

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

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

Background

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

Summary

Committee minutes attached are:-

- Strategy & Performance Committee: 03.11.16
- Audit Committee: 16.09.16
- Endowment Committee: 26.09.16
- Clinical Governance Committee: 28.09.16
- Staff Governance Committee: 12.09.16
- Public Governance Committee: 02.11.16
- Area Clinical Forum: 24.10.16
- Health & Social Care Integration Joint Board: 21.11.16
- Scottish Borders Community Planning Partnership: 08.09.16

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 3 November 2016 at 10.30am in the Lecture Theatre, Education Centre, Borders General Hospital

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 E Rodger
Dr S Mather	Mr T Patterson

In Attendance:

Miss I Bishop	Dr C Sharp
Dr A Cotton	Mr P Lunts
Mr A Pattinson	Mrs J Stephen
Mr G Ironside	Mrs K Morris
Ms K Jeffrey	Mr S Burt
Mrs C Oliver	

1. Apologies and Announcements

Apologies had been received from Mrs Pat Alexander and Mr Warwick Shaw.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting including: Ms Katherine Jeffrey, Specialist Registrar in Public Health and Dr Amanda Cotton, Associate Medical Director, Mental Health Services.

2. Declarations of Interest

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

There were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 1 September 2016 were amended at page 3, paragraph 3, line 2 to read “.....accompanied by a plan of, who by what by when and include critical” and at page 7, paragraph 2 to read “The STRATEGY & PERFORMANCE COMMITTEE noted the presentation and acknowledged Mrs McNicolls contribution to the work of the Committee.” and with those amendments the minutes were approved.

4. Matters Arising

4.1 Action 9: BGH Adult Changing Facilities: Mr Andrew Murray confirmed that a paper on Adult Changing Facilities was scheduled to be taken to the 23 November 2016, Endowment Committee meeting.

4.2 Minute 6: NHS Borders 2016/17 Draft Winter Plan: Mr David Davidson enquired if the Emergency Department review of medical and nursing staffing had been completed by the end of September. Mr Philip Lunts confirmed that it had concluded and a business case was being drawn up for discussion by the Management Team.

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

5. Winter Plan 2016/17 Update

Mr Philip Lunts presented an update on the winter plan and outlined the anticipated outcomes and monitoring mechanisms.

Cllr Catriona Bhatia enquired about patient transport in relation to patient discharge. Mr Lunts advised that discussions were taking place with the Scottish Ambulance Service in regard to the alignment of any additional capacity with the winter plan.

Mrs Jane Davidson commented that the Integrated Care Fund was supporting a transport hub concept through the Community Planning Partnership.

Dr Cliff Sharp enquired about the provision of services from partners during the festive period given the difficulties encountered in previous years. Mrs Davidson advised that she had been assured by partnership colleagues that it would be different for the coming festive period.

Mr David Davidson enquired if performance against the winter plan could be reported to the Board members through the weekly Board Round Up mechanism. Mrs Davidson confirmed that would be taken forward.

Dr Doreen Steele commented that she had seen a presentation from the Scottish Ambulance Service (SAS) in regard to patterns of attendees at Emergency Departments across Scotland and she suggested the Board might find it helpful. Mr Andrew Murray advised that he would be keen to see any evidence the SAS might have which supported an analysis of patterns in ED attendances, specifically in regard to NHS Borders and Mrs Davidson suggested local Emergency Department activity was more minor flow.

Mr Davidson enquired if GP colleagues had offered to undertake any activities above routine matters over the festive period. Mr Murray commented that the winter plan presentation had been presented to the last meeting of the GP Sub Committee, a week or so previously, and an engaging discussion with GP colleagues had taken place around opening hours, cover, and various GP practice issues, in order to make it a true system wide integrated winter plan.

Further discussion focused on: care home capacity; social work resilience plans; information hub and avoiding duplication of reports; linking the voluntary sector to the transport hub; provision of 4x4

vehicles for severe weather conditions; analysis of attendees at the Emergency Department; availability of medicines over of the festive period; more individualised approach to norovirus this year; prediction of flu pandemic and associated plans.

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

6. Delayed Discharges

Mr Alasdair Pattinson provided an update on the delayed discharges joint action plan. He advised that as of 2 November there were a total of 28 delayed patients in hospital beds.

Mrs Evelyn Rodger suggested that the success of the winter plan would be supported by a reduced length of stay in community hospital beds to a maximum of 18 days, as had been previously achieved. Mr Pattinson agreed and commented that if delays could be removed there was a potential to reduce the length of stay in community hospitals by 3-4 days. He suggested a more focused approach be given to the management of the discharge process from community hospitals and other areas as the removal of delayed discharges would not automatically lead to a length of stay of 18 days.

Mrs Rodger enquired how the Board might support the service to achieve an improvement in length of stay. Mr Philip Lunts suggested the Executive members might encourage professions to engage more actively in the whole discharge bundle process to provide a robust focus on the daily review of discharges.

Dr Stephen Mather reminded the Board that a delayed discharge was a person and he was concerned that any delay was harmful to patients. Mr Andrew Murray advised that he was now referring to delayed discharges as patients who were stranded, and he was engaging with a group of Junior Doctors around quality improvement programmes to quantify the harm done to patients who were stranded in hospital beds.

Further discussion focused on: anticipatory care planning; extensively delayed complex patient; active dialogue with care homes around vacancies; best in Borders benchmarking programme to reduce length of stay; publicity campaigns around focusing on community hospitals; assurance; title of community hospital; step up and step down beds and input of voluntary and housing partners; cases awaiting 24 hour care: transitional beds to assist closure of surge beds; and information to patients and families in terms of setting expectations and choice for discharge at the point of admission.

The Chair summed up the conversation and suggested it was imperative that there was a substantial reduction in delayed discharges.

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

7. Pharmacist Independent Prescribing & Primary Care Fund

Mrs Alison Wilson updated the Committee on the use of allocated funding of community pharmacy prescriber clinics in 2015/16 and the first quarter of 2016/17. She further commented on the primary care fund allocated in 2015-16 and 2016-17 and confirmed that both funding streams supported independent pharmacist prescribing.

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

8. Service Improvement Programme update – One Year On

Dr Cliff Sharp updated the Committee on the Mental Health and Learning Disability services Improvement Programme. He advised of the progress that had been made one year on, and outlined the challenges and successes of the programme.

The Chair noted the progress that had been made with the project and suggested he would be keen to see it embedded and spread across the organisation. He further noted that the Scottish Government had funded the initiative and suggested they may be keen to explore how the lessons learnt could be spread across the wider NHS service in Scotland.

Mr Simon Burt commented that the change programme had been a culture change at all levels and had been about a shift from being aware of how resources were used to redirecting resources to the pressure areas in the system. He further commented that the programme had allowed the services the ability and authority to spend funding in the areas of most need and reduce funding in other areas and that the staff at every level had been involved in the programme, which had contributed to its success.

Dr Stephen Mather enquired if there was any spin off learning for the rest of the organisation from the key work areas, such as in job planning.

Mr Andrew Murray commented that any assistance in standardising job planning was helpful and he saw benefit and tangibility in the process. He assured the Board that job planning in NHS Borders was robust, however he was keen to maximise any potential learning in that regard from the programme.

Dr Sharp commented that the key work assessment had been helpful in flushing our individualised processes within the system.

Mrs Karen Hamilton enquired if there had been any noticeable changes from the patient perspective. Dr Amanda Cotton advised that she was unaware of anything specific being raised. Mrs Jane Davidson commented that the programme had brought a calmness and equality of care and time to the service.

Mrs June Smyth commented that it had been a challenging project and she wished to formally record her thanks to those involved and specifically, Dr Cliff Sharp, Mr Simon Burt, Mr David Thomson, Mr Brian Paterson, Ms Meriel Smith, Mrs Joanne Craik and Mrs Shirley Burrell and the Partnership Group.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress update and the efforts and commitment of all the staff involved in the test of change programme.

9. Quality & Efficiency Programme – Clinical Productivity Procurement Exercise

Mrs June Smyth updated the Committee on the procurement exercise undertaken to secure external support for the Clinical Productivity workstream which formed a significant part of the 2016/17 Quality and Efficiency Programme. She advised that in order to progress the work a procurement exercise had been undertaken to appoint external providers to give NHS Borders the additional capacity and expertise required to support a rapid initial change programme, but also create the impetus for change. In light of the level of spend that the support would incur alongside the financial position of

NHS Borders and choices within the programme she invited the Committee to give the matter further consideration.

Mrs Carol Gillie assured the Board that given the success of the programme delivery in terms of quality and efficiency and from a financial perspective, she was supportive of the proposal.

Mr David Davidson enquired which areas would be undertaken next if a further programme were commissioned. Mrs Smyth advised that a number of services had identified themselves and wished to undertake the programme and they included: IM&T, Medical Records, AHPs and some other service areas within the Borders General Hospital.

Mrs Smyth further advised that Mr John McLaren would be keen for her to advise the Committee that the same concerns would be raised by the staff side in terms of the use of public funds for a private consultancy firm. She confirmed that if the lessons learned from the first programme were utilised the funding would be around additional planning and engagement with staff ahead of commencing a further programme.

Dr Stephen Mather suggested given the programme had initially been funded by the Scottish Government and given its success in the mental health and learning disability services, if they could be approached for a further tranche of funding. He assumed a report of the outcomes and achievements of the programme would be submitted to the Scottish Government.

Mrs Jane Davidson confirmed that the Scottish Government would be approached for further funding at the Mid Year Review meeting on 23 November.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update and were supportive of pursuing the programme.

The **STRATEGY & PERFORMANCE COMMITTEE** were supportive of exploring gaining funding from the Scottish Government as well as rolling funding forward.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the commencement of a conversation with the preferred contractor.

10. Ehealth IM&T – Outcome of Root and Branch Review

Mrs Jackie Stephen presented the outcome of the root and branch review and drew the attention of the Committee to the windows 7 migration, patient records system and new service desk tool. She further outlined the proposed next steps.

The Chair said that the report was worrying in terms of the overall risk assessment which made it clear that the infrastructure in NHS Borders was no longer fit for purpose and posed a significant risk to the delivery of care.

Mr David Davidson welcomed the indepth nature of the report which exposed each area of concern and the change in tolerance levels of the risks associated with the IT infrastructure. He suggested negotiating with the Scottish Government on the whole system and specifically where there was a potential for a whole system failure.

Dr Stephen Mather suggested looking at a more modern platform in order to future proof the infrastructure. Mrs Stephen advised that currently windows 7 worked with all the systems within NHS Borders. The organisation was licensed for windows 10 however it had not been fully rolled out and could not be until there was a sound desk top infrastructure in place.

Mrs Carol Gillie reminded the Committee of the national picture in regard to capital funding and the process to be followed.

Mrs Stephen advised that collectively the eHealth Leads managed a significant budget through the eHealth division, however those funds were ringfenced to move Boards forward with the national IT strategy which focused on patients being able to interact with the NHS.

The Chair again reiterated his point that the report had been well written with clearly set out priorities for action. The Board had a responsibility to respond positively to the actions proposed and to alert the Scottish Government Health Department to the issues and the need for capital resources to address them.

Mrs Jane Davidson suggested exploring putting in additional resource and expertise to support Mrs Stephen and Mrs Smyth to tackle the issues and pursue the actions in section 8 of the report. She advised that she would bring back a list of options to the next Board meeting including an action plan.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the conclusion of the IM&T review and supported the programme and recommendations at section 8 within the report.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to raise the matter with the Scottish Government through a formal letter from Mrs Carol Gillie.

11. Progress Report on the challenges in the 2015 Director of Public Health's Report

The **STRATEGY & PERFORMANCE COMMITTEE** deferred the report to the next meeting.

Mr John McLaren arrived for the meeting.

Cllr Catriona Bhatia left the meeting.

Dr Tim Patterson left the meeting.

12. NHS Borders Records Management Plan

Mrs June Smyth advised that the Records Management Plan had been accepted by the Keeper of the Records and she asked the Committee to note the plan and that it would be updated and presented to the Committee on an annual basis.

Dr Stephen Mather enquired if the plan was linked to the IM&T review. Mrs Smyth advised that it was based on the systems currently in place.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that the NHS Borders Records Management Plan had been accepted by the Keeper of Records, and that ongoing work would be required to implement the actions required by the plan.

13. Efficiency Update as at 30 September 2016

Mrs Carol Gillie advised the Committee that NHS Borders had achieved cash releasing savings of £4.8m to 30th September 2016, which was slightly below the anticipated trajectory. The forecast outturn for efficiency against the target of £11.4m was £8.1m, which was a shortfall of £3.3m in the current year. On a recurring basis the project shortfall was £4.9m which was to be carried forward into 2017/18 and would require to be delivered in addition to any savings identified as part of the 2017/18 financial planning process. It was imperative that action was taken to ensure delivery of efficiency targets.

Mrs Jane Davidson suggested there was a requirement for a financial recovery plan which would need to focus on the areas for recovery and ensure the correct controls and measures were in place to ensure delivery.

Further discussion encompassed: the frequency of the Financial Performance Group meetings; reality check on drugs inflation; significant financial challenge; concentrate on recovery plan going into next year; spending review in December; and provision of update sessions at the Strategy & Performance Committee and meetings of the Board.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 30th September 2016.

14. Performance Scorecard

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

Mrs Alison Wilson questioned why the data presented was for August. Mrs Smyth agreed to pick up the complexities of the reporting cycle with Mrs Wilson outwith the meeting.

Dr Stephen Mather offered his congratulations on the reduction in DNA rates. He asked that unavailability rates by specialty be looked at specifically in trauma and orthopaedics and general surgery.

Dr Doreen Steele reminded the Committee of the withdrawal of funding for the Alcohol and Drug Partnership and enquired how alcohol brief interventions and treatment would be managed if funding was not forthcoming for the following year. The Chair confirmed that the Health & Social Care Integration Joint Board had agreed one off non recurrent funding for the ADP for the current year and that the £220k funding had been withdrawn by the Scottish Government for future years.

Further discussion focused on: agency spend fluctuations; rostering issues; sickness absence rates and the connection to the use of agency and bank staff; flu vaccination take up; physiotherapy waiting times performance; GP referral patterns and visits to GP practices; and eksf.

The Chair commented that the National Dental Inspection Programme Report for 2015/16 had been released and NHS Borders was the best mainland Health Board for child dental health. In some tables NHS Borders was even better than the island Health Boards.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Performance Scorecard as at end of August 2016.

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 19 January 2017 at 10.00am in the Board Room, Newstead.

The meeting concluded at 2.45pm.

Signature:

Chair



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 16th September 2016 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr T Barrie, Audit Manager, PWC
Mrs J Davidson, Chief Executive
Mrs F Doig, Strategic Lead (ADP and Health Improvement) (Item 7.5)
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Ms C Hislop, Senior Audit Manager, Audit Scotland
Mrs M Kerr, Director, PWC
Mrs S Manion, Chief Officer (Item 4)
Mr P McMenemy, Chief Financial Officer (Item 4)
Mrs S Milne, Head of Procurement (Item 7.4)
Mrs E Rodger, Director of Nursing, Midwifery & Acute Services
Mrs J Smyth, Director of Workforce & Planning (Item 4)
Mr J Steen, Senior Auditor, Audit Scotland
Ms S Swan, Deputy Director of Finance
Ms H Tait, Clinical Service Manager, Planned Care and Commissioning (Item 7.3)
Mr K Wilson, Partner, PWC
Mrs G Woolman, Assistant Director, Audit Scotland

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting, in particular the newly appointed External Auditors from Audit Scotland and Margaret Kerr from PWC. Each member of the audit team went on to provide an overview of their background.

Apologies had been received from Stephen Mather and Vivienne Buchan.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 13th June 2016**

Kenny Wilson highlighted two typos on pages 4 and 5. Karen Hamilton referred to the Training of Junior Medical Staffing Internal Audit report and confirmed that this would be an item on the agenda for the Staff Governance Committee meeting in December.

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

David Davidson referred to item 6.2 in regard to the update from the Primary Care Contracts Manager around the standardisation of Business Impact analyses. Susan Swan confirmed that Clinical Boards would be asked to sign these off and agreed to get confirmation that this had been actioned. David also asked for an update on 6.3 around the communication on overseas visitors. Susan advised that this had been referred to the Countering Fraud Service (CFS) who have been asked to provide a communication which will be circulated around all relevant staff.

The Committee noted the action trackers.

Health & Social Care Integration Governance Internal Audit Report – Update

Susan Manion spoke to this item. Susan reminded the Committee that a number of items had been highlighted within the audit report which were required to be taken forward during the first year of the Integrated Joint Board. Susan referred to discussion at the April meeting around the Organisational Development (OD) plan. Susan highlighted that it was essential that there is appropriate OD input to support staff across the organisation and confirmed that two key elements would be looked at, firstly to support people at home and secondly to recognise the wellbeing of staff. Susan stressed that it was essential to maximise the opportunities of joint working through the OD work and advised that there was a Senior Management Team session planned for the following day to look at team development. Susan confirmed that the Corporate Services Plan was on the agenda for the IJB meeting in October as were arrangements for Staff Governance and Public Governance. David Davidson enquired if a parallel exercise was being undertaken with SBC. It was noted there would not be unless requested as this specifically linked to the NHS Internal Audit undertaken by PWC. David referred to the IJB Audit Committee that was due to take place later in the week as he felt that any input Susan and Paul could provide linked to this internal audit would be extremely beneficial. Doreen Steele stated that it was her understanding that the joint OD plan would be signed off by all three parties to give each organisation assurance that it was on track and to ensure staff had the correct level of training. Susan advised that she was not aware of this. Jane Davidson explained that each organisation would have its own OD plan to a certain extent, however it was yet to be worked out to what degree this would be a joint plan. June Smyth went on to provide an update of what has been undertaken to date and assured that this piece of work is being developed. Evelyn Rodger referred to the eight ambers listed and enquired if these were on track to be completed within the timescales indicated. Susan confirmed that she was confident that timescales would be met.

Gillian Woolman advised that she was the newly Appointed External Auditor for the IJB and SBC and explained that she has undertaken audits for live IJB's across Scotland which she hoped would be of benefit when undertaking this role.

The Committee noted the update report.

Compliance with IRAG Guidance - Update

Paul McMenemy spoke to this item. Paul referred to the previous reports received by the Audit Committee and explained that this report provided an update on the arrangements for ongoing monitoring of financial governance as recommended best practice by the Integrated Resources Advisory Group (IRAG). Paul highlighted the summary report which detailed progress made since the April meeting and assured that those items outstanding would be addressed within the specified timescales. It was noted that the Risk Management

arrangements, including Risk Register, would be discussed at the IJB meeting in October. Paul highlighted that the inaugural meeting of the IJB Audit Committee would be taking place later in the week. Paul went on to explain that there were still significant pieces of work to be undertaken in relation to the revenue and capital plans. Paul gave assurance that there was a high degree of compliance with the IRAG guidance, acknowledging that further work is required. David Davidson enquired if there was a model for dealing with deprivation. Paul advised that there was not at present, however this was part of work being undertaken by the Localities Planning Sub Group. David asked if there was a risk around efficiencies. Paul confirmed that this was the biggest risk for the partnership due to both NHS and SBC being under considerable financial restraint now and going forward. Paul stressed that this position would continue to be fluid. Doreen Steele enquired if existing commissioning information and knowledge already in the system would be used to create the Commissioning and Costing Plan as it was important not to reinvent the wheel. Paul advised that costing information needed to be improved and work linked to costs and activity is ongoing. Doreen noted her concern around the lack of progress in this area. Jane Davidson felt that the Integrated Resource Framework would help with this, however appreciated that there was still a considerable amount of work to be undertaken. David asked the auditors for their opinion on how Borders compared with other areas. Kenny Wilson explained that it was difficult to comment as all Boards are at different positions, however he did not feel that Borders was too dissimilar to others. It was noted that SBC's Audit Committee would also receive this report at their meeting on 26th September.

The Committee noted the update report.

Health & Safety Management Internal Audit Report – Update

June Smyth introduced this item. June reminded the Committee that the report had been received at the March meeting where a six month update had been requested. June explained that the report provided an update on the progress made with all recommendations being on target and showing a green RAG status. Carol Gillie confirmed that all actions relating to Estates were complete. David Davidson enquired about sustainability. June confirmed that this would be built into the organisation's framework via performance reviews for the Clinical Boards. David asked if it would be beneficial for the Committee to receive a further update in December. Following discussion it was agreed significant progress has been made and assurance that actions were complete would be provided within the audit follow up report so unless there was a deviation from this then no further update was required.

The Committee noted the update report.

5. Fraud & Payment Verification

5.1 Countering Fraud Operational Group - Update

Susan Swan spoke to this report which detailed the main areas of work for the Countering Fraud Operational Group, which included representation from CFS and SBC. Susan highlighted the number of items ongoing and confirmed that there was liaison with CFS around what input can be given to each of the strands represented on the group. It was noted that David Davidson, Countering Fraud Champion and Susan would be attending the CFS national meeting in November.

The Committee noted the report.

5.2 *NFI Update*

Susan Swan spoke to this item. Susan explained that the report provided the Committee with the key dates for the 2016/17 exercise and that they would be kept fully up-to-date on progress.

The Committee noted the timetable for the 2016/17 NFI exercise.

6. Governance & Assurance

6.1 *Update of Very High Risks*

Evelyn Rodger spoke to this item. Evelyn highlighted that there were three new clinical risks and that two previously rated as very high risk had been managed down to high. Evelyn commented that the organisation has had a much better grip on high level risks over the last year as this has been a regular item on the Clinical Executive Operational Group agenda. David Davidson enquired if the Clinical Governance Committee also received a similar report. Evelyn confirmed that they did. Doreen Steele referred to the Workforce and Planning risks as she was conscious that the due dates had passed and asked for an update. Evelyn agreed to get an update and email this around the Committee for information. Doreen also referred to the Gamma Camera risk and reminded that this had been approved by the Board at the previous meeting. Evelyn explained that the report had been produced at a point in time which had been prior to this approval by the Board. Susan Swan added that although approved by the Board this would not likely be in place until the end of year due to the procurement process so the risk would not reduce until the equipment was fully functioning.

The Committee noted the update.

6.2 *Audit Follow-Up Report*

Susan Swan spoke to this item. Susan referred to Hospital Admissions and Discharges and advised that an update had been requested for the December Audit Committee. Susan also referred to Training of Junior Medical Staff and reminded that a six monthly update on progress had been requested for the December meeting. It was noted that the high risk element in regard to IT within the residencies was in hand as Carol Gillie confirmed this a quote had been received and based on this it was anticipated work would be progressed.

The Committee noted the follow-up report.

6.3 *Debtors Write-Off Schedule*

Susan Swan spoke to this item and was pleased to report that there had been no requests for write off since the previous report. Susan referred to the item on the action tracker regarding being a preferred creditor. It was noted that the Central Legal Office had been asked for advice and confirmed that NHS Borders are unable to be a preferred creditor, however they have supplied wording to ensure a more robust process in terms of recovery in the future. David Davidson asked for an update on the Laundry in regard to Shared Services. Carol Gillie advised that this was reviewed by Chief Executives and the business case agreed as the strategic direction for NHS Scotland. In the short to medium term Chief Executives requested some pieces of accelerated work. There was now a confidence that Laundry services will continue for the time being in NHS Borders. It was noted that the Board would receive an update on the laundry and other Shared Services projects in October.

The Committee noted the report.

6.4 *Code of Corporate Governance - Update*

Susan Swan spoke to this item. Susan reported that a significant review had been undertaken since the last Audit Committee in June and highlighted that the changes listed went back to January 2015. Doreen Steele declared that she was a member of the sub group who had reviewed this. It was noted that in the main the changes related to the creation of the IJB. Susan advised that it was proposed to put this forward to the October meeting of the NHS Borders Board for approval. Susan referred to section E and confirmed that CFS are currently reviewing this and feedback would be received prior to the Board papers being issued. Susan gave an update on the banking arrangements where it was noted that both commercial/local banking and Scottish Government banking would be referred to within the document, however only the commercial/local banking requires Board approval. The Committee proceeded to go through each of the sections. Doreen enquired if a refresh would be undertaken in January. Carol confirmed that it would and advised that dates had been set for the sub group to continue meeting on a quarterly basis. Karen Hamilton suggested that version control and page numbers would be extremely helpful going forward. Susan agreed to add these. Jane Davidson confirmed that she was content for the document to go forward to the Board for approval.

The Committee reviewed and made recommendation to the Board to approve the updated Code of Corporate Governance at its October meeting.

7. **Internal Audit**

7.1 *Internal Audit Charter*

Kenny Wilson spoke to this item. Kenny explained that the purpose of the document was to provide the framework for the conduct of the Internal Audit function within NHS Borders. Kenny went on to explain that an independent review on their work from an external organisation would require to be undertaken and that the Audit Committee would be responsible for appointing someone to do this. Margaret Kerr suggested that a paper is brought to the Committee for consideration and agreed to pick this up with Carol Gillie.

The Committee approved the Internal Audit Charter.

7.2 *2016/17 Internal Audit Plan Progress Report*

Kenny Wilson spoke to this item where he highlighted that all report findings since the last meeting had been rated as low. Kenny referred to 1.04 within the report which listed all audits yet to be reported to the Committee and confirmed these were all on track for the designated meetings in December and March. Kenny referred to the Health & Social Care Integration – Opening Budgets audit where it was proposed to postpone until they have sight of the IJB's forward plan of work so as to avoid any duplication. This was agreed. Carol asked if an updated scope would come to the next meeting. Kenny confirmed that it would. David Davidson referred to appendix 1 on cyber security as he felt that the Board should be aware of the risks. Following discussion it was agreed that this was an area that should be addressed in a future year's audit plan. David noted reference to the EU regulations and assumed that these would no longer be relevant due to Brexit. Margaret Kerr confirmed that regardless of Brexit these rules would still apply. Kenny went on to explain that there had been a requirement for 12 additional days to deliver last year's audit plan and that following discussion with Carol Gillie it was proposed to remove the Stock Management audit from this year's plan, particularly due

to the recent audit on Procurement, to accommodate these extra days. Carol confirmed that she was content with this. The Committee agreed to remove the Stock Management audit from this year's plan.

The Committee noted the progress report.

7.3 *Internal Audit Report – Waiting Times*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that there had been one finding, rated as low, in regard to the governance around the data for Waiting Times information as there was a lack of confidence that the accuracy of the reports had been checked. It was noted that assurance has been given that these would be checked prior to submission to the Clinical Executive Operational Group. Heather Tait added that exception reporting is also undertaken on a regular basis and if any abnormalities arise from this they are escalated. David Davidson felt that this was an excellent report and should be fed back to those staff involved. Jane Davidson agreed to draft a letter on David's behalf.

The Committee noted the report.

7.4 *Internal Audit Report – Procurement*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that one medium and three low findings had been identified. Tony referred to the medium finding in regard to a conflict of interest policy and declaration as there was no formal process in place. It was noted that it had been agreed to put in place a conflict of interest policy for all Procurement staff which would be declared on an annual basis. Tony also referred to the low level finding around the quantification of maverick spend as currently NHS Borders do not quantify the amount of procurement spend which occurs outside the agreed Procurement protocols and controls therefore it is not possible to demonstrate value for money. Tony highlighted the actions within the report that had been agreed to rectify this. David Davidson asked if this ranged across a variety of areas. Shona Milne explained that the definition of maverick spend is a grey area and confirmed that Procurement are working with Finance to use the data systems in place to get more detail and tighten up the process. Linked to the other issue identified in the report Shona highlighted that a lot of receipting is undertaken outwith Procurement. Jane Davidson stressed that if staff have the ability to order then they should also be receipting timeously and services should be reminded of this. Susan confirmed that work on this has commenced. Karen Hamilton enquired if exception reporting can be undertaken to highlight who have not been doing this. Susan confirmed that this is checked and followed up. Evelyn Rodger offered her support if there were issues within any of her areas.

The Committee noted the report.

7.5 *Internal Audit Report – Public Health Programme – Smoking Cessation*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that four low findings had been identified, namely budgets are not linked to the Tobacco Control Plan (1), feedback is not proactively sought (2), meetings are not formally recorded (3) and inconsistent reporting on the information provided for the total number of 12 week quits (4). Fiona Doig confirmed that feedback will be proactively obtained from service users and that an action list is now created following each meeting / 1:1. In regard to finding number 4, Fiona explained that timing was a factor in why the figures did not match up, however appreciated there was a requirement to recognise why there is

a difference and gave assurance that additional quality checks would be undertaken when data is consolidated to ensure accuracy.

The Committee noted the report.

7.6 *EU Referendum: The Impact of the Vote to Leave*

Kenny Wilson spoke to this item and advised that he felt this may be of interest to the Committee and it had been circulated for information. Karen Hamilton enquired if there was anything we needed to be aware of to action sooner rather than later. Margaret Kerr felt that the immediate issue would be in regard to staff relations. It was noted that a communication had already been sent to staff from the Chief Executive.

The Committee noted the progress report.

8. **External Audit**

8.1 *Audit Scotland Report: Code of Audit Practice 2016*

Carol Gillie spoke to this item. It was noted that the report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting. Carol went on to explain that the Code replaced the previous one issued in May 2011. Carol referred to page 10 which detailed responsibilities of the audited bodies and page 13 outlining the responsibilities of the appointed auditor. Gillian Woolman confirmed that this version was not hugely different from the previous one and highlighted page 22 which provided details on the audit dimension and best value. Gillian also drew the Committee's attention to page 29 which explained reporting the annual audit. It was noted that going forward Audit Scotland would be putting all audit output, for example the annual audit plan, onto their website and into the public domain.

The Committee noted the report.

8.2 *Audit Scotland Report: Reshaping Care for Older People Impact Report*

Carol Gillie spoke to this item which was an update to the full report published in 2014. Carol highlighted appendix 1 which listed all the recommendations and the progress made against each of these. It was noted that this report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting and the Chief Officer had been asked to take forward the recommendations. Progress would be monitored by the Clinical Executive Operational Group.

The Committee noted the report.

8.3 *Audit Scotland Report: National Fraud Initiative*

Carol Gillie spoke to this item. It was noted that this report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting. Carol advised that the report provided information on completing the NFI exercise which commenced in 2014. It was noted that the 2016 exercise is currently being taken forward as discussed earlier in the meeting. Carol highlighted that Health engages in these exercises but did not feel that they got as much benefit as Local Authorities. Carol referred to the self assessment and asked the Committee if they wished this to be undertaken. Gillian Woolman highlighted the benefit of this exercise which is undertaken across the whole of the public sector. It was agreed that the self assessment should be completed. David Davidson asked Susan Swan if this would be

taken forward by the Countering Fraud Operational Group. Susan confirmed that it would.

The Committee noted the report.

8.4 *Audit Scotland Corporate Plan – 2016/17 Update*

Carol Gillie spoke to this item. It was noted that this report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting. Carol advised that the report laid out Audit Scotland's priorities for 2016/17 and beyond. Gillian Woolman drew the Committee's attention to page 7 which detailed the new financial powers for Scotland which would have an impact on spending for public sector bodies going forward.

The Committee noted the report.

8.5 *Audit Scotland Report: Equalities Update 2015/16*

It was noted that this report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting.

The Committee noted the report.

8.6 *Audit Scotland Report: Transparency & Quality Annual Report 2015/16*

It was noted that this report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting.

The Committee noted the report.

8.7 *Audit Scotland Report: Carbon Scrutiny Board Annual Report 2015/16*

It was noted that this report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting.

The Committee noted the report.

8.8 *Audit Scotland Report: Climate Change Plan 2015/16 – 2019/20*

It was noted that this report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting.

The Committee noted the report.

8.9 *Audit Scotland Annual Report & Accounts 2015/16*

It was noted that this report had been reviewed by the Clinical Executive Operational Group, who had recommended that the Audit Committee receive it for noting.

The Committee noted the report.

9. **Items for Noting**

9.1 *Minutes of Information Governance Committee: 14th June 2016 (Draft)*

There were no issues raised.

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

9.2 *Minutes of Financial Position Oversight Group: 1st June 2016*

There were no issues raised.

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

10. **Any Other Competent Business**

IJB Annual Accounts 2015/16 & Annual Report from KPMG

Carol Gillie advised that she had received a copy of the 2015/16 IJB Annual Accounts and Annual Report, which had received a clean audit certificate, the previous week. It was agreed that these documents would be circulated around the Committee with a deadline of one week for comment.

11. **Date of Next Meeting**

Monday, 12th December 2016 @ 2 p.m., Board Room, Newstead.

BE
29.9.16

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 26th September @ 2 p.m. in the Board Room, Newstead.

Present: Mrs P Alexander (Chair from 3.25 p.m.)
Cllr C Bhatia
Mr D Davidson (Left meeting @ 3.25 p.m.)
Mrs K Hamilton
Dr S Mather
Dr A Murray
Mr J Raine (Chair) (Left meeting @ 3.25 p.m.)
Mrs E Rodger

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

1. **Introduction, Apologies and Welcome**

Apologies had been received from Mrs C Gillie, Mrs A Wilson, Mrs J Davidson and Mr J McLaren.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 6th June 2016 & 20th July 2016 (Extraordinary)**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Trackers

Karen Wilson advised that for item 6.1 from the June meeting, in regard to including successful fundraising appeals within the plan, she had not yet managed to discuss with Doreen Steele but would be picking this up with her.

Susan Swan referred to item 3 from the July meeting and confirmed that the funding agreement has now been signed and the recruitment process is underway.

The action trackers were noted.

Update on 1% Administration Charge

Susan Swan spoke to this item. Susan advised that this had last been reviewed by Trustees in 2012. It was noted that the 1% charge, totalling £22,994 in 2015/16, covers the charges relating to External Audit services and an allocation of resource by the Finance Team who ensure funds are managed within legislation and meet reporting requirements. Susan highlighted that the full cost of operational management input to the Endowment Fund by the Finance Team is not recovered within this charge. It was also noted that Investment Management fees are not included within the administrative charge applied as Restricted Funds do not receive investment income. Susan advised that she had approached other Boards and the findings were summarised

within appendix 1. It was noted that the charge of 1% for Borders was mid range when benchmarked against the fees applied by other Boards. Susan proposed bringing this to Trustees for review on an annual basis. This was agreed.

The Board of Trustees approved an administration charge of 1% of average fund balance for the financial year 2016/17.

External Audit Memorandum Recommendation – Costs of Fundraising 2016/17

Susan Swan spoke to this item. Susan reminded of the specific point raised at the June meeting on the costs of the Fundraising Team and how this is presented in the Endowment Fund Annual Accounts. Susan highlighted the three options suggested by External Audit (1 – 3) for dealing with this charge and the additional 2 suggestions (4 & 5) from herself following discussion with the Director of Finance. Susan took Trustees through each of the options and highlighted the points for consideration against each of these. Stephen Mather asked which option was recommended. Susan recommended option 4, namely the hybrid approach which would charge a proportion of costs to restricted funds in line with stewardship support provided, together with a recharge in recognition of continued input to the Major Fundraising Appeal. Karen Wilson confirmed that from a Fundraising perspective she supported this approach, however stressed the need to ensure there is clarity with donors. Pat Alexander commented that as the Fundraising function supports Fundholders it would not be unreasonable that they contribute towards these costs.

The Board of Trustees noted the options and agreed to proceed with option 4, the hybrid approach, for the treatment of Fundraising costs during 2016/17.

Celebrating Success Staff Awards 2016 – Lessons Learned Report

Clare Oliver spoke to this item. Clare was pleased to report that the feedback received for the 2016 event was the best received to date. Clare highlighted the summary of findings table where it was noted that the entertainment had been extremely well received. The most negative feedback received was around the food, particularly the dessert. Clare advised that it is planned to have a sit down meal with table service at the 2017 event and gave assurance that costs would be kept within budget. Clare explained that following discussion with the Catering Manager they did not feel they would be in a position to compete on price should the event catering take the form of table service. Clare highlighted that the budget being requested was slightly less than for the 2016 event and advised that requests for contributions would be made to external bodies. Clare assured that these would not be in form of “cold calling”. Due to limited availability at Springwood Park it was noted that next year’s event had already been booked and would take place on 29th April 2017. Karen Hamilton referred to nominations received for this year’s event and asked if there would be any support for those nominating should this be required, perhaps in the form of a sample nomination form. Clare confirmed that this could be accommodated and advised that they are trying to simplify the process. Pat Alexander referred to the discussion around catering and felt that this could be seen as detrimental if the Catering Department are not in a position to compete. Clare re-iterated that it was the Catering Manager who did not feel they would be in a position to do this and assured that the Employee Director is fully briefed on the situation. June Smyth added that the intention of raising today was merely to flag to Trustees that should they go out to tender for a sit down meal with table service the Catering Department did not feel they would be in a position to bid. Evelyn Rodger stressed the need to be proportionate and gave examples of issues that could be encountered with table service and made a plea to the organising committee to look at this closely. Evelyn also referred to the judging process which appeared to be getting more complex and asked if this could also be simplified going forward. Stephen Mather agreed with the comment made by Pat that it did not look good as an organisation having a staff awards ceremony and not using the Catering Department to provide the catering. Catriona Bhatia questioned the quality of the meal if it was going to be £20.00 per

head as she felt there would be much better value with a buffet. Andrew Murray went on to provide feedback on similar events he had attended at Ayrshire & Arran where they had taken place in-house. Andrew also queried how the awards aligned with the organisation's values. David Davidson reminded that as Trustees of the Charity they must ensure that best value for money is sought and should a tendering exercise be undertaken this should be done properly within the marketplace. Clare confirmed the group set up to manage the event would take on board the comments received from the Trustees in the event planning work.

The Board of Trustees noted the report.

The Board of Trustees noted the date of the 2017 event.

The Board of Trustees approved the requested budget for the 2017 event.

5. Fund Management

Graham Reid was not present for the following item

5.1 *Investment Advisor – Market Test Final Report*

Susan Swan spoke to this item. Susan reminded Trustees of the recent market test exercise undertaken which resulted in presentations being received from the five companies who had returned tenders. It was noted that David Davidson and Pat Alexander had been members of the interview panel. A scoring exercise had been undertaken and it was recommended to continue with Investec for a further three year period. Susan highlighted that they had the experience and knowledge, had not increased their fee and she felt that no-one else had been comparable on the day. Andrew Murray noted that another company had ranked extremely close. Susan explained that there would be approximately a further £5k fee over a three year period with this company. Karen Hamilton noted her support to appoint Investec for a further three years.

The Board of Trustees approved the appointment of Investec Wealth & Investment Ltd as the Investment Advisor to the NHS Borders Endowment Fund for a further period of three years.

Chair, John Raine, welcomed Graham Reid back to the meeting and advised of the approval to appoint Investec Wealth and Investment as the Investment Advisor for the Borders Endowment Fund for the next 3 years. Graham thanked the Trustees for the appointment.

5.2 *Investment Advisor Report*

Graham Reid spoke to this item. Graham advised that since the report had been circulated the portfolio had increased in value by a further 1%, giving a total return of 7.3% since June 2016. Graham highlighted that global equity markets have been very resilient following the Brexit vote. Graham referred to the WMA benchmark which the portfolio is benchmarked against and explained that this is more of an asset allocation model rather than a benchmark. It was noted that if interest rates go up in the next 2 – 3 months as predicted there would be an impact on the safe haven assets which are currently overpriced. Graham explained that it would be necessary to accept lower investment returns for longer than hoped. David Davidson referred to the S&P 500 as he noted that this was doing particularly well. Graham advised that this is due to assets bought by the Federal Reserve at a very early stage having since been re-circulated making this a more powerful economy than the UK. Stephen Mather referred to the BHP Billiton Plc and the Aberdeen Latin America holdings as he noted their book values were extremely low. Graham accepted that these were not doing as well as

hoped and confirmed that they are being looked at, however highlighted that the Aberdeen Latin America holding has a high yield which was some compensation. John Raine enquired if there was a need to re-look at the investment strategy. Graham confirmed that the portfolio was still medium risk and did not feel that any alteration was required at present.

The Board of Trustees noted the report.

6. **Financial Report**

6.1 *External Audit Memorandum Report – Update on Recommendations*

Susan Swan spoke to this item. Susan reminded Trustees that they had received the External Audit Memorandum Report as part of the Annual Accounts package at the June meeting. Susan explained that the report received today provided action taken/to be taken against each of the recommendations. It was noted that the actions taken forward would strengthen the governance framework. Susan went on to provide an update on the recommendations which were not yet noted as complete.

The Board of Trustees noted the recommendations by Geoghegans and the action taken/to be taken.

6.2 *External Audit Memorandum Recommendation – Enhanced Risk Assessment and Management Disclosures*

Susan Swan spoke to this item. Susan advised that this recommendation from External Audit related to the governance risk highlighted by OSCR, which saw a review of Lothian Health Board's Endowment Fund being undertaken in 2010, and would entail a follow up review of the OSCR documents which had been circulated, namely "Whose in Charge: Control and Independence in Scottish Charities" and "Protecting Charitable Status: A Report on Individual Charity Reviews 2006-11" to ensure the Borders Endowment Fund and Governance Framework remain as required. Susan referred to the Risk Register which had also been circulated and reminded that this is reviewed by Trustees on an annual basis. Susan advised that she had completed the checklist from OSCR with suggested responses for Trustees to review. It was noted that OSCR would be invited to attend the January meeting where a more detailed discussion could take place. The checklist responses were reviewed and bar a small typo on page 2, which Susan agreed to amend, these were agreed.

The Board of Trustees noted the information contained within the OSCR reports and agreed with the drafted responses within the checklist.

6.3 *Primary Statements and Fund Balances*

Susan Swan spoke to this item. Susan reported that the Endowment Fund portfolio recorded a cumulative total of £4,044,582 as at 31st July 2016. This compared with £3,884,762 at 31st March 2016. It was noted that the income and expenditure account recorded an in-year net movement in funds of £159,820 for the four month period to 31st July 2016. Susan highlighted that the current position compared to an end of year net movement of £164,742 reported for 2015/16. Susan referred to the Income and Expenditure statement where it was noted that income of £277,682 had been received to date, with just over £38k of this being recorded as fundraising monies. Susan highlighted that a number of funds have small debit balances and advised that these are being discussed with Fund Managers. Susan also referred to the Balance Sheet where a considerable balance in cash was recorded. It was noted that a review was currently underway and it would likely be proposed that some of this is moved into the investment

portfolio for a better return. John Raine noted that there was Gamma Camera Fund and asked if this would be utilised against costs of the new Gamma Camera following recent Board approval. Susan confirmed that it would.

The Board of Trustees noted the financial report to 31st July 2016.

6.4 *Register of Legacies & Donations*

Susan Swan spoke to this item which detailed all donations and legacies received for the period 1 April to 31st July 2016. Susan confirmed that the relevant Fundholders have been made aware of donations received.

The Board of Trustees noted the legacies and donations received for the period to 31st July 2016.

John Raine and David Davidson left the meeting @ 3.25 p.m. Pat Alexander took over as Chair.

7. **Fundraising**

7.1 *Fundraising Update*

Karen Wilson spoke to this item. Karen reported for the first quarter of 2016/17 a total of £115,212 of donations had been received, of this £38,374 was stewarded by Fundraising. Karen provided an update on the legacy giving campaign where it was noted that this was on course to launch in November which coincides with “Will Aid Month”. It was noted that the legacy literature had been reviewed by the Public Reference Group who confirmed they were content with it overall. Karen advised that a payroll giving page has also been created on the Fundraising microsite and the message section on the August payslip had been used to alert staff. It was noted that various donation points have been identified and discussions are being held with Estates about installing these at the desired locations. Karen advised that support continues to be given to the level 1 – 3 projects, such as Space to Grow, Cancer Centre Refurbishment and the Mammography Refurbishment. It was noted that it was the intention of Macmillan to fund 50% of the Cancer Centre Refurbishment. Karen went on to provide feedback from the last meeting of the Friends, where it was noted that they were very supportive of joint working and are looking to formalise arrangements. Karen confirmed that she had spoken with Susan Swan about supporting Fundholders, which would initially be within the BGH, before being rolled out into the community. Karen advised that a number of suppliers had been approached to produce a new Fundraising website, however this was going to require significant investment so an online website builder had been agreed as a way forward at a fraction of the cost. It was noted that the website would launch in October and would open up communication with donors. Evelyn Rodger was delighted to hear about the support provided to the level 1 – 3 projects and enquired if Clinical Boards were sighted on these and were supportive. Karen advised that she was aware that the Mental Health Clinical Board was supportive of the Space to Grow project and that the Cancer Centre Refurbishment and Mammography Refurbishment projects had gone through the Capital Planning Group. Susan Swan confirmed that Clinical Boards are represented at the Capital Planning Group and it was her understanding that the representatives had received sign-off prior to them coming to the group. Evelyn agreed to pick up with Susan and Karen outwith the meeting as it was essential that Clinical Boards give approval prior to being taken forward. Pat Alexander asked what was meant by the SCIM process referred to within the “Support” objective for the Children & Young People’s Centre (C&YPC). Susan explained that this was the Scottish Capital Investment Manual (SCIM) and that Scottish Government are looking for assurance that NHS Borders Board’s Clinical Strategy

supports the BGH site and that this in turn supports Children's Services and the C&YPC. June Smyth added that the Health in Your Hands update is scheduled to come to the October Board Development Session which would incorporate an update on Children's Services and the BGH site. Pat enquired about timescales. June advised that outline timescales are being looked at and these should be clearer by the January 2017 meeting.

The Board of Trustees noted the report.

7.2 *Maintaining a Sustainable Fundraising Function: Staff Resource and Funding*

Karen Wilson introduced this item which was a report on a future sustainable Fundraising function. Karen explained that an element of this was how the Fundraising Officer post is funded which is coming to the end of a three year appointment hence a request was being made to make this post permanent. Karen referred to the appendix which detailed the original justification for this post and confirmed that these assumptions still stand. Karen advised that there were a number of projects, both initiated and potential, which the Fundraising function can work on. Susan Swan referred to the discussion earlier in the meeting on the costs of fundraising for 2016/17 and advised that this had been based on the assumption that the Fundraising Officer post became substantive. Catriona Bhatia referred to the table on page 4 and in particular the staff costs and the income stewarded. Catriona enquired if the figure for income stewarded included any legacies or donations. Karen confirmed that the figures within this column were purely for fundraising. Stephen Mather commented that he would like to have seen an options appraisal and a business case to appraise this properly. Karen Hamilton agreed that this would have allowed the opportunity to look at this more objectively, particularly in regard to the C&YPC as this would be a significant element of work for the Fundraising Officer. Karen confirmed that there was a breadth of work for this post to support outwith the C&YPC and highlighted that the Fundraising Officer is the primary point of contact. Evelyn Rodger asked for an indication of how much income is generated by the Fundraising Officer. Karen highlighted that the total amount was detailed within the table, however it was not possible to separate how much the Fundraising Officer had generated. Evelyn asked for assurance that we would be getting value for money in terms of the investment being made. Karen explained that although a considerable amount of time had been spent on the C&YPC which was now on hold, there were still a number of projects in the pipeline which would see income of several thousand pounds. Evelyn asked for a more specific amount of income we could hope to see going forward. June Smyth advised that a ten to one return on investment was expected. Evelyn asked if this was an acceptable return. Clare Oliver advised that they did not have any up-to-date benchmarking information to compare this with, however contact could be made with other Boards/Trusts if Trustees would find this useful. Susan Swan referred to the two capital schemes, totalling £1.3m, discussed earlier and stressed that without the Fundraising Officer post there would not be the capacity to support the fundraising aspects of the projects and the significant input with the partner charitable organisations, namely MacMillan and Walk the Walk. Pat Alexander enquired if this post was to be made permanent if it would be advertised. Karen confirmed that HR policies would be followed and that she has been in contact with the Head of HR to secure HR advice regarding the required process. Clare reminded Trustees that this would follow the same process as the role of the Fundraising Manager when it was made permanent after the original three year period. Catriona reminded that when this post was established it was ahead of a major fundraising appeal which is at present on hold and this is where the ten to one return originated. Catriona suggested extending the post for a further year, or whatever period would be deemed reasonable, until the position on the C&YPC is clearer.

Trustees approved the second recommendation for the Fundraising team to work with Finance to develop a new funding model for the Fundraising function. Following discussion it was agreed to extend the Fundraising Officer post on a temporary basis for sufficient time to allow an options appraisal to be undertaken. June Smyth agreed to bring an update on progress to the Board of Trustees at the January meeting.

The Board of Trustees approved an extension to the Fundraising Officer post for sufficient time to allow an options appraisal to be undertaken which would be presented at the January meeting.

The Board of Trustees approved the development of a new funding model for the Fundraising function.

8. **Any Other Business**

Endowment Funding Applications

Susan Swan advised that she had received funding applications, both written and verbal, and anticipated a meeting of the Endowment Advisory Group being called when applications are fully formed to agree recommendations in advance of the next Board of Trustees meeting.

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

Tuesday, 17th January 2017 @ 2 p.m., Board Room, Newstead.

BE
30.9.16



Minutes of a meeting of the **Clinical Governance Committee** held on 28th September 2016 at 10am in the Committee Room, BGH

Present:	Dr Stephen Mather (The Chair)	Mrs Alison Wilson
In Attendance:	Mrs Evelyn Rodger Dr David Love Mr Phillip Lunts Mrs Jane Davidson Mr Andrew Murray Mrs Elaine Torrance Ms Yvonne Chapple	Mrs Laura Jones Mr Sam Whiting Dr Andrew Riley Dr Annabel Howell Mrs Sheila MacDougall Dr Cliff Sharp

1. Apologies and Announcements

The Chair noted that apologies had been received from Mr Simon Burt, Mr David Thomson, Mr Charlie Sinclair, Mr David Davidson, Dr Doreen Steele, Mrs Susan Manion and Mr John McLaren.

The Chair confirmed the meeting was quorate

2. Declarations of Interest

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

The **CLINICAL GOVERNANCE COMMITTEE** noted there were none.

3. Minutes of the Previous Meeting

The minutes of the previous meeting of the Clinical Governance Committee held on the 13 July 2016 were approved.

4. Matters Arising

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

5. Patient Safety

5.1 Quarterly Standardised Hospital Mortality Safety Report (HMSR)

Mrs Laura Jones advised that there had been a change to the national methodology on how HMSR was measured. She highlighted the differences that it had made and drew to the

attention of the Committee noting that NHS Borders rate of HSMR remained relatively stable over the last few years with a rate of 0.88 for the most recent quarter. Under the previous methodology NHS Borders had demonstrated a 6% reduction in HSMR using a regression line. With the revised methodology NHS Borders now shows a slight increase over the new reporting period and last 9 quarters from 0.84 to 0.88. Whilst this is a relatively low rate in comparison to other hospitals in Scotland she confirmed that the data is monitored closely every week to look for any changes and that work continues in regard to the deteriorating patient, falls, pressure damage and end of life care with the aim of reducing HSMR.

Dr Andrew Riley highlighted that as NHS Borders was a relatively small Board, any variation in numbers however slight would affect the overall data points.

The Chair enquired how palliative care provision was calculated within the new methodology and if the opening of the Margaret Kerr Unit (MKU) palliative care unit within the Borders General Hospital would have had any impact on the rate of HSMR in the Borders. Mrs Laura Jones advised that a meeting will take place with representatives from Healthcare Improvement Scotland (HIS) the Information and Statistics Division (ISD) and she will discuss this point with them.

Mr Andrew Murray suggested that HIS had hoped to see a reducing HSMR in all Boards. He cautioned that it was unclear how far we could improve and this is something which will be discussed with HIS however he reiterated that it was imperative the system did not become complacent and continued to focus on the key areas of the patient safety programme.

Mrs Laura Jones confirmed that there was a deaths review process in place which highlighted any areas for investigation. She confirmed that inpatient mortality was measured weekly and any trends in the data were investigated immediately and themes were also reviewed.

Mrs Jane Davidson acknowledged that the next agenda item would cover the outputs of the local mortality reviews but that the Committee may wish to consider if a the sampling approach described at the November 2015 meeting is the approach which should continue. She further enquired about the earlier point on palliative care and how this had impacted on the data, emphasising that the MKU was an example of a change in the system and therefore the data alongside that should be tracked.

Mr Andrew Murray enquired if the people that died in the MKU would still be included in the figures? Mrs Jones advised that when reviewed as part of the previous ISD methodology no notable difference had been observed but she suggested she was happy to revisit this in light of the recent changes to the national methodology.

Mrs Evelyn Rodger commented that the HSMR included deaths up to 30 days after admission, and suggested a further look at the data be carried out for deaths occurring out of hospital. Mrs Jones highlighted that NHS Borders have not reviewed quality of clinical coding in relation to HSMR which is something other areas have done. She highlighted this would also be discussed with HIS.

The Chair suggested a model where each speciality would review if deaths in their area were expected or unexpected. If the death was unexpected he suggested this could then trigger a

full review. Dr Andrew Murray highlighted that Dr David Love has been doing work to review the mortality and morbidity processes in NHS Borders and their alignment to the mortality reviews which take place. He advised that he would consider this model with Dr David Love.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and the actions outlined.

5.2 Mortality Review Reports

Dr David Love briefed the Committee on the findings of mortality reviews undertaken between October 2014 and December 2015. He advised that following discussion at the November 2015 meeting testing had taken place using a sampling approach to review deaths as opposed to reviewing all deaths. The sample had equated to around 20% of deaths occurring in the Borders General Hospital. Dr David Love advised that a full review of all deaths between December 2014 and March 2015 had taken place as a result of a shift noted in the data. During this period there were around an extra 10 deaths per month above the average. He confirmed that findings for this period between December 2014 and March 2015 noted a lower incidence of harm than that detected in the months which had used a sampling approach between October 2014 and December 2015.

Mr Andrew Murray advised that he had found it difficult to work back from the conclusions in the report and asked for further clarity. Dr Love highlighted that there had been some findings around length of stay which may be indicative of how acutely unwell patients were during the period reviewed. Mr Murray enquired if that was clearly visible when case notes were reviewed? Dr Love confirmed that it was the case.

The Chair suggested a review of the data over a longer period of time may confirm the position. Dr Cliff Sharp commented that it seemed difficult to assess why there had been an increased number of deaths in the winter period and wondered if there was a seasonal trend to this.

Further discussion focused on setting trajectories for the improvement work relating to falls to support a further reduction in HSMR. In addition there was discussion on the review of deaths in the community and how this was being done elsewhere. A discussion took place on medication safety and anticoagulation. Mrs Alison Wilson advised that the Clinical Pharmacists are actively working with staff on the wards to ensure safe use of medicines and in addition there is a local piece of work in partnership with HIS around Venous Thromboembolism.

The **CLINICAL GOVERNANCE COMMITTEE** approved the sample method subject to further discussion.

The **CLINICAL GOVERNANCE COMMITTEE** sought a vigorous plan from what was noted within the report.

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

5.3 Infection Prevention and Control Report

Mr Sam Whiting gave a brief overview of the content of the report and advised the Committee of further updates in regard to: a Norovirus meeting being set up to prepare for the forth coming season and learning from the previous year; validation and assurance in regard to hand hygiene; and commencement of the Point Prevalence Survey work.

Several key points were raised during discussion including: stress test of the winter plan with impact of norovirus and flu; surgical site infection (SSI) in relation to hip arthroplasty remained high; social care intervention; and reduction in cleaning compliance.

The Chair congratulated Mr Whiting on being on target to complete all of the actions in the infection control work plan and sought further detail on SSI cases for the next meeting.

In relation to SAB cases, Mr Whiting assured the Committee that every case is reviewed by a microbiologist and that 5 cases associated with bone and joint infection were genuinely community associated.

The Chair requested that cleaning compliance figures for non clinical and clinical areas be set out separately within the next report.

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

5.4 Pressure Damage in Care Homes

Mrs Elaine Torrance gave an overview of the content of the report and highlighted that Scottish Borders Council had sought information in regard to prevalence of pressure sore to residents from both Scottish Borders (SB) Cares and independent care homes. She commented that of the data collected it had been clear that of the 21 pressure areas reported as being present in residents at that time, 10 had developed while the patient was a resident and 11 had already developed prior to their admission to a care home. She commented that the majority of care homes relied on support through the district nursing team and all care homes had indicated a wish for extra training around pressure damage. Mrs Torrance further suggested that an action plan be compiled to seek a reduction in numbers and promote preventative work. Mrs Evelyn Rodger cautioned that there was evidence that training did not change practice; however she was content to work with Mrs Torrance in regard to what could be done differently. Mrs Jane Davidson suggested she meet with Mrs Rodger and Mrs Torrance to formulate a plan.

The Chair commented the Health and Social Care Integration Joint Board be made aware of the issues and suggested that he write to the Chair of the Health and Social Care Integration Joint Board to suggest the commissioning of support for care homes. Dr Cliff Sharp suggested that there needed to be a personal investment to those in charge of the unit/care home to work towards not having any pressure injuries develop in their area akin to aspirations of NHS Borders.

The **CLINICAL GOVERNANCE COMMITTEE** agreed that Mrs Evelyn Rodger and Mrs Elaine Torrance meet in regard to formulating a plan to address pressure damage in care homes.

The **CLINICAL GOVERNANCE COMMITTEE** agreed that the Chair should write to the Chair of the Health and Social Care Integration Joint Board in regard to assistance in improvement work.

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

5.5 Medical Deanery Action Plan

Dr Andrew Murray advised that work continues within the Department for Medicine for the Elderly (DME) and the action plan is on course to be completed in October 2016. The date of the next review is January 2017 and Dr Murray is confident that we will receive a positive report.

Mrs Jane Davidson asked that the report is brought up to date to reflect the completed actions. Dr Murray advised that the action relating to the chief resident has been pushed back to September 2016 rather than August 2016 and there is a further meeting scheduled to update the plan.

The **CLINICAL GOVERNANCE COMMITTEE** is assured that close monitoring of the Deanery Action Plan continues.

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

5.6 Mid Staffordshire Report – Staff Governance Action Plan

Ms Yvonne Chapple gave an overview of the action plan on behalf of Mr John McLaren.

Ms Chapple advised that number 5 on the action plan is not complete as this is still a work in progress with Human Resources (HR), action number 9 is also in progress and staff feedback is being collated.

The Chair noted that there are issues contained in the plan relating to culture. A discussion was held regarding the collating of data, how we can measure culture change and what options are available. It was agreed that the Committee would now receive a standing report on the work to improve culture from the Chief Executive.

The **CLINICAL GOVERNANCE COMMITTEE** asked for a report on culture to be prepared for future meetings to enable them to review if progress is being made.

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

6. PERSON CENTRED

6.1 Patient Feedback Report

Mrs Laura Jones advised the two recent Scottish Public Service Ombudsman (SPSO) outcomes are included in the report.

Patient Opinion which is an online patient feedback tool funded by the Scottish Government has been working across NHS Borders for the last two years. The current subscription level allows two administrators from NHS Borders to provide response on behalf of the organisation. This is being tested at full subscription level within the Medical Assessment Unit (MAU) involving clinical leaders in the department responding to patient feedback. The outcomes of testing this approach will be discussed with the Board to inform a decision on next steps.

Dr Andrew Murray advised those present that some of the NHS Borders Board Members had attended a Board Quality Improvement event on 20 September 2016, at Murrayfield, where NHS Borders Board members had committed to ask for more detail in regard to complaints. Further discussion was held regarding complaints and how we are responding to them. The Clinical Governance Committee agreed that it would be useful to see additional information on complaints by area.

The **CLINICAL GOVERNANCE COMMITTEE** asked for further information to be contained in the next report relating to complaints by area.

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

6.2 Scottish Public Service Ombudsman (SPSO) Update

Mr Philip Lunts advised that the majority of the actions are now complete and he continues to monitor that changes are being sustained.

Mrs Jane Davidson asked how assurance can be sought that actions are complete and embedded beyond the checking Mr Lunts had described. She noted that some measures were monitored through the daily Older People in Acute Hospitals audit but perhaps other measures needed to be drawn out for closer monitoring. Ms Laura Jones informed the Committee that an audit is being carried out to ensure all actions are embedded and some additional measures have been included in the weekly dashboard to monitor progress. Further work will be done in this area.

The **CLINICAL GOVERNANCE COMMITTEE** asked Mr Lunts to provide a presentation on the SPSO actions which are underway.

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

6.3 Palliative and End of Life Care Report

Dr Annabel Howell explained that there are several work streams going on and that she had recently been to visit St Columba's Hospice with Mrs Jane Davidson and Ms Clare Oliver which will help to frame further developments.

The Chair noted the section on effective communication on page 2 and asked if NHS Borders provide a learning experience with medics on breaking bad news? Dr Howell advised that Junior Doctors are provided with training for 1 hour and from the feedback provided, those who have attended find it useful.

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

7. CLINICAL EFFECTIVENESS

7.1 Review of Care of Older People – Report and Action Plan

Mr Sam Whiting advised that the majority of the action plan was already completed at the time of publication and that there is an expectation that timescales will be met.

The Chair noted that a lot of the recommendations relate to documentation which is closely linked with current IT issues. The Chair felt that the Board Executive Team (BET) should decide how best to steer IT development to make the system user friendly. Discussion continued around the current IT issues and the duplication of paperwork that nursing staff have to complete.

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

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

The Chair highlighted that there are a lot of overdue things in the adverse events. Mrs Evelyn Rodger confirmed that she has written to all of the general managers separately from this and is monitoring this on a weekly basis; it has also been discussed at the Joint Executive Team (JET) to ensure progress is being made.

The Chair also highlighted the pressure ulcer count on the graph on Page 4 and commented on using the term normal variation to describe the pattern in the data. The Committee discussed that a target line should also be added to the graph to represent the desire to have zero developed pressure injuries. It was agreed that a target of zero would be added to the graph for a starting point and this can be reviewed.

Mrs Rodger raised the topic of leadership walkrounds as it was noted that a few towards the end of the year do not appear to have taken place from the data presented. She highlighted the importance of these walkrounds taking place and the need for the clinical board, Executive team and Senior Management Team member responsible for each area ensuring these take place. She asked that the JET consider this to ensure a robust plan is in place.

The Chair advised the committee that it was no longer a requirement from HIS that a Non-Executive Director had to do the walkrounds but the Committee members agreed that they felt this would good practice and should continue in NHS Borders where a non-executive is free to attend.

The **CLINICAL GOVERNANCE COMMITTEE** agreed that a target of zero would be added to the pressure ulcer count graph.

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

7.3 Clinical Board Update (Mental Health)

Dr Cliff Sharp gave an overview of the Clinical Board Update for Mental Health on behalf of David Thomson.

Dr Sharp advised the meeting that there is a cohort of people who were not recorded on the GP register that have dementia. Work is ongoing with Selkirk Medical Practice to address this anomaly.

A further discussion was held regarding the diagnoses of dementia and the dementia training plan.

The Chair highlighted that there had been an under spend £112K and asked if this gave potential to recruit permanent staff. Mr David Thomson has been reviewing this and is working towards reducing the amount we spend on agency staff.

The Chair noted that there has been no improvement in relation to falls and the committee needs assurance around this. Dr Sharp assured the committee that he would take this to their Monday meeting for further discussion.

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

7.4 Clinical Board Update (Learning Disabilities)

Dr Cliff Sharp presented the Clinical Board Update for Learning Disabilities on behalf of Simon Burt.

Mrs Evelyn Rodger said that it would be helpful to write to the IJB to advise them that we have received a report from Learning Disabilities noting that not all cases are being reviewed as expected. It would be good to see when there is a mental welfare commission or report so that we can understand what has changed in a very simple table.

The Chair agreed and added that this is an issue that has come up on every single report. He noted that there is a review coming up soon and Mrs Susan Manion is the lead for this. Mrs Sheila MacDougall added that another aspect from governance that needs to be insured is health and safety.

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

7.6 Research Governance Report

Mrs Laura Jones introduced the annual update for Research Governance to the committee. There has been significant growth in local research which has been reflected in the annual allocation increase from our chief scientist office. This has brought additional income to the organisation.

Mrs Jones added that the annual visit from chief scientist office gave NHS Borders a clean bill of health and importantly, through Ms Joy Dawson's hard work, the local response time to review of new studies has also reduced.

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

8. **ASSURANCE**

8.1 Pharmacy Annual Update

Mrs Alison Wilson introduced the annual update and highlighted that there is a significant piece of work underway to review the local joint formulary.

The Chair noted that in the adverse reports we had, the use of Oxycodone was mentioned due to it causing respiratory problems and queried if it should still be available on the local formulary. Mrs Wilson confirmed that this is being reviewed with clinical areas and alternatives are being looked at to ensure patient safety and to improve cost effectiveness.

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

8.2 Clinical and Care Governance – Reporting to Integrated Joint Board

Mrs Evelyn Rodger advised that the IJB had asked for a separate IJB Clinical Governance Committee. The Clinical Governance Committee agreed that this committee would not be duplicated but an invitation to the Clinical Governance Committee would be extended to request an IJB representative attend as a non-voting member. It was also agreed that minutes and relevant papers would be sent to them in future.

The **CLINICAL GOVERNANCE COMMITTEE** approved that minutes and relevant papers from the committee would be sent to the Integrated Joint Board

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

9. **Items for Noting**

9.1 Minutes

The following minutes for:

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

Mrs Jane Davidson highlighted that the Primary and Community Services Clinical Governance minutes suggested that there had not been good attendance at the meeting. It was also noted that the SPSO cases had not been discussed at the meeting and requested that this group ensure they have regular oversight of these action plans and progress.

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

10. Any Other Business

Mrs Evelyn Rodger advised that an organisational decision has been made to move to Jupiter hoods. These are used to protect from infection while performing aerosol generated procedures. The Jupiter Hood requires less training and does not need to be fitted to the individuals like the FFP3 masks.

11. Date and Time of Next Meeting

The next Clinical Governance Meeting will be held on the 16th of November at 2pm in the BGH Committee Room.

The meeting concluded at 12.48pm



STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Monday 12th September 2016 at 10am in the
Committee Room, Borders General Hospital, Melrose

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

Ex Officio Capacity:

In Attendance: June Smyth
Sheila MacDougall
Vikki Hubner
Ailsa Paterson
Edwina Cameron
Colin Herbert
Claire Smith (Items 6 & 7)
Isabel Richardson (Item 6)
Elizabeth McKay (Minutes)

1. Welcome, Introductions and Apologies

Apologies were received from Pat Alexander, Shirley Burrell, Yvonne Chapple, Irene Clark, Helen Clinkscale, Evelyn Rodger, David Thomson, Kim Smith, Nicola Barraclough, Maggie Czajka, and Louise Robson

2. Minutes of Previous Meeting held: -

Monday 20th June 2016

An accurate record was given. June Smyth brought to the Committee's attention to Page 4 of the minutes – Challenges to IT. June reported that she had double checked with Jackie Stephen, Head of IM&T and as this would require us to use the existing e-learning platform then there would not be a problem / risk of delivery with our current IT systems. .

Thursday 18th August 2016

An accurate record was given.

Matters Arising: - Nothing to report.

Training Report -

June Smyth advised Kath Liddington will provide a presentation on the new Course Booking System (CBS) at the next meeting.

Action Tracker: -

Action 33 – Car Parking Update Report: - John McLaren advised a full written report will be given at the December meeting. Karen Hamilton highlighted she had had sight of the papers for today's Car Parking Group meeting and it would be helpful to move things forward as some changes have been made. Safety issues were raised within the reports to the Car Parking Group. June Smyth reported that there remained a consistent number of Ask the Board questions from staff regarding Car Parking each month. Sheila MacDougall highlighted there was a RIDDOR report last week which highlighted an injury to a member of the public. Whilst this was being addressed it highlighted some of the issues that have been flagged regarding Car Parking. John McLaren confirmed that Irene Clark has continually highlighted the pot holes issues within the car park to Estates and Facilities. Sheila advised there is a possibility that the Health and Safety Executive may visit NHS Borders as a result of this incident. Karen Hamilton asked Sheila MacDougall to have a conversation with Warwick Shaw and ask that he include the incident in the next update to the Committee. Action still in progress.

Action 37 - Clinical Governance Committee Action Plan - John McLaren informed he met with Laura Jones last week to go through the plan and will be submitting a paper to the Clinical Governance Committee meeting in September. John will be presenting the paper at the Clinical Governance Committee meeting. Action closed.

Item 38 - Car Parking Minutes – The minutes will come to this Committee. Action closed.

Item 39 – Whistle blowing – A verbal update will be given at today's meeting. Action closed.

Item 40 - Local Workforce Plan – An update will be given at today's meeting. Action closed.

Item 41 - Cover Paper – June Smyth will speak to Iris Bishop. In progress

Item 42 - Medical Education Report – The report will come to the December meeting. June Smyth advised she had shared the Committee's request with the Board Secretary that there be a Board Development session on this item at a future session. This will be factored into the business plan moving forward. It was agreed to keep this item open.

3. Sickness Absence Deep Dive (Standards 1, 2, 3, 4 & 5 apply)

June Smyth spoke to the presentation with support from Ailsa Paterson, Edwina Cameron and Vikki Hubner. June advised this item was initiated from the end of year report on Sickness Absence from 2015/16. Particular issues highlighted included:

- Direct cost - £4.5 million per year – purely salary costs to lost days.
- NHS Borders current sickness absence rate is 4.43% compared to the overall NHS Scotland rate of 4.16%
- The comparison between Private and Public sector absence has to take into account the differences on terms and conditions as well as remuneration arrangements.
- Challenges – Main reasons for sickness absence – Musculo-skeletal and Mental Wellbeing Issues.
- A maturing Workforce and the effects of the ongoing financial challenges also present a challenge.
- Issues from outside the workplace can contribute to mental wellbeing
- Karen Hamilton asked if there is support for a member of staff who has been of sick with Musculo-skeletal problems. Vikki Hubner advised that Occupational Health will ask to see if their Moving and Handling training is up to date and may recommend further training
- Our workforce consists of 82% women. These individuals are often working longer due financial pressures.
- As our largest staff group, Nursing & Midwifery staff account for 59.44% of total sickness absence for the year 2015/16. However within that group the absences vary with the trained workforce – 5% and untrained staff– 8%
- The issue of an ageing workforce is also evident within other staff groups – e.g. in Estates & Facilities

Current Positive Actions: -

- Edwina Cameron is, as part of a promoting attendance and well-being project, meeting with a cohort of Senior Charge Nurses to look at all staff records within their wards.
- A further piece of work within this same project is focus on analysis of the management notes of individuals who have been off sick five or more times within a twelve month rolling period.
- Assurance was asked for and given that there is evidence that the Managing Sickness Absence policy is being followed.
- In order to support all staff and consider how we can help out maturing staff to continue working longer we need to proactively look for different solutions
- Currently Occupational Health are trialling open Physiotherapy clinics for staff. There has been mixed reviews from staff as they are not always guaranteed to be seen right away. We will monitor this.
- John McLaren asked if we are picking up issues from individual staff. Are we checking if the new appointment given is beneficial to staff and that they are able to attend the revised appointment.
- I Matter' is also a useful tool to help staffs feel engaged and supported within the organisation. This can impact on the well-being and attendance of staff if it is used appropriately

Further areas of investigation within the Promoting Attendance and Well-Being Project;

- Shift pattern review – General Services are currently trialling a different model.
- Increased flexible working practices - it enable creative succession planning (discussed within the Nursing and Midwifery Directorate for them to progress)
- Education on pension scheme options and benefits – planning to provide Roadshows for staff by providing information on how to access information.
- On-line Well-being tool for staff to allow staff to access information in their own time.
- NHS Borders has the best sickness absence rates in NHS Scotland. However, we are not being complacent and the project is actively seeking to understand what the problems are so we can trail new solutions.

Karen Hamilton suggested that pensions are very personal to staff and asked if there is a direct line for staff to contact? June Smyth reported that currently we only provide staff with the Pension Office contact details. However, workshops that have been organised have been very good. Ailsa Paterson reported that there are lots of options for staff, for example, being able to take a part of their pension but this needs to be wider communicated. Other provision that we currently provide for staff includes stress management on line and managers/staff being encouraged to contact Occupational Health for support.

Edwina reported that the piece of work she has been carrying out with the Senior Charge Nurses has been very positively received. It has given the staff the opportunity to ask difficult questions and help them to utilise services. It appears to be positively impacting on the people who are managing sickness absence. Stephen Mather commented that it is good to receive assurance that things are changing.

June Smyth advised that we launched the policy six years ago. There was a significant piece of work carried out in training and business processes. We knew that some managers struggle when having the conversations with their staff so support is provided from the HR team. Things are now embedded and the work is ongoing as business as usual. Moving forward we will be particularly focussing on wellbeing of our staff and encouraging staff to be healthier.

Sheila MacDougall asked if we could give assurance about the reporting of work related sickness absence. Vikki Hubner spoke about the sick note in relation to this.

The Staff Governance noted the presentation.

4. Policy Development Update (Standards 1.2.3.4 & 5 apply)

Ailsa Paterson gave an update In particular she highlighted to the Committee that the Dress Code and Uniform policy had been approved by the Area Partnership Forum; and the Annual Leave policy had been issued on 7th September for a four week consultation period.

The Staff Governance Committee was happy to note the report.

a) Whistle blowing Policy

Colin Herbert gave a verbal update. Since the policy has been introduced the Government has asked each Board to nominate a Champion. The draft policy will go to the Policy Review group. Staff will receive training. Other two areas to look at is recording how we capture whistle blowing raised within the organisation and to ensure guidelines are implemented within NHS Borders.

The Staff Governance noted the report.

5. NHS Scotland Confidential Alert Line Six Monthly Report (Standards 1,2, 3, 4 & 5 apply)

June Smyth spoke to her paper and highlighted the report is sitting at the lowest category that the Helpline can give us. They will not provide any further information if the report shoes nought to three cases so that it remains anonymous.. John highlighted the report will come to this Committee for noting.

The Committee noted the content of the report.

6. Local Workforce Plan 2016 – 2019 - (Standards 1, 2, 3, 4 & 5 apply)

Claire Smyth gave an update. John McLaren informed the report was to come here today for sign off but in our planning we did not take in to account the Annual Review week. As a result we did not give sufficient time for the Chief Executive to formally review and sign off the final draft for submission. We had therefore notified Scottish Government that we would require an extension to their deadline to publish, which is end of October 2016 just in case there were any final queries amendments. Claire Smith reported Scottish Government were happy to agree to this extension. Confirmation of sign off and publication on NHS Borders website will be provided at the next meeting. In the meantime however members were asked to indicate their approval of the plan or highlight any issues / concerns they had so these could be flagged to the Chief Executive to inform her consideration of the final draft. Committee members approved the plan as it stood, subject to any final amendments by the Chief Executive being flagged to them in the Change Log. o It was agreed that Claire Smith will send out a Change Log highlighting the amendments along with a final version of the plan. Karen Hamilton asked that the Committee formal note their thanks to Claire Smith and her team for this well written and informative report. Stephen Mather concurred with this assessment. .

7. Modern Apprentices (Standards 1, 2, 3, 4 & 5 apply)

Claire Smith spoke to the paper. For every hundred staff we require to provide opportunities and recruit one young employee between the ages of sixteen to twenty four. We have currently got a Modern Apprentice situated within MAU. Claire reported briefly on the on the joint work with SBC and Borders College around 'Looked After Children Modern Apprentice Programme' and the 'Foundation Modern Apprenticeship which is a two year process.

The Staff Governance Committee noted the content of the paper.

8. Terms of Reference (Standards 1, 2, 3, 4 & 5 apply)

June Smyth informed the Committee this was the annual opportunity for the Committee to re-visit the Terms of Reference. June asked the Committee to contact her by the end of September with questions and comments. The refreshed Terms of Reference will come to the next meeting for approval.

The Staff Governance noted the paper.

9. Items for Noting

a) Occupational Health Update

Vikki Hubner highlighted there has been a 5% user increase to Occupational Health. Vikki asked the Committee if they had any questions regarding the Occupational Health Activity Report and the Annual report. The Committee accepted the Annual Report and the recommendations it provided.

Stephen Mather raised his concerns regarding needlestick training which is the second highest category training which staff is not attending

Action: Irene Bonnar to provide information around the training and to include the individualised devices around training, to provide assurance by addressing the lack of training and numbers. To be placed on the next agenda.

b) Risk & Safety Update

Sheila MacDougall gave an update on the activities within Risk & Safety. Sheila apologised for not providing the Annual Report but will bring it to the next meeting and reported it is similar to the last report.

Occupational Health & Safety Self Assessment 2015/16 – We achieved a 100% response rate was received which provides an overall cover of the organisation.

The Staff Governance Committee noted the content of the report.

c) 'I Matter'

Vikki Hubner reported the papers are here today for noting. John McLaren advised we still have to achieve widening it out to all departments to enable staff have the opportunity being involved in the process. We are still hearing that teams have not seen their reports where as other teams are fully involved and have developed their action plan.

The Committee were happy to note the report and to hear the actions in place.

d) Shared Services Update

June Smyth spoke to the paper the key area to note is the business case for the Laundry has been revised following national discussions and the immediate priority is to focus on agreeing performance standards across NHS Scotland and ensuring laundries work to these standards. An update on the overall Shared Services Programme will be presented to the Board in October 2016 and to the Area partnership Forum in January 2017..

e) Appropriate Access to other Committee Minutes: -

- Area Partnership Forum
- Public Governance
- Occupational Health & Safety Forum
- Audit Committee

Minutes for noting.

10. Future Items

John McLaren took the group through future items for the next meeting. It was agreed the following items would be on the next agenda: -

1. Car Parking Report
2. Whistle blowing Update
3. IJB Update
4. Staff Governance Monitoring Framework
5. EES Review
6. Revalidation Update (report)
7. Medical Education Report
8. Central Booking System (presentation)

New Items

Karen Hamilton asked for the latest CEL – Health Champions – focussing on staff health and wellbeing to be placed on the March 2017 agenda. It was agreed to ask Allyson McCollam to attend to speak to this item.

11. Any Other Competent Business

12. Date of Next Meeting

Monday 5th December 2016 at 10am in the Committee Room, BGH.

Action 31: ILF Project Board available funding – The Chief Executive Mr Peter Scott is meeting with Ability Borders sometime in the near future. Margaret (S) offered to contact him and ask if he could bring along the necessary paperwork for completion by NHS Borders. PAMIS have offered their support if need be in any way. Doreen noted that this fits within our charitable status. **Action: MS**

Action: 32: Patient Appointment Letters – Karen and Doreen will ask for an update at the next Board meeting. Margaret (S) commented that many hours have been spent reviewing these letters and we do not have a resolution. A further meeting with a GP representative, Steve Litster, Waiting Times Manager, Laura Mitchell, Information Systems Administrator and Public Involvement is being arranged.

5. **Topic Agenda Items:**

5.1 **Infant Mortality, Gap Analysis & Action Plan:**

Nicky Berry, Associate Nurse Director / Head of Midwifery & General Manager for Women's & Children's Services gave a presentation to the group on maternity services perinatal and maternal mortality.

Karen noted that the number of still births from 2012 to 2015 had increased and asked if this was contributed by the fact that there are a greater number of births? Nikki commented that we have a small number in NHS Borders so only a small number of stillbirths this makes a big difference to the rate. Nicky informed the group that the MBRRACE-UK -- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK report will be published early in 2017 and this report has our stillbirth figures for 2015 with the rate being higher than the expected average. All midwifery staff are aware of the days between stillbirths and learning. The term neonatal applies to the death of a baby within the first 28 days of life.

Doreen asked what we do to support our staff. Open and honest communication replied Nicky and understanding the report i.e. our deliveries are very small so it is keeping things in context. Staff are always involved in reviews and we debrief after every incident.

The unit works together to support families. We have a small amount of funding and have developed a bereavement team made up of a cohort of midwives, neonatal nurses and also in the community staff have training working with SANDS and SIMBA. Study days involving our chaplaincy and local undertakers are held so the women have the information they need. We have developed a new pathway so there is always a midwife on call. The midwife visits the families when they get home and supports them when they come back to hospital to see their consultant. Doreen commented it is echoed by the SPC programme that we have a good system in place and support within our organisation.

Frank asked how long after an event are the mothers supported for? Nicky replied from our service the bereavement midwife sees them for about 6 to 8 weeks up to their consultant appointment and thereafter they are supported by a health visitor.

5.2 Health Improvement:

Allyson McCollam, Associate Director of Public Health/Child Health Commissioner gave her annual update on health promotion.

The Scottish Borders Community Planning Partnership has recently endorsed the ASH Scotland Charter on a tobacco free generation by 2034. Allyson commented that we have an award for this as we are one of the Boards who have signed up.

The C Card condom scheme is where young people can register for a card and on producing this they can get condoms, which are distributed through youth services. The school nurse keeps track of this system but Allyson commented that we need to refresh

We reference to the strategic assessment there is a lot of information on SBC website about our equality setting. If the group is interested Nicola Sewell, Health Improvement Specialist would come along to the group and give us an update on health literacy. **Action: AM/SH**

5.3 Communications:

Claire Oliver Communications Manager for NHS Borders gave a brief overview to the group about the organisations current approach to communication, current topics and what we are working on to engage with staff and the public.

We have a workplan and a strategy around communications and we position ourselves as a team working within the values of the organisation and the challenges we face. We try to provide clear, brief and timely information to our customers. We also protect the reputation of the organisation, which brings lots of challenges. We celebrate success both internally and externally. The most important thing is to listen, assess and advise we try never to assume or presume and we occasionally find it necessary to challenge.

In terms of key relationships we have multiple customers including the Chair and CE of NHS Borders with a reporting line through Performance & Planning, the Board Executive Team non executives, the Clinical Board Chairs, heads of service, general managers, and links in to our colleagues at SBC and the IJB where appropriate. Some teams we work more closely with than others i.e. infection control and Public Health around the messages that we deliver.

The four key areas of corporate communication are Ask the Board, staff monthly updates, posters, and internal briefing notes.

Claire gave an example of a story printed in a local paper; the Southern Reporter printed an article about the cost of private nursing care for a seven year old. This article caused significant distress for the mother of the child. What we found out is this information is publicly available as it is on the government procurement website.

We frequently get FOI requests but if the figure provided is less than five we do not give out the information as this may identify the patients.

A piece of work that we are currently working on is the winter communication and engagement plan. The plan covers the period between November and February. A lot of this is spreading the national messages such as the NHS 24 campaigns over Christmas and Easter.

6. A.O.C.B.

Terms of Reference – Updates made from last meeting and sent round the group any further changes to be emailed to Susan.

Doreen raised the issue around 'did not attends' (DNA's), delayed discharges and the effect this has on our budget and the efficiency savings that we have to make this year. Would the group like to invite along to our next business meeting the Director of Finance to give us a flavour of all the pressures around these areas and also to help us to get the message out on the effects these have on our organisation and the opportunity costs or effect on waiting times. The effect is the financial impact but I am more interested in the cause commented Frank. It would be useful to hear how other services have addressed this said Allyson. George Ironside gave a full presentation to the Board and it was agreed to speak to Jackie Stephens, Head of IM & T to see if the group could hear more about the work that was done around this and invite to a future business meeting.

7. Future Meeting Dates 2017

18th January (BGH CR)

30th March

19th July

1st November

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

Minutes of a meeting of the Area Clinical Forum held on 24th October 2016 in the Committee Room, Education Centre

Present: Alison Wilson, David Thomson, Andrew Murray, Chris Richard, Nicky Hall, John McLaren, Kate Warner, Tim Patterson, Anne Suttle, Kirsten Austin (Minutes)

Apologies: Alice Millar, Gerhard Laker, Susan Manion, Austin Ramage, Lorna Paterson

Agenda Item	Title	Speaker	Summary	Action
2	Draft Minutes of Previous Meeting 01.08.16	AW	<p>Alison Wilson noted a spelling error in the first paragraph of the minutes of the meeting held on the 1st of August.</p> <p>The minutes were then agreed as accurate.</p>	
4	Concluding Health in your Hands Clinical Strategy	TP	<p>Tim Patterson gave a presentation to the ACF about the next steps for Borders Clinical Services Redesign and Implementation Programme.</p> <p>Alison asked Tim if this included a bed model or do we have ambitions of what we are going to do and if the plan had a high level of detail.</p> <p>Tim advised that the rolling programme's ambition is to get as much information out there as possible. One of the support areas is more bed capacity and what the likely outcome of the Health and Social Care Partnership and what impact that will have on health care services.</p> <p>The Scottish Government is unlikely to invest capital without seeing a clinical strategy Hopefully there will be a better indication of</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>where we are and have some indication on what the ED is going to look like which will then impact on what is required locally.</p> <p>Chris Richard told the committee that this plan seems ambitious given that there is a severe lack of resource in terms of staff. He asked Tim how much practically is being built in to this plan, how it will be staffed and funded to give it more credibility.</p> <p>Tim advised that we have to accept the principles of realism; board members have said that the plan has to be realistic for example in relation to the resource difficulties.</p> <p>Alison asked Tim how he would like this committee to engage. Tim advised that he was taking an update to the Clinical Executive on a monthly basis.</p> <p>Nicky Hall asked for clarification regarding the staffing resource. Chris explained that this was the shortage of people being trained.</p>	<p>Tim Patterson is to update the ACF in January 2017.</p>
5	Business Continuity and Resilience	LP	Lorna Paterson sent her apologies for this meeting.	Lorna Paterson will present at the meeting being held on the 28 th of November 2016.
6	Feedback from Annual Review	AW/AM	Alison told the committee that the Annual Review was a local visit, not ministerial. The presentation from afternoon was circulated to the attendees.	

Agenda Item	Title	Speaker	Summary	Action
			<p>The morning session included board members and clinicians and was based on a patient story. It was a very thought provoking session.</p> <p>Andrew said that the afternoon session was very interesting. He added that because NHS Borders is a small board, there are not as many ministerial visits.</p> <p>The message that John Raine, NHS Borders Chairman gave was that we are working towards a strategy for a new BGH.</p> <p>John McLaren said that he has asked for the staff session to be in the afternoon next time as there may be more engagement from the public if it was held morning and a better response from staff in the afternoon.</p> <p>Andrew highlighted that we could do more as an organisation to be prioritising this event for staff.</p>	
7	4 Questions	AM	<p>Andrew told the committee that this is a work in progress. It is currently sitting with communications and Andrew will ask for this to be prioritised.</p> <p>Chris added that the 4 Questions has also been to the head of service and received positive feedback.</p>	
8	Area Clinical Forum Annual Report	AW	Alison confirmed that this will be discussed and agreed at the meeting in November.	

Agenda Item	Title	Speaker	Summary	Action
9	Work Plan	AW	Alison confirmed that this will be discussed at the meeting in November.	
10	Clinical Governance Committee.	AW	<p>At the Clinical Governance Committee that was held on the 28th of September a number of topics were discussed.</p> <p>Hospital Standardised Mortality Ratio (HSMR) has now adopted a new methodology and the report showed a slight increase for NHS Borders. However this is a relatively low rate in comparison to other boards.</p> <p>Andrew explained that NHS Borders has been consistently less than 1. However we have now almost plateaued and the national team are asking if we are doing everything that we can do.</p> <p>Chris asked if the report is broken down into specific areas or just as the hospital. Andrew advised that that data is available but isn't separated out in the report.</p> <p>John asked if the report looks at the deaths in the community. Andrew advised that it is just the hospital but does include deaths up to 30 days after discharge.</p> <p>David Love also presented a Mortality Review Report. This showed that we don't have an increase of mortality at the weekend which had previously been suggested across Britain</p>	

Agenda Item	Title	Speaker	Summary	Action
			Pressure damage in care homes was presented by Elaine Torrance.	
11		NH	Next update will be on the 28 November.	
12	National ACF	AW	<p>New chair and vice chair.</p> <p>Fiona McQueen, Chief Nursing Officer was in attendance. Lot of discussion in increased engagements with the chief officers and there was mixed discussion around that. She discussed Longer Healthier Lives (starting well, living well, aging well and dying well) and talked about realistic medicine. National work streams to be established.</p>	
13	Board Papers	AW	<p>John highlighted that the key issue for this public board meeting will be finance where Carol Gillie's paper will be delivered. The bottom line is that NHS Borders overspend will be £3m and we are not seeing that will significantly reduce.</p> <p>Further discussion was held with attendees relating to the financial position.</p> <p>Alison asked members to feed this information back to their respective committees.</p>	
14	Professional Advisory Committees	ALL	Anne Suttle advised that the Allied Health Professionals Advisory Committee met this morning. The main message is that the department is currently undergoing a management Review which has caused a lot of concern.	

Agenda Item	Title	Speaker	Summary	Action
			<p>Susan Manion is writing a paper to go to the AHP steering group next week. There are a lot of people on fixed term contracts instead of permanent.</p> <p>Radiography is also reporting a difficult time getting sonographers and are currently paying for a locum to fill the gap. There is also pressure financially as savings are required to be made.</p> <p>Chris told the committee that staffing and recruitment is still an area of concern which has resulted in using locum staff. There are various recruitment strategies underway. There are unfilled posts in speciality areas and nursing levels on the wards is also a concern.</p> <p>Nicky advised that the next Area Ophthalmic Committee is being held on the 8th November.</p> <p>Alison advised that the Area Pharmaceutical Committee is being held tomorrow</p> <p>David Thomson confirmed that BANMAC met on the 2nd of September where work force sat heavily on the agenda.</p> <p>The associate director's profiles have changed. David handed over Spiritual care and nurse bank to Charlie Sinclair and Nicky Berry is picking up work force.</p> <p>Dawn Moss is covering child protection as Mandy Brotherstone has left NHS Borders.</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>No staff to date have lapsed in revalidation and staff are encouraged to check the NMC website.</p> <p>Senior charge nurses are asking for staff to bring a reflective piece to their one to one meetings so when revalidation comes they have the pieces prepared.</p> <p>The Learning Disability Team are starting a new pilot round healthy eating and weight loss and working in conjunction with Tesco.</p> <p>NHS Borders currently has 402 days with no still birth's which is very positive.</p>	
14	AOCB	AW	Alison advised that David Thomson is leaving NHS Borders at the end of November and thanked him for his contribution to the ACF.	



Minutes of an Extra Ordinary meeting of the Health & Social Care **Integration Joint Board** held on Monday 21 November 2016 at 9.30am in the Board Room, NHS Borders, Newstead.

Present:

(v) Cllr C Bhatia (Chair)	(v) Mr D Davidson
(v) Cllr J Mitchell	(v) Dr S Mather
(v) Cllr F Renton	(v) Mrs K Hamilton
(v) Cllr S Aitchison	Dr C Sharp
Mrs E Torrance	Mrs E Rodger
Mr D Bell	Ms A Trueman
Mrs J Smith	Ms L Gallagher

In Attendance:

Miss I Bishop	Mrs J Davidson
Mr P McMenamin	Mrs T Logan
Mrs A Wilson	Dr E Baijal
Mrs J Stacey	Mr D Robertson

1. Apologies and Announcements

Apologies had been received from Mrs Pat Alexander, Mr John Raine, Cllr Graham Garvie, Mr Andrew Murray, Mrs S Manion, Mr John McLaren, Mrs Jeanette McDiarmid, Mrs Carol Gillie and Dr Angus McVean.

The Chair confirmed the meeting was quorate.

The Chair welcomed members of the public to the meeting.

The Chair advised that Mrs Elaine Torrance had been appointed as Interim Chief Officer with effect from 1 December 2016.

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 17 October 2016 were approved.

4. Matters Arising

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

5. Efficiency Savings and Recovery Action Plans

Mr Paul McMenamain gave a presentation on the current financial position. He spoke of the Health & Social Care Integration Joint Boards' delegated budget responsibility; the set aside budget; the projected financial position previously presented in August and the emerging delegated budget pressures, as well as other pressures in both NHS Borders and Scottish Borders Council.

Mr David Davidson enquired if there was a sense of priorities for action from the Executive Management Team (EMT). Mr McMenamain confirmed that the EMT had discussed in detail a number of areas under consideration and he was assured of their commitment to work in partnership to resolve the financial situation through minimising impact and maximising mitigation.

Mrs Jane Davidson commented that the matter was an in year situation and the bigger priority was to think ahead about budgeting into 2017/18 and she emphasised the commitment from EMT to ensure the right services were provided and sustained in the future.

Mrs Davidson also suggested there was a need to focus on a quicker delivery of the Strategic Plan objectives for health and social care. The Chair suggested the Health & Social Care Integration Joint Board would require advice on the issue of directions to facilitate such delivery through the EMT.

Mrs Jenny Smith reminded the Health & Social Care Integration Joint Board that the Strategic Planning Group should be engaged with in terms of seeking advice on the Strategic Plan. Mrs Smyth also suggested engaging with the third sector by seeking their thoughts on solutions to make efficiencies as she was mindful that there would be repercussions for the third sector in terms of commissioned services.

Dr Stephen Mather suggested squeezing spending further would put patient care at risk and he enquired if there was an identified point at which that squeezing would need to stop. Mrs Davidson assured the Health & Social Care Integration Joint Board that she would not compromise patient safety and she commented that she believed there were still efficiencies to be made and services that could be provided better together.

Mrs Tracey Logan echoed the commitment of a partnership approach to sustainable future services and the need to pursue the joint budgeting exercise.

Dr Cliff Sharp arrived.

Dr Mather pursued the question of there being an identified point at which patient safety would be compromised? The Chair reminded the Health & Social Care Integration Joint Board that the aim of the Strategic Plan was to shift the balance of care from acute to the community. She reminded the Health & Social Care Integration Joint Board that it was the professionals that assessed the risk to patients and therefore suggested the question could not be answered at that time.

Mrs Elaine Torrance commented that as the Chief Social Work Officer she would ask if the care being sought was absolutely necessary and suggested the broader issues would be how that was managed. She reiterated that it was a position for professionals on a daily basis to balance care requirements whilst being mindful of the financial consequences.

Mrs Karen Hamilton enquired about the next steps should the planned savings and efficiencies not be achieved. Mr McMenemy commented that whilst it was a volatile area the focus remained on what needed to be delivered against the risks and issues with partners and individuals managing their budgets and mitigating actions in order to minimise any additional pressures.

Cllr Sandy Aitchison noted that there had been a failure to deliver on the savings and efficiencies planned for the 16/17 period, and he sought clarity on the consequences of further savings and efficiencies being identified and delivered in terms of personnel, range of services offered, reduction in services, longer waiting lists for services, etc.

Mrs Davidson commented that the efficiency plan for 16/17 had contained a number of high risk areas and some of the failure of delivery had been about efficiencies and savings taking longer to realise with some not being available until the 17/18 financial period. She suggested that the EMT would be looking at pathways of care within the community setting to reduce the level of admissions to the acute sector and acknowledged that delayed discharges, surge beds remaining open and drugs costs had contributed to the difficult financial position for NHS Borders. She further commented that the EMT were committed to looking more carefully at progressing things jointly in terms of pathways, services and opportunities for efficiencies.

Cllr Aitchison urged swift action to resolve matters. Mrs Davidson commented that NHS Borders had a Mid Year Review meeting with the Scottish Government the following week and she expected to be able to furnish Mr McMenemy with more detailed information to work from following that session.

Further discussion focused on: the Health & Social Care Integration Joint Board's recovery plan; seeking assistance from the Scottish Government; ring fenced funding; funding of local government; special measures; transfer of capital to revenue; transformational approach to funding; and joined up budgeting for future years.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to append the presentation to the minutes.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation and the proposals to be brought to the next meeting in December around the integration care fund, social care fund, working together to deliver efficiencies and other savings, and agreement on the directions to be issued to partners.

6. Any Other Business

There was none.

7. 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 19 December 2016 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 10.40am.

Signature:
Chair

SCOTTISH BORDERS
COMMUNITY PLANNING STRATEGIC BOARD

MINUTE of MEETING of the
COMMUNITY PLANNING
STRATEGIC BOARD held in the
Council Chamber, Council
Headquarters, Newtown St
Boswells on 8 September 2016 at
2.00pm.

Present:- Councillors D. Parker (Chairman), S. Bell, C. Bhatia, M. Cook; Mr T. Burrows (Eildon Housing); Superintendent A. Clark (Police Scotland); Ms G. Crosier (Borders College); Councillor G. Edgar (SESTRAN); Mr S. Gourlay (Scottish Fire and Rescue Service); Mrs M. Hume (3rd Sector Interface); Mr A. McKinnon (Scottish Enterprise); Mr J. Raine, Dr D. Steele (NHS Borders).

Apologies:- Councillor J. Brown; Mr P. Duncan (Live Borders); Mr G. Farries (Scottish Fire and Rescue Service); Mr T. Jakimciw (Borders College); Chief Superintendent I. Marshall (Police Scotland); Mrs R. Stenhouse (Waverley Housing).

In Attendance:- Mrs J. McDiarmid (SBC Depute Chief Executive [People]); Mr R. Dickson (SBC Corporate Transformation and Services Director); Ms J. Davidson (NHS Borders Chief Executive)[from para.5]; Mr T. Patterson (Joint Director of Public Health – SBC/NHS); Ms S. Smith (SBC), Clerk to Council.

1. **MINUTE**

There had been circulated copies of the Minute of the Meeting held on 9 June 2016.

DECISION

APPROVED the Minute for signature by the Chairman.

2. **ACTION TRACKER**

There had been circulated copies of the Action Tracker for Strategic Board decisions. With reference to the decision at paragraph 4 of the Minute of Meeting of 9 June 2016, it had been anticipated that the Charter for a Tobacco-Free Generation would have been signed by partners at this Strategic Board meeting but this had been postponed due to illness. In terms of the decision at paragraph 5 of the Minute of 9 June 2016 regarding a report on the process for implementing the key elements of the Guidance and Regulations for Community Planning, members were advised that the finalised Guidance was still to be issued.

DECISION

NOTED.

3. **ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT 2015/16**

There had been circulated copies of a report by the Chair of the Alcohol and Drugs Partnership advising members of the information in the Borders Alcohol and Drugs Partnership Annual Report for 2015/16 along with a copy of the draft Annual Report and Delivery Plan. Tim Patterson, Joint Director of Public Health, introduced the paper and Fiona Doig, Strategic Lead – ADP and Health Improvement, gave a presentation highlighting various aspects of the Annual Report. The Borders Alcohol and Drugs Partnership was a partnership of agencies and services involved with drugs and alcohol, which provided strategic direction to reduce the impact of problematic alcohol

and drug use. Nationally, there had been a reverse in the downward trend in consumption of alcohol, which was more affordable, more available and more heavily marketed than at any time over the previous 30 years. The effects of alcohol, either within the family or through crime, impacted on 50% of people. Statistics for the prevalence of alcohol and alcohol related hospital stays and mortality were also given. In terms of drugs nationally, there had been a change in the heroin market and subsequent decline in treatment demand for heroin, along with a decline in injecting drug use. The prevalence of new psychoactive substances (so-called 'legal highs') was increasing. Drug related hospital stays were increasing along with an increase in mortality which could be linked to an ageing cohort of drug users. Details were given of service provision for treatment and recovery. Adult Services had reported improvements in alcohol/drug use; physical health; emotional health; and meaningful use of time. Children and Family Services had reported improvements in alcohol/drug use; emotional wellbeing; attending education/employment; and safety. Early intervention and prevention took a 'whole population approach' and included working with the Licensing Board on access and availability, alcohol brief interventions, and workforce development. The challenges for the Alcohol and Drug Partnership included inequalities, stigma/recovery, and attitudes. The Board discussed various aspects of the report including the consistency and clarity of the message around recommended drinking levels, funding, cancer risks associated with consumption of alcohol, and the performance measures for intervention and recovery. The Chairman thanked Ms Doig and Dr Patterson for their presentation and the work of the Alcohol and Drugs Partnership.

DECISION

NOTED the Alcohol and Drugs Partnership Annual Report 2015/16.

4. CARE INSPECTORATE REPORT – JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN THE SCOTTISH BORDERS

With reference to paragraph 8 of the Minute of 3 March 2016, there had been circulated copies of a report by the SBC Depute Chief Executive (People) which provided a summary of the key findings of the Care Inspectorate Report on the joint inspection of services for children and young people in the Scottish Borders, identifying key strengths, along with areas for improvement and how these improvements would be delivered. The joint inspection took place between December 2015 and February 2016, covering a wide range of partners and services across the Community Planning Partnership which had a role in providing services for children, young people and families. This was the first such inspection to have taken place in the Borders, covering all service areas involving children and young people, from voluntary agencies delivering play and youth facilities, through to domestic violence, education, health and children protection. The Children and Young People's Leadership Group had examined the findings and developed an improvement action plan, detailed in Appendix 1 to the report, which was being actively progressed. The Depute Chief Executive further advised that no child had been found to be at risk, there were no surprises in the report as areas for improvement had already been identified, and no follow up visit was planned. In terms of the parenting strategy, this was about bringing everything together and letting parents know what was available to help them and what was acceptable, but this needed a little more articulation. The Chairman thanked all those involved in the inspection and for their continuing good work.

DECISION

NOTED:

- (a) the key strengths and the improvement work that was being progressed to address the key findings of the Care Inspectorate Report on the Joint Inspection of Services for Children and Young People in the Scottish Borders; and**

- (b) that an update on the progress of the inspection improvement plan would be given to the Strategic Board meeting within 12 months.**

5. COMMUNITY PLANNING PARTNERSHIP GOVERNANCE

5.1 With reference to paragraph 6 of the Minute of 9 June 2016, there had been circulated copies of a report providing members with the outcome of the review of Community Planning Partnership governance and proposing amendments to the current structure. The review was undertaken by officers from the Statutory partners and reported back to the Joint Delivery Team. It took account of the Scottish Government's national outcomes along with the requirements of the Community Empowerment (Scotland) Act 2015. Nine other Community Planning Partnerships structures were also considered. Most of these had a lead strategic group which had an overview of the work of the Partnership by agreeing, monitoring and evaluating the Single Outcome Agreement Strategic Plan. While it was not a requirement of legislation that the Strategic Board should be a formal Council committee, this was a convenient mechanism for the Council as it ensured that decisions of the Strategic Board were in fact formal decisions of Council. The Community Planning Partnership had no authority – whether it operated as an unincorporated body or as a Council committee – to require organisations to comply with any decisions, although the Statutory partners (the Council, NHS Borders, Scottish Enterprise, Police Scotland, and Scottish Fire and Rescue Service) were required to work together as per the Community Empowerment (Scotland) Act. Some partners raised the issue of the format, style and interaction at Strategic Board meetings, which they felt was contributing to a lack of engagement by members. This could be addressed within the current working of the Strategic Board and was not an issue in respect of the Board being a formal Council committee.

5.2 In light of the structures of other Community Planning Partnerships, officers concluded that the Scottish Borders Community Planning Partnership would be best served by having two groups – a large consultative group to set the strategic direction, and a smaller decision making group to ensure the strategic direction was being followed. The Community Planning Partnership Consultative Group would not be a formal committee of Council and would meet a minimum of once per annum for a planning workshop exploring the content and development of the Locality Improvement Plan and the individual Locality Plans, thus preparing the foundation for the work of a smaller Strategic Board. A revised, smaller Strategic Board would be retained as a decision making group for the Community Planning Partnership. Membership of this Board would be the 5 Statutory partners plus representatives from Borders College, Registered Social Landlords, and the Third Sector. While the Strategic Board would remain a formal Council committee, the style and form of meetings would change to reflect a more open discussion on community planning matters taking account of the outcomes of the Community Planning Partnership Consultative Group planning workshop(s). The main remit of the Strategic Board would be to approve, monitor and evaluate progress on the Local Outcomes Improvement Plan and the individual Locality Plans, and provide the Consultative Group with an annual assessment of community planning in the Scottish Borders. It was proposed that these new governance arrangements be reviewed after 18 months to assess their effectiveness. Members considered various aspects of the proposed governance arrangements including keeping the Strategic Board as a formal Council committee, the need to oversee the work of the Joint Delivery Team and Themed Teams, the focus proposed for the Strategic Board and the planning of agenda items, and the future pooling of resources.

**DECISION
AGREED:**

- (a) the new governance arrangements for the Community Planning Partnership in the Scottish Borders as detailed in Section 5 of the report;**
- (b) that all partners approve the new governance arrangements within their own organisational decision making structure as appropriate; and**

(c) the governance arrangements be reviewed in 18 months time to assess their effectiveness.

6. 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 3.10 p.m.