

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: 01.09.16
- Public Governance Committee: 27.07.16
- Area Clinical Forum: 01.08.16
- SEAT: 10.06.16
- Health & Social Care Integration Joint Board: 17.10.16
- Critical Services Oversight Group: 22.08.16

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 1 September 2016 at 10.00am in the Board Room, Newstead

Present:

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

In Attendance:

Miss I Bishop	Mr P Lunts
Mrs A Suttle	Mrs C Oliver
Mrs L Morgan-Hastie	Mrs H
Mrs S Hogg	Mr C Sinclair

1. Apologies and Announcements

Apologies had been received from Mr Warwick Shaw, Dr Hamish McRitchie, Dr Annabel Howell and Dr Cliff Sharp.

The Chair welcomed a range of attendees to the meeting.

The Chair confirmed the meeting was quorate.

2. Patient and Carer Stories

Mrs H shared her patient story with the Committee and spoke about her late husband and the care he had received at the Borders General Hospital, and then her role as a volunteer within the organisation.

Discussion focused on several issues including: the distressing story; the differences that have been made; communication; failure to show respect and a lack of dignity; staff attitudes; staffing levels; spending time with older people in hospital; mealtimes; role and assistance of volunteers, carers and families; assistance of the clinical governance team with patient experience; staffing tools and skill mix; assistance for Parkinson disease sufferers; proactive feedback; listening; communicating with deaf patients; vulnerability of people and empowering them to make a complaint; a view that Ward 10 provides respite for patients' families; and head teacher leadership culture.

The Chair echoed the sentiments that were expressed during the discussion and summed up the conversation by noting that the organisation would progress and was learning and he was mindful that learning was an important element of the feedback that Mrs H continued to provide to the organisation through her volunteering role.

The Committee then shared their reflections on the patient story and the patient experience feedback questionnaires and spoke about: breakfast times and ensuring those in side rooms were attended to; rough handling of patients; empowering patients to escalate issues to senior staff; patient opinion anonymised feedback; identification of doctors and nurses; commendation themes; culture and behaviour; additional care staff; and staff attitude.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient's story and considered the opportunities and positive outcomes which could be delivered by working in partnership with service users in an innovative and creative way.

3. Declarations of Interest

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

There were none.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 5 May 2016 were approved.

5. Matters Arising

5.1 Action 5: Delayed Discharges: The Committee noted that the action had been completed.

5.2 Action 7: Deanery Visit: Mr Andrew Murray expanded on the outcome of the item and confirmed that the relocation of NHS Borders Headquarters to the Borders General Hospital Education site had not impacted on the accommodation needs for medical training, apart from an issue of simulation training, and further commented that he had discussed with Heads of Services regarding the most suitable environment for simulation and all had confirmed that ward based simulation was the preferred option and there was less support for an artificial environment. Dr Mather requested that feedback be given to those who had raised the matter to the Board and Mr Murray confirmed he would action the matter.

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

6. NHS Borders 2016/17 Draft Winter Plan

Mr Philip Lunts presented the Draft Winter Plan for 2016/17 and he highlighted several elements within it including the further detail on social care aspects of the winter plan.

Mr David Davidson enquired when the review of medical and nursing staffing in the Emergency Department would be completed. Mr Lunts confirmed it would be completed by the end of September 2016.

Dr Stephen Mather sought assurance that there would be 24 hour, 7 day a week, social care provision in place to enable timely discharge and improved patient flow. Mr Lunts commented on the 3 elements involved in discharge and home care provision, namely: a reduction in the length of time a home care package remained open once a patient had been admitted to hospital, which allowed home care hours to be reallocated; social work had undertaken a piece of work in relation to capacity in home care provision; and the opening of transitional care facilities in November.

Dr Doreen Steele welcomed the winter plan and commented on the learning from previous years and aspirations for transformational change. She suggested it be accompanied by a plan of, who by what by when and include critical success factors. Mrs Evelyn Rodger confirmed that she would circulate the action plan to Board members.

Mrs Jane Davidson reminded the Board that a key difference in the winter plan for 2016/17 was that the winter surge beds had remained open all year. She further commented that the reopening of the refurbished Waverley Care Home as a transitional facility was expected to greatly enable people to return to their own homes or care homes within a more structured timeframe.

Mrs Pat Alexander sought acknowledgement of the role of carers and families in repatriating their family members back to their homes and communities. Mr Lunts suggested there might be more work to be done in that regard with the voluntary sector and Mrs Rodger also suggested revisiting the communication strategy.

Cllr Catriona Bhatia suggested a focus on pre discharge activity to ensure all checks and assessments were completed before the consultant assessed the patient for discharge, like a Christmas Eve focus on discharges. Mrs Rodger confirmed she would take the suggestion forward.

Further discussion focused on: remodeling and contingency planning to streamline pathways; uptake of flu vaccination by staff; planning for norovirus and reviewing resilience plans; standardised weekly discharge plan; mental health services and the provision of housing support over the festive period; exploration of a new model of GP support to community hospitals; and recruitment of staff for the winter period.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the draft Winter Plan.

7. Strategic Risk Register 2016/17

Evelyn Rodger introduced the strategic risk register.

Discussion focused on: resilience; new GP contract; potential impact of industrial action by junior doctors in England; and national discussion in regard to the future of the annual staff survey.

The Chair commented that he wished to rerun the iMatter programme with the full Board. Mrs June Smyth advised that she would ask Mrs Irene Bonnar to assist the Board with the iMatter programme.

Dr Doreen Steele suggested an OD project be brought together to map across the quality, financial and efficiency work. Mrs June Smyth agreed to action the suggestion.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the revised strategic risk register and the ongoing actions to identify additional strategic risks.

8. BGH Adult Changing Facilities

The Endowment Committee in May had asked Mrs Carol Gillie to bring a report on Adult Changing Facilities to the Strategy & Performance Committee.

The Chair enquired from a legal position, if a need was identified was the Board under a legal obligation to meet the need. Mrs Gillie confirmed that it was, although there were instances where following a risk assessment and where valid reasons not to proceed were identified there would be a reduced risk of a legislative position.

Dr Doreen Steele commented that she had raised the issue of adult changing facilities as it had been a reoccurring theme at the Public Governance Committee. Dr Steele also advised that there were a number of people coming through the Children's' Learning Disability service who would no longer be classed as children, as well as those with Motor Neurone disease, Parkinsons, Huntingdons, and other neurological conditions where adult changing facilities might be required. She suggested an impact equality assessment be commissioned to provide insight into the matter so that a balanced decision could be made by the Board.

Mr John McLaren suggested the matter was more than an adult changing facility but was more about delivering dignity and respect to patients and demonstrating the organisations values to the population of the Scottish Borders.

Mrs Pat Alexander reminded the Committee that it was looking at the matter from a patient perspective, however under the disability equality legislation, the organisation had a duty to look at the general use of the hospital and if family members with a disability wished to visit they were in fact faced with the same issue, and therefore it was a wider issue than just patients.

The Chair drew the conversation to a close confirming that the Committee was supportive in principle.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report and agreed the next step be to take a report to the Endowment Board of Trustees.

9. Review of the Strategy & Performance Committee Terms of Reference

Miss Iris Bishop presented the revised terms of reference for the Strategy & performance Committee. She confirmed if approved the revised terms of reference would be included in the next iteration of the Code of Corporate Governance.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed the revised Terms of Reference.

10. Finance Report for the 4 month period to 31 July 2016

Mrs Carol Gillie advised the Committee that she had prepared a presentation on the financial and efficiency position to be shared with the Committee at a Development session later that day.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report and considered the current financial position; the actions to address the financial position; further actions required in light of the financial pressures.

11. Efficiency Update

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 31 July 2016.

12. Capital Plan 2016/17 Update

Mrs Carol Gillie highlighted the two main emerging issues which were the Theatre Ventilation project and costs for the scheme being higher than anticipated and the Gamma Camera CT replacement.

Dr Stephen Mather challenged the requirement for a CT Gamma Camera. Mr Andrew Murray confirmed that without a CT scanner on site at the Borders General Hospital the hospital would struggle to deliver unscheduled care, with emergency patients being diverted to NHS Lothian. Mr Murray emphasised that there was increased CT scanner demand for both out patients and in patients at the Borders General Hospital.

Mrs Evelyn Rodger commented that operationally NHS Lothian had previously been unable to assist when the CT scanner at Borders General Hospital had previously broken down. She further commented that bringing in a mobile unit would need to be arranged weeks in advance and cabling infrastructure would also need to be put in place to enable a mobile unit to operate within the Borders General Hospital site.

Mrs Pat Alexander enquired what the relative patient safety issues were. Mr Murray advised that in regard to the CT scanner the patient safety issue was a lack of a viable back up facility due to the remoteness of the Scottish Borders. In regard to theatre ventilation, Mrs Rodger advised that there was regular testing and intensive cleaning of the theatre ventilation system. She confirmed it was a highly maintained system and had no patient safety issues.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the Theatre Ventilation Replacement and Gamma Camera CT projects.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the purchase of a replacement Gamma Camera CT to act as the service back up to the main hospital CT Scanner in 2016/17.

The **STRATEGY & PERFORMANCE COMMITTEE** suspended the theatre ventilation project from the 2016/17 capital plan and requested a further update on the options for that project at the Board meeting in December 2016.

*Mr John Raine departed the meeting.
Dr Doreen Steele took the Chair.*

13. Performance Scorecard

Mrs June Smyth presented the performance scorecard report.

Dr Stephen Mather noted the improved performance in diagnostics and he enquired if a funnel chart could be produced to show NHS Borders performance compared to other Board across Scotland. Mrs Smyth advised that a comparison could be done and she advised that she would include it in the 6 monthly Managing Our Performance report.

Further discussion focused on: deep dive into DNAs; £250k to support waiting times initiatives; focus on patient care issues; supporting staff through Electronic Knowledge and Skills Framework (eksf) and Personal Development Plans (PDPs); code of professional governance; potential for drill down facility into elements of the electronic report; and look at the role of and how the Board uses the governance committees.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the integrated performance report as at end of June 2016.

*Dr Doreen Steele departed the meeting.
Mr David Davidson took the Chair.*

14. Deep Dive – Physio MSK Waiting Times

Mrs Anne Suttle and Mrs Lynne Morgan-Hastie gave a presentation on Physio MSK waiting times which highlighted; progress 2015/16; progress 2016/17; and innovations.

Mr David Davidson enquired about difficulties in recruitment to the physiotherapy service. Mrs Morgan-Hastie advised of a new initiative being trialed by the Eyemouth GP Practice in employing a physiotherapist directly with expertise in MSK to work like a GP. Mrs Jane Davidson advised that it was an initiative from the Scottish Government that was being promoted by Jan Beattie an NHS Borders secondee to the Scottish Government.

Dr Stephen Mather suggested if the initiative was a success it could be developed in other areas such as pharmacists and nurses and be used as a good example of a model for change.

Mrs Davidson enquired about the impact on referrals from Eyemouth. Mrs Morgan-Hastie commented that there had been a reduced number of referrals into the system and she could provide the actual information outwith the meeting.

During further discussion several points were raised including: GP clusters model and importing physiotherapist into the clusters; funding for the initiative; Allied Health Professionals (AHPs) straddling clusters; increasing pharmacists input to GP practices; poly pharmacy; and AHP skill sets.

Mrs Davidson asked that the Committee record its acknowledgement of the work that Karen McNicoll undertook and the effort she had put into to overseeing the physiotherapy service during her time as Assistant Director of AHPs.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and acknowledged Mrs McNicolls contribution to the work of the Committee.

15. Any Other Business

There was none.

16. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 3 November 2016 at 10.00am in the Board Room, Newstead.

The meeting concluded at 1.00pm.

Signature:
Chair

PUBLIC GOVERNANCE COMMITTEE



Minutes of Public Governance Committee (PGC) Meeting held on Wednesday, 27th July 2016 from 2.00 – 4.00 p.m. in the Boardroom, Newstead

Present:	Doreen Steele (Chair)	Shelagh Martin
	Pat Alexander	Fiona McQueen
	Margaret Lawson	Lynn Gallacher
	Bob Devenny	John McLaren
	Nicky Hall	Margaret Simpson
In Attendance:	Susan Hogg	Laura Jones

1. **Welcome & Introductions**

Doreen welcomed everyone to the meeting.

2. **Apologies & Announcements**

Apologies were received from: Karen Hamilton, Mandy Brotherstone, Frank Connolly, Andrew Murray, Andrew Leitch, Catriona Bhatia, Gordon Brown and Clare Malster

3. **Minutes of Previous Meeting & Action Tracker from 4th May 2016**

In attendance should note Debbie Rutherford not Brenda Rutherford. Item 5.4 Debbie Rutherford from the Borders Care Centre gave a verbal update not Lynn Gallacher as noted.

5.1 – The Spiritual Care Service is very much part of the NHS Borders not the Trustees remarked Bob.

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

Item 5.1 from previous minute notes the Infant Cremation Working Group, Pat asked how cremations are handled on behalf of families. Bob explained that there is a process in place which is working well. The midwife initiates the choice and the parents are given information and they decide how things are taken forward. The committee who oversee the infant cremation met today to develop an SLA with funeral directors and the cremation facilities. NHS Borders some years ago paid for lairs within Melrose cemetery for infant burial so parents have a choice of a cremation or burial.

As this topic has received a lot of media attention a report has come out and with that a code of conduct. Advice has also been received from the Government, which was followed today at our earlier meeting. A short life working group on the topic of infant cremation has been formed. This part will be audited.

It was agreed to invite to the November meeting David Thomson and Nicky Berry to discuss infant mortality and to inform the group on their gap analysis and action plan.

Item 6.1 – ‘Four Questions to Ask Your Doctor’ Nicky commented that she had taken this to the Ophthalmic Committee and the ACF where it had been well received and noted. They will circulate to all members of their groups.

- 4.1 Action 27 – Doreen gave an update of where we are with the possible provision of this facility. At the Endowment Committee it had been debated where the funding should originate. It was agreed that a paper on the proposal would go to the Strategy and Performance Committee in September.

Margaret reported that she sits on the ILF Project Board and the group are looking to open up the fund. This would allow access for patients to equipment to help their condition. Margaret offered to send to Susan further information on how to access funding and the training, which is available locally. **Action: Susan**

It was noted that Spiritual Care is not represented on the Equalities & Diversity Group. Bob shall speak to Warwick Shaw, Chair of this group about becoming a member.

5. **Public Governance Business Items:**

- 5.1 Doreen noted the Public Governance Committee Operational Report.

Pat commented that communication within the Integrated Joint Board (IJB) is currently being worked on. Consultation and engagement are two different systems and the Scottish Health Council is working with the Scottish Government to clarify.

Pat asked if there was a message from this committee to take back to the IJB on how things are working and what you would like to see happen. Margaret L commented that she felt workers on the ground were not listened to enough. John indicated that he has been in discussions with Susan Manion about where the Joint Staff Forum sits and how it engages with the IJB. There are concerns around staff governance and how we make sure that as a body staff is listened to. A paper is to be written on how we try and address this.

- 5.2 Patient Feedback Annual Report

Laura explained to the group that we regularly take patient and carers stories to the Board and this is also part of staff induction training. It was noted that since it started over 2,000 patients, carers and their families have given feedback on the patient experience whilst in our acute hospital. Doreen asked what percentage this is against the percentage of patient admissions and the number of patients spoken to.

Discussion took place with the group on the charts, their understanding of sharp upturns and whether or not this should be viewed as a concern by the organisation. Laura explained this is the very reason why we use statistical control charts. Bob asked how quickly the feedback is taken back. Laura explained that the senior charge nurse has a daily conversation on the ward with the patients. This is a key

part of their workplan on the ward. As discussed at the last meeting with Dr Andrew Murray the junior Doctors leave a summary of what was discussed with the patient so that this information is available to their families when they visit. Our patient feedback volunteers try to provide a more impartial view. We are testing a system used in the women and children's area, within Salford Hospital, which has been very successful by putting a sign beside the patient's bed giving details of instant access to a phone line to enable the patient or relative to speak to someone out with the ward if they have any concerns.

5.3 Oversight of Patient Letters – Plain English

Doreen noted that this topic has been of longstanding interest of this committee. There was a lot of discussion in June 2014 collectively with the group and feedback gathered on the understanding and complexity of waiting times. At that time the committee gave comments back on the letters sourced from NHS Lanarkshire and suggested amendments. Currently only five letters are used on the Trak system

We are now looking at 13 letters, (the full suite) to place on Trak. Stephen indicated that we have engaged with the Public Reference Group (PRG) and GP colleagues to gather their views and a follow up session has been scheduled in August. Once reviewed and readable these letters will then be incorporated into Trak. The committee were asked to review these and feedback any comments before the scheduled meeting in August. Margaret asked if these could be shared with the Access Panel. Steve Litster, Waiting Times Manager present at the meeting to answer questions explained that the organisation has to meet the requirements of the legislation. He also informed the group that a leaflet with more detailed information explaining the appointments process and guidance on how to book an appointment goes out with all patient letters. A copy of the leaflet to be circulated to the group for information. **Action: Susan**

Lynn noted that she and carers working with patients really appreciated the automated message service.

5.4 Terms of Reference (TOR)

The TOR was reviewed by the group and comments noted below:

- 1.2.3 – Dr Andrew Murray now the lead, remove Director of Nursing and Midwifery
- 1.2.4 – Add bullet point – Provide assurance to the Board.

The group agreed

- A formal link to the committee by the IJB should be made and an invite to go out to the Chief Officer or delegate from the IJB.
- If Clare Malster from SBC is not available could she send a deputy?
- The diagrams noted on appendix 1 need to be updated linking in with Shelagh for confirmation of accuracy.

When changes are made an electronic copy will be emailed to the group for agreement and final sign off. **Action: Susan**

6. **Monitoring & Performance Management:**

6.1 Scottish Health Council (SHC) Update

The group was asked to note the update. Shelagh informed the group that at the moment a lot of what they do is taken up with the development of the Our Voice framework. Local officers have been trained by Chest Heart & Stroke Scotland on how to deliver training. SHC are currently working with the Public Partnership Forum

(PPF) through a short life working group to look at how the PPF can engage with the wider community. Our Voice, linking in with the IJB, is doing a mapping exercise to find out overall what is happening over Scotland to share with the IJB.

7. **For Noting:**

The group were asked to note the various updates and minutes.

7.4 Spiritual Care Newsletter

Bob reported that the Spiritual Care Committee has not met for some time so in the absence of this Sandra Henwood has produced a newsletter for information. Interviews were carried out yesterday to appoint a new Chaplain on a fixed term contract whilst the service is developed. A brief is to be prepared and taken to the Integrated Care Fund around community chaplaincy feeding in from health and social care and linking up with the third sector including faith groups. John asked about the therapists service and how much support or resistance is out there. Bob commented that it is going very well with very few problems but these have been overcome. A lot of the barriers are what you would expect such as the need for infection control etc.

8. **A.O.C.B.**

None.

9. **Future Meeting Dates 2016/17**

2nd November

19th January

30th March

19th July

1st November

From 2.00 – 4.00 p.m. in the Boardroom, Newstead

Minutes of the meeting of the Area Clinical Forum held on Monday 1 August June at 5pm in the Committee Room, Ed

Present: David Thomson, (Chair), Nicky Hall, Gerhard Laker, Alison Wilson, Dr Chris Richards, Elaine Torrance, Jane Davidson, Charlie Sinclair, Andrew Murray, John McLaren, Kirsten Austin (Minutes)

Apologies: Dr Tim Young, Alice Miller

Agenda Item	Title	Speaker	Summary	Action
1/2	Minutes of Previous Meetings	DT	<p>David Thomson (DT) welcomed everyone to the meeting and noted the apologies above. DT explained that he was standing in as chair this evening as Karen McNicoll had now left NHS Borders.</p> <p>The minutes from the meeting on the 4th of April were discussed and agreed as acute pending a few spelling errors.</p>	
3/8	Matters Arising/Action Tracker	DT	<p>DT explained to those present that a new chair of the ACF was to be decided that evening and asked those interested to make themselves known.</p> <p>Alison Wilson (AW) was the only person to put herself forward for the position and it was a unanimous decision that she would be the new chair for the ACF.</p> <p>DT was elected as deputy chair.</p> <p>See action tracker for updates.</p>	Iris Bishop (IB) will ensure that all paperwork required is completed.
4	Values Presentation	JD	Jane Davidson (JD) gave a presentation on NHS Borders Values. This will be circulated to members of the ACF.	Kirsten to circulate presentation

Agenda Item	Title	Speaker	Summary	Action
			<p>Andrew Murray (AM) noted that these were not the values based on NHS Scotland. There are probably 3 or 4 words there that are core. He queried if this could possibly put it into something more simplistic. Clarity of communication</p> <p>June has been thinking about.</p> <p>JD said that care and compassion is driven by listen to complaints and some of what I have heard. What a hard day it is for staff and the hurdles that they face and the atmospheres that they face.</p> <p>AM suggested that the next step is the employment journey and that it would be good to get to the conference. Is there a need for anyone who is a line manager/team leader and takes the values and takes this to the team meeting? When something is happening to challenge decisions what is the right thing to do. Make this into something that they can visualise. Running scenarios? Is there a need for us to be more systematic and empowering line managers to have that conversation at team levels?</p> <p>JD told AM that whenever there is recruitment going on, there is line managers session for them to attend where there are scenarios. Ensure we are getting the line managers; we need to move it on to those not recruiting.</p> <p>Pharmacy has also had the values training for the whole department and how can we apply it across.</p>	

Agenda Item	Title	Speaker	Summary	Action
5	Chief Social Work Officer Role	ET	<p>Elaine Torrance (ET) gave a presentation on her role as Chief Social Work Officer. Nicky Hall (NH) queried the number of foster carers approved and de-registered. ET explained that some carers do give up, however this was not the total number of foster carers as some are private through Action for Children etc so it doesn't give a true picture of the total number of carers.</p>	
6	Food, Fluid and Nutrition	CS	<p>Charlie Sinclair (CS) confirmed that all members had a chance to review these papers prior to the meeting and discussed them with the committee. He confirmed that they have now full met all the standards apart from hydration and patient information.</p> <p>It was noted that there is no dietetic staff on at the weekends. AM queried if a patient was given a naso-gastric tube at the weekend, if they would be able to be started straight away. CS confirmed that they would be.</p> <p>The way that fluid is prescribed is reviewed on a basis through food and drink charts etc. There is also malnutrition data which is produced regularly.</p> <p>JM asked in regards to fluids, there was an issue brought to the staff site and if a process has been identified to rectify it. For example, patients who required thickeners in their fluids. What we picked up when we sat down with management and general services was that</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>that domestics were feeling under pressure to do something that was a nursing responsibility. An agreement that we would have this visual sign to do with their cup on the board. Is this implemented on all the wards now, as at was only a pilot?</p> <p>CS advised that they don't have an indicator above the bed, but there is an area on the ward which shows requirements for patients. We are clear that it is a nursing responsibility. It is also available on ward view. That flag on the system is there, but unsure on the specifics.</p> <p>JM suggested that there is a visual aid for domestics so that they can clearly see the requirements that each patient has.</p>	
7	OPAH Update	CS	<p>CS introduced the paper. Since the 2012 since we had an inspection we continued to work on our standards and have continued to improve. Implemented a daily OPAH audit look at all the elements of the standards and by looking at patient documentation we can see if we are meeting the standards.</p> <p>The difference between audit and doing a snap show. Clinical discussions, 8 months of data, improvements are being seen. We are now asking the questions "So What" to see what difference this has made.</p> <p>Still a few things we are not getting right but this audit is a push to make sure that we are getting everything right.</p> <p>AM said that he has had discussion with Charlie regarding this data and all the work that</p>	

Agenda Item	Title	Speaker	Summary	Action
			has been done is fantastic. All we are doing here is increased scrutiny and that is a fairly blunt tool to implement change. Culture change is the most difficult part of this process. DT added that the focus round this work has created a play for much more constructive conversations. Senior staff on the wards are having dynamic conversations which will bring around a culture change.	
9	4 questions	AM	Andrew is now working with Erica Reid on this and will bring it back to the meeting. NH highlighted that they can they be adapted or different versions for different places. CR suggested that the 4 questions are included within the patient letter. It can be used to help a patient manage a GP appointment. If it comes here then we can cascade it to our networks.	
10	Clinical Governance Committee		No updates	
11	Public Governance Committee	NH	Operational report needs updating. Looking at letters going out to patients, to try and make them into plain English. Updating the Terms of Reference. Wanting to get more information from the IJB.	
12	National ACF Group		This will be brought forward to the October meeting.	
13	Borders NHS Board: 23.06.16		Vale of Leven updates report we are fully compliant Nursing – 6month update	

Agenda Item	Title	Speaker	Summary	Action
			Financial report – emphasises need for saving New look performance report which takes into account eh IJB Performance.	
14	Feedback from Advisory Committees	ALL	<p>Area Medical Committee – this is something that the organisation needs to help out with. Need to work out what the barriers are and how we can take them down.</p> <p>JM Not good for organisation if we don't have that representation there if that is what is needed for the format of the groups. Is there something that we need to be proactively doing from an executive level?</p> <p>AM What the best way to re-launch this is APC</p> <p>Put forward bids for capital funding for an evaluation of technology. Various upgrades are needed. Looking at robotics and use of scanning technology.</p> <p>BANMAC</p> <p>Banking agency update, rostering compliance check which has been successful.</p> <p>The MAPPA discussed extension broadening the paradigms, now extended to violent offenders and environmental scans.</p> <p>Charlie came and gave an update on the OPAH paper.</p> <p>Adult protection occupational flow chart has been updated and is available on the intranet.</p> <p>Chair of ACF chairs the workforce conference.</p>	NH to have a conversation with Alison to increase awareness.
15	Any Other Business		See action tracker for updates.	

Agenda Item	Title	Speaker	Summary	Action
			JM reminded attendees that the Workforce conference this year was focused on values which Jane gave a presentation. The feedback which was received was that we needed more people exposed to values. JM encouraged everyone to talk to their staff groups and encourage them to think about this and go to the next conference.	
16	Date of Next Meeting		24 th October 5pm, Committee Room, Education Centre	

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Regional Planning Group held at 10.45 am on 10th June 2016, Meeting Room 7, Waverley Gate.

Present:-

Borders

Ms Jane Davidson

Fife

Mr Paul Hawkins (Chair)

Dr Frances Elliott

Ms Jann Gardner

Forth Valley

Ms Janette Fraser

Lothian

Professor Alex McMahon

Dr Brian Cook

Tayside

Mr Peter Williamson

Dumfries & Galloway

Ms Viv Gration

Mr Ken Donaldson

Regional Leads

Ms Jan McClean

Mr Derek Phillips

Directors of Finance

Scottish Government

Directors of Public Health

Nurse Directors

NES

Professor Bill Reid

NSD

Ms Fiona Murphy

Scottish Ambulance Service

Medical Directors

Dr David Farquharson

HR Directors

NHS 24

Partnership Representation

Ms Lynne Huckerby

In Attendance:

Ms Katie Morris, NHS Borders (for Ms June Smyth)

Apologies for absence were received from: Ms Jacqui Simpson, Ms June Smyth, Ms Evelyn Rodger, Dr Andrew Murray, Ms Carol Gillie, Dr Graham Foster, Dr Tracey Gillies, Mr Tim Davison, Mr Alan Boyter, Ms Pat O'Connor, Ms Lesley McLay, Dr Alison McCallum

Item No.	Section	Action
1	Welcome & Introductions	
	P Hawkins welcomed all to the meeting and noted the apologies received.	
2	Previous Meeting	
2.1	<u>Minutes of the Meeting held on 22nd April 2016</u>	
	The minutes of the previous meeting held on 22 nd April 2016 were agreed as an accurate record.	
2.2	<u>Progress Against Action Note</u>	
	Progress was noted against the Action Note.	
3	Matters Arising	
	None raised.	
4.	SEAT Programmes – For Discussion/Approval	
4.1	<u>Acute Services</u>	
4.1.1	<u>Acute Services Group</u>	
	P Hawkins provided a verbal update to SEAT, confirming that SEAT had agreed to establish an Acute Services Group at a previous meeting with the purpose of supporting the SEAT Regional Planning Group to:	
	<ul style="list-style-type: none"> • Maximise potential of implementing the recently published National Clinical Strategy • Agree priority areas for acute services and oversee progress on delivery of agreed objectives • Prioritise early adoption of relevant national shared services programmes 	
	P Hawkins advised that he had chaired the first meeting of the Group on 27th April 2016 with a second meeting scheduled over the summer. Group membership includes Directors of Planning and Chief Operating Officers from the 5 SEAT Boards. A Terms of Reference had been agreed and a number of potential workstreams had been identified following a discussion on Board priorities and service pressures. Leads have been identified to scope these areas and develop Project Initiation Documents (PID) which will be reviewed at the next meeting.	

SEAT noted the update and agreed to receive further updates as the work progresses.

PH

It was noted that Scottish Government is arranging a national workshop to initiate discussions with Boards on the planning of elective treatment centres. Boards have been requested to identify representatives to attend. J McClean agreed to ascertain the position regarding regional planning representation.

JMcC

4.1.2 Major Trauma Proposals and Trauma Network Development

A McMahon provided a verbal update on recent developments relating to establishment of a trauma system for Scotland. Scottish Government had confirmed in May that there would be 4 Major Trauma Centres (MTCs) established across Scotland in line with previous discussions, with centres in Glasgow, Edinburgh, Aberdeen and Dundee. A McMahon advised that this decision will be discussed at the forthcoming National Planning Forum meeting on the 23rd June and would inform how the Major Trauma Oversight Group would take forward future work to support implementation.

A McMahon confirmed that the Regional SEAT Trauma Group had last met in May and had agreed to progress a number of areas of work including:

- Consider governance arrangements for a regional trauma network
- Consider standards for Trauma Units
- Identify opportunities for education and training
- Repatriation of patients
- Rehabilitation pathways

F Elliot raised concerns about the potential recruitment and retention implications across various disciplines which may affect non-MTC Boards. B Reid also voiced concern about the potential impact on trainee medical staff with the introduction of 4 MTCs.

D Phillips reminded the Group that the SEAT Workforce Group had previously completed a medical staffing risk assessment in SEAT across a range of specialties, including Emergency Medicine. He added that there was potential to utilise a regional network approach to support staff to maintain skills.

Further updates will be provided as work progresses.

4.1.3 Urological Surgery Services Review

J McClean provided a verbal update on progress with undertaking a regional review of urological surgical services in SEAT. She advised that the National Planning Forum had requested a review of urological surgical services across Scotland to be led by each

of the 3 Regional Planning Groups. The scope of the review has been developed in collaboration with the West of Scotland and North of Scotland Regional Planning Groups with a final draft of the Project Initial Document being finalised.

The SEAT Review Group will be chaired by Brian Cook, Acute Medical Director, NHS Lothian with Jim Crombie, NHS Lothian Chief Operating Officer, identified as the Executive Sponsor. Participating Boards include NHS Borders, Fife, Lothian and Dumfries and Galloway. NHS Tayside will participate in the North of Scotland review and NHS Forth Valley in the West of Scotland Review, however the similar approaches by each of the Regional Planning Groups, will facilitate any requirement for wider engagement/consideration. The Review Group will report through the recently established SEAT Acute Services Group.

The first meeting of the Group is scheduled for early July with further updates provided as work progresses.

4.2 Children and Young People

4.2.1 Child and Adolescent Mental Health

J McClean spoke to a previously circulated paper providing a progress update on regional discussions on CAMHS Waiting Times. J McClean reminded the Group that SEAT Chief Executives had requested an initial discussion between Board CAMHS Leads to discuss management of waiting times, including referral thresholds and criteria, service models and how any learning on improving waiting times could be shared. Leads are due to meet again in July to explore these areas further.

J McClean reported that a Scottish Government funded national Mental Health Access Improvement Support Team, based with Healthcare Improvement Scotland, has been established to work with Boards to meet and sustain the CAMHS 18-week access standard. The Support Team will utilise improvement methodologies to support Boards to deliver improved access to psychological therapies and CAMHS. The Group noted that although the support was very welcome, there remained challenges in some Boards. Members of the Support Team have been invited to attend the next regional discussion and have also arranged to meet with individual Boards to understand local challenges and issues. J McClean suggested that it may be appropriate to develop the regional forum to take forward aspects of access improvement.

J Davidson asked if the regional discussions included representation from Integrated Joint Boards. J McClean advised that they were not included at this stage but this could be reviewed going forward.

JMcC

It was agreed that an update paper detailing Board waiting times would be brought to the next SEAT RPG.

JMcC

4.3 Mental Health and Learning Disabilities

4.3.1 Regional Eating Disorders Unit Governance Group and Regional Perinatal Mental Health Group – Update

Regional Eating Disorders Unit Governance Group

D Phillips provided a verbal update on progress with implementing the recommendations from the independent review of the Regional Eating Disorders Unit based at St John's Hospital. He reported that the Regional Eating Disorders Governance Group had now met on 3 occasions and was continuing to work through the agreed Action Plan, ensuring that systems and structures are in place to provide a safe, quality-assured service. He confirmed the priorities included improving pathways and transition arrangements, developing a minimum data set to report activity with a focus on outcomes and strengthening partnerships within the regional infrastructure.

As part of the workforce review, a 0.6 WTE Band 8c Consultant Clinical Psychologist post had been advertised

D Phillips advised that there had been significant progress made in implementing the review recommendations and that a written update report would be provided for the next SEAT meeting.

DP

The Group noted the progress report and agreed to receive a more detailed report at the next meeting.

Regional Perinatal Mental Health Group

J McClean provided a verbal update on progress with supporting the Regional Perinatal Mental Health Unit to address previously highlighted issues regarding staffing, governance and communication.

A Regional Perinatal Mental Health Group has been established with clinical and managerial representation from each of the participating Health Boards: NHS Lothian, Fife, Borders, Tayside and Highland with the aim of developing a collaborative working approach to support the delivery of consistent, equitable, high quality perinatal mental health services in the Unit and across the five participating Board areas.

The Group has now met on 2 occasions and agreed the development of a Workplan which will include development of regional pathways, development of collaborative education & training opportunities, agreeing a minimum data set and establishing robust and effective communications.

The minimum data set will include activity and outcome

information which will be used to benchmark with other services and support quality improvement. J McClean advised that a written update report will be provided at the next SEAT meeting.

JMcC

The Group noted the progress made and agreed to receive a report at the next meeting.

4.4 Cancer Services

4.4.1 Robot Assisted Radical Prostatectomy Implementation

A McMahon spoke to the previously circulated update paper on robotic prostatectomy surgery in the South East of Scotland. He advised that SEAT had received regular updates on the development of the Business Case to support the development of a robot assisted radical prostatectomy service for South East Scotland, hosted within NHS Lothian. A McMahon advised that NHS Lothian's Finance and Resources Committee had approved the Business Case on the 4th May 2016 with an implementation programme now underway including staff training, commissioning and installation of equipment. The first surgical cases are anticipated to be undertaken in mid July.

J McClean confirmed that a regional Implementation Group was being established with nominations received from each of the participating Boards with the first meeting being arranged imminently.

SEAT noted the update and agreed to receive a further update at the next meeting.

AMcM

4.4.2 Update from Preceding RCAG

J McClean gave a brief summary of items discussed at the preceding RCAG meeting.

5. SEAT Programmes – For Information

5.1 RHSCE/DCN Reprovision

A McMahon provided a verbal update on the reprovision of the RHSCE/DCN which is a standing item on the SEAT agenda. The Group noted that construction work continued and remained on schedule.

It was noted that a Group had been established to consider workforce numbers in more detail.

SEAT noted the progress and agreed to receive further update at the next meeting.

AMcM

6. Supporting the Business – For Information

6.1 Workforce Planning - Update

Derek Phillips spoke to a previously circulated report and highlighting the update on Round 1 recruitment to Foundation, Core and Run Through training programmes. A paper detailing Round 2 recruitment to Higher Specialty Training ST3+ posts) would be circulated to the Group.

DP

The group noted the remaining issues within the report and the previously circulated presentation updating the Group on the implementation of the Shape of Training Review.

7. National and Other Initiatives

7.1 Implementation Plan for National Clinical Strategy – Discussion on regional approach

J McClean introduced a previously circulated paper, advising that Regional Planning Groups had been requested to identify regional work streams which would support early implementation of the National Clinical Strategy.

P Williamson stated that although the paper showed good progress on a number of regional initiatives, there may be a need for a wider framework to support work going forward.

The Group discussed the opportunities presented by the National Clinical Strategy, noting the emphasis on planning on a population basis and specialities proposed for planning at national and regional levels.

Following discussion, it was agreed that Directors of Planning would discuss further and submit a paper to T Davison for consideration at the next Board Chief Executives meeting scheduled for the 22nd June.

JMcC

7.2 National Update - NSS

The previously circulated Update paper was noted.

8. Regional Minutes

8.1 Minutes of the SEAT Directors of Planning and Directors of Finance Group on 12th February 2016 (Approved)

These were noted.

8.2 Minutes of the CSA Steering Group on 8th December 2015 (Approved)

These were noted.

8.3 Minutes of the SEAT Regional Workforce Group on 7th April 2016 (Approved)
These were noted.

8.4 Minutes of the SEAT Regional Major Trauma Group on the 9th February 2016 (Approved)
These were noted.

8.5 Minutes of the SEAT Directors of Finance Group on 14th April 2016 (Approved)
These were noted.

9. Communications

9.1 News Updates from Individual Boards

NHS Fife

P Hawkins advised that there had been an incident at St Andrews Hospital which would affect patient delivery within NHS Fife. A car had hit the building and it was expected to take in excess of 3 months for the structure to be repaired.

NHS Lothian

A report following the HIS review on Continuing Care within NHS Lothian had been published on the HIS website.

NHS Tayside

An unannounced HIS inspection of Older Peoples Services within Tayside had been completed although the report was not yet available.

NHS24

Following discussion, it was agreed that NHS24 would present their Clinical Strategy at the next SEAT RPG.

LH

10. AOCB

F Elliot advised that the draft NHS Fife Clinical Strategy would be shared with regional colleagues.

FE

11. Date and Time of Next Meeting

The next meeting was scheduled for Friday 16th September would be rescheduled with the revised date circulated to the Group.

Dates of Future SEAT Planning Group Meetings - 2016

- Friday 11th November

All meetings will be from 10.45am – 1.30pm and preceded by the Regional Cancer Advisory Group 9 – 10.30am. They will be held in Meeting Room 7 of Waverley Gate where videoconferencing facilities shall be available.



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 17 October 2016 at 2.00pm in the Council Chamber, Scottish Borders Council

Present:

(v) Cllr C Bhatia (Chair)	(v) Mrs P Alexander
(v) Cllr J Mitchell	(v) Mrs K Hamilton
(v) Cllr F Renton	(v) Mr D Davidson
(v) Cllr G Garvie	Dr D Steele
(v) Cllr S Aitchison	Dr A McVean
Mrs S Manion	Dr A Murray
Mrs E Torrance	Mrs E Rodger
Mr D Bell	Mr J McLaren
Ms L Gallacher	Ms A Trueman

In Attendance:

Miss I Bishop	Mr P McMenamin
Mrs J McDiarmid	Dr A Howell
Dr E Baijal	Mrs J Stacey
Mrs A Wilson	Mrs C Gillie

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Dr Stephen Mather, Mrs Jane Davidson, Mrs Tracey Logan, Mr David Robertson and Mrs Jenny Smith.

The Chair confirmed the meeting was quorate.

The Chair welcomed Dr Doreen Steele to the meeting who was deputising for Mr John Raine.

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

A slightly revised set of minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 31 August 2016 were tabled and were approved.

4. Matters Arising

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

5. Clinical & Care Governance – Integrated Joint Board Reporting

Mr Andrew Murray introduced the paper and gave an overview of the range of matters that were reviewed and actioned by the clinical governance committee. He sought feedback on the type of information the Board wished to see and spoke of the areas that were outwith the clinical governance remit such as GPs who were independent practitioners.

Discussion focused on: consideration of an overview to understand better the pressures in health, the council , care home sectors, GP sectors; no requirement to duplicate; by exception reporting; verbal reporting; provision of an annual report; verbal reporting to highlight deviance from standards and any cause for concern; public consumption of complex information;

Mrs Susan Manion suggested a development session be held on clinical and care governance to bring members of the Board up to speed with a 6 monthly or annual report submitted to the Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** discussed the proposed reporting format and noted the reports provided.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that it would undertake a Development session on clinical and care governance.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive an annual report on clinical and care governance with verbal by exception reporting at relevant meetings.

6. Scottish Borders Professional Assurance Framework

Mrs Evelyn Rodger introduced the item and explained that when different groups of professionals were brought together it could be awkward in regard to professional accountabilities and assurances. She assured the Board that the staff at the front line were clear on what their professional governance was within their own code of governance and that it protected staff, patients and the public.

Mrs Elaine Torrance commented that it was interesting that there were similar themes on professional accountability. The document was helpful in setting out the main requirements in each area and should be helpful for staff to understand.

Further discussion highlighted: testing the document with staff at workshops; incorporation of whistleblowing; and feeding back actions to the Health Board and Local Authority.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and requested the inclusion of whistleblowing.

7. Inspections Update

Mrs Elaine Torrance gave an update to the Board on the status of forthcoming inspections. She advised of the work that had taken place and progress that was being made in terms of improvement plans, staff self evaluation days, and learning from the Joint Children's Services Inspection.

Mrs Torrance further spoke of the forthcoming Joint Older Peoples Inspection and outlined the process and breadth of activity that would be undertaken in preparation for and during the inspection.

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

8. Chief Social Work Officer Annual Report 2015/16

Mrs Elaine Torrance presented the Annual Report and highlighted several elements within it including: chief social work officer accountabilities and governance; self directed support; mental health officer duties; emergency admissions; private and welfare guardianships; increased care inspectorate grades; financial constraints; self evaluation; increasing number of home care providers; and adult protection trends.

Cllr John Mitchell offered his congratulations to all who had been involved with the successful Syrian refugee's placements.

During discussion several elements within the report were highlighted including: the social care fund; redesign of services; charging policy; eligibility and criteria; and the September Social Work in Scotland publication.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report of the Chief Social Work Officer and in particular noted the elements of section 3 of the report.

9. Staff Governance Arrangements

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

10. Health & Social Care Integration Joint Board Business Cycle 2017

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the meeting dates and business cycle for 2017 subject to the cancellation of a Development session scheduled for Monday 24 April 2017.

11. Monitoring of the Integration Joint Budget 2016/17

Mr Paul McMenamin gave an overview of the integration joint budget and highlighted adverse variances and projections on the budget. He further highlighted: GP prescribing; AHP staffing budget; ability equipment store; social care funding; and remedial action plan.

Cllr John Mitchell enquired if the Health Board held a reserve that could be used towards the projected deficit. Mrs Carol Gillie commented that the Health Board did not have an on-going reserve. For the 2016/17 financial year she had put aside £2m, however at the end of September there was a £4.7m overspend.

Mrs Evelyn Rodger commented that given NHS Borders had repeatedly reported through the Integration Joint Board that the pressures it was sustaining were around patient flow and occupied bed days for delayed discharges, why the Integration Joint Board did not ask for health and social work to jointly produce a recovery plan. The Chair commented that there was a £1.8m overspend in prescribing. Mrs Rodger maintained that a large proportion of the overspend was in relation to pressures on the system.

Mrs Susan Manion suggested that the reality was there were issues with capacity and flow as had been highlighted through previous financial reports. She commented that resources had been directed through the Integration Joint Board via the Integrated Care Fund in order to lever change and improve flow.

Mrs Manion further advised that there was a requirement to agree plans for both NHS Borders and Scottish Borders Council in relation to the financial position and the reality was each organisation was still required to ensure it achieved a year end break even status. She reiterated again the need for a jointly agreed recovery plan that helped the Integration Joint Board to achieve its outcomes and dealt with the issues in regard to the budget.

Mrs Rodger again enquired why directions would be given to NHS Borders and not Scottish Borders Council and Mrs Manion responded that it was because Scottish Borders Council were not in the same financial position. Mrs Rodger stated that if NHS Borders were not carrying 30 delayed discharges it would be a healthier financial position and again suggested that directions should be given to both organisations to achieve a workable resolution to delayed discharges.

Mr McMenemy also commented that the direction was of a financial nature and was primarily for NHS Borders to reduce spend and deliver a balanced financial position. He added that in getting to that point and developing a plan that was where social care would feed in.

Dr Angus McVean commented that prescribing was multi layered and was about cost prices and tariff changes, and suggested the label GP prescribing was incorrect and urged the use of the phrase prescribing costs. Mrs Gillie echoed Dr McVean's comments and stated that it was not a GP issue.

Mr David Davidson commented that in a joined up system he would expect that an area that was causing a pressure in another area, would divert funding to release the pressure and enquired if directions would be given to that effect in regard to delayed discharges.

Mr Davidson enquired what the value of the technical accounting adjustment was. Mr McMenemy advised that it was one of a number of remedial actions being formulated and he could not confirm the value at that point in time.

Mr Davidson suggested the financial report should provide examples of how to deal with the insufficient resources to address pressures. Mr McMenemy advised that the partnership had direct marginal access in relation to social care funding and the integrated care fund for transformational change and improvement. He emphasised that based on the social care fund there was £800k available on a recurring basis which was insufficient to meet the pressures identified and therefore he was seeking a remedial recovery action plan.

The Chair suggested the Integration Joint Board seek a fully costed action plan and reconvene in November to go through it and set directions.

Cllr Sandy Aitchison sought the quantified savings or costs that were likely to be accrued. Mrs Gillie confirmed that the figures would be shared with the Integration Joint Board as part of the recovery action plan.

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** noted the planned high-level actions of recovery currently being developed and implemented by NHS Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** sought a costed recovery and action plan, at which point subsequent to that information it may consider the issuing of directions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to an extra ordinary meeting to be held on 21 November 2016 to focus on the financial recovery and action plan.

12. Delivery of Efficiencies and Savings Plans

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

13. Direction of Social Care Funding

Mr Paul McMenemy gave an overview of the content of the paper and highlighted several key elements including: surge beds; night support; ability equipment store and the community mental health worker post.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted how the Scottish Government allocation of social care funding to the partnership had been directed during 2016/17 to date.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the further direction of social care funding on the proposed recurring and non-recurring basis to meet the additional pressures outlined in regard to surge beds, night support, ability equipment store and community mental health worker post.

Cllr John Mitchell left the meeting.

Mrs Lynn Gallacher left the meeting.

14. Prescribing Efficiencies – Past, Present & Future

Mrs Alison Wilson gave an overview of the content of the paper and highlighted: manufacturing of drugs; licences; hike in prices; no government regulation; short term impact of pan European shifts; exchange rate fluctuation; and the average pharmacist spent about 1-2 hours a day sourcing drugs.

Cllr Sandy Aitchison enquired about the quantity of drugs returned and destroyed. Mrs Wilson advised that work was on-going in regard to wastage and she could not quantify waste in terms of cost as each bin of waste drugs contained various different amounts.

Cllr Aitchison enquired if the cost of the pharmacy community delivery van was contained within the costings. Mrs Wilson advised that the community pharmacists owned and funded the community pharmacy delivery service.

Further discussion highlighted: elderly medicine; statins; realism in medicine; 80% of prescribing is within secondary care and then maintained in primary care; difficult to maintain consistency across GPs; review of medicines; and polypharmacy.

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

15. Health & Social Care Integration Joint Board 2015/16 Final Audited Statement of Accounts

Mr Paul McMenamin presented the final audited statement of accounts.

The Chair noted that there were several adjustments required to be made in regard to dates and wording.

Mrs Susan Manion listed the adjustments to be made as:-

Page 4, 8, 14 – Replace On behalf of the “Councillors and Officers” with “Integration Joint Board members” of Scottish Borders Health & Social Care Partnership.

Page 9 - Replace I confirm that these Annual Accounts were approved for signature by the “Integration Joint Board at its meeting on 30 September 2016” with “Integration Joint Board Audit Committee at its meeting on 26 September 2016.”

David Bell left the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the approval of the 2015/16 Statement of Accounts by the IJB Audit Committee and ratified its decision.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key recommendations made by the External Auditor to the IJB in its management report.

16. Chief Officer's Report

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

17. Committee Minutes

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

18. Integrated Winter Plan 2016/17

Mr Philip Lunts provided an overview of the content of the winter plan 2016/17. He commented that it was the first integrated winter plan and focused on delivering the capacity required over the winter period through streamlining pathways instead of increasing beds. In terms of governance he advised that there was a Winter Planning Board that was responsible for the implementation and oversight of the winter plan.

Mrs Karen Hamilton enquired about the lessons learned in regard to morning discharges. Mr Lunts advised that morning discharges had been a constant challenge and work continued to improve performance in the area.

Mrs Elaine Torrance suggested costing the winter plan in order to be able to cost our different solutions for the following year. Mr Lunts confirmed the plan could be costed.

Mr Andrew Murray enquired about the number of beds within the Waverley facility and if the impact of it opening could be quantified. Mr Lunts confirmed that on opening it would contain 16 beds to accommodate people up to 6 weeks.

Mrs Susan Manion advised that it would be crucial that the correct criteria, was met on admission and discharge to ensure the right support was made available.

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

19. Any Other Business

There was none.

20. 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 21 November 2016 at 9.30am in the Board Room, Newstead.

The meeting concluded at 4.18pm

Signature:
Chair



CRITICAL SERVICES OVERSIGHT GROUP
MINUTE OF MEETING of 22 AUGUST 2016, HELD IN THE CORPORATE
MANAGEMENT BOARDROOM COUNCIL HEADQUARTERS, NEWTOWN ST
BOSWELLS, MELROSE AT 2.00 p.m.

Present:	<p>CSOG :</p> <p>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), Evelyn Rodger, Director of Nursing and Midwifery, NHS Borders (ER), and Jane Davidson, Chief Executive (NHS) (JD),</p> <p>Apologies: Tracey Logan, Chief Executive, SBC (Chairman), John Fyfe, Group Manager, Criminal Justice Services, SBC</p> <p>The meeting was chaired by Jeanette McDiarmid</p>
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1.	<p>Summary of Annual ICRs/SCRs/SIRs</p> <p>A summary of Reviews and ICRs since August 2014 had been circulated, in a table format, prior to the meeting. The chairman invited DM/GN to give a summary of each case, asking the Group to consider each item systematically to ensure all risks had been addressed. The following notes of the discussion and actions refer directly to the corresponding action number in the table:-</p> <ol style="list-style-type: none"> 1. Child D. GN confirmed the findings of the investigation within the English Legal System where a FAI found the death accidental. A current Risk Assessment had been undertaken in respect of the sibling. 2. TY Practice Review (initiated by IRD Review Group). Protocol on reviewing long term Neglect and Abuse cases, where sustainable positive outcomes for the child were not being achieved, had been completed by the Practice Development Sub Group. GN advised the protocol was only recently out for dissemination to staff in the CPC June 2016 Newsletter. There would be further improvement work around the inspection. The Group discussed the dissemination process in terms of staff receiving and understanding information. It was noted that using the Newsletter for dissemination was not necessarily effective. The Group questioned whether the cases sitting below the CPC were an issue and whether thresholds around referral of cases from MAPPA were appropriate.
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DECISION

AGREED to follow up effectiveness of process of dissemination of protocols and guidance to staff, by inclusion in CPC Action Plan and on every CPC agenda.

3. Independent review of cases subject to IRD which did not proceed to CPCC. Actions were noted. GN advised that there was now a risk assessment carried out for every IRD.
4. Child H – ‘near miss’. GN advised that deregistration by letter had been stopped. Workers needed to see sustainable change and evidence of improved outcomes before deregistration and parents should be made aware that deregistration was unlikely at 1st review.

NOTED that the Child Protections Unit Team Leader was reviewing all deregistrations.

AGREED to address how long the intervals should be between reviews.

5. Baby F. The Group discussed how this initial poor decision was not challenged. Noted that each professional involved would be spoken to by their line manager. Procedures updated to say that it was never appropriate to have a plan where one parent is 24 hours a day supervising a child to protect them from an adult living in the same household. Health staff reminded about responsibility to raise concerns if they did not agree with a decision, with access to Child Protection Supervision as appropriate. Additional training to be given to chairs of review meetings. Further discussion about how reliant Newsletter is to disseminate information and direction to staff.

NOTED the actions put in place following the initial decision.

AGREED

- to ‘dip sample’ staff to ascertain whether messages are being disseminated; and
- to update CSOG at the meeting after next

6. See Paragraph 4 of this Minute.

7. Education Practice Review.

NOTED that

- there was a residential trips protocol; and
- education training included procedures on how to deal with allegations against other staff members

AGREED to consider requiring staff to sign that they had read the residential trips protocol.

8. Independent review of Child Protection Practice. Update given.

NOTED

- the actions arising from the independent review; and
- that the review of children and families social work structure which was underway may have implications for the interface between CPU and localities

9. Child J

NOTED that

- the Review Sub Group would receive feedback on 6 September 2016 on Risk Assessments, Referral to the Reporter and Chronologies;
- babies should not be taken off the register if on from pre-birth until they were at least 6 months old; and
- CPC procedures had been updated as a result of this and other reviews.

	<p>AGREED to receive an update from the Review Sub Group on this case at the next meeting</p> <p>10. Review of missing Young People. GN advised that protocol in future would involve Named Person if and when that legislation was introduced. However an interim procedure was required.</p> <p>NOTED that considerations from the review would be discussed at the Practice & Development Sub Group meeting on 6 September 2016.</p> <p>AGREED to receive an update from the Practice & Development Sub Group at the next meeting after which time the protocol would be formalised.</p> <p>11. Review of cases that did not go to IRD. This was linked to the review of Child Protection Practice (see 8 above). No actions noted as a result of the review.</p> <p>12. Child B. Discussed decision making and challenge process and questioned the extent to which supervisors were challenging decisions. Noted this was included in Child Protection Supervisor training.</p> <p>13. Child R. Attempted suicide. Discussed use of Vulnerable Young Persons protocol and link to Child Protection Register. Is there a gap here? GN confirmed that every new protocol goes onto the website. Update on follow-up to case would be given at Review Sub Group meeting on 6 September 2016. Discussion continued about ICR cases that had not progressed to SCR. It was noted that there was no clear definition of a 'near miss'. What was recorded as a 'near miss' was on agenda for discussion at the Review Group meeting.</p> <p>DECISION</p> <p>AGREED to receive feedback at the next meeting from the Review Sub Group to include:-</p> <ul style="list-style-type: none"> - An update on actions following Child R case in relation to the Vulnerable Young Persons protocol; and - The discussion on the definition of/what was recorded as a 'near miss'.
2.	<p>Minute of Meeting of 13 June 2016.</p> <p>There had been circulated copies of the Minute of 13 June 2016.</p> <p>With regard to paragraph 11 of the Minute 'Update on Inspections', ET advised that this should read '..there would be an Older Persons Inspection including an Adult Protection Inspection before March 2017'.</p> <p>DECISION NOTED the minute as amended.</p>
3.	<p>Actions Update (refer to Action Sheet circulated with Minute)</p> <p>With regard to Action 3 details of the role and remit of the following Child Protection Committee Sub Groups had been circulated with the agenda:-</p> <ul style="list-style-type: none"> i. NHS Borders Health Action Group – key aim to ensure that the NHS Borders delivered its corporate objectives in relation to child protection. ii. Practice Development Sub Group – the role of this sub group was to enhance multi-agency Child Protection work through encouraging positive policy development and implementation, thus enabling and examining practice based on sound professional knowledge, research and effective inter-agency working. iii. Training Sub Group – acting on behalf of Scottish Borders Child Protection Committee

and responsible for ascertaining local learning and development needs, ensuring that appropriate learning and development opportunities were provided and taking a strategic overview of all child protection learning and development opportunities available.

- iv. Review Sub Group – the role of this sub group was to take responsibility for all areas of case reviewing and ensure recommendations and points for improvement were identified for action by the Child Protection Committee.

GN advised that the documents had been circulated with the purpose of informing CSOG of the role and remit of these Sub Groups. She confirmed that these were not recent examples, that the membership of the groups had changed and that all were in the process of being updated. The dissemination strategies outlined for the Practice Development and Review Sub Groups were under review and would be signed off.

DECISION

AGREED that in respect of Action 3

- **the Child Protection Committee review the role, remit and objectives for each Sub Group and how these linked together; and**
- **to review the Code of Practice for the Partnership**

NOTED that updates on actions 4, 5, 7 & 8 would be received at the next meeting.

4.

Child Protection Committee Update

There had been circulated copies of a report advising that the Child Protection Committee (CPC) had not met since the last CSOG meeting. However there was a development session on 16 August, facilitated by Dawn Moss, to consider the Inspection Report and to progress work on making the business plan more outcome focused. DM highlighted the main points:

(a) Child Sexual Exploitation (CSE)

A letter for hotels and licenced premises was being adapted from another Local Authority and would be circulated shortly. The CPC and Safer Communities planned a workshop to develop a CSE strategy.

(b) Initial Case Review (ICR) - also referred to in No. 6 of Summary of Annual ICRs/SCRs/SIRs – paragraph 1 of this Minute

DM explained that he had been in contact with the parent of a young person who had died. Unfortunately the ICR had not been aware that the parents wished to input their views to receive feedback. As a result an independent consideration of the information available and decision-making was being commissioned. The Independent Chair from Ayr had been appointed to carry out this role. His report would be to the CPC, possibly by mid October. The Review Sub Group would review its practice regarding the involvement of parents at ICR stage. This may require further discussion through the national chairs group to provide clarity in respect of the national guidance.

DECISION

AGREED that

- **DM/GN email members of CSOG confirming the timescales of the Independent Review;**
- **a copy of the specific report of the findings of the Independent Review once completed be forwarded to members of CSOG; and**
- **following the report a general review be carried out of the protocol around ICR with respect to the stage at which parents were involved**

(c) Data for CSOG

DM advised that a meeting had been planned with Nicola Ewing, Business Performance Officer, to review the data presented to CSOG to provide more quality of service and outcome information.

(d) Gathering parents' views

Contact with parents had started. It had proven difficult to get in touch with people but

those who had been spoken to had been positive.

(e) Training

The Child Protection Training Team had continued to progress Child Protection Training across the Scottish Borders. The report summarised where this training had been provided. Two working groups had progressed the work of Child Protection Committee Training Sub-Group in conjunction with colleagues in other agencies. Issues being progressed included identifying barriers to training, identifying and developing future training packages, reviewing evaluations and exploring collaborative working.

5.

Adult Protection Update

There had been circulated copies of an update report from Jim Wilson, Independent Chair, Adult Protection Committee (APC). The APC met on 14 June and 9 August 2016. The minutes of these meetings once approved would be available on the intranet. JW highlighted the main points of his report.

(a) Financial harm

Graham Vance from the Scottish Business Resilience Centre attended the Scottish Adult and Protection Convenors Group and spoke to initiatives designed to reduce financial harm. Progress was being made towards achieving a “common pledge” from the major financial institutions. It was hoped this could possibly be launched around September and discussions were taking place with Scottish Government regarding format.

(b) Significant Case Review Framework

Scottish Government had made further amendments to the draft Significant Case Review Framework, to clarify the criteria and objectives. Following consultation, a final draft would be circulated to Convenors and Lead Officers. The government would like to pilot the criteria in the Framework before publishing and sought volunteers. This could be undertaken on previous reviews, current ones and /or imminent cases.

(c) Biennial Reports

Following discussion with national Convenors it had been proposed that reports this year should be significantly reduced in size. Further it was proposed that reports should be targeted for local use and perhaps be produced in leaflet format. JW asked for the views of CSOG. ER indicated that she agreed with the national proposal to produce shorter reports for the public with a more attractive and ‘punchy’ format. It was confirmed that the quarterly and annual reports would continue to contain more detail.

DECISION

AGREED that the APC produce shorter biennial reports targeted for local use as proposed nationally.

(d) ICR/SCR (see paragraph 7 below)

An Initial Case Review was undertaken and it was proposed to progress to a Significant Case Review due to a number of issues being identified, particularly around communication between partner agencies. Terms of reference were currently being produced.

6.	<p>Offender Management Update/MAPPA</p> <p>There had been circulated copies of a report by Elaine Torrance, Chief Social Work Officer.</p> <p>(a) Feedback from other agencies The Offender Management Committee was keen to gain feedback on MAPPA processes, protocols and information/communication. Work was underway to gather views of registered social landlords and the DWP to identify any gaps/improvements.</p> <p>(b) Quality Assurance As a result of recent audits it was proposed to undertake a workshop with staff to highlight good practice and to consider developing more consistent and proportionate decision-making.</p> <p>(c) SCR/ICR/SIR One SIR had been submitted to the Care Inspectorate during this period and on review highlighted good practice and that the risks were well managed. A high level of managerial oversight was noted, with regular formal supervision discussions and on-going case management discussions; scenario planning had been undertaken with regards to the risk of further domestic abuse offending. Excellent partnership working was also noted with close links and appropriate information-sharing noted between social work, housing association and Police.</p> <p>(d) MAPPA Extension One category three case was being managed in the Borders to date.</p> <p>(e) Performance Reporting The OMC were unable to scrutinise MAPPA performance data due to difficulties with administrative support at the MAPPA office. The Chair agreed to raise this formally at the next SOG meeting in Edinburgh. Members of CSOG discussed this situation. ET explained that the problem appeared to have arisen due to a shortage of administrative staff at MAPPA. It was agreed this had implications in relation to MAPPA commissioning in that it was essential for MAPPA to fill critical posts.</p> <p>DECISION AGREED that the chair of CSOG write to the chair of SOG to express concern about the shortage of administrative staff at MAPPA which has resulted in the absence of performance data.</p>
7.	<p>Critical Cases – SCR Terms of Reference</p> <p>There was tabled at the meeting a paper outlining the terms of reference for a SCR.</p> <p>Adult A was a 23 year old female who died on 4 December 2015. The death was attributed to drug abuse. Adult A was known to agencies and was subject to an AWI meeting. A drug death review meeting identified that there may be some learning for agencies involved so the CSWO was notified who initiated an Initial Case Review. The Initial Case Review also identified the possibility of learning so recommended a SCR was appropriate to ensure areas for improvement and lessons for the future were fully explored. An independent reviewer with appropriate skills and expertise would be sought to undertake this SCR.</p> <p>The terms of reference for the reviewer were listed in the paper. Scottish Borders would appoint an inter-agency reference group to support the process. This group would provide local knowledge regarding processes and specialists who could assist the reviewer in understanding the Scottish Borders context.</p> <p>Members of CSOG discussed the terms of reference. It was agreed that a review of the ICR and the escalation process should be part of the SCR and be added. With reference to the</p>

	<p>case referred to in paragraph 4(b) above, communication with the family of a person who died and the timing of that communication should be considered. DP advised that an independent reviewer had not been identified and therefore timescales for the review had yet to be confirmed.</p> <p>DECISION NOTED the Terms of Reference for the SCR.</p> <p>AGREED</p> <ul style="list-style-type: none"> - to add to the Terms of Reference ‘To review the ICR and escalation process to SCR’; and - to look in particular at possible areas for improvement in respect of communication with family of a person who had died and the timing of that communication.
8.	<p>Performance Information</p> <p>There had been circulated copies of CSOG Management performance information, relating to Child and Adult Protection, in the form of tables and charts.</p> <p>Child Protection Figures</p> <p>As requested at the June CSOG meeting information was provided showing</p> <ul style="list-style-type: none"> • the number of Child Protection referrals for the last 3 years. • the number of referrals by locality from January 2015 – July 2016, it not being possible to provide data by locality prior to January 2015. <p>The rise in the number of referrals over the last year was noted. It was recognised that the recent increase in referrals was likely to be a result of the inspection and recent reviews.</p> <p>Further tables and charts showed:-</p> <ul style="list-style-type: none"> • the number of children on the register 2013 – 2016 • the number of children on the register by locality January – July 2016 • number on the CP register by category of concern (some children having more than one category) • number of IRDs and children re-registered within 2 years and children on register for over 15 months <p>It was noted that the number of children re-registered within 2 years had recently increased significantly. This followed a practice review and change in CP procedures. There would now be no deregistration at 3 months unless there had been sustained improvement. The Child Protection Unit Team Leader was now reviewing all deregistrations.</p> <p>Adult Protection Figures</p> <p>The Adult Protection Information showed that the number of referrals in each quarter of the year from April 2015 – March 2016 remained substantially the same, ranging from 40 to 44. The most prevalent type of harm continued to be financial and physical. The table gave further information broken down into age range of harm; client group; number of inquiries; number of investigations; source of harm; number of APCC; number of APCC reviews; number of VYP; and number of LSI. In discussing the performance information JW indicated concern regarding the small number of Adult Protection Case Conferences. DP would be liaising with team leaders and looking at individual cases.</p> <p>DECISION NOTED</p> <ul style="list-style-type: none"> - the performance information; and - that DP would give feedback to CSOG following his investigation into the small number of Adult Protection Case Conferences over the last year.

9.	<p>Children and Young People Inspection Action Plan</p> <p>There had been circulated copies of the Improvement Action Plan following the joint inspection of services for children and young people in the Scottish Borders. JM advised that the plan would be managed through the Children and Young People's leadership group. More detailed actions sat below this high level plan. The Improvement Action Plan circulated would be presented to the Scottish Borders Community Planning Partnership Board for approval and monitoring. It would also be presented to Council for noting as it contained information on a number of key Council services.</p>
10.	<p>Any other business</p> <p>Adult Protection escalation policy</p> <p>DP advised that the escalation policy within Adult Protection had changed. Copies would be circulated.</p> <p>NHS Borders Care of Older People Inspection</p> <p>ER advised that media coverage of the Healthcare Improvement Scotland review of the care of older people in Borders General Hospital had been generally positive.</p>
11.	<p>Date of next meeting</p> <p>Monday 21 November 2016 at 2.00 pm in the Corporate Management Boardroom.</p> <p><i>The meeting concluded at 4.25 pm</i></p>