the increase in funding for the BAES relocation project, which was already underway.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the increase in funding for the Health Improvement (phase 1) and extension Project.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the progress made to date in the development of the partnership's transformation programme, in particular, those projects funded from within its Integrated Care Fund programme.

## 6. Monitoring of the Health & Social Care Partnership Budget 2016/17

Mr Paul McMenamin gave a brief presentation highlighting the emergence of budgetary pressures during July and early August; risks to the overall deliverable ability of a balanced budget outturn in relation to pressures emerging in year; how the budget was funded through efficiencies and other savings plans in the partner organisations; social care funding; the monitoring position; and self directed support funding.

Mr David Davidson thanked Mr McMenamin for his realistic overview of the current position and where the Board was headed financially. He suggested documentation be produced to indicate the risks to the budget being sustainable at current levels and where savings might be made and what could be ceased in order to afford the budget. He further commented that whilst the partnership had ambitions, there were significant financial challenges and ideally, the partnership should consider a reserve. This would need to be agreed across the partner agencies. He further suggested that the Board should ensure that what was proposed to be delivered was achievable within budget and that officers be tasked with making a 2.5% saving on budgets before any investment in future projects was agreed.

The Chair suggested a separate discussion be scheduled in regard to the provision of a reserve.

Mr David Robertson commented that in regard to the COSLA discussions with the Scottish Government it had been clearly expressed that the aspirations on the living wage were not fully funded and the assumption was that 25% of the costs would be met by the Care Providers and would not be passed back to the Local Authorities. However in reality, Care Providers were renewing contracts and passing the costs (living wage, National Insurance, etc) back to the commissioners. He commented that whilst the Scottish Government had provided funding to pay for the living wage, the wider costs associated with the policy (eg the additional costs of night time sleep in's associated with the Working Time Directive) were causing pressures for Scottish Borders Council.

He also suggested a reserve was a sensible strategy to pursue, however in order to establish a reserve the budget would need to be underspent which was currently not feasible.

The Chair advised the Board that it had the authority to direct the two partner organisations to look at how they would address the financial implications coming forward and to give direction to them on the actions it wished them to take on the emerging pressures.

Mr Robertson cautioned that funding pressures was not a defence against, equalities challenge and legal requirements.

Mrs Carol Gillie welcomed Mr McMenamin's clear presentation and reiterated that the emerging pressures would impact on each organisation unless addressed and resolved jointly.

Mr John McLaren requested that Mr McMenamin provide his presentation to the next meeting of the Joint Staff Forum. Mr McMenamin advised that he would be content to provide the presentation to the Joint Staff Forum.

Mrs Elaine Torrance suggested a joint communication strategy be worked up to highlight the challenges and plan how to advise the Joint Staff Forum, wider staff and the public.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2016/17 revenue budget.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the further direction of £1.427m recurrent social care funding to meet the further additional pressures outlined in paragraphs 5.5 to 5.10

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the partnership's Chief Officer and Chief Financial Officer were working in partnership with NHS Borders' Director of Finance, Scottish Borders Council's Chief Financial Officer and other senior managers across delegated services, in order to identify and implement a remedial action plan to mitigate the residual reported pressure within Generic Services and to address identified non-delivery of efficiency and other savings within partners' Financial Plans.

## 7. Any Other Business

**7.1 Audit Committee Membership:** The Chair advised that Cllr Gillespie had been nominated as a member of the Audit Committee and she proposed that Cllr Graham Garvie replace him as a member. Cllr Frances Renton seconded the proposal.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** duly noted Cllr Graham Garvie as a member of the Audit Committee.

**7.2 Development Session:** The Chair advised that she had invited Geoff Huggins, Director of Health & Social Care Integration, Scottish Government to speak to the Board at its Development session on 26 September. It was expected that discussion would focus on the national perspective and where integration was on a national basis and the pressures that were emerging and any advice he might have for the Board on managing those pressures.

## 8. Date and Time of Next Meeting

The Chair confirmed that the next meeting of the Health & Social Care Integration Joint Board would be held on Monday 17 October at 2.00pm in Committee Room 2, Scottish Borders Council.

*The meeting concluded at 12.10.*

Signed: ……
Chair

# SCOTTISH BORDERS

MINUTES of Meeting of the COMMUNITY PLANNING STRATEGIC BOARD held in Council Chamber, Council Headquarters, Newtown St Boswells on Thursday, 9th June, 2016 at 2.15 pm

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Present:- Councillors J. Brown (Chairman), S. Bell, M. Cook; Mr T. Burrows (Eildon Housing); Mr G. Farries (Scottish Fire and Rescue Service); Mrs M. Hume (3rd Sector Interface); Mr A. McKinnon (Scottish Enterprise); Mr J. Raine (NHS Borders); Superintendent B. Rogers (Police Scotland).

Apologies:- Councillors D. Parker; C. Bhatia; Mr P. Duncan (Live Borders); Councillor G. Edgar (SESTRAN); Mr T. Jakimciw (Borders College); Chief Superintendent I. Marshall (Police Scotland); Councillor S. Mountford (SBHA); Dr D. Steele (NHS Borders); Mrs R. Stenhouse (Waverley Housing).

Also Present:- Mr J. Paton-Day (Borders Community Council Network).

In Attendance:- Mrs J. McDiarmid (SBC Depute Chief Executive [People]); Mr T. Patterson (Joint Director of Public Health – SBC/NHS); Mr D. Scott, Ms S. Smith (SBC), Clerk to Council.

1. **CHAIRMAN**
In the absence of the Chairman (Councillor Parker), Councillor Brown chaired the meeting. There followed a round of introductions.

2. **MINUTE**
There had been circulated copies of the Minute of the Meeting held on 3 March 2016.

**DECISION**
**APPROVED the Minute for signature by the Chairman.**

3. **ACTION TRACKER**
There had been circulated copies of the Action Tracker for Strategic Board decisions. The decision at paragraph 4.4(b) of the Minute of Meeting of 3 March 2016, had been that the SBC Communities and Partnership Manager, LSO Farries of the Fire and Rescue Service, and Mr Patterson of the Care and Repair Service take forward the possibility of the Fire and Rescue Service assisting with some minor adaptations as part of their home safety visits. The SBC Communities and Partnership Manager advised of the successful launch of the 'Living Safely at Home' programme which had taken place at the Cheviot Area Forum on 1 June 2016, which included all partners.

**DECISION**
**NOTED.**

4. **SCOTLAND'S CHARTER FOR A TOBACCO FREE GENERATION**

4.1 There had been circulated copies of a paper by Dr Tim Patterson, Interim Joint Director of Public Health, which outlined the requirements of 'Scotland's Charter for a Tobacco-Free Generation" and the invitation from ASH Scotland to the Community Planning Partners to adopt the Charter principles. Dr Patterson commented that overall within Scottish Borders there was 20% smoking prevalence, but this rose to 30% in deprived areas. The Charter was ambitious but also extremely important. The Charter comprised six key principles:

1. Every baby should be born free from the harmful effects of tobacco;
2. Children have a particular need for a smoke-free environment;
3. All children should play, learn and socialise in places that are free from tobacco
4. Every child has the right to effective education that equips them to make informed positive choices on tobacco and health;
5. All young people should be protected from commercial interests which profit from recruiting young smokers;
6. Any young person who smokes should be offered accessible support to help them to become tobacco-free.

4.2 By signing the Charter, the partners would be pledging to "review our personal views, policy and practice so we can confidently help protect children from tobacco and so reduce the burden of tobacco on our communities". Once an organisation or partnership had signed the Charter pledge, then ASH Scotland would contact them to establish current plans and activities relevant to the Charter principles. There would also be an expectation to commit to a number of additional actions and provide an update on progress towards these new actions. A copy of the Charter pledge was attached as Appendix 1 to the report, and a comprehensive list of actions which supported each of the principles which had been developed was attached as Appendix 2 to the report. For many of these actions, activities were already underway that could support delivery.

4.3 The Action Plan aimed to raise awareness of the dangers of second hand smoke across a wide range of settings; provide guidance on smoke free homes for parents and prospective parents; promote smoke free environments where children played, learned and socialised; promoted and supported the development of tobacco policies in nurseries/toddler groups, schools, youth work settings and workplaces; improved referral pathways to smoking cessation support for young people; and supported Trading Standards to reduce the supply of tobacco to young people. These actions involved supporting and working with a range of individuals, professionals and services which worked with children and families. Dr Patterson further explained that smoking was still the main cause of avoidable ill health/death so anything which gave prominence to its dangers helped. As one of the most harmful habits, this was not just a health organisation issue. Mr Farries commented that smoking was the second highest cause of house fires so any reduction was to be welcomed.

**DECISION**
**AGREED:**

**(a) to support as a Partnership the principles of 'Scotland's Charter for a Tobacco-free Generation' and the associated actions to implement the principles; and**

**(b) to note that actions to support the adoption of the Charter principles would be overseen by the Scottish Borders Joint Tobacco Control Group and that annual reports on progress would be provided.**

5. **RESPONDING TO THE COMMUNITY EMPOWERMENT (SCOTLAND) ACT 2014 - CONSULTATION ON COMMUNITY PLANNING DRAFT GUIDANCE AND REGULATION**

There had been circulated copies of a report by the SBC Chief Executive requesting the Board consider and agree the response to the Scottish Government's consultation paper on Community Planning Draft Guidance and Regulation. Community Planning Partnerships would be required to have regard to the guidance in undertaking community planning. The consultation paper was included at Appendix 1 to the report and comprised nine questions, in particular on whether there were common short/ medium term performance expectations which every Community Planning Partnership and partner should be expected to meet; whether Partnerships should be required to review, and if necessary, revise their plans after a specific period of time in every case; the latest date

by which Partnerships had to publish progress reports on their Local Outcomes Improvement Plans and Locality Plans; and the maximum population size of Locality Plan areas, which in the draft guidance was up to 30,000. A draft response to the consultation was shown in Appendix 2 to the report. The Board considered the response and commented that it was good to get a composite response from partners to ensure no conflicts with individual responses; the watchword was flexibility as while leadership was required for community planning, the partners needed to have the freedom to carry out the work. Mr McKinnon requested that the response to Question 1 – about the key principles of community planning – should be extended to include an example of cross-border relationships e.g. plans needed to take account of travel to work, etc. This addition was agreed.

**DECISION**
**AGREED:**

**(a) the response to the Community Empowerment (Scotland) Act 2015 Part 2 Community Planning Consultation on Draft Guidance and Regulations as set out in Appendix 2 to the report, and including the additional example to Question 1 as noted in the narrative above;**

**(b) that a report be prepared for the Community Planning Strategic Board that would set out the process for implementing the key elements of the draft Guidance. This would include the:**

**(i) creation of a plan with timelines for the development and implementation of the Local Outcomes Improvement Plan and the 5 Locality Plans;**
**(ii) establishment of a briefing process to ensure that Community Planning Partners were aware of their responsibilities as set out in the draft Guidance. This would include briefing notes and presentations to partner governance boards; and**
**(iii) identification of community bodies that represent the interests of people experiencing inequalities of outcome, and the ways in which they may wish to be involved, recognising that not all groups would want to be involved and that some groups may present themselves through the participation process.**

6. **COMMUNITY PLANNING PARTNERSHIP GOVERNANCE REVIEW**

6.1 With reference to paragraph 5 of the Minute of 3 March 2016, there had been circulated copies of a paper by the SBC Chief Executive, Chair of the CPP Joint Delivery Team, presenting a membership proposal that aimed to enhance the governance arrangements for the Scottish Borders Community Planning Partnership and support the delivery of its priorities, the management of future business and the new arrangements required under the Community Empowerment (Scotland) Act 2015. The governance proposal for the Strategic Board would see it change to a core Board which would meet 4 times per annum, to approve and then scrutinise the progress of the Local Outcomes Improvement Plan and the 5 Locality Plans, as well as receiving presentations or reports from each organisation on how they were contributing to the agreed priorities. The core Board would ensure that these agreed priorities would be articulated in the corporate planning documents of all partners, and accountability was demonstrated for the delivery of these priorities. The core Board would consist of representatives from Scottish Borders Council (5), NHS Borders (2) and one each from Scottish Enterprise, Police Scotland, Scottish Fire & Rescue Service, Borders College, the Registered Social Landlords, the Third Sector, and the Health & Social Care Integration Joint Board. An extended Strategic Board would meet for an annual planning and development day to set out the strategic direction and priorities for the Local Outcomes Improvement Plan, based on an annual strategic assessment, national priorities and other key strategic documents. The membership of this extended Board would consist of the core Board and a representative

from each of Skills Development Scotland, SESTRANS, Scottish Natural Heritage, Scottish Environment Protection Agency, Historic Environment Scotland, Live Borders, Visit Scotland and the Community Council Network).

6.2 The Joint Delivery Team would manage all operational functions of the Partnership, and would oversee the development, publication and the delivery of the Local Outcomes Improvement Plan and the 5 Locality Plans. The Joint Delivery Team would have delegated authority from the Strategic Board to direct activities, scrutinise performance, evidence change and report progress to the Board regarding the programmes of work undertaken by the Themed Delivery Teams. It would also oversee and influence the strategic direction of Community Justice, the Children and Young People's Leadership Group, the CPP Equalities Panel and the CPP Engagement Group. The current Themed Delivery Teams would continue with their work to deliver the specific priorities within the Local Outcomes Improvement Plan and the 5 Locality Plans and their membership would be extended to include representatives from Skills Development Scotland, Scottish Natural Heritage, Scottish Environment Protection Agency, Historic Environment Scotland and Visit Scotland on the Economy and Low Carbon Team; Health & Social Care Integration Joint Board on the Reducing Inequalities Team; and Live Borders on an appropriate Team.

6.3 Members were advised that the Registered Social Landlords had discussed the governance structure and had decided that they would have a single representative of the RSL network and this position would rotate amongst the Housing organisations as appropriate, with agendas and reports issued to all. All the Registered Social Landlords were represented on the Themed Delivery Teams. Mrs Hume expressed concern about the number of Councillors included in the Strategic Board and the Clerk to the Council advised that as the Board was currently a formal committee of Council legislation required the minimum number of Councillors to be three, with the quorum for the Board currently three Councillors and three representatives from the statutory Community Planning partners. There were other options for the Community Planning Partnership e.g. an unincorporated body, a body corporate or a Community Interest Company. It was important to agree the governance structure and move on to key activities of community planning. It was also incumbent on all the partners to contribute to agenda items.

**DECISION**
**AGREED to defer a decision on the governance structure until officers reviewed the options, with a further report on governance for the Community Planning Partnership be brought to the next meeting in September 2016.**

7. **DRAFT STRATEGIC ASSESSMENT**

7.1 The Board received a presentation from Ms Erin Murray, SBC Research and Policy Officer, on the Strategic Assessment 2016, which would be the evidence base for the Community Planning Partnership's Local Outcomes Improvement Plan and the 5 Locality Plans. This was the third edition of the Strategic Assessment which was a 200 page document and would be available on the website for download (6MB). The Assessment had been highlighted by Audit Scotland as good practice. The Strategic Assessment also informed the Health & Social Care Integration Locality Plans, the Community Learning & Development Plan, Police Scotland local plans, and the Scottish Fire and Rescue Service local plans. Information was given at a Scottish Borders level and, where possible, at a locality level on demographic and household profiles; economy and income; education and learning; life stages/health and wellbeing; community and environment; and public services. Some of the findings for each theme were shown. From 2012 to 2037 the total population of the Scottish Borders was not projected to change significantly compared to a projected 8.8% increase for Scotland. Life expectancy in the Scottish Borders was higher than Scotland. The Borders railway usage was 22% above forecast at 6 months; over 30% of A class, and 40% of B class, roads required to be considered for maintenance treatment; and there were 35 public electric vehicle charge points across the region. GVA per capita was lower compared to Scotland and the UK but there was

slightly better growth. Between 2010 and 2015 the Borders economic turnover increased by £313m, representing a 10.9% increase above the 1.3% increase for Scotland (excluding financial and insurance enterprises). The Borders had more small enterprises and these contributed more of the turnover compared to Scotland. Gross weekly pay for full time workers followed a similar pattern to GVA, with workplace based wages in the Borders consistently lower than residence based wages. Job seekers allowance by locality from 2007 to 2016 was the same pattern for all areas but highest in Teviot and lowest in Tweeddale. There was wide range of footfall in town centres in 2015 per 1000 town population – from 311 in Hawick to 1445 in Melrose. Fewer children lived in poverty compared to the rest of Scotland although there was a range across the Borders with the lowest at 4.5% and the highest at 27.8% (average 10.9%). In 2014/15, the Welfare Benefits Service had 2,364 customers who received advice, advocacy or representation and achieved £6.1m in income gains for these customers. In 2013/14, the Citizen's Advice Bureaux supported 629 clients with almost £5.5m of debt that increased to 701 clients with over £6.1m debt for 2014/15. However, in 2014/15, the Bureaux also recorded over £1.7m of financial gain for their debt clients. Fuel poverty was 43% in the Scottish Borders compared to 36% for Scotland as a whole.

7.2 Between 2011/12 and 2013/14, the proportion of school leavers with the highest SCQF level of 6 or 7 had increased by 5.3% from 58.2% to 63.5%. In 2012/13 the % of school leavers at a positive destination at 6 months averaged 92.1% varying from 78.3% in Hawick Central to 100% in Hawick North and Berwickshire Central. From 2012/13 to 2014/15 50% or more of adult learners that completed a learning opportunity thought they had achieved increased skills, increased confidence and increased health and wellbeing. At Borders College in 2014/15, the number of full time students increased and there was a 69% completion rate compared to a 64% rate for Scotland. Between 2005 and 2014, the proportion of adults with no qualifications in the Borders decreased from 11.5% to 5.7%. In 2014, the Research and Development business expenditure per person for the Scottish Borders was £52, well below the £169 for Scotland. With regard to Health and Wellbeing, for the 27-20 month health review, the Scottish Borders had more meaningful assessments and a lower proportion of those with a concern than Scotland. While the % of child obesity in Primary 1 was lower compared to Scotland (91.% compared to 10.1%), there was a range across the Borders with 5.7% in Cheviot and 13.2% in Berwickshire. Overall a greater proportion of 13 year olds had 'never smoked' compared to 15 year olds, but in 2013 only 56% of 15 year old girls had never smoked, compared to 63% for Scotland. Type 2 diabetes was the most common on the diabetes register (5,565 of 6,284 registrations), and overall diabetes prevalence was slighter higher than for Scotland. Compared to a rate of 65% for Scotland, the Scottish Borders had 71% of adults with a BMI of 25 or more. There was also a higher level of emergency hospitalisations along with an increase in the rate of multiple emergency hospitalisations for people aged 65+. The % of primary school children taking 2 hours of physical education had increased from 23% in 2009/10 to 89% in 2014/15; 29% of adults took part in 30 minutes of moderate physical activity daily.

7.3 Parking, speeding and rubbish were the most common neighbourhood issues and 20% had witnessed or experienced anti-social behaviour. Between 2010/11 and 2014/15, there had been a 15% decrease in recorded crimes in the Borders. The total tonnage of household waste decreased by 7.2% between 2011 and 2014, but the amount going to landfill increased from 53.3% to 61.4%. There was a 77% satisfaction rate for kerbside recycling and 68% for Community Recycling Centres. Total gas and electricity consumption in the Borders had decreased between 2005 and 2014, with household energy efficiency in 2015 at 51.2 ECO (Energy Company Obligations) measures per 1000 households, which was below the level for Scotland (80.3). Satisfaction with street cleaning was declining but most felt their neighbourhood area was a good place to live. The 2007-2013 Leader Programme had brought over £3.5m into the Scottish Borders, with the Council's Community Grant Scheme budget of £132k leveraging in almost £1m to fund projects. Over 70% surveyed said that growing the economy of the Borders and supporting retailers and businesses was the top priority, with provision of high quality care

for older people and tackling poverty and inequality the next highest priorities. The Council and NHS Borders accounted for over 90% of the public sector budget within the Borders (£626m).

7.4 The next steps were to publish the Strategic Assessment 2016, publish extracts for each Locality, and use the Assessment to inform the development of the Local Outcomes Improvement Plan and the 5 Locality Plans. In response to a question, Ms Murray advised that the Local Housing Strategy included the data on housing. Mrs McDiarmid further advised that housing tended to be dealt with at officer level in the Community Planning Partnership rather than Board level, and linked in particularly to the Reducing Inequalities work. The presentation and links to the Strategic Assessment could be made available to the Board, with links to Locality information sent out as it was produced.

**DECISION**
**NOTED.**

8. **REDUCING INEQUALITIES IN THE SCOTTISH BORDERS 2015 - 2025**
With reference to paragraph 4 of the Minute of 26 November 2015, there had been circulated copies of the 'Reducing Inequalities in the Scottish Borders 2015 – 2025 Strategic Plan Summary, June 2016'. The SBC Depute Chief Executive (People) explained that the actions within the comprehensive draft Plan which had been considered by the Board in November 2015 had required further definition to ensure that the Board would be able to see, over time, the progress being made on reducing inequalities. The Summary gave the Reducing Inequalities Delivery Team's current position under each of the 5 key inequalities themes – Employment & Income; Health & Well-being; Attainment, Achievement & Inclusion; Housing & Neighbourhoods; and Keeping People Safe – presenting a set of clear actions and performance measures. SBC Corporate Performance and Information Manager, Sarah Watters, advised that she had met with each of the lead officers for the 5 key themes to ensure that the key strategies/plans to achieve objectives were in place and how they focussed on reducing inequalities; what more needed to be done; and what outcomes should be achieved. A further 16 actions were laid out over and above those contained in other plans, along with a set of performance measures. However, it needed to be recognised that many of these were long-term actions. In response to a question, Ms Watters advised that the Health & Social Care Integration Joint Board was likely to pick up on the outcome of the Scottish Government consultation on social isolation through their dedicated locality officers. In terms of social isolation experienced by younger people, Ms Smith gave an example of young people in Jedburgh who had attended a recent seminar and made it clear they did not want to rely on their parents for transport and this had been picked up through the Health and Social Care locality officers and the Children and Young People's Leadership Group. It was anticipated that an action plan would be produced for Cheviot as a pilot locality which would feed in to the Locality Outcomes Improvement Plan. There was an improvement in reducing inequalities compared to 2 years previously, but more jobs were needed and average house prices did not fit into the 5 locality areas as the Borders housing market areas were different (northern housing market close to Edinburgh; disparity in south and west) which meant that an average Borders house price was not especially meaningful. In terms of housing inequality, this was reflected more in bad housing and lack of affordable housing. Ms Watters confirmed there would be further investigation of the housing market area references, and commented that wages had not risen but prices had. Information should come through the Local Housing Strategy and feed in to the Local Outcomes Improvement Plan. There was a correlation between house prices and travel to work areas. The key was disposable income, with fuel poverty often related to private rented accommodation and also linked to child deprivation.

**DECISION**

**NOTED the Reducing Inequalities in the Scottish Borders 2015 – 2025 Strategic Plan Summary, June 2016.**

9. **AN INTRODUCTION TO CO-PRODUCTION**

There had been circulated copies of a report by the SBC Chief Social Work Officer which presented a co-production toolkit, which had been developed to support staff to use a co-productive approach when commissioning, designing, delivering and/or assessing services. Co-production meant people who used services were equally involved alongside professionals from the very beginning in the planning and delivery of services through a collaborative working relationship which shared knowledge, skills, and decision-making, with equality between service users/professionals. This was not a new concept and there were already areas of good practice across the Partnership, but it had been recognised that the development of guidance to support this approach would be helpful. 'An Introduction to Co-production' had been developed by a Working Group, led by the Chief Social Work Officer, which included representatives from the Council, Public Health and the Third Sector.

**DECISION**
**AGREED to adopt the 'Introduction to Co-Production' toolkit.**

10. **SCOTTISH BORDERS THIRD SECTOR INTERFACE COMMUNITY PLANNING IMPROVEMENT PROGRAMME**

With reference to paragraph 9 of the Minute of 26 November 2015, there had been circulated a copy of the updated Third Sector Interface Community Planning Improvement Programme. Third Sector representative, Mrs Hume, gave the background to the Programme which identified improvements required within communication, representation and accountability, and detailed the outcomes, how they would be measured, and target dates. Mrs Hume further advised that while this was the latest version of the Improvement Plan, it may be overtaken by the outcome of the evaluation of the Third Sector Interface which could provide a template for further improvements.

**DECISION**
**AGREED the Third Sector Interface Community Planning Improvement Programme update.**

11. **DATES OF NEXT MEETINGS**

There had been detailed on the agenda the dates for the meetings of the Strategic Board for 2016/17.

**DECISION**
**NOTED.**

***The meeting concluded at 3.45 pm***

# CRITICAL SERVICES OVERSIGHT GROUP

## MINUTE OF MEETING of 13 JUNE 2016, HELD IN THE CORPORATE MANAGEMENT BOARDROOM COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, MELROSE AT 2.00 p.m.

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| Present: | ***CSOG*** :<br><br>***Attendees***: **Jeanette McDiarmid, Deputy Chief Executive People (JM), Ivor Marshall, Chief Superintendent Local Police Commander, Elaine Torrance, Chief Social Work Officer, SBC (ET), Duncan MacAulay, Chair of the Child Protection Committee (DM); Jim Wilson, Chair of the Adult Protection Committee (JW), Gillian Nicol, Child Protection (GN), SBC, David Powell, Adult Protection Coordinator, SBC (DP), John Fyfe, Group Manager, Criminal Justice Services, SBC (JF), Evelyn Rodger, Director of Nursing and Midwifery, NHS Borders (ER), and Jane Davidson, Chief Executive (NHS) (JD),**<br><br>***Apologies:*** **Tracey Logan, Chief Executive, SBC (Chairman),**<br><br>***Resignations***: **Gill Imery, Divisional Commander, Police Scotland (GI)**<br><br>**Welcome**<br>JM welcomed Ivor Marshall to the meeting and introductions were made. |

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| 1. | **Minute of Meeting of 22 February 2016.**<br><br>There had been circulated copies of the Minute of 22 February 2016.<br><br>**DECISION**<br>**NOTED the minute.**<br>**AGREED (IF CHANGES)** |
| 1.1 | **Matters Arising**<br>Numbers on each action would be useful. |
| 2. | **Actions Update**<br><br>As detailed in the Action Sheet. |
| 3. | **Child Protection Committee Update** |

There had been circulated copies of a report advising that the Child Protection Committee (CPC) has met on two occasions (February and April) since the last CSOG meeting. During this time there has been one change in membership, Donna Manson, Service Director, Children & Young People, SBC represents education. The report also advised as follows:-

**a) Child Protection Training**

A considerable amount of training has been undertaken which included:-

Child Sexual Exploitation training

- Two courses have been delivered with 31 attendees.

Working with Difficult, Dangerous and Evasive Families

- Due to multi-agency demand two full day sessions were delivered with a total of 47 delegates attending.

Community Council

- Contact has been made with every Community Council in the Scottish Borders area with a view to offering the Public Protection Briefing Session which signposts the services available and highlights further training opportunities. A number of Community Councils have responded. Contact will be made again with the Community Councils with a number of localised events being offered later in the year.

Licencees and Licence Holders

- Contact was made with all licencees and work is ongoing to follow-up on responses received.

JIIT courses

- A meeting took place to update Managers (7 attended) on changes in this area. Following this a refreshers JIIT session was delivered to 13 members of staff.

E-Learning Module

- This has become one of four mandatory-learning modules for all Scottish Borders Council employees to complete. As at 18 May 2016, 3572 out of 5983 (59.7%) employees have completed the module. The contents of the module have recently been reviewed and updated and will go live in June 2016.

Child Protection Committee Training Sub-Group (TSG)

- Following a review of the working of the Group is was agreed that more practical benefits will be found by reducing the number of meetings of the full TSG and developing a Working Group. This Working Group will meet to progress the work of Child Protection Committee Training Sub-Group in conjunction with our colleagues in other agencies.

**b) CPC Annual Development Session**

The CPC annual development session took place on the morning of 21st April. The session included the development of a Scottish Borders CSE strategy, CPC Membership (see item 3), CPCs accountability and CPCs visibility and engagement with stakeholders. It was proposed holding either a child protection or public protection conference.

**c) CPC Membership**

CPC reviewed their membership at the development session in April. It is proposed the following people become CPC 'attendees':

- Stuart Easingwood, Children & Families Social Work Manager (Central), SBC
- Dawn Moss, Nurse Consultant Vulnerable Children, NHS (she will also deputise for Evelyn Rodger)
- Someone from community safety – to be confirmed.

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| | The 'attendees' will attend meetings at the invite of the Committee and will have no voting rights.<br><br>It is also proposed that a representative from SBC legal is invited to become a full Committee member.<br><br>**d) Initial Case Reviews (ICRs)**<br>In line with national guidance the CPC Review Sub Group completed two ICRs. One involved a baby (Child B) and the other a 15 year old (Child R) and both came under the ICR category of a 'near miss'.<br><br>In both cases the CPC Review Sub Group agreed not to proceed to SCR on the basis that there was nothing to suggest that the practice of the professionals either single or the inter-agency work raised any significant concerns which met the threshold for a SCR.<br><br>The actions from child protection ICRs and reviews over the last 2 years is a separate item on the agenda.<br><br>**e) Leadership Summit**<br>DM and ET reported that this Summit, which took place on Friday, 3 June 2016, had been more of a staging post rather than a conference. Points noted:<br><br>1. There will be a national review of Child Protection over the next 6 months to be concluded by the end of 2016.<br>2. Fiona Lees will lead on a programme to reduce bureaucracy; DM will pass this information to ET as it is a practice based issue.<br>3. The speakers were clear on the 'named person' and its implementation.<br><br>The issues above were not all about new legislation but more about partnerships effectively working together.<br><br>**f) New Guidance on long term neglect and emotional abuse cases**<br>New guidance has been produced to assist practitioners involved in cases where neglect or emotional abuse is ongoing with no apparent improvement for the child/family OR where there are brief periods of improvement followed by a return to a reduction in good outcomes for the child.<br><br>**DECISION**<br>**Membership – agreed changes.**<br>**NOTED**<br>- **It was confirmed that community safety will also include domestic abuse which will create a good link.**<br>- **Guidance on long term neglect is linked in with the Children Services Inspection.**<br>**AGREED**<br>- **Bring back the membership and remit of all the CPC Sub Groups to the next CSOG meeting in August.** |
| 3.1 | **ICR – two cases**<br>There had been circulated 2 Annex 2 Part B ICR reports for Child B and Child R.<br><br>Child R report – under 'Discussion' paragraphs 2 and 3 to be reworded slightly.<br><br>**DECISION**<br>**NOTED - this is a set template by the Scottish Government, which is completed, approved by CSOG and then sent to the Care inspectorate for their information only - The report that goes to CPC can be brought to CSOG in future to give more** |

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| | **information.**<br>**AGREED:-**<br>- **Neither Child B nor Child R merited being carried on to an SCR.**<br>- **Re-write parts of Child R and circulate, together with the more detailed report for approval.**<br>- **Future IRDs to have more detail included for CSOG in addition to the Care Inspectorate template.** |
| 4. | **Adult Protection Committee**<br>There had been circulated copies of a report from Jim Wilson, Independent Chair, Adult Protection Committee (APC). The Adult Protection Committee (APC) met on 19.04.2016 and will next meet on 14.06.2016, minutes of these meetings will be available once approved, on the intranet.<br><br>**Biennial Reports**<br>As advised previously no individual responses have been prepared by Scottish Government for the reports covering the period 2012-14. A summary report has been received detailing activity across the country, a copy was already circulated.<br>The Scottish Adult Protection Convenors Group are currently discussing the format of the reports required for 2014-2016 in conjunction with Scottish Government.<br><br>**Audit of Activity and Outcome**<br>A detailed audit was undertaken of all Adult Protection Referrals for the period October-December 2015. This audit examined the implementation of a revised Framework process, the quality of recording and a range of performance indicators (KPI's), agreed by the APC. The audit explored the following areas;<br><br>1. Quantity - Was information recorded in correct sections;<br><br>2. Quality of recording and information throughout all episodes (Referral/Inquiry/IRD/ Investigation);<br><br>3. Is there a clear outcome within the episode;<br><br>4. Is there evidence of management case file scrutiny (KPI);<br><br>5. Is there evidence of working to timescales within episodes (KPI);<br><br>6. Is there a current chronology in place and is quality to required standard (KPI);<br><br>7. Is there a JIT risk assessment in place (KPI) and is the quality to a required standard;<br><br>8. Is there evidence of client and carer feedback at AP Investigation or rationale for a no answer (KPI);<br><br>9. Is there evidence of multiagency participation in AP Case Conferences (KPI).<br>The result highlighted a number of areas where improved practice is required. A detailed action plan has been prepared and the progress on agreed actions will be closely monitored by APC. In light of an anticipated adult inspection later in the year this information allows the opportunity to implement improved practice before this is highlighted by external scrutiny.<br><br>**Financial Abuse**<br>A meeting involving the banking sector, Police and Council staff was held in May to address the prevalence of financial abuse. This included staff from Safer Communities and Trading Standards. A national perspective was provided by the attendance of Graham Vance from the Scottish Resilience Unit.<br>A clear determination to work in partnership across both the public and private sector was evident and it is proposed that a cross sector seminar/conference takes place later in the year. |

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| | Whilst work continues to secure signatures to a national pledge it is clear that the local commitment to working in partnership should be progressed.<br><br>**Banning Orders**<br>As the legislation supports the principles of minimal intervention the use of banning orders is rare.<br>At the present time however, we have one banning order in place and potentially another two, subject to further discussion.<br>The low level of banning orders in Scottish Borders is consistent with the position across Scotland and reflective of the vast majority of cases being supported through case management or other appropriate legislation.<br><br>**Review of Adult Protection Unit**<br>The APC meeting in April approved the terms of reference of a review in to the operation of the Adult Protection Unit. An approach will be made to 'With Scotland' to secure a suitably qualified professional to undertake same.<br><br>**DECISION**<br>**NOTED It was desirable to complete the Review of the Adult Protection Unit as soon as possible.**<br>**AGREED:-**<br>**Bring the Action Plan on the Audit of Activity and Outcomes to the next CSOG meeting in August.** |
| 5. | **Case Review Report for CR**<br>There had been circulated a case review report for CR.<br><br>JW had been impressed with the case management and the social worker involved, especially with the chronology which clearly evidenced ongoing assessment. However this case review highlighted the differences between social work and health on how a case should proceed. Areas for improvement included inter-agency communication, the use of the Dispute Resolution Protocol, how meetings were minuted and an understanding of each other's' paperwork. ER recommended dedicated OD support or coaching and group work with the team involved. ET reported that information from the Mental Welfare Commission show that these dynamics arise in other areas from time to time. JD raised concerns on the competence with dealing with Adult Protection Committee legislation.<br><br>**DECISION**<br>**NOTED – this report is commissioned.**<br>**AGREED:-**<br>**1. A debrief to be held with the teams involved and encourage collaborative working and clarity on respective paper-work. Invite Criminal Justice to the discussions. (JW)/(ER) and (ET)**<br>**2. Actively promote the role and remit of the Adult Protection Committee with localities and partners.**<br>**3. Amend the Dispute Resolution Protocol and ensure both the APC and CPC protocols are equivalent (DP/GN)**<br>**4. A bespoke Minute taking template to be considered. (JM)**<br>**5. Ensure health staff understand the Adult Protection legislation (Jane Davidson)**<br>6. **Share this report with the teams after the debriefing is completed and also share with the Mental Welfare Commission (ET)** |
| 6. | **Offender Management Update**<br>There had been circulated copies of an update dated 11th April 2016.<br><br>**1.Quarterly Performance Reporting**<br>The Committee noted the increase of sex offenders subject to MAPPA and the number of registered sex offenders on statutory supervision has risen from 23 – 31 and impact on workloads was noted. |

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| | Case file audit report noted that some cases were being overly managed and areas where risks would be more fully identified. The Committee supported the need for a workshop for staff to be arranged and to review Environmental Risk Assessment process. No further sexual reoffending was noted which is positive.<br><br>**2.Case Issues**<br>SCR – DR<br>On agenda further on.<br><br>**3.Environmental Risk Assessment**<br>Committee noted that between 1st December 2015 and 29th February 2016, 38 ERA's had been initiated, of these 16 remain in progress. Committee were assured that high priority ERA's were being completed in line with timescales.<br><br>**4.High Risk Offender Profile**<br>Further work has been completed which was helpful to focus on local offender statistics and to inform local targeted action. The profile identified that the 18-34 age group was the highest offender group and noted the importance of links with groups such as Domestic Violence, Violence Against Women and Community Safety.<br><br>**5.MAPPA Guidance - 2016**<br>The extension of MAPPA is now in place and extends beyond registered sex offenders to include those offenders who, by the nature of their conviction, are assessed as posing a risk of serious harm to the public. There have been changes to the MAPPA templates which have now been implemented.<br><br>The criteria for SCR has been amended to take cognisance of the MAPPA extension. In addition there is a change to the criteria for SCR in that all offenders managed under MAPPA at any level charged with an offence listed in Schedule 3 of the Sexual Offences must be notified; this will have a significant impact on the number of cases notified e.g. between 1 April 2015 and 29 February 2016 3 ICRs were instigated within the Lothian and Borders CJA area, applying the revised criteria would have instigated a further 13 ICRs.<br><br>**Performance reporting framework for Offender management committee**<br>There was a paper submitted to CSOG.<br><br>**DECISION**<br>**NOTED**<br>**Timescales would need to be discussed for each of the actions.** |
| 7. | **Critical Cases – Management of DR**<br><br>There was a Multi-Agency SCR Management of DR report circulated.<br><br>It was noted feedback to the victim will need to be progressed and to share the outcomes with Scottish Government. The report recommended that when an offender is known to have housing support needs in relation to tenancy sustainment referrals for housing support should be made at the earliest opportunity. This would allow a support package to be in place as soon as possible for the transition from prison into the community, and subsequently, suitable accommodation.<br><br>**DECISION**<br>**NOTED – the report and that this incident could not have been prevented and had been a spontaneous, opportunistic act.**<br>**AGREED:-**<br>- **Give feedback to the victim.** |

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| | - **Share the outcomes with Scottish Government.**<br><br>**ICR – MJG – Attempted murder**<br>• In October 2015 MG advised the Police Service of Northern Ireland that he intended staying with his siblings in Galashiels for approximately 2 months. Unfortunately, in this instance, Northern Ireland failed to inform Police Scotland of these travel arrangements.<br>• As MG was bringing his child to Scotland, Children's Services in Northern Ireland advised Scottish Borders C&F Social Work and the child was placed temporarily on the Child Protection register but there was no knowledge that MG was a sex offender.<br>• Scottish Borders Police were advised on 23 November that MG was in the Borders by an anonymous phone call. A risk assessment was undertaken.<br>• The offence took place on 18th December 2015.<br>• Police in Northern Ireland have admitted they failed to advise Police Scotland.<br>• There was a discussion about how long an offender should be resident in an area when VISOR records are held elsewhere and should Police Scotland set a timescale. If longer than 3 weeks we should reconsider local risk and set a MAPPA level.<br>• Noted that Police Scotland followed the correct procedures and submitted the MAPPA notification form. Given the circumstances and current assessment of risk, MG was correctly managed at MAPPA level 1 and it would therefore not be proportionate or merited to commission a SCR.<br><br>This report will go to the National Strategic Group for Scotland. Group agreed no SCR was required<br><br>**DECISION**<br>**NOTED – the report**<br>**AGREED:-**<br>• **Take to the National Strategic Group (ET)**<br>• **Bring back the outcome from the National Strategic Group. (ET)** |
| 8. | **Environmental Risk Assessment**<br><br>There was an update circulated. Between 1st December 2015 and 29th February 2016 there were 38 Environmental Risk Assessments (ERAs) initiated. Of these, 29 were for existing properties and 9 were for new accommodation, 7 of which were permanent and 2 of which were on temporary or "visiting" basis. There were also two instances where the decision was made not to proceed to ERA following Police visit to the property as part of Police standard operating procedure.<br><br>By 31st March 2016 22 of the ERAs had been concluded and in all instances the accommodation was approved as suitable. Therefore 16 remained in process.<br><br>The table showed the level of Police criteria which was read with interest.<br><br>JD asked IM to feed this information back to Police Scotland.<br><br>Criteria which was not met were all checked and only 1 was deemed to require a review.<br><br>**DECISION**<br>**NOTED**<br>**AGREED:-**<br>**Feedback this information to Police Scotland. (IM)** |
| 9. | **Performance Information - Quarterly Statistical Reports**<br><br>Copies of a paper detailing management information figures relating to Child Protection, Adult |

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| | Protection and MAPPA had been circulated. The information provided to CSOG was in the form of tables and charts. The Child Protection information showed for Jan 2015-April 2016 two charts (in linear and bar chart format) giving details of referrals by locality and number of children on the register by locality. There were also charts on<br>• The number of children on the register by concern<br>• The number of IRDs<br>• Children de-registered within 2 years<br>• Children on the register for 15+ months.<br>It was noted that the number of IRDs has risen as well as the number of children on the child Protection Register, all of these are being followed up. These will also be discussed with the workers but there are no apparent reasons for this rise.<br><br>The Adult Protection information showed that the number of referrals had dropped slightly for the period April 2015 to March 2016. The type of harm most prevalent was Financial and Physical continues to be a trend. On Page 5 number shows number of IRDs and investigations. This quarter shows an increase in Case Conferences and this is encouraging. A new process is now being implemented and so future data will be different. With regard to the MAPPA figures for July/Sept 2015 to Oct/Dec 2015 it was noted that the number of sex offenders had been between 94 and 88, with an increase up to 97 between Jan/March 2016. Level 2 cases being discussed are dropping and majority are at level 1. Number of registered sex offenders on statutory supervision increased by 8 having an impact on the SW teams.<br><br>Level 1 operational management is working well which has avoided escalation to level 2. This indicates that management are now well trained and working effectively. A Level 2 means that senior management have had to be involved.<br><br>**DECISION**<br>**NOTED the number of IRDs and Children on the register has increased, and managers will encourage team discussions on this. The number of children re-registered has also gone up.**<br>**AGREED:-**<br>- **A linear graph is presented at the next meeting giving statistics for the last 3 years on the number of child protection referrals.** |
| 10. | **Summary of Annual ICRs/SCRs/SIRs**<br><br>There was circulated a report on ICR, SCR and SIR reports.<br><br>There was circulated an action log on the CPC ICRs dated 2014 to 2016. DM asked that this be brought back to the next meeting.<br><br>There was circulated the *National Guidance for Child Protection Committees Conducting a Significant Case Review*- Scottish Government 2014.<br><br>**DECISION**<br>**AGREED:-**<br>- **To bring the spreadsheet and supporting documents back to the next meeting due to time constraints.**<br>- **To start the next meeting an hour earlier.** |
| 11. | **Any other business**<br><br>**Update on Inspections**<br>ET confirmed that she had received official notification from the Care Inspectorate that there will be an Adult Protection inspection before March 2017. A coordination group with ET, Alastair Pattinson, John Peaston and DP has been set up to meet weekly on Tuesday |

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| | afternoons to ascertain the scope of the work to be done including audit work. A small executive group will feed into the coordination group and membership will include JM, ER and Susan Manion. Actions have already been identified and the measuring standards will be a similar format to that for the Child Protection inspection. The link inspector has given ET the audit standards which are to be followed and these will be shared.<br><br>**Children & Families Social Work Inspection**<br>JM reported that the end of July 2016 will be the end date for the final inspection document which will be published the first week of August. The Leadership Group met with the Link Inspector and the language was softened in some places. The wording around CSE has also been softened considerably. The gradings remain the same.<br><br>**West Lothian**<br>ET reported that the protocol for setting up a Public Protection Unit will be discussed in more depth, including MAPPA at a joint Committee meeting between CPC and APC in August.<br><br>**Named Person Update**<br>The plan is this will be implemented at the end of August 2016.<br><br>**DECISION**<br>**NOTED the above.** |
| 12. | **Next Meeting Date**<br><br>The next meeting of CSOG is scheduled for Monday 22nd August 2016 commencing at 1.00 pm to discuss the CPC ICR spreadsheet and 2.00 pm for normal business in the Corporate Management Boardroom, Council Headquarters. |
| | *The meeting concluded at 4.20 pm.* |