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: 19.01.17
- Clinical Governance Committee: 25.01.17, 12.12.16
- Area Clinical Forum: 24.11.16
- Health & Social Care Integration Joint Board: 19.12.16, 30.01.17, 27.02.17
- South East & Tayside Group (SEAT): 11.11.16
- Critical Services Oversight Group (CSOG): 21.11.16

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 19 January 2017 at 10.00 in the Board Room, Newstead

Present:	Mr J Raine	
	Mrs K Hamilton	
	Mr D Davidson	Mrs J Davidson
	Cllr C Bhatia	Mrs J Smyth
	Mr J McLaren	Mr A Murray
	Dr D Steele	Mrs C Gillie
	Mrs A Wilson	Mrs E Torrance
	Mrs P Alexander	Mr T Patterson
	Dr S Mather	Mrs E Rodger
In Attendance:	Miss I Bishop	Dr C Sharp
	Dr A Cotton	Mr C Sinclair
	Mrs R Gray	Ms N Amos
	K	Mrs C Oliver
	Mrs M Norris	Mr P Lunts

1. Apologies and Announcements

Apologies had been received from Mr Warwick Shaw and Dr Annabel Howell.

The Chair welcomed a range of attendees to the meeting.

The Chair confirmed the meeting was quorate.

2. Patient and Carers Stories

K shared his patient story with the Committee and spoke about his frustration at the lack of sensitivity experienced by someone with gender dysphoria.

Discussion focused on several issues including: being left to wait for 4 hours without explanation; not being approached to understand what mattered to the patient and what was needed: being left in pain; staff attitudes; staffing levels; feeling invisible; seeking exemplars of good practice; connecting to the Lesbian, Gay, Bisexual and Transgender (LGBT) Youth Group in Selkirk for support and advice; changing the mindset of society; meet and greet procedures by clinicians on first arrival; single room provision; transgender to be factored into induction training; and transgender to be the theme of the 2017 NHS Borders Annual Workforce Conference.

Mr John McLaren commented that there had been a commitment from the Scottish Government to work with Stonewall in regard to gender dysphoria. Ms Nic Amos advised that a meeting was being arranged between Stonewall, her and Mr Warwick Shaw.

Mrs Karen Hamilton thanked K for being so open in the discussion. She stated that there was no excuse for the treatment received by K especially in regard to the handling of an examination.

Cllr Catriona Bhatia noted that as a society it was a challenge to understand the needs of the transgender community, however there was a need for all health organisations to protect the rights and interests of all within their care, no matter what denomination.

Mrs Pat Alexander enquired about training for staff and Dr Andrew Murray advised that there was mandatory training as part of the equality and diversity training, however he was aware that it needed to be more than just elearning. Mrs June Smyth commented that part of the discussions with Stonewall would be about how to complement the current elearning training. Mrs Amos commented that NHS National Education Scotland (NES) had produced a "virtual passport" which she was seeking to access and share as part of staff training.

The Chair on behalf of the Board thanked K for coming along to the meeting and sharing his story. He apologised on behalf of the Board for the treatment that K had received and noted that lessons had to be learnt and changes had to be made.

The Chair echoed the sentiments that had been expressed during the discussion and concluded that the organisation would progress with its learning in regard to transgender patient experience, and would seek support and advice from the LGBT Youth Group.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story and sought a report back in 6-12 months time to report on what had changed to support transgender patients as a result of K's experience.

3. Declarations of Interest

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

The **STRATEGY & PERFORMANCE COMMITTEE** noted that there were none.

4. Minutes of Previous Meeting

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

5. Matters Arising

5.1 Action 1: Patient Story: Dr Cliff Sharp gave an update to the Committee advising that whilst the John Muir Trust funding had ceased, the Mental Health Rehabilitation Team were providing alternative activities through Harestanes and the Forestry Commission which included various elements of woodland work and walking activities. He agreed to provide a fuller update at a future meeting.

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

6. Update on the Transitional Quality Arrangements for the GP Contract 2016/17

Mr Andrew Murray outlined the content of the report. He advised that NHS Borders were not out of kilter with the rest of NHS Scotland and highlighted to the Board the current position of there being 4 Clusters identified and the requirement to have Cluster Quality Leads.

The Chair enquired about resource and staffing implications. Mr Murray confirmed that there was an expectation that the Health Board would resource the Cluster Quality Leads (CQL). He suggested the time commitment would be 2 days per month for each CQL.

Mrs Elaine Torrance advised that the Executive Management Team had supported the Integrated Care Fund supporting the transitional phase with the expectation that the cluster arrangements would link to the integration arrangements and further dialogue would now take place with the GP community in terms of roles and linkages. She further advised that a review would take place after 6 months.

During discussion several comments were made including: inclusion of QOF funding into GP practice global sum; on-going dialogue with the Local Medical Committee (LMC); potential protem measure of moving the current 2 GP Leads into the CQL roles; working across regional boundaries; localities being about planning and improvement; timescales and the requirement to have CQLs in place by 1 April 2017.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress with the local Transitional Quality Arrangements for the new General Medical Services (GMS) Contract 2016/17; the proposed cluster model and implementation process in line with the Scottish Government Circular PCA(M)(2016)(5).

7. Consultant Job Planning

Mr Andrew Murray provided a brief update to the Committee and advised that the current job planning cycle would cease at the end of March. He commented that work was on going to ensure the medical community were aware of the changes required following the adoption of circular DL (2016) 14.

The Chair enquired if job planning had to be done. Mr Murray confirmed that job planning was a requirement of the revalidation process which looked for both job planning and appraisal documentation. Job planning was not required for the discretionary points or pay progression processes.

Dr Cliff Sharp advised that there were a handful of areas that currently did not have job plans, which was due to either being unable to arrive at an agreement on job plans or losing sight of the requirement. He commented that the Heads of Service were well sighted on the need for job plans and were addressing the shortfall areas.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the adoption of NHS Circular DL (2016) 14 in local job plan guidance.

8. General Practice Specialty Training

Mr Andrew Murray gave an overview of the content of the paper and advised that the intention was to encourage a supportive workplan environment.

Mr David Davidson enquired in regard to non medical reliance how the alternate model would be established in a safe manner. Mr Murray advised that it would be established through training processes and an estimated time line of 18 months was expected. He advised that Associate Nurse Practitioners (ANPs) took about 18 months to achieve the technical competencies required, with the Physician Associates currently being trained elsewhere.

Further discussion focused on: issues with Orthopaedics and need to plan for a different service model; requirement to retain individuals with certain specialty skills; enhanced skills mix encompassing prescribing and discharges; current level of staff with advanced skills; redesign of service models; financial constraints and the impact of junior doctors working out of hours; creativity in moving away from a position of being unable to fill the gaps in medical rotas due to vacancies; allocation of trainees depends on the quality of the training provided; NES is the employer of GP Speciality Trainees and will take over as the employer of Hospital STPs; the effect of changes in Health Education England;

Dr Stephen Mather suggested there was a further opportunity to look at the way healthcare was delivered across the Scottish Borders and suggested the formulation of a blue print for the Borders. He suggested starting from a blank position, forgetting about current structures, so that there were no obstacles to free thinking to design the right service for the population for future generations.

Mrs Jane Davidson commented that the Senior Medical Staff Committee were support of Mr Bob Salmond's proposals and had thanked him for his endeavours in moving the situation to a more positive position. She further advised that the potential for different roles would be played into the forthcoming Medical Workforce Plan which would enable the movement away from historic medically lead service models.

The Chair echoed the comments that had been expressed during the discussion and noted the seriousness of the issue and the creative work that had been undertaken. The Chair on behalf of the Board recorded the thanks of the Board to Mr Salmond and the SMSC in achieving a better position and suggested that the Chief Executive formally write to Mr Salmond on behalf the Board.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the Board Executive Team should consider the formulation of a blue print for health services for the Borders (taking into consideration the clinical strategy, health and social care delivery plan and medical education) and bring a paper back to a future meeting.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the measures taken to secure services in February 2017 in light of the GPST vacancies/gaps.

The **STRATEGY & PERFORMANCE COMMITTEE** noted some of the potential initiatives to modernise GPST training in NHS Borders with the purpose of securing the longer term future.

9. Winter Plan 2016/17 Update

Mr Philip Lunts gave an update presentation to the Board and advised that a full Festive Period Report would be submitted to the Board at its' meeting in February.

Dr Stephen Mather enquired about the lessons learnt from the current winter period and how they would be utilised for the following years winter period. Mr Lunts advised that lessons were already being learnt in regard to early morning discharges. He advised he would be planning now for next year in order to drive down length of stay and delayed discharges and make it sustainable throughout the year and not just during the winter period.

During discussion various matters were highlighted including: capacity; prevention of admissions; inclusion of private care in future planning; robust unscheduled care plans; delays due to non availability of social work and AHP assessments due to planned annual leave; feedback from NHS 24; analysis of primary care provision over the festive period; multi disciplinary teams planning discharge at admission to ensure what will be required to get the patient home is available; the role of minor injury units in preventing attendance at Accident & Emergency (A&E); progress with morning discharges and flexibility of medical staffing to allow early decisions on discharges; discussions with the GP community about supplementing the A&E; alternative roles for consultants and anaesthetists if elective surgeries are cancelled.

Dr Doreen Steele enquired about progress with the "Step Up/Step Down" facility. Mrs Elaine Torrance advised that there were 11 beds, all of which were currently occupied. She confirmed that it was performing with people moving through it. She suggested a broader dialogue was required now to start to plan for next year to ensure social work availability to provide home carers, etc.

The Chair commented that there was a commitment to joint working that had come to the fore during the present winter period and he suggested the stress test against the eventuality of norovirus showed that contingency beds would have saved the day. He suggested that it was encouraging to be in such a position and that generally the system had come through the festive period better than most and he recorded the credit of the Board to those running the system 24 hours a day under pressure.

Mr David Davidson suggested the Chair put a message to all staff on the intranet regarding the winter period performance and the commitment of staff.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and agreed a message to all staff be released.

10. Progress Report on NHS Borders Improvement Action Plan following Care of Older People in the Scottish Borders

Mr Charlie Sinclair gave an overview of the content of the report.

Mr David Davidson enquired if the action for the Medical Director to write to all Doctors included the GPs. Mr Andrew Murray advised that it did not include GPs as the action was in relation to the acute hospital only. However he advised that discussions were taking place with GPs in regard to capacity.

Mrs Evelyn Rodger recorded her thanks to Mr Sinclair for leading on the Improvement Action Plan and advised the Committee that Mr Sinclair had secured a promotion to NHS Tayside and would be leaving NHS Borders in February.

Mrs Jane Davidson commented that the Borders General Hospital Participation Group had said that whilst they were happy for Mr Sinclair securing a promotion, they were disappointed for themselves that he would no longer be with NHS Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the content of the progress report.

11. Joint Inspection of Social Care and Health Services for Older People in the Scottish Borders

Mrs Elaine Torrance advised that the staff survey had been completed and detailed feedback was awaited. The Inspectors were on site undertaking 100 case audits which were due for completion later that day. Formal feedback on the staff survey and case file audit was due on 9 February. The Inspectors would return on 6 February for 2 weeks to select cases and speak to individuals who had received services or, carers and staff groups who had provided support and care to the individuals.

Mrs Torrance further commented that initial feedback had identified areas of good practice and areas for improvement including: anticipatory care plans; pathways and access to services; bed days; delayed discharges; and partnership working.

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

12. Borders General Hospital Theatre Ventilation Replacement Project – Update

Mrs Carol Gillie gave an overview of the content of the paper.

Mr David Davidson enquired if monies would be pulled from the future in order to fund the project. Mrs Gillie confirmed that the capital plan would have to be reviewed to accommodate the project.

Dr Stephen Mather enquired if there had been a clinically lead risk assessment undertaken. Mrs Susan Swan confirmed that a risk assessment had been undertaken which had resulted in a non compliance rating against current legislation. Mrs Evelyn Rodger advised that the current mitigating action was a weekly enhanced cleaning programme of strip down and replacement, and Mrs Gillie confirmed that there had been no clinical incidents to date. Mrs Swan further clarified that the compliance issue was in relation to the joint theatre ventilation across 2 theatres and the potential for a clinical risk of cross contamination on level of ventilation.

Discussion focused on several matters including: the role of the cost adviser; capital plan pressures (IM&T, Crumhaugh, Theatres); mitigating actions in place; review of the capital plan; consequences of not replacing the ventilation system; keeping theatres operational as they age; and future proofing losing 2 theatres at one time.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the BGH Theatre Ventilation Replacement Project.

The **STRATEGY & PERFORMANCE COMMITTEE** requested a review of the Capital Plan to identify £2.11m (an additional £650k) of resources for the 4 theatre ventilation replacement project in the BGH.

The **STRATEGY & PERFORMANCE COMMITTEE** also requested sight of the business and clinical risks associated with the project.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the Board Executive Team and Chief Executive review the various options in light of the reduced capital situation.

13. Relocation of Mental Health Rehabilitation Services currently based at East/West Brigs in Galashiels

Dr Cliff Sharp advised the Committee that it was with a heavy heart that he had been asked to decline the update of the facility for Mental Health, but as the Board was the custodian of public money it was the right thing to do. In essence 4 years previously the mental health service had commenced a journey as it perceived there were serious safety issues at the Brigs in Galavale. Whilst a new build option would have been the ideal solution, having undertaken an option appraisal the Crumhaugh House site had been identified as the most suitable option for refurbishment on the grounds of safety and space utilisation.

Dr Sharp advised that there had been an increased apprehension to the project given a change in regime and leadership within the mental health rehabilitation service. Discussions had taken place and the anxieties that had been raised in regard to the safety of the current unit had been mitigated. The view of the service had changed and the staff were of the view that the current Galavale site, which provided 2 facilities for the frail elderly, was a better option for that patient cohort and the safety of staff than the planned move to Crumhaugh House.

Mr David Davidson noted the change in direction from the service and welcomed their honesty with such a sensitive issue. He enquired if there were other plans that could be utilised for the Crumhaugh House property in terms of a facility to assist with the discharge of patients form the Borders General Hospital.

Dr Sharp commented that he would speak to the Hawick Community Council in regard to the withdrawal from the plan to move to Crumhaugh House and whilst he expected there to be disappointment from the community he reiterated that it was the right thing to do.

Mrs Jane Davidson clarified that the actual patient safety risks had been mitigated and minimized and remaining at Galavale was concluded to be a better option for the frail elderly inpatient cohort. Dr Sharp confirmed that was the case especially as the accommodation had been reconfigured between 2 buildings instead of 3, with slight adjustments that had made a big difference to staff and patients alike.

Dr Sharp confirmed that engagement had taken place with all staff on the Galavale site. He further highlighted that the Charge Nurse on the Brigs was in full agreement with the proposal and given the mitigating actions taken, viewed the risks as straightforward and manageable. Mrs Davidson sought assurance that the staff on site were content with the change. Dr Sharp assured her that they were.

The Chair reminded the Board that if the recommendation were agreed, it would be agreed in the knowledge of expenditure incurred to date in the region of £200k. Mrs Gillie commented that there was a draw down facility available to cover the cost, however she reminded the Board that it was public sector funding that had been spent. She further suggested the building should be revalued as part of the technical accounting process.

Mrs Elaine Torrance suggested further exploration with Scottish Borders Council in regard to potential future use of the building.

Mrs Davidson wished to record that both the General Manager and the Associate Director of Nursing for mental health services had been supportive the paper.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the planned move of the Mental Health Rehabilitation Inpatient Services from the current site in East/West Brig in Galashiels to Crumhaugh, Hawick.

The **STRATEGY & PERFORMANCE COMMITTEE** approved a request from the Mental Health Service not to progress the relocation.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the further actions which would be progressed following Board approval.

Dr Amanda Cotton left the meeting.
Mrs Elaine Torrance left the meeting.
Mrs Ros Gray left the meeting.

14. Finance Report for the 8 month period to 30 November 2016

Mrs Carol Gillie reported that at the end of November 2016 the Board was reporting an overspend position of £2.7m. The position included a small over recovery on income budgets and an overspend on expenditure budgets, comprising Acute Services (£4.2m), Integration Joint Board directed services (£0.9m), and external healthcare providers (£0.7m).

She further explained that a total of £5.3m had been withdrawn from operational budgets for required savings. There had been no change to the projected year end position on efficiency with an estimated shortfall of £3.3m forecast. The Board had previously approved a balanced financial plan for 2016/17 which assumed a breakeven outturn on revenue budgets and achievement of the challenging £11.4m efficiency savings target. NHS Borders was required to make savings of £8.7m recurrently and £2.7m on a non recurring basis. Based on the forecast year-end position on efficiency, and taking account of any part year implementation plans, there would be a recurring shortfall of £4.9m at the end of the financial year. Mrs Gillie highlighted that the shortfall would be carried forward into 2017/18 which would increase the level of the challenge to unprecedented and potentially unmanageable levels in terms of delivery within financial year 2017/18.

Whilst the achievement of financial targets remained a risk, Mrs Gillie confirmed that the position at the end of November was improving with the level of risk on non delivery reduced.

Mr David Davidson welcomed the recovery position, he enquired if given the staffing of surge beds cost £2.2m if they could be removed. Mrs Gillie advised that the medical overspend of £1.7m and nursing overspend of £1.1m were connected to the surge beds and other issues, such as medical vacancies, use of locums and junior doctor availability.

Further discussion focused on: use of surge beds in the winter; length of stay in community hospitals; delayed discharge target of 72 hours; contribution of £500k from the Integration Joint Board; a positive willingness in health and social care to work together to address delayed discharges in the system; contracts declined by private home care providers; provision of health care support workers through health to provide care at home; Integration Joint Board commissioning plan; and pursue a greater shift of resource and investment into the community.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report and considered the current financial position.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the report and considered the current projection that there remained a risk the Board would not achieve financial targets although the risk of non delivery had reduced.

15. Efficiency Update as at 30 November 2016

Mrs Carol Gillie introduced the report and emphasised that NHS Borders had achieved cash releasing savings of £5.3m to the end of November 2016. The forecast outturn for efficiency against the target for the year of £11.451m was £8.1m, leaving a shortfall of £3.3m. On a recurring basis the projected shortfall was £4.9m which would be carried forward into 2017/18.

Dr Stephen Mather suggested the projected efficiency savings target for 2017/18 of £17m-£20m was unachievable and he enquired if there was a provision for brokerage with the Scottish Government. Mrs Gillie commented that based on previous performance that level of savings had not been achieved. She suggested if the final figure was in the region of £17m-£20m then a plan would be formulated for delivery over a number of years. In terms of brokerage she confirmed that brokerage could be applied for provided there was a clear supporting plan on how that brokerage would be repaid.

Further discussion focused on: increased scrutiny; phased spending; and regional financial planning.

Mrs Gillie advised that in terms of regional planning, NHS Fife, NHS Lothian, NHS Tayside and NHS Borders were all contained within the regional boundary and of those both NHS Fife and NHS Tayside were in special measures. Regional financial plans were now being worked on to identify what could be delivered jointly in terms of quality and provision of care to address each other's financial pressures.

The Chair confirmed that the Financial Performance Group would scrutinise the efficiency programme, and had sought a review of the areas of non delivery over the past 12 months.

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

16. Primary Care Premises

Carol Gillie gave overview of the content of the paper.

Mrs Susan Swan advised that the increased cost in regard to the Melrose project was due to the level of the feasibility study undertaken, in terms of adding a second storey. She suggested expanding the scope of the project to explore options such as extending at ground level into the car park. Mrs Jane Davidson advised that she was supportive of the suggestion to expand the scope.

Further discussion highlighted: cost adviser engagement; tender specifications; levels of contingency; and delivery of project to time and price.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the Melrose and Knoll Health Centre Projects.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the planned review of scope and works for Melrose Health Centre.

The **STRATEGY & PERFORMANCE COMMITTEE** awarded the tender for alterations to the Knoll Health Centre to T Graham and Sons.

17. Gamma Camera CT Replacement Equipment – Update

Carol Gillie gave an overview of the content of the paper.

The Chairman commented that technically as he had already approved the request for replacement the paper was placed before the Committee as confirmation of the action he had taken.

Mr Andrew Murray commented that the provision of the Gamma Camera would also act as a back up option for the CT Scanner when it was out of action.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the procurement of the Gamma Camera CT and the planned delivery and installation during April 2017.

The **STRATEGY & PERFORMANCE COMMITTEE** confirmed the action taken by the Chairman due to the timescales involved.

18. Performance Scorecard

Mrs June Smyth gave an overview of the content of the report. She highlighted the review of the performance report at a six month point and receipt of Scottish Government guidance on the Local Delivery Plan.

Dr Stephen Mather noted the continuous red rag status areas, specifically, 18 week RTT and Diagnostics (Colonoscopy), and he enquired if there was likely to be any change in the rag status of those areas. He suggested they be focused on and the Committee be provided with an action plan to address them.

Mrs Evelyn Rodger agreed with the suggestion that the Committee hold the team to account and commented that the deep dive sessions within the Board Development sessions be used for that purpose.

Mr Andrew Murray advised that in terms of diagnostics, work had been taken forward in radiology with plans for consultant expansion although there were difficulties with recruitment and the service were now exploring other options. He was aware of the issue with colonoscopy numbers and he was working with the teams to look at changes in job plans and looking for solutions for capacity. Dr Tim Patterson advised that a further impact had be increased productivity, staffing levels and a reduction in clinics. Plans were underway to increase capacity through the provision of an additional nurse colonoscopist and new innovative tests for symptomatic patients to reduce referrals by potentially up to 40%.

The Chair commented on the consistent positive performance in achieving the CAMHS 18 week target. Dr Cliff Sharp confirmed that people were now in post and more productive, managing an infinite demand.

The Chair noted that the Alcohol and Drug performance had reduced. Dr Patterson confirmed that there had been funding issues earlier in the year however the position was recovering. Dr Sharp advised that the Alcohol and Drug consultant had left the organisation and the post was being filled at a reduced cost by GPs with a special interest.

Several elements were raised during further discussion including: sharing of good practice; data collection in relation to breast feeding figure; delayed discharges and occupied bed days; 2 year extension to eksf system; improving position for eksf; Golden Jubilee real time system; medical revalidation; month on month supplementary staffing costs; staff dashboard; and time lag in qualified data received.

The Chair acknowledged the positive position in regard to cancellations. Mrs Smyth advised that there had been flow issues in December and January which had subsequently impacted on cancellations. Mrs Evelyn Rodger commented that cancellations were a particular area of focus.

The Chair suggested the AHP service be an area for a deep dive in future and Mrs Smyth commented that the AHP services had requested to participate in the Clinical Productivity Programme for 2017/18 which would inform any future review or scrutiny of the AHP services including Physiotherapy.

Mrs Pat Alexander suggested relating the financial impacts in terms of budget reductions and efficiencies to see how they impacted on performance.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Performance Reports as at end of October 2016

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive Deep Dive sessions on Diagnostics (Colonoscopy), Physiotherapy (AHPs), and Out Patients at future Board Development sessions.

19. Any Other Business

19.1 Financial Performance Group Minutes

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Financial Performance Group Minutes.

19.2 Scottish Borders Adult Protection Committee Annual Report 2014-2016

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

20. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 2 March 2017 at 10.00 am in the Board Room, Newstead.

The meeting concluded at 2.35pm.

Signature: ……..
Chair

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 25 January 2017 at 10am in the Lecture Theatre, Education Centre, BGH

Present:	Dr Stephen Mather (The Chair)	
	Mrs Ros Gray	Dr Doreen Steele
	Mrs Alison Wilson	Mr David Davidson
	Mrs Evelyn Rodger	Dr Tim Patterson
	Mr Simon Burt	Mrs Sheila MacDougall
	Mr Charlie Sinclair	Dr David Love
	Ms Diane Laing (minute)	
In attendance:	Mr Sam Whiting (5.1)	
	Mrs Caroline Wylie (5.2)	
	Mrs Sue Keean (5.3)	
	Mr Phillip Lunts (6.1)	
	Mrs Dawn Moss (7.4)	

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted that apologies had been received from, Mrs Jane Davidson, Dr Annabel Howell, Dr Andrew Murray, Mrs Nicky Berry and Mr Peter Lerpiniere

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 12 December 2016 were amended and are now approved.

4. MATTERS ARISING

The **CLINICAL GOVERNANCE COMMITTEE** updated and noted the Action Tracker accordingly.

5. PATIENT SAFETY

5.1 Infection Control Report

Mr Sam Whiting highlighted some specific items in the report - There are still two areas to submit hand hygiene figures for the report, this has been escalated and an update will come to next committee meeting.

Following a series of spot checks there were maintenance issues identified, some of the showers were not up to standard this has been raised with estates.

Mr Whiting gave assurance that the advice given to staff on Patient Placement during times when patient with alert organisms was being followed.

A draft report has been received following the unannounced inspection; this has been embargoed until 8th February so Mr Whiting cannot release content at present but he assured the committee that on the whole the report was positive. Good news has been fed back to staff.

Mr Stephen Mather remarked that the funnel charts on the report were a great improvement.

ACTIONS:

Dumfries and Galloway (D&G) doing well on SABs, Mr Whiting will have dialogue with D&G to see where we could improve

Mr Whiting will find out when the Surgical Site Infection (SSI) group are next meeting

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

5.2 Adverse Events Report

Mrs Caroline Wylie was in attendance to discuss paper. The committee were asked to feedback on the new style of reporting. On the whole the committee found the report helpful. There was one comment regarding style and that the report should adhere to the risk matrix colours. Criteria regarding delayed discharges for adverse event reviews are to be added and pressure damage care.

Feedback to clinical boards in similar format was recommended.

Mrs Ros Gray asked the committee to be mindful that the report pertains to real people and these are not just numbers.

There appears to be issue around completing reviews within the policy 12 week timescale. Mr Stephen Mather agreed to write to clinical governance leads and managers to remind them of this. He will also encourage them to feedback to Clinical Governance Committee for help should this be required.

ACTION

Report should go to Clinical Governance groups and Boards for comment first, Mr Sinclair will pick up and ensure this is done. Mr Sinclair to ensure exception reporting comes to Clinical Governance Committee.

Mr Stephen Mather and Mrs Ros Gray will send letter to leads of groups and managers to remind them of 12 week feedback timescale.

Mrs Wylie will add criteria regarding delayed discharge and pressure damage care for adverse event review report.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

5.3 Thematic Report Prevention and Management of Aggression and Violence (PMAV)

Mrs Sue Keean was in attendance to discuss the paper. Attendance at training and reporting of PMAV incidents has declined. Mrs Keean reported that attendance at training has improved after adjustments made to training schedule. PMAV were working on improving this further. The committee asked if the learn pro booking system helped. Mrs Keenan reported that this had but that further education was required on appropriateness courses for different members of staff.

Reporting however is still declining and Mrs Keean asked the committee for support and assistance to encourage reporting of all violence and aggression incidents no matter how small.

Risk assessments to be agreed and added to the risk register.

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

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) Update

Mr Phillip Lunts was in attendance to discuss the paper. Improvement plans are mostly completed, and have highlighted sustained improvement. There are outstanding actions that are being addressed. The committee requires assurance that learning is leading to improvement and sustainable change.

Mr Lunts assured the committee that SPSO recommendations are included in weekly reporting.

ACTION

Mr Phillip Lunts and Mrs Ros Gray to look into producing thematic SPSO reporting

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

7. EFFECTIVENESS

The report was discussed and the Clinical Governance Committee is asked to note the report and was given assurance that robust governance systems are in place across Primary, Community and Acute Services.

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

7.2 Clinical Board update (Mental Health) (deferred to March 2017)

The **CLINICAL GOVERNANCE COMMITTEE** agreed the deferral to March 2017 of this report due to MH Board timetable changes.

7.3 Clinical Board update Learning Disabilities Services

Update on report was that the recommendations made are being addressed. Social Work waiting list pressures have improved but staffing resources to meet strategy needs remain a risk and are on the risk register.

Redevelopment of inpatient unit is at the mercy of NHS Lothian but considered a managed risk.

Procurement commissioning strategy is in progress with identified pressures and actions.

ACTION

Write to Integrated Joint Board and ask them to look at provision of services for future for LD

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

7.4 Children and Young People's Services Joint Inspection Report

Mrs Dawn Moss was in attendance to discuss report, the Committee were reminded that this is not an up to date paper due to late submission and most actions have now been addressed. It was noted that although things are working well not all improvement identified was taking place. Updated figures are available. Mrs Evelyn Rodger assured the committee that child health needs are being met it is the systems that need to be improved

ACTION: Ms Diane Laing to send update to committee

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

8 ASSURANCE

8.1 Adult Protection annual update

This report was not available at the time of the meeting. There was some confusion as to where to source the report. Item ordinarily on agenda for noting only, will be tabled this way in future.

ACTION: Ms Diane Laing will circulate once received

8.2 Care of Older People (OPAH) update

Following the OPAH Healthcare Improvement Scotland inspection, they recommended twelve actions for NHS Borders, ten of which are complete. The 2 outstanding actions are almost complete and a plan in place.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

8.3 Blood transfusion relating to quality and clinical governance

Report is a late submission and the committee was assured that improvements are now being made. The Committee thanked Mrs Susan Cottrell and Dr Imogen Hayward for the report. The next annual report is due to be published in May and the CGC workplan will be updated to reflect this timescale. High level risks highlighted on register are still in process of being managed.

ACTION:

Dr Imogen Hayward to be invited to give verbal update at next meeting.

The **CLINICAL GOVERNANCE COMMITTEE** to read report and any questions on may be submitted to Dr Cliff Sharp once committee had time to digest report.

9. ITEMS FOR NOTING

9.1 Minutes

The following minutes for:

- Child Protection Committee
- 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

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

10. ANY OTHER BUSINESS

Mrs Evelyn Rodger asked the Committee to note details of provision of Midwifery supervision for NHS Borders. There will be two Midwifery supervising officers for Scotland. Supervision will be managed in line with other nursing discipline registrations and continue in a different format.

There was no further competent business for discussion.

The Chair asked Committee to note that this meeting is the last for both Mr Charlie Sinclair and Mrs Evelyn Rodger. The committee thanked them both for their commitment and hard work for the organisation and wished Charlie well for his new post in NHS Fife and Evelyn for her retirement.

11. DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 29th March at 2pm in the Committee Room, BGH.

The meeting concluded at 16:35

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 12 December 2016 at 10am in the Committee Room, BGH (Meeting postponed from 16 November 2016)

Present:	Dr Stephen Mather (The Chair)	
	Mrs Alison Wilson	Dr Doreen Steele
	Mr David Davidson	Dr Andrew Murray
	Dr Tim Patterson	Mrs Laura Jones
	Mr Charlie Sinclair	Mr Peter Lerpiniere
	Dr Annabel Howell	Mr Simon Burt
	Mrs Sheila MacDougall	Mrs Ros Gray
In attendance:	Mr Sam Whiting (5.1)	
	Mark Clark (5.3)	
	Jane Montgomery (7.3)	

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted that apologies had been received from Mrs Evelyn Rodger, Mrs Jane Davidson and Dr David Love

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 28 September 2016 were approved.

4. MATTERS ARISING

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

5. PATIENT SAFETY

5.1 Infection Control Report

Mr Sam Whiting gave a brief overview of the content of the report and advised the Committee of further updates due in the January report which will be published in February 2017.

Concern was raised regarding results of cleaning and monitoring in non clinical areas being below the Scottish average (Figure 9 on page 7), however it was acknowledged that these areas are low risk and low compliance has no more of an effect on patients than that of the general public coming in to the ward. The committee agreed that more narrative would be useful to indicate this.

Further work will focus on non compliant staff groups and ensuring that all staff has personal hand hygiene bottles. Bed end dispensers are to be tested in some areas of the hospital and infection control will report back following this testing. It is noted that community issues had been addressed and compliance is improving.

Sam Whiting provided assurance that any new cleaning products introduced would be supported by training in use of the products.

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

5.2 Thematic Report/Prevention and Management of Aggression and Violence (PMAV)

The Committee discussed whether this report had gone to the Staff Governance Committee, it was noted the content had but not in the new report format. It was also noted that there is a new staff course booking system and it is anticipated that the next report will highlight improvement in uptake of PMAV courses. Unfortunately Ms Sue Keean was not available to talk to this report and further discussion was deferred to the next meeting.

The **CLINICAL GOVERNANCE COMMITTEE** approved the deferral of this report to meeting in January 2017

5.3 Medications Adverse Event Analysis

Mr Mark Clark was in attendance to discuss the paper. It was noted that there has been an increase in events and a decrease in near misses but this is more likely to be through under reporting rather than fewer near misses. Actual events are being investigated and actions taken appropriately. There was some confusion about zero reporting which was skewing figures and Mrs Sheila MacDougal agreed to liaise with Mr Mark Clark regarding reporting of zero returns. The Committee asked for a breakdown of incidences for further assurance. The new Electronic system will help with reporting and error reporting. It was suggested that better narrative would help members to better understand the figures in the report and also to include a breakdown on errors.

Mr Charlie Sinclair will discuss the specific focus of omissions/administration errors with Mr Mark Clark and Mrs Sheila McDougal agreed to liaise regarding details.

It was also suggested a comparison with other Clinical Boards would be beneficial.

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

5.4 Claims Update

It was noted that there had been 15 claims this year to date since April 2016. Discussion took place regarding MESH claims but it was noted that this was a National Issue and was being dealt with appropriately at that level. The claims relating to moving and handling did not reflect directly on compliance or non compliance with moving and handling training.

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

6. EFFECTIVENESS

6.1 Clinical Board update (BGH, Primary & Community Services)

Adverse events (AE) are under review. These are being monitored and continue to progress and improve, there will be continued focus on the AE. The Clinical Governance Committee agreed that more narrative in reporting is helpful.

Mr Charlie Sinclair agreed to include an update on complaints and ensure that the report reflects all areas/staff.

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

6.2 Clinical Board Update (Mental Health)

Addressing issues relating to Adverse Events, Mrs Laura Jones requested that this continues to be a focus. The Committee noted that falls in MH seem to be being prevented more effectively and asked if there are lessons that could be learned by BGH. Discussion took place regarding various factors and it was agreed that the learning summary from Melburn should be shared. Mr Charlie Sinclair agreed to take the paper to the Falls Group.

The chair noted thanks to the Child & Adolescent Mental Health Services team for continuing to meet targets.

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

6.3 Clinical Board Update (Learning Disabilities Services)

Risks continue to be high in services for people with severe and challenging behaviour. NHS Borders are unable to meet the needs of individuals with challenging behaviour resulting in placements out with the area making monitoring difficult. Negotiations continue with NHS Lothian with the aim to reach a financially agreeable solution.

An action plan is in place which has seen a reduction in waiting lists. The priority on the risk register remains high. Effective resources/integration models for redesign and system stream lining are essential. Target of April for completion.

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

6.4 Public Health Clinical Support Report

Clarity on Public Health function is required for the Integrated Joint Board. Dr Tim Patterson agreed to look into organising a development session and how this will be achieved.

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

7. ASSURANCE

7.1 Children and Young People's Services Joint Inspection Report

Unfortunately no one was available to talk to this report and it was deferred to the next meeting.

The **CLINICAL GOVERNANCE COMMITTEE** approved the deferral of this report to meeting in January 2017

7.2 Medical Appraisal Annual Update

It was agreed that the appraisal system is under resourced but that a head of medical appraisal had now been appointed and workshops are taking place to train appraisers. Discussion took place regarding the appraisals that had been deferred and it was noted that these were being addressed and any deferral was for sound reasons and were being managed appropriately. GP appraisals are dealt with separately in Lothian although some confusion arises around the lines of communication between the Responsible Officer (RO) in Borders and RO in Lothian for GP appraisal. Dr Andrew Murray agreed to seek assurance on these lines of communication and report back to the Committee

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

7.3 Medical Education Annual Update including GMC results

Dr Jane Montgomery was in attendance to report on the delivery of Medical Education in NHS Borders as mapped against the GMC standards. The GMC plan to visit the Scotland Deanery in 2017 to assess medical education and training. NHS Borders had critical feedback which triggered a visit to Medicine and Medicine for the Elderly and a follow up visit is due in late January to ensure issues were addressed. If not NHS Borders could be placed under enhanced monitoring. Some improvements have been made with better handover arrangements and a new medical team model. Unfortunately the level of trainee doctors remains a challenge. The GPST does not always recruit to full capacity and often receives

significant dissatisfaction with the training experience. It is hoped that an elective surgical initiative along with the appointment and investment in Clinical Development Fellows, Physicians Assistants and Nurse Practitioner roles will help and allow GP trainees to attend clinics and get a better training experience. There was a request from Doreen Steele that some discussion should take place regarding the training survey reports noted in the report, it was agreed that Stephen Mather, David Davidson and Doreen Steele will meet to discuss and report back to the March meeting.

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

8. ITEMS FOR NOTING

8.1 Minutes

The following minutes for:

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

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

10. ANY OTHER BUSINESS

There was no further competent business for discussion.

11. DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 25th of January at 2pm in the Lecture Theatre, Education Centre.

The meeting concluded at 11:35 AM

NHS Borders - Area Clinical Forum

MINUTE of meeting held on

Monday 28th November 2016 – 17:00-18:00
Committee Room, Borders General Hospital

Present Mrs Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
Mr Andrew Murray (NHS Borders Medical Director) (AM)
Dr Chris Richard (Senior Medical Staff Committee; Area Medical Committee) (CR)
Mrs Anne Suttle (Allied Health Professionals Advisory Committee) (AS)
Mrs Nicky Hall (Area Ophthalmic Committee) (NH)
Mr John McLaren (Employee Director) (JMcL)

In Attendance Kate Warner, Minute Secretary (AW)
Lorna Paterson, NHS Borders Resilience Manager (LP)

Not present: Mr Gerhard Laker (Area Dental Advisory Committee)
Mr Austin Ramage (Medical Scientists)

1 WELCOME AND APOLOGIES

Alison Wilson welcomed those present to the meeting.
Apologies were received from Elaine Torrance (Interim Chief Officer – Health & Social Care Integration); Dr Tim Young (GP, Peebles Health Centre; GP Sub Group); Mrs Alice Millar (Principal Dentist, Duns Dental Practice); Mr David Thomson (BANMAC)

1.1 DECLARATIONS OF INTEREST

No declarations were made.

2 DRAFT MINUTE OF PREVIOUS MEETING 24.10.2016

The Minute of the previous meeting, held on 24th October 2016, was approved with the following changes to be made: page 2 - 2nd para – 'ambitions' change to 'ambitious'; 3rd para – 'principals' change to 'principles'; page 4 – change 'Standardised Hospital Mortality Ratio (HMSR)' to 'Hospital Standardised Mortality Ratio (HSMR)'.

3 MATTERS ARISING/ACTION TRACKER

Action Tracker updates:-

#19 AW to meet with AR regarding Medical Scientists National Delivery Plan. (Dawn Saunders Audiology may be the contact); timeline 21.02.17
#24 AW meeting with Dr AMcV re GP members; Dr T Young to attend future ACF meetings; complete.
#27 The microsite will be kept simple and up-to-date with minutes of meetings; additional items can be forwarded to KW to upload if required; complete
#28 Send dates of meetings for each Professional Advisory Committee to KW for publication to others; timeline 21.02.17

#31 AM to discuss the decision making process at IJB on clinical engagement for strategic planning and look at how other areas are doing; AM to discuss further with ET or Murray Leys at SBC; timeline 30.01.17
#34 Meeting has been arranged; complete
#38 It was agreed that a brief should be created for speakers presenting to ACF in order that they may understand the audience and the purpose and priorities of the committee. **KW/AW**

4 BUSINESS CONTINUITY AND RESILIENCE

LP presented "Resilience, NHS Borders" to ACF. The presentation covered the history and background to Resilience Planning at NHS Borders and the work of providing critical resilience 24/7 with emergency planning and business continuity. NHS Borders is part of the East Regional Resilience Partnership; with a multi-agency partnership to provide support and access to the control centre at Scottish Borders Council. A successful major incident exercise was completed on 17th November at NHS Borders and LP outlined the scenario used. The role of business continuity was explained. During a major disruption the aim is to provide resilience and continuity to the community. This may involve disruption to staff, utilities, buildings, IT, phones, supplies and equipment as well as to areas such as emergency department, theatre, midwifery, and medical admissions. Casualties would affect normal service and plans must be flexible to deal with a variety of situations. Plans are reviewed as risks change, for example, recent new training via Adult and Child Protection addresses preventing people being drawn into terrorism. LP reported that it has taken three years to get to the current position and that this will be an improving position over time. The importance of staff engagement was emphasised. Hospital departments are involved in the process and send plans to LP. Hospital Major Incident training will be available next month.

AW commented that Community Pharmacists have their own contingency plans and BGH Pharmacy Department hold copies of those. Other services may differ as contractors may not always require business contingency plans apart from those offering enhanced services. There is current dialog with GP Practices regarding their plans.

ACF noted the presentation and thanked LP.
ACTION: Discuss the implications for independent contractors. **AW**

5 AREA CLINICAL FORUM ANNUAL REPORT

The Area Clinical Forum Annual Report was completed by Karen McNicoll whilst Chair and had been revised as per CEL16 (2010). CR commented on the purpose of ACF as detailed in the report and the "pro-active" remit listed in the report. It was felt that this is a wide ranging remit and should focus on clinical areas represented within the various ACF advisory committees. It was not clear how presentations given at recent meetings fitted into this remit.

The Committee agreed that a pro-active plan for year is required; with papers coming to ACF before going to the Board. This would enable the ACF committee to feed back opinion to the author before the paper goes to the Board.

ACF noted the Annual Report.
ACTION: Create a plan for the coming year for meetings working with Board meeting papers. **AW**

6 WORK PLAN

AW reported that the Work Plan attached outlines the aims, leads and frequency for standing items reviewed by ACF. Horizon Scanning is on the plan and it was agreed that the lead for this would be identified along with clarity on how this would fit into the ACF work plan.

ACF noted the current work plan.
ACTION: Update the work plan with Horizon Scanning. **AW**

7 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

The 16th November Clinical Governance meeting was rescheduled due to an unannounced HAI inspection. The meeting will be held on 12th December 2016. ACF heard that the inspection mainly focused on Wards, FY1s, cleanliness and infection control with the report to be made available in draft January - final February 2017.

8 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

NH reported that plans for adult changing mats are underway but have not been formalised as there are a number of conditions to satisfy. Clinical Governance has asked AM to bring this plan together and he will review. Recent presentations include: infant mortality; discussion on gap analysis; a health improvement update framed around life stages; communications office presentation to show other areas that they cover such as media coverage. AW added that adult changing has also been discussed at a National ACF Chair's meeting.

ACF noted this update.

9 NATIONAL AREA CLINICAL FORUM: FEEDBACK

The next meeting of the National ACF will be held on 7th December 2016.

ACTION: Feedback from National ACF meeting on ACF February agenda. **AW/KW**

10 NHS BORDERS BOARD PAPERS: DISCUSSION

AW covered key points from the forthcoming Board papers - Thursday 1st December - including: update on clinical strategy; Integrated Joint Board strategic plan; financial efficiencies; safe nurse staffing; food wastage. It was agreed that ACF should keep well sighted on the clinical strategy discussion and the representation of sub groups. The afternoon Board meeting will focus on the midyear report and a summary of under-performing areas.

The Governance Committee paper focused on the SPSP site visit at the beginning of November. This was reported as a positive experience with presentation and breakout sessions well received. Infection Control paper reports SAB off trajectory and cDiff on trajectory. The Surgical Flow Program presentation was well received. CR commented that, regarding the capacity to manage emergency caesarean, the plans put forward for contingency may not be acceptable. If an emergency caesarean is required then instant access must be possible as the baby must be delivered within 30 minutes. The risk is being reviewed.

ACF noted the Board Papers.
ACTION: Take forward the risk assessment of contingency/management of emergency caesareans. **CR/AW**

11 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee – AS reported that the committee have met to discuss support to take their review forward. A meeting with Evelyn Rodger, Director of Nursing, has been set and then the plan can be completed.

11(b) Area Dental Advisory Committee – no report available.

11(c) Area Medical Committee - CR reported from the meeting last week that their main concerns are around staffing and recruitment to medical posts. There are huge gaps in staffing, particularly around GP trainees, and concerns about finances, for example equipment not being replaced when necessary. There is unease with the strategic changes and instability causing concern for medical staff.

11(d) Area Ophthalmic Committee – NH reported that a presentation from Jo Foster and Dr Hashmi gave the committee an insight into the workings of the BGH ophthalmology department; as part of the Minor Ailments formulary the conjunctivitis leaflet is being updated by Pharmacy admin to include Opticians. It was also reported that new diabetic screening standards are due out but, as yet, not seen. The next meeting of the Area Ophthalmic Committee is 7th March 2017; AW invited to attend.

11(e) Area Pharmaceutical Committee – AW reported on the recent PCA(P) circular regarding Quality and Partnerships. There is some funding available through this PCA to complete the Safety Climate Survey and engage with healthcare professionals. This may impact on GPs as there is no funding available for them. Community Pharmacy Champions can advise on what contractors may expect and can achieve. Nationally, Community Pharmacy Scotland is working on a shared care framework for enhanced services. The Hep C service resulted in additional high fees for Community Pharmacies and an advance payment to cover these was required; this new framework will avoid repetition of this.

11(f) BANMAC – no report available.

11(g) Medical Scientists – no report available.

ACF noted the verbal updates from committee representatives present.
ACTION: Attend Area Ophthalmic Committee meeting in March 2017. **AW**
ACTION: Circulate the minutes of Advisory Committees to others regularly – suggested as a link to the website. This may be structured as the Community Pharmacy pages are – with a link from the Intranet for those who do not have access to NHS Borders Intranet. **KW/AW**

12 ANY OTHER BUSINESS

JMcL asked that the Minute reflect a reminder of the Staff Awards nominations. Closing date for nominations is 8th January 2017. **ACTION**: A reminder to be sent to ACF. **KW**
AW suggested items for future meetings – HEPMA / eHealth; Realistic Medicine. **ACTION**: ACF members to forward any other suggestions. **ALL**

13 DATE OF NEXT MEETING

Tuesday 21st February 2017 – 17:00 – Committee Room, Borders General Hospital

14 AREA CLINICAL FORUM - FUTURE MEETING DATES

The dates of 2017 meetings are as follows:-

Tuesday 21st February 2017	17:00 – 18:30	BGH Committee Room
Tuesday 4th April 2017	17:00 – 18:30	BGH Committee Room
Tuesday 27th June 2017	17:00 – 18:30	BGH Committee Room
Tuesday 1st August 2017	17:00 – 18:30	Pharmacy Meeting Room
Tuesday 24th October 2017	17:00 – 18:30	Pharmacy Meeting Room
Tuesday 5th December 2017	17:00 – 18:30	Pharmacy Meeting Room

Meeting makers have been issued.

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 19 December 2016 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:	(v) Cllr C Bhatia (Chair)	(v) Mr J Raine
	(v) Cllr F Renton	(v) Mr D Davidson
	(v) Cllr S Aitchison	(v) Dr S Mather
	(v) Cllr G Garvie	(v) Mrs K Hamilton
	Mr M Leys	Dr A Murray
	Mrs E Torrance	Mrs E Rodger
	Mr D Bell	Mr J McLaren
	Mrs J Smith	Ms L Gallacher
	Ms A Trueman	Dr A McVean
In Attendance:	Miss I Bishop	Mrs J Davidson
	Mrs T Logan	Mrs J Stacey
	Mrs C Gillie	Mr D Robertson
	Ms C Peterson	Mrs E Reid

1. Apologies and Announcements

Apologies had been received from Cllr John Mitchell, Mrs Pat Alexander, Mr Paul McMenamin, Mrs J McDiarmid and Mrs June Smyth

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Elaine Torrance, Interim Chief Officer.

The Chair welcomed Mr Murray Leys, Chief Officer for Adult Social Work who was covering the adult social work element of the Chief Social Work Officer role.

The Chair welcomed Mrs Erica Reid, Hospital Director.

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 Extra Ordinary meeting of the Health & Social Care Integration Joint Board held on 21 November 2016 were approved.

4. Matters Arising

The Chair advised that she would discuss with the Chief Officer the topics for future Board Development sessions.

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

5. Integrated Care Fund Update

Mrs Elaine Torrance provided an overview of the content of the paper. She highlighted the range of projects that had been approved and their projected costs. She advised that the Executive Management Team had taken forward work to review the projected pathway and part of that review had led to a closing of the fund to new bids to enable more substantial planning work to take place to speed up the process and eliminate blockages in the system.

A discussion ensued which highlighted several key points including: development of ideas to prioritise pathways for delivery in the community setting; Rapid Assessment and Discharge (RAD) Team six day cover; the pause providing the ability to focus on the gaps in the system on admission and discharge; further opportunities to look at projects contributing to an integrated approach; and the timetabling of projects requiring approval by the Health & Social Care Integration Joint Board that might already be underway.

Mr John Raine enquired to what extent it represented additionality and whether the timeline for completion of the RAD project was realistic. Mrs Torrance confirmed that it was likely the timeline would be extended. In terms of additionality, she advised that one of the issues was how much the fund could be used for transformation. One of the learning elements was around the bids and how realistic it was to do shorter pieces of work which would lead to rapid change.

Mr Raine suggested it would be helpful to see if the Integrated Care Fund (ICF) was being used as additional money and to what extent against posts already funded by both Scottish Borders Council and NHS Borders.

Dr Angus McVean welcomed the RAD project but cautioned that the frail elderly would be admitted with a range of issues and potentially the target might miss a bit of the problem as there would be some who might not fit the medical model however the hospital might actually be the safest place for them at that specific point in time. He suggested undertaking audits on what was required at admission and on discharge.

Mr Andrew Murray agreed with Dr McVean's concerns and urged that the focus be person centred with the individual being the key component. Mrs Jane Davidson suggested collecting the data on what would have prevented the admission as it might give a slightly different picture and more insight into preventing admissions or enabling timely discharge.

Mrs Jenny Smith reflected that the RAD projects felt process orientated as opposed to person centred and she noted that whilst some pieces of work would be about getting the system

right there was a need to think about what that change in process would make for the person using the service.
Mrs Lynn Gallacher suggested strengthening the references to carers, signposting and the Carers Act.

Cllr Graham Garvie suggested a future development session be organised to understand what the projects actually implied.

Dr Stephen Mather reminded the Health & Social Care Integration Joint Board (IJB) that it had discussed quick wins at the start of its formation back in 2015 and one of those targets suggested had been delayed discharges. He suggested the IJB should be disappointed that limited progress had been made since that time. Mrs Tracey Logan commented that more recently work had been undertaken on delayed discharges and change had now been effected with some success being seen. The matter was being tackled jointly at a senior level.

Mrs Davidson commented that over the previous 6-8 weeks there had been a cultural shift in addressing delayed discharges with both herself and Tracey Logan meeting and empowering their staff to make decisions to prevent delays, such as employing health care support workers instead of home carers, working with district nurses and attending GP Practices. She agreed that whilst progress had been limited in the past the new joint approach was focused on addressing the pathway to reduce and ultimately end delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the position of the Integrated Care Fund.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the closing of the fund to new bids, until further planning work was undertaken.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the recommendations of the Executive Management Team to approve 3 new projects detailed in 4.1 of the report.

6. Annual Performance Reporting Requirements

Mrs Elaine Torrance reiterated to the Board the statutory requirement for each Health and Social Care Partnership to produce and publish an Annual Performance Report. She emphasised that there would be limited data available for the first year. The final report would be submitted to the Health & Social Care Integration Joint Board for sign off ahead of submission to the Scottish Government by 31 July 2017.

Mr David Davidson enquired if sufficient resource was available to meet the key milestones. Mrs Torrance commented that the programme team and associated resources working on integration were being reviewed to ensure they worked across the whole integrated system. She added that it was helpful to have the two Chief Executives engaged and to be able to pull on the staff in both organisations to deliver.

Mrs Jenny Smith gave feedback from the Transformational Steering Group highlighting that they had been looking for guidance and support to move ahead with various ideas. Mrs Torrance confirmed that she had spoken with them and identified key people to support therm.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the requirement to produce and publish an Annual Performance Report.

7. Inspections Update

Mr Murray Leys gave an update on the current status of the Joint Older Peoples Inspection highlighting that the self assessment questionnaire had been completed, and a list of files for reading and reviewing had been compiled. The Inspectors were due to arrive on site on 13 January.

Mrs Evelyn Rodger advised that in terms of the unannounced Healthcare Associated Infection (HAI) Inspection held in November 2016, the verbal feedback received had been positive and no major issues had been raised during the inspection. The first draft of the report was due to be shared with NHS Borders in January 2017.

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

8. Code of Conduct

The Chair advised of the requirements for the Health & Social Care Integration Joint Board to adopt a Code of Conduct.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** adopted the Code of Conduct for Scottish Borders Health & Social Care Integration Joint Board members.

9. Staff Governance Arrangements

Mr David Bell introduced the staff governance arrangements for the Health and Social Care Integration Joint Board. He advised that in line with the Scheme of Integration the partnership was required to have in place appropriate arrangements to oversee staff engagement and involvement across the employing authorities.

Cllr Graham Garvie noted the Joint Staff Forum had a large membership. Mr John McLaren commented that whilst the membership was large the quorum required was small.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the staff governance arrangements for the Health & Social Care Integration Joint Board.

10. Recovery Plan

Mrs Carol Gillie presented the recovery plan to the Board and highlighted several key elements including: financial pressures; recurring projects to be brought forward; £5.6m

overspend at the year end on the delegated budget; operational pressures; efficiency/savings within the delegated budget; and the NHS wide recovery plan of £13.5m.

Mrs Jane Davidson highlighted that the Health & Social Care Integration Joint Board had been made aware of the situation previously and whilst the presentation contained more detail the situation had not changed.

Several points were raised during discussion including: Volatility of drug costs; supply and demand for junior doctors and locums; agency nursing staff are from premium rate agencies as the Scottish Government contract agency walked away from the local contract; work underway on a regional nurse bank facility; advance recruitment to permanent staff in anticipation of staff turnover and to avoid agency costs; skill mix of nursing staff to reduce reliance on junior doctors; difficulties in staffing the whole unscheduled care pathway; working hours for junior doctors are controlled and monitored and a cost is attached to anyone who breaches their contracted hours; and consultants are restricted to the 48 hours a week working time directive.

Cllr Graham Garvie commented that whilst Scottish Borders Council had met their savings target NHS Borders still had an issue. Mrs Gillie commented that the Health & Social Care Integration Joint Board had been aware from an early stage that there would be financial difficulties for NHS Borders in the current year and that mitigating actions had taken place, including, slippage on the capital programme, underwriting the revenue position; slippage on the Local Delivery Plan commitments; ring-fenced allocations; social care funding; and increased financial controls.

Cllr Garvie enquired what the Health & Social care Integration Joint Board could do to help the financial position? Mrs Gillie commented that whilst the pressures were roughly 50:50 the focus had to be on the recurring position and that she and David Robertson were trying to do more joined up financial planning for the future. For the current year it was clear a breakeven position would not be achieved and she enquired if the Social Care Fund or integrated Care Fund might be used to support the financial position.

The Chair commented that the Health & Social Care Integration Joint Board needed to have capacity to issue directions in relation to funding or a restructure to generate the required savings. She suggested full information be available for the Health & Social Care Integration Joint Board on 30 January for it to be able to issue appropriate directions.

Mr David Davidson agreed that fuller information was required and suggested the Executive Management Team provide a series of recommendations, risks and choices to the Health & Social Care Integration Joint Board so that it could make informed decisions on the issue of appropriate directions.

The Chair suggested there was a need to concentrate on investment funding and recurring savings, with difficult choices being made on what would be stopped from being done and what might be done differently to mitigate the same situation arising in the future.

Mrs Torrance commented that she was committed to working with Mr Robertson and Mrs Gillie to see what could be put in place to manage projects more effectively, to take difficult

decisions and to achieve the changes required. She further commented that Prof John Bolton had agreed to work with the partnership early in the new year and that he would be able to give an objective view which might help with the difficult decisions to be made in the future.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold an Extra Ordinary meeting on 30 January 2017 to focus on resolution of the financial situation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** (IJB) agreed to receive a report in advance of the Extra Ordinary meeting setting out the directions the IJB should issue to achieve a breakeven situation at the end of March and the associated risks involved.

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

Mr David Robertson provided an overview of the monitoring position of the Health and Social Care Partnership Budget to 31 October 2016, together with detail over the range of pressures that were being experienced and the proposed mitigating actions. He further advised that the report also included the monitoring position on both the budget supporting all functions delegated to the partnership (the "delegated budget") and that relating to large-hospitals set aside for the population of the Scottish Borders (the "set-aside budget").

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2016/17 revenue budget at 31st October 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted NHS Borders recovery plan presented alongside the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to call an Extra Ordinary meeting to discuss how to support NHS Borders with remedial action in order to deliver an affordable outturn position across the delegated budget at 31 March 2016.

12. Further Direction of Social Care Funding – Borders Ability & Equipment Services

Mrs Elaine Torrance sought agreement to the proposal to direct further social care funding to meet on-going projected financial pressure within the partnership's joint Borders Ability and Equipment Service (BAES) budget, on a one-off, non-recurring basis.

Dr Stephen Mather enquired if the use of the social care fund to fund extra for the BAES was good value? He enquired if there were other things available that might be better for the user and also if any rental was charged for the equipment or purchase to the users.

Mrs Torrance confirmed that discussions had taken place previously in regard to charging for equipment. Charging had not been put in place due to several factors including: how to put a new system in place; increased admin burden; and timely availability of equipment. Mrs Torrance confirmed that work needed to be undertaken, to control the spend around the BAES, the governance arrangements and sign off of budgets. She further advised that there

were currently around 400 people able to access the system to order equipment. Significant controls had been put in place to ensure a balance for equipment availability to prevent hospital admissions and to support hospital discharges.

Further discussion focused on: prevention of admissions; amnesty on return of equipment; storage in new facility; reuse of larger pieces of equipment; potential for a deposit system; fundraising for equipment; seek a 90% return rate of equipment to reduce overall costs; and potential for a register of equipment going out and when due for return.

Mrs Torrance advised that the SB Cares initiative was for people to order equipment directly from them and they would transport and check the delivery to the individual. She suggested some people might find that more helpful in terms of being sign posted to order smaller items.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and approved the direction of a further £145k non-recurring allocation of social care funding to the BAES equipment budget for utilisation during the remainder of 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive a further report on the operation of the BAES at a future meeting.

13. Chief Officer's Update

Mrs Elaine Torrance advised that she had taken on the role of Chief Officer from 1 December and in regard to her substantive Chief Social Work Officer role had delegated responsibility for Adults to Murray Leys as Chief Officer for Adult Social Work. She was working from both Scottish Borders Council and NHS Borders and was meeting regularly with Sandra Pratt, Simon Burt and Murray Leys. Her initial focus had been on streamlining the Integrated Care Fund arrangements, structures and meetings as well as reviewing staffing levels, efficiencies and budgets.

Mrs Karen Hamilton enquired how long the interim arrangement would for and it was noted that it would be for six months in the first instance.

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

14. Joint Winter Plan 2016/17

Mrs Elaine Torrance highlighted that there had been lots of work on the festive plan taking place in terms of staffing arrangements and on-going focus on delayed discharges. In regard to the transitional care facility she advised that it was open with 11 beds and was being used to improve patient flow. She assured the Health & Social Care Integration Joint Board that the winter plan was progressing.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Joint Winter Plan 2016/17 had been formally approved by Borders NHS Board at its meeting on 27 October 2016 and submitted to the Scottish Government.

15. Any Other Business

Development Session: 30 January 2017: Mrs Elaine Torrance reminded the Board that the next development session was due to take place on Monday 30 January at 9.30am. The Chair suggested the first hour be used as a short extra ordinary meeting to discuss the recovery plan.

16. Date and Time of next meeting

The Chair confirmed that there would be an Extra Ordinary meeting of the Health & Social Care Integration Joint Board held on Monday 30 January at 9.30am, and that the following scheduled meeting of the Health & Social Care Integration Joint Board would take place on Monday 27 February 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.00pm.

Signature: ……
Chair

Minutes of an Extra Ordinary meeting of the Health & Social Care **Integration Joint Board** held on Monday 30 January 2017 at 9.30am in Committee Room 2, Scottish Borders Council

Present:	(v) Cllr C Bhatia (Chair)	(v) Mrs P Alexander
	(v) Cllr J Mitchell	(v) Dr S Mather
	(v) Cllr F Renton	(v) Mr D Davidson
	(v) Cllr S Aitchison	(v) Mrs K Hamilton
	(v) Cllr G Garvie	Mrs A Trueman
	Mr M Leys	Dr A McVean
	Mrs E Torrance	Mr J McLaren
	Mr D Bell	Ms L Jackson
In Attendance:	Miss I Bishop	Mrs J Davidson
	Mr P McMenamin	Mrs T Logan
	Mrs J Stacey	Mrs C Gillie
	Ms C Petterson	Mr D Robertson

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Dr Annabel Howell, Mrs Lynn Gallacher, Mrs June Smyth, Mr Andrew Murray, Mrs Evelyn Rodger, Mrs Jenny Smith and Mrs Alison Wilson.

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

3. 2016/17 Integrated Budget Monitoring Position – Recovery Plan

Mr Paul McMenamin gave an overview of the content of the paper and highlighted that the adverse variance for the budget delegated was £5.6m with a variance of £3m for the large hospital budget (set aside). He advised that in order to mitigate the social care element of the projected pressure (£378k) £145k was directed towards this pressure for the purchase of additional equipment by BAES. Scottish Borders Council remained committed to the identification of further management actions to address the social care financial pressures.

Mr McMenamin commented that the overall projected pressure of £5.2m and set aside of £3m were part of NHS Borders wider financial pressures of £13.9m in the current financial year. NHS Borders had committed to the application of £2m of contingency to reduce the overall

financial cost pressure to £11.9m. Work had been undertaken on a recovery plan for the residual pressure which included £11.7m of mitigating savings, however further cost pressures across NHS wide functions of £1.6m had been projected as recently as the previous week, due to a range of emerging factors.

Mr McMenamin drew attention to section 4.6 in the report and commented that following the application of the £2m contingency, the residual financial pressure amounted to £11.9m in NHS Borders, of which just over £4m related to the budget delegated with the rest related to the large hospital budget and other NHS functions. He emphasised that section 4.7 of the report detailed the summary of how the recovery actions would deliver the mitigating savings.

Mr McMenamin advised that the partnership Executive Management Team had met and discussed the mitigating actions to be taken forward in December and January and had recommended that £677k of remaining Social Care funding be directed to mitigate the forecast outturn pressure on the delegated budget. Although it would not address the wider set aside pressures the Executive Management Team had also agreed to explore further funding sources and proposals to address the outstanding pressures and had committed to bring those back to a future meeting.

Mr McMenamin reiterated that social care was also under further pressure in the current financial year and work was underway to identify further remedial actions. He was keen that a more sustainable basis to take heath and social care functions forward with recurring savings be identified and agreed.

Mrs Elaine Torrance assured the Health & Social Care Integration Joint Board that a lot of actions had been taken in regard to adult social care and by NHS Borders to bring the financial position back into balance. She suggested there was a need for an integrated transformational programme for 2017/18 and the longer term, with clear direction in terms of actions to be taken, regular reporting, and close monitoring of actions and outcomes.

Mr David Davidson enquired if the Executive Management Team (EMT) were able to provide any additional information that they thought might be helpful to the Health & Social Care Integration Joint Board in order for it to make a well informed decision? Mrs Torrance advised that the EMT had looked at all of the partnerships resources to date that were not actually allocated such as social care funding and any other uncommitted budgets that might be available ie the Integrated Care Fund (ICF). She commented that the EMT viewed the financial pressure as a joint problem and were keen to find joined up solutions and were actively considering and working on remedial actions to jointly reduce the deficit as much as possible.

The Chair noted that the intention to bring a balanced position appeared to be predicated on predominantly non recurring savings. She advised that she was reluctant to apply the £677k to address the NHS Borders delegated budget pressures at that point in time, as she viewed the monies as a reserve that the partnership had.

The Chair suggested directing Scottish Borders Council and NHS Borders to try and bring the budget back into balance and bear in mind that the £677k could be applied at a later date. She further suggested asking the EMT and Chief Officer to continue to work together to

mitigate the pressures in the system, given there was every possibility that a worse financial position would be likely by April 2017.

Cllr John Mitchell sympathised with the recurring savings challenges faced by both Scottish Borders Council and NHS Borders.

Mr Davidson enquired what the alternative would be if the Health & Social Care Integration Joint Board (IJB) did not accept the recommendation provided by the EMT? Mrs Tracey Logan suggested it made little difference at what point in time the IJB decided to direct the monies prior to April 2017 as the same effort would be made to mitigate the financial pressures. She clarified that if the monies were directed and not required they would be returned and she reiterated that time and effort had been spent on ensuring the financial year was delivered in budget and a joint budget process would be undertaken for the following year.

The Chair suggested a revised recommendation of: The Health & Social Care Integration Joint Board (IJB) issue the direction that NHS Borders continue to work with partners and Scottish Borders Council to deliver a balanced outturn for the IJB in 2016/17, and notes that £677k of the Social Care Fund remains uncommitted and gives consideration to its application at the IJB meeting on 27 March 2017.

Mrs Jane Davidson agreed that it did not make a significant difference when the funding was to be directed to NHS Borders. She commented that the key issues were to keep the financial gap minimised, and look at transformational change and performance across the year.

Cllr Garvie supported the revised recommendation and commented that paragraph 5.3 within the report referred to finding other kinds of savings, which he suggested was the most critical point in moving forward and enquired how that would be achieved. Mrs Logan highlighted that the Development session later that morning would be addressing the budget for the following financial year and emerging pressures.

Mrs Linda Jackson enquired if the remedial actions taken were impacting on direct service provision? Mrs Logan confirmed that they were not at that point in time. Mr Murray Leys commented that there was continued purchasing of beds and services which added to the pressures on the budget.

Dr Stephen Mather commented that the principle was that the IJB had a budget and was able to direct that budget to where it was required the most and from the EMT recommendation that appeared to be the NHS delegated functions budget. The Chair agreed with the principle and suggested it was a timing issue as potentially at the year end there would be either a deficit or a surplus and the £677k was the only money available to the IJB to use to plug any financial gap at that time.

Mrs Gillie reminded the IJB that an overspend on the NHS delegated functions budget had been forecast from an early point in the financial year and whilst action was being taken to mitigate financial pressures the outturn position would not change significantly. Whilst she

accepted that there could be a delay in directing funds she reminded the IJB that the outturn forecast would remain as a deficit as a result.

Further discussion focused on: delegation to the EMT to manage the best way possible to contain pressures; social care fund provided to address the living wage issue with the exact amount spent to implement the living wage; potential risks in making negative changes of service provision to individuals which might not be necessary if the £677k were allocated; investing to reduce blocked beds; joint working approach at a senior level to address delayed discharges and ensure that individuals were in the right place at the right time with the right health and care package; and support the EMT with their recommendation.

The Chair commented that her preference was to delay the commitment of the funds until the year end as the financial forecast was only as good as it was at that point in time.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and agreed to issue the direction that NHS Borders continue to work with partners and Scottish Borders Council to deliver a balanced outturn for the IJB in 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to delay the approval of issuing a direction for the remaining 2016/17 uncommitted social care funding (£677k) to NHS Borders in order to support mitigation of the overall forecast pressures across the delegated budget until its meeting on 27 March 2017.

4. Any Other Business

5. Date and Time of Next Meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 27 February 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 10.10am.

Signature: ……
Chair

Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 27 February 2017 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:	(v) Cllr C Bhatia (Chair)	(v) Mrs P Alexander
	(v) Cllr G Garvie	(v) Mr J Raine
	(v) Cllr F Renton	(v) Mr D Davidson
	(v) Cllr S Aitchison	(v) Dr S Mather
	Mrs E Torrance	(v) Mrs K Hamilton
	Mr M Leys	Dr A McVean
	Mr D Bell	Mr J McLaren
	Mrs J Smith	Ms A Trueman
In Attendance:	Miss I Bishop	Mrs J Davidson
	Mr P McMenamin	Mrs T Logan
	Mrs J Stacey	Mrs C Gillie
	Mr C McGrath	

1. Apologies and Announcements

Apologies had been received from Cllr John Mitchell, Dr Cliff Sharp, Mrs Evelyn Rodger, Ms Lynn Gallacher, Dr Annabel Howell and Alison Wilson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Colin McGrath, Kelso Community Council, to the meeting.

2. Declarations of Interest

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

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

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 19 December 2016 were approved.

The minutes of the previous meeting of the Extra Ordinary Health & Social Care Integration Joint Board held on 30 January 2017 were approved.

4. Matters Arising

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

5. Partnership Performance Reporting

Mrs Elaine Torrance gave an overview of the content of the report and highlighted the population of the 23 indicators and the 6 themes that had been defined by the Ministerial Steering Group.

A discussion ensued which highlighted several areas including: improvement required in offer and take up of carer assessments; appendices to be numbered; inclusion of data on risk; missing text on page 11, section 6; evolution of the report over time; time lag of national statistics; report format agreed with the inclusion of page numbers; balance of spend; and the shift in balance of spend into primary care and GP services representing 11% of the front line budget.

Mrs Karen Hamilton enquired if the narrative would be part of the submission to the Scottish Government. If it was she suggested in terms of delayed discharges that the wording be reviewed as it was too simplistic to say care at home and suggested including the word "majority" as there were other reasons for delayed discharges.

Mr John McLaren enquired of the relevance of including the 4 hour Accident & Emergency (A&E) performance target as opposed to outcomes. Mrs Torrance commented that it would be helpful to understand what was useful, such as how many patients attended A&E and were returned home directly from A&E.

Cllr Sandy Aitchison commented that he was disappointed with the 82.5% spend on the last six months of life compared to the Scottish average of 87% and enquired when quantified in numbers of people what did it actually mean? Mrs Jane Davidson commented that the outcome being pursued was for an increase in the number of people being able to stay in their own homes by being supported by district and community nurses. She reminded the Board that the Margaret Kerr Unit was a specialised palliative care facility.

Dr Stephen Mather also commented that in his experience in the majority of cases people were keen not to die on their own, they wished to be with relatives and in comfort and for some that was not always in their own homes. He suggested the focus should be on where people wanted to die and how that requirement could be supported.

Mr Murray Leys commented that the data collected was in relation to the community setting and within many other Council areas it included hospices of which there were none within the Scottish Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the 23 indicators set by the Scottish Government and the requirement to publish an Annual Performance Report by July 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the six themes for reporting recently defined by the Ministerial Strategy Group.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the IJB reporting scorecard.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** commented on performance to date.

6. Transformational Programme

Mrs Elaine Torrance presented the proposed integration transformation programme and highlighted several key elements including: the financial context for 2017/18; drivers for change; proposed outcomes and objectives; challenges and risks; and the next steps.

Dr Stephen Mather suggested one of the key issues was the demand led rather than budget led situation and he suggested changing the culture of the population and the service deliverers to provide something that was sufficient rather than luxury.

Mrs Karen Hamilton echoed Dr Mather's suggestion and commented that there was a need to support and empower those making decisions.

Mr John McLaren commented that communication and engagement were key to the success of the transformational programme and he enquired if the programme was being taken forward separately to the programmes within NHS Borders and Scottish Borders Council.

Mrs Torrance concurred that communication and engagement were key elements to success and commented on the delivery of work being taken forward in partnership and areas that could be improved such as home carers using medication dispensers, investment in developing technological solutions to create savings and efficiencies.

Mrs Jane Davidson commented on the need to pool resources and the transformational plans between the three bodies to ensure the Health & Social Care Integration Joint Board (IJB) could successfully commission and direct change in the delegated functions of both NHS Borders and Scottish Borders Council.

The Chair commented that the overlaps with transformational programmes into core services within Scottish Borders Council and NHS Borders would also need to be taken into account. She gave the example of changes to bus transportation, which was not within the delegated functions to the IJB, but any changes would have an effect on the IJB in terms of people getting to hospital appointments.

Mr John Raine commented that transformational change programmes were designed to do more with less and he urged that both NHS Borders and Scottish Borders Council's programmes be taken into account in formulating and finalising the IJB commissioning plan and monitoring thereof.

Mrs Torrance agreed that both bodies transformational programmes would be taken into account to ensure that the overarching commissioning plan would be achievable.

Mr Murray Leys also urged that both bodies transformational programmes be brought together to ensure they were complimentary and he suggested co-location at an operational level be pursued.

Mr David Davidson commented that it was up to the partner bodies to work together to deliver the commissioned services within the agreed budget envelope. He suggested that it would be the Executive Management Team that produced the final plans and recommendations for the IJB to approve.

Mrs Jenny Smith suggested there should be third sector input to the Executive Management Team as both commissioning and decommissioning decisions would be made at that level. She further enquired where the Clinical Boards would link into the transformational agenda.

Mrs Torrance commented that as the programme was developed a supporting communication and engagement plan would form part of the underpinning process and provide the opportunity to link to the Clinical Boards, Joint Staff Forum and a range of other areas. She suggested providing a progress update to the next meeting of the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation and agreed to receive an update at the next meeting.

7. Updated arrangements for managing the Integrated Care Fund (ICF)

Mrs Elaine Torrance introduced the paper and highlighted that it contained both an update on current projects and a proposal for the £2m balance to be demitted to the Executive Management Team to determine that spend aligned to streamlining care pathways and achieving efficiencies. Regular updates would be provided to the Health & Social Care Integration Joint Board (IJB) on progress, mainstreaming of decision making and any tests of change to support the efficiency programme.

Mr John Raine enquired if there had been any change in the governance approach previously agreed? Mrs Tracey Logan commented that there had been confusion previously. She advised that the intention was to streamline the process feeding into the Executive Management Team (EMT) level to enable more rapid progress to be made.

Mr David Davidson commented that he was concerned in regard to the Ministerial Strategy Group and enquired if further documents would be released by them. Mrs Torrance responded that she understood there would be no further documents released however, with the new Mental Health Bill being released shortly there was a need for the IJB to be able to be flexible.

Mrs Logan reiterated that in simplistic terms the intention was to focus the £2m on the agreed themes around the pathways and delivering efficiencies, and within those broad themes there was much activity and staff engagement taking place.

Mrs Jane Davidson echoed that it was about changing the approval levels from the IJB down with the EMT being able to approve spend on projects and the IJB ratifying that approval over a certain level, and holding the EMT to account. She reiterated that it was essentially about taking away layers of bureaucracy at the lower levels.

Mr Raine commented that he was supportive of reducing layers of bureaucracy below the EMT, but had not found that to be clear within the paper. Provided the IJB retained the ability to ratify the schemes proposed by the EMT as had been previously agreed he was content to support the recommendation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the proposals.

8. Health & Social Care Delivery Plan

Mrs Elaine Torrance gave an overview of the content of the paper and highlighted the 4 programmes: Health and Social Care Integration; The National Clinical Strategy; Public Health Improvement; NHS Board reform; and their key targets.

Discussion focused on: the reorganisation of territorial health boards; regional delivery of acute services; local planning and delivery of primary and community services; potential for both regional and local back office shared services; publication of a workforce plan in the spring of 2017; ageing workforce; and creation of generic roles across the health and care system.

Dr Stephen Mather suggested the biggest impact on peoples' lives was public health and he urged commitment and support for public health to achieve the aims set out on page 27 within the national report.

Mr David Davidson enquired if commitment were given to support the public health agenda, if Live Borders should be involved with the IJB? Mrs Tracey Logan advised that there were already strong links to Live Borders in place and she would be happy to provide an update to the IJB if it wished.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Report which would inform local progress.

Cllr Graham Garvie left the meeting.

9. Locality Planning Progress Report

Mrs Elaine Torrance presented the report advising that it detailed progress made by the 3 locality coordinators in their areas and in relation to the locality action plan. She sought comments from the IJB on the draft info graphic.

Mr David Davidson suggested there needed to be more of an interface with the GP community as they were the gateway into the NHS. Dr Angus McVean suggested the locality coordinators attend the GP Cluster meetings and connect with the Quality Cluster Leads when appointed. In the meantime he advised that there were Practice Quality groups in each

cluster and to date there had been very limited engagement from the locality coordinators. He urged attendance of the locality coordinators at the GP cluster meetings.

Cllr Frances Renton commented on the disparity of data between Berwickshire and the Scottish Borders on the info graphics. Mrs Torrance advised that sometimes the data reflected the general population as well as the more local data and that it would be used to inform the work in the locality areas. Mrs Jane Davidson welcomed the info graphics and capture of locality data to help understand and change the shape of the Borders where required.

Mrs Karen Hamilton enquired about co-location in terms of sharing electronic information and systems. Mrs Tracey Logan advised that Information Technology remained a challenge to the partnership. She assured the IJB that IT was a focus of the EMT and significant work was underway to bring together both the NHS and Framework systems.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made by Locality Co-ordinators in relation to Locality Plans, integrated teams and communication and engagement.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and commented on the summary Locality Action Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the proposal to hold a launch event following final approval of the Locality Plans.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Locality Co-ordinators work plan and timescales for implementation.

10. NHS Borders 2016/17 Festive Period Report

Mr John Raine commented that when the report had been considered by the Health Board the previous week it had recognised the good analysis that had taken place and the further lessons to be learnt for the future.

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

11. Inspections Update

Mr Murray Leys reported that the on site inspection scrutiny week had concluded at the end of the previous week. The next critical date was 17 March when the inspectors would return for professional discussions and feedback. The overall impressions received from staff had been that the Inspectors had been open to listening and had some good things to say about practice. The Inspectors had acknowledged the support that staff had given to them, especially in terms of admin and business support from both Scottish Borders Council and NHS Borders.

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

12. Monitoring of the Health & Social Care Partnership Budget 2016/17 at 31 December 2016

Mr Paul McMenamin gave an overview of the content of the paper and reported that at 31 December 2016, the delegated budget was reporting a projected outturn of £139.893m against a budget of £139.150m resulting in a projected adverse variance of £0.743m in total. It accounted for the projected impact of the recovery plan which had been implemented across healthcare functions. As previously reported to the IJB in January, the total projected value of the recovery plan across delegated healthcare functions was £4.154m. That was a significant achievement in the contexts of substantial financial pressure and limited flexibility.

Mr McMenamin further advised that in order to give certainty in planning and delivery in 2016/17, the Executive Management Team had agreed to recommend to the IJB that it direct the remaining 2016/17 social care funding without delay. In the unlikely event of the funding, in whole or part, not being required however, the partnership may wish to agree a Reserves Policy under which it may carry forward the unutilised resource alongside any uncommitted Integrated Care Fund monies.

The Chair clarified that it was not the intention to use any unused Integrated Care Fund monies to balance the budget. Mr McMenamin confirmed that was not the intention.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2016/17 revenue budget at 31st December 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reasons for recommending the direction of the remaining social care funding allocation for 2016/17 in order to enable certainty and assurance over the planning to mitigate the remaining healthcare and social care pressures during the remainder of the year

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of the balance of the social care funding £677k in order to mitigate the current projected residual pressure within the healthcare and social care delegated budgets

Jane Davidson left the meeting.
Tracey Logan left the meeting.
Cllr Graham Garvie returned.

13. Health & Social Care Medium Term Joint Financial Planning Strategy and Reserves Policy

Mr Paul McMenamin gave an overview of the content of the paper advising that the report set out the framework for future effective joint financial planning arrangements and timescales for the IJB and its partners and to seek approval of its policy for maintaining reserves and the carrying forward of resources.

The Chair enquired if there would be a supporting risk register. Mr McMenamin confirmed that the IJB had both a strategic risk register and a supporting financial risk register.

The Chair noted the level of balances quoted was between 2%-4% and suggested there should be no lower level and it should be up to a maximum of 4%.

Mrs Jill Stacey confirmed that the IJB Audit Committee would review both the strategic risk register and the supporting financial risk register.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the medium-term financial planning strategy proposed.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the policy outlining the arrangements for the maintenance of IJB reserves.

Cllr Sandy Aitchison left the meeting.

14. Chief Officer's Report

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

15. Any Other Business

15.1 Health & Social Care Integration Joint Board Development session: 29 May 2017: Mrs Elaine Torrance advised that Professor John Bolton had offered to present his report to the Board ahead of the next scheduled Development session. She advised that she would seek a suitable date.

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

16. 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 27 March 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.05pm.

Signature: ……..
Chair

South East and Tayside Regional Planning Group

Minutes of the Meeting of the South East and Tayside Regional Planning Group held at 10.45 am on 11th November 2016, Meeting Room 7, Waverley Gate.

Present:-

Borders Ms Jane Davidson	**Fife** Mr Paul Hawkins (Chair) Ms Jann Gardner	**Forth Valley** Ms Janette Fraser
Lothian Professor Alex McMahon	**Tayside** Mr Peter Williamson	**Dumfries & Galloway** Mr Ken Donaldson
Regional Leads Ms Jan McClean Mr Derek Phillips	**Directors of Finance** Ms Carol Gillie	**Scottish Government**
Directors of Public Health	**Nurse Directors**	**NES** Professor Bill Reid
NSD	**Scottish Ambulance Service**	**Medical Directors** Dr David Farquharson Dr Andrew Murray Dr Tracey Gillies Dr Brian Cook
HR Directors	**NHS 24** Ms Lynne Huckerby	**Partnership Representation**

In Attendance: Iona Philp, Regional MCN Manager for Neonatal Services and Dr Edile Murdoch, Regional MCN Clinical Lead for Neonatal Services for Item 4.2.2. C Briggs, Associate Director, NHS Lothian

Apologies for absence were received from: Ms Katie Morris, Ms Evelyn Rodger, Ms Viv Gration, Ms Wilma Brown, Dr Frances Elliott, Dr Graham Foster, Mr Tim Davison, Dr Alison McCallum, Ms Fiona Murphy, Ms Pat O'Connor, Ms Lesley McLay, Ms Lorna Wiggin, Ms Jacqui Simpson

Item No.	Section	Action

1 Welcome & Introductions

P Hawkins welcomed all to the meeting and noted the apologies received.

2 Previous Meeting

2.1 Note of Meeting Held on Friday 10th June 2016

The minutes of the previous meeting held on 10th June 2016 were agreed as an accurate record.

2.2 Progress Against Action Note

Progress was noted against the Action Note.

3 Matters Arising

None raised.

4. SEAT Programmes – For Discussion/Approval

4.1 Acute Services

4.1.1 Discussion Paper – Developing a Regional Strategy

J McClean spoke to a previously circulated discussion paper which set out some of the challenges for Boards in delivering local Clinical Strategies and proposed that SEAT may wish to consider a regional piece of work to identify and assess service redesign opportunities across the region which could support more efficient, achievable and sustainable service delivery. This approach would fit with the National Clinical Strategy.

Following discussion, it was agreed that the SEAT team would take this forward, including review of current Board clinical strategies, their deliverability in terms of financial and workforce constraints; identifying those services at greatest risk and also where there are opportunities or requirement for significant service redesign including workforce. P Hawkins requesting that a meeting be arranged with SEAT Chief Executives and Chairs to discuss how to take forward the output from this work and to ensure leadership. **JMcC** **JMcC**

T Gillies stressed the need to signal to professional groups a clear direction of travel and suggested that it might be helpful to include examples of existing regional working that was working well.

An update will be provided at the next meeting. **JMcC**

4.1.2 Allergy and Immunology Services in the South East

J McClean provided a verbal update on the issue with lack of provision of allergy and immunology services in South East Scotland.

The Regional Allergy and Immunology Services Group had agreed to take forward work on scoping a regional anaesthetic allergy model and skin prick testing service for specialist allergy care.

It was noted that work had previously been undertaken in NHS Lothian to develop a Business Case for a regional service model however, this had not been progressed. It was confirmed that the other Allergy and Immunology services in Scotland in Glasgow and Aberdeen were unable to accept referrals from the South East due to capacity issues.

P Hawkins proposed that the previous Business Case was reviewed by NHS Lothian colleagues to ascertain what elements might still be relevant and able to be progressed quickly. P Hawkins agreed to initiate a conversation with R Calderwood, Chief Executive, NHS Greater Glasgow and Clyde regarding possible support and/or collaboration. **BC/CB** **PH**

Further updates will be provided as work progresses. **JMcC**

4.1.3 Radiology Short Life Working Group for SE Scotland

J Gardner spoke to a previously circulated update paper from a Radiology Short Life Working Group which has been established at the request of John Connaghan Chief Operating Officer, NHS Scotland, to develop an interim solution to challenges with the provision of radiology services in the South East. The SLWG will report to J Connaghan directly with a final report expected by 19th December. The Group includes representation from Chief Operating Officers and senior clinical colleagues from NHS Fife, Lothian and Borders with J Gardner identified as the SEAT Director of Planning representative who will provide a link to the Regional Planning Group.

J McClean asked how the SEAT Directors of Finance were being linked in to the discussions. C Gillie confirmed that a telephone conversation with S McLean, Co-Chair of the SLWG was planned for the following week.
P Hawkins stressed the need for workforce issues to be considered regionally rather than by individual Boards in

isolation. D Phillips advised that workforce and an associated assessment of workforce risks needed to be embedded in these discussions. It was noted that this will be an agenda item at the next SEAT Regional Workforce Group meeting.

SEAT noted the update and requested further updates as the work concludes. **JG**

4.1.4 Update on Major Trauma Proposals and Trauma Network Development

J McClean spoke to previously circulated papers providing an update on progress with work on Major Trauma both regionally and nationally, advising that the Chief Medical Officer had convened a National Trauma Network Implementation Group with the remit of developing a plan for a Scottish Trauma system by end of 2016. At the most recent meeting of the Group the 3 Regional Planning Groups and NHS Tayside had been requested to provide details of how they might implement aspects of Major Trauma services quickly and at little or no cost. SEAT had requested modest investment in resources to support the development of a regional Trauma Network with Project Management, Clinical Leadership and Admin support however this had not been agreed. J McClean emphasised the need to understand the role and remit of the emerging National Trauma Network which NSD had been requested to scope, to avoid duplication and ensure consistency with approach.

It was also highlighted that the lack of clarity and commitment regarding funding for the development of Major Trauma Centres was unhelpful for NHS Lothian in taking forward their proposed development plan.

J McClean advised that following discussion with Prof A McMahon, Chair of the SEAT Regional Trauma Group, a decision had been taken to postpone their last meeting pending a discussion with SEAT RPG on how to proceed.

T Gillies confirmed that the National Trauma Implementation Group expected to outline a plan for the next steps in delivering a Scottish Trauma System by the end of the year and advised that the CMO had confirmed that funding to the level previously identified by MTCs, Regional Networks and Scottish Ambulance Service, would not be available.

Following discussion, it was agreed that P Hawkins would discuss initial funding requirements with SEAT Chief Executives if detail could be provided. **PH**

C Gillie highlighted that SEAT DoFs did not consider Major Trauma as a high priority for investment regionally and that there appeared to be lack of clarity on the resources required or any supporting financial model.

P Hawkins highlighted the potential negative impact on District General Hospitals from the proposed Elective Treatment Centres and the bypassing arrangements associated with the Major Trauma model. **AMcM/JMcC**

4.1.5 Ensuring Appropriate Outpatient Referrals across SEAT

J McClean spoke to a previously circulated paper providing an update on the work of the SEAT Short Life Working Group on Outpatient Referrals. SEAT noted that following review by Boards, the majority of referrals from non-Lothian Boards to NHS Lothian services are deemed appropriate. Review of referral data has identified that between 38 – 47% of referrals to Lothian services for non-Lothian patients, are made by NHS Lothian Consultants with initial work at trying to screen and potentially redirect these patients unsuccessful due to the non-electronic nature of the referrals.

The SLWG has agreed that a focussed piece of work should be undertaken jointly between NHS Lothian orthopaedic services and NHS Borders to look at how the Consultant to Consultant referral processes might be better managed. Feedback on this approach is expected in early 2017 with an update to be provided at SEAT in February. **JMcC**

4.1.6 Elective Treatment Centres

J McClean advised that the Regional Planning Directors had recently been invited to meet with Yvonne Summers from Scottish Government to discuss the role of Regional Planning in planning the Elective Treatment Centres in Scotland. There are 2 Centres planned for the South East of Scotland with J Crombie, Acting Chief Executive, NHS Lothian identified as the SRO for the proposed capital build. It is proposed that P Hawkins and J McClean meet with J Crombie to discuss how the planning for the South East Centres will be taken forward in the region. **PH/JMcC**

C Briggs advised that NHS Lothian had established a Group to commence discussions with NHS Fife and Borders and that a Programme Manager from NHS Lothian had been identified to support the work.

4.2 Children and Young People

4.2.1 Child and Adolescent Mental Health Services

J McClean spoke to the previously circulated paper providing an update from the SEAT Regional CAMHS Group. The Group has developed links with the national Mental Health Access Improvement Support Team with the Support Team now planning to use the regional forum as the mechanism for engagement and sharing learning. This approach recognises the well developed relationships across the region on CAMHs issues.

SEAT noted that there were still challenges for services in delivering care within the TTGs and supported the continuation of the Regional CAMHS Group during 2017 to support regional collaboration.

Further updates will be provided as work progresses. **JMcC**

4.2.2 Regional MCN for Neonatal Services

E Murdoch and I Philp were in attendance for this item.

Progress Report on Implementation of Quality Framework

E Murdoch spoke to the previously circulated SEAT Progress Report on Implementation of Quality Framework: Neonatal Care in Scotland. A Progress Report is required from each of the 3 regional Neonatal Networks by Scottish Government on an annual basis to evidence the progress on delivery of the standards for neonatal care. SEAT noted the significant progress which has been made by the neonatal units in the South East to meet the Quality Standards. A number of standards are yet to be fully achieved with Action Plans in place to support delivery in those areas that are outstanding.

SEAT noted the Progress Report and agreed to its onward submission to Scottish Government. **JMcC**

MCN Workplan

E Murdoch presented the MCN Workplan for 2016 – 2018, advising that this had been developed in collaboration with each of the Neonatal Units in the region and took account of the Quality Framework and other national initiatives such as the National Neonatal Audit Programme. It was highlighted that the Workplan will be reviewed once the National Review of Maternity and Neonatal Services has been published to take account of its recommendations.
SEAT noted the Workplan and agreed its content.

National Review of Maternity and Neonatal Services

E Murdoch reported that a draft Final Report from the national Review, which has been chaired by J Grant, Chief

Executive, NHS Forth Valley, has been prepared with an expectation that this will be published before Christmas.

P Hawkins thanked E Murdoch and I Philp for their attendance.

4.3 Mental Health and Learning Disabilities

4.3.1 Regional Eating Disorders Unit Governance Group

D Phillips spoke to the previously circulated paper updating SEAT on the successful implementation of all of the recommendations from the NHS Lothian commissioned external review of the Regional Eating Disorders Unit at St John's Hospital (REDU).

D Phillips reported that the REDU had recently achieved accreditation from the Royal College of Psychiatrists Quality Network for Eating Disorders until March 2019. SEAT REDU is one of only two units to have achieved this status in Scotland.

Following discussion, SEAT agreed that all the review recommendations had been implemented and that the remit of the Regional Eating Disorders Governance Group should be revised to focus on wider governance issues.

D Farquharson acknowledged the support and leadership of the SEAT Team and the commitment of the Unit staff in achieving the significant progress. He confirmed that the update would now be taken through the NHS Lothian Governance Committee.

4.3.2 Regional Perinatal Mental Health Group

J McClean spoke to a previously circulated paper providing an update on the Regional Perinatal Mental Health Group in supporting the Regional Perinatal Mental Health Unit to address previously highlighted issues regarding staffing, governance and communication.

J McClean reported that a formal Work Plan is being finalised by the Group with key deliverables focussing on the following themes: Pathways & protocols; Data; Education & training; and Communication. A minimum data set has been agreed which will be routinely reported with a review of nursing workforce now underway.
It was noted that the Mental Welfare Commission (MWC) had published a perinatal mental health themed visit report in June 2016. This included a number of recommendations, including the establishment of a national MCN. However, this was not supported at the September 2016 meeting of the National Specialist Services

Committee.

Further updates will be provided as the work progresses. **JMcC**

4.3.3 South East Custody Healthcare and Forensic Service – Annual Report

J McClean spoke to the previously circulated annual report following the second year of operation of the South East Forensic Examination and Police Custody Service following transfer of responsibility from Police Scotland on 1st August 2014.

J McClean highlighted that the South East service was the only regional service in Scotland which brought some key advantages including greater resilience and sustainability in relation to workforce. The implementation of the ADASTRA management system has provided robust activity data over the last 2 years and is being used to review the most appropriate skill mix, particularly overnight.

J McClean highlighted that there were some challenges for the service in relation to the location of some of the examination suites in the region i.e. location within Police Scotland premises where there is potential for victims to encounter alleged attackers, and colposcopic equipment used for gathering of forensic evidence which is no longer fit for purpose. It is not yet clear how replacement equipment will be funded. An issue also remains with the secure capture and storage of sensitive clinical images and a solution is being developed jointly by the regional MCN for Child Protection, Caldicott Guardian and e-Health in NHS Lothian and will need to be linked to the reprovision of colposcopic equipment

P Hawkins noted the projected overspend for 2016/17 and stressed the need for financial control. J McClean explained that there had been a gap in the budget inherited from Police Scotland which had been based upon assumptions rather than actual activity as it was now. C Gillie confirmed that SEAT DoFs were aware of the overspend and will be looking at ways of improving future efficiency.

SEAT noted the Annual Report and the benefits of the regional service.

4.4 Cancer

4.4.1 Robotic Assisted Radical Prostatectomy Implementation

A McMahon spoke to the previously circulated update

paper on robotic prostatectomy surgery in the South East of Scotland. The formal launch of the service was held on the 9th November 2016 with attendance from the Cabinet Secretary and invited stakeholders. A McMahon confirmed that over 50 robotic cases had been successfully undertaken to date.

It was noted that a Memorandum of Understanding is being developed between the 3 Regional Planning Groups to confirm referral pathways and to ensure mutual support arrangements are in place should they be required. **CB**

T Gillies asked if the replacement costs of the robot had been included in the Business Case and what the expected life cycle was. C Briggs agreed to confirm following the meeting. Post meeting note – C Briggs advised that the life cycle of 7 years was factored into the business case.

4.4.2 Update from Preceding RCAG

J McClean gave a brief summary of items discussed at the preceding RCAG meeting. It was agreed that Realistic Medicine in the context of cancer care will be discussed at the next RCAG meeting.

4.4.3 National Cancer Strategy – Investment and Regional Priorities

J McClean advised that the SCAN Boards had submitted investment proposals to Scottish Government against funding available in 2016/17 through the National Cancer strategy. It was noted that the process associated with this had been less than optimal with a lack of clarity on criteria for the investment proposals, very short timescales and no commitment to recurring funding. RCAG had approved the SCAN Boards submissions but noted that the timescales had not afforded an opportunity for a considered regional collaboration.

5. SEAT Programmes – For Noting

5.1 Regional Endoscopy Unit

J McClean spoke to a previously circulated paper providing an update on the Regional Endoscopy Unit at Queen Margaret Hospital. SEAT noted that the Regional Endoscopy Unit continued to work well with a more stable workforce in place and challenges associated with NHS Lothian utilisation of available sessions having been addressed. The cost per case remains lower than in the non-NHS sector with high patient satisfaction feedback reported.

SEAT noted the update.

5.2 SEAT Urological Surgery Services Review

B Cook, Chair of the SEAT Review of Urological Surgical Services Group, provided a verbal update on progress advising that the Group had met once and agreed the Terms of Reference and Project Initiation Document. Data has been requested from ISD as part of a mapping exercise across the region using the same data set as the North and West of Scotland Regional Reviews. A Workforce Sub-group is also being established to look at ensuring a sustainable workforce model for the future. The Group is due to meet shortly for a second time with further updates to be provided as work progresses.

5.3 RHSCE/DCN Reprovision

C Briggs provided a verbal update on the reprovision of the RHSCE/DCN which is a standing item on the SEAT agenda. SEAT noted that construction work continued but due to issues with contractors, completion is now expected to be in Spring 2018.

C Briggs confirmed that staffing establishments and theatre sessions are being finalised.

T Gillies queried if new equipment purchased will be out of warranty before Spring 2018. C Briggs agreed to confirm. Post meeting note – C Briggs confirmed that the purchase of new equipment will be delayed.

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

6 Supporting the Business – For Information

6.1 Workforce Planning - Update

D Phillips spoke to a previously circulated update report.

SEAT noted the challenges with filling GP training places across Scotland and more widely in the UK, although the South East continues to have the highest fill rates in Scotland.

P Hawkins asked if there was a need for a SEAT strategy to support the recruitment of GPs. B Reid advised that if posts fail to be filled year on year NES will need to consider a review of the programme. He advised that it was important to retain doctors who start training and make it attractive for them to take up appointments within Scotland.

Following discussion it was agreed that in conjunction with NES, the SEAT Regional Workforce Group would consider the current issues with the GP Training Programme and look at opportunities to improve the regional position further. **DP**

D Phillips advised that he had recently convened a regional meeting with Board and Deanery colleagues to discuss the recommendation from the recent RCPCH Invited Review in NHS Lothian regarding the possibility of returning paediatric trainees to St John's Hospital, Livingston. It had been concluded that at the present time there are insufficient trainees in the South East to staff rotas as per the previously agreed hierarchy of services.

SEAT noted the remaining issues within the report.

6.2 Physiological Measurement Technician Shortage

C Gillie highlighted the current shortage of Physiological Measurement Technicians with NHS Borders currently using locums to run their Echo service. T Gillies confirmed that there are difficulties in the recruitment and retention of technicians across a range of specialties and suggested that a core regional workforce may be the solution.

Following discussion it was agreed that through the Regional workforce Group D Phillips would collate information on this workforce from across the region including grading, capacity and waiting times. This will be an agenda item at the next SEAT meeting in February. **DP/All**

6.3 Safe Staffing Legislation

C Briggs spoke to previously circulated papers including a letter from the Chief Nursing Officer regarding establishing a Group to implement Safe Nurse staffing. Following discussion, SEAT agreed that this should be discussed at the next SEAT Regional Workforce Group with a view to considering a regional approach. **DP**

6.4 Oral Medicine Workforce

J McClean advised that A McMahon has requested that this issue was raised as there are concerns regarding the oral medicine workforce. Following discussion, it was agreed that workforce information and possible options and solutions should be collated and discussed at the next SEAT Regional Workforce Group and the SEAT meeting in February. It was agreed that an updated regional workforce Risk Assessment should be presented at the

next SEAT meeting in February. **DP**

7. National and Other Initiatives

7.1 National Services Division National Update

The previously circulated Update paper was noted.

8. Regional Minutes

8.1 Minutes of the SEAT Directors of Planning and Directors of Finance Group on 27th May 2016 (Approved)
These were noted.

8.2 Minutes of the SEAT Directors of Finance Group on 28th July 2016 (Approved)
These were noted.

8.3 Minutes of the SEAT Children and Young People's Health Services Planning Group on 9th March 2016 (Approved)
These were noted.

8.4 Minutes of the MCN for Neonatal Services Steering Group on 21st June 2016 (Approved)
These were noted.

8.5 Minutes of the Regional CAMHS Consortium on 26th May 2016 (Approved)
These were noted.

8.6 Minutes of the MCN for Child Protection Steering Group on 31st May 2016 (Approved)
These were noted.

8.7 Minutes of the Learning Disabilities MCN Senior Management
Team on 29th June 2016 (Approved)
These were noted.

8.8 Minutes of the SEAT Regional Workforce Group on 1st September 2016 (Approved)
These were noted.

8.9 Minutes of the SEAT Regional Major Trauma Group on 4th May 2016 (Approved)
These were noted.

9. Communications

9.1 News Updates from Individual Boards

NHS Fife

J Gardner advised that NHS Fife were in tailored support with priority being given to medicines efficiency and estate.

NHS Tayside

Representatives of the Board will attend a Audit Scrutiny Committee in December.

Plans to transfer emergency surgery from PRI are being considered.

NHS24

SEAT noted that the Draft NHS24 Organisational Strategy is now being consulted on. A copy will be circulated to the Group with a request to respond directly to NHS 24 with any comments. It was agreed that this will be an agenda item at the next meeting.

NHS Borders

There are currently issues around delayed discharge. The Mid Year Review had taken place recently and focussed on the Board's financial position.

NHS Forth Valley

Concerns were highlighted in relation to delayed discharges and workforce issues in vascular services.

NHS Lothian

B Cook noted that NHS Lothian has workforce challenges within vascular services. It is hoped that recruitment for an additional 2 vascular surgeons will commence early next year.

NES

Preparation for a GMC visit in Q3/Q4 of 2017 was underway.

10. AOCB

10.1 Hospital Electronic Prescribing System

On behalf of A McMahon, J McClean asked if there was a regional element to the Hospital Electronic Prescribing Systems work recently commenced. T Gillies noted that workshops had been scheduled and will consider the regional element.

Further updates will be provided at the February SEAT RPG meeting.

11. Date and Time of Next Meeting

The next meeting was scheduled for Friday 3rd February 2017 at **10.45am – 1.30pm** in the Scottish Health Services Centre, Western General Hospital, Edinburgh
POST MEETING NOTE: the venue has now been confirmed as Meeting Room 7, Waverley Gate.

Dates of Future SEAT Planning Group Meetings - 2017

- Friday 3rd February
- Friday 28th April
- Friday 16th June
- Friday 22nd September
- Friday 24th November

All meetings take place from 10.45am – 1.30pm and are preceded by the Regional Cancer Advisory Group from 9 – 10.30am with videoconferencing facilities available.

CRITICAL SERVICES OVERSIGHT GROUP

MINUTE OF MEETING of 21 NOVEMBER 2016, HELD IN THE CORPORATE MANAGEMENT BOARDROOM COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, MELROSE AT 2.00 p.m.

Present:	***CSOG*** : ***Attendees***: ***Tracey Logan, Chief Executive (TL), Jeanette McDiarmid, Deputy Chief Executive People (JM), Ivor Marshall, Chief Superintendent Local Police Commander, Elaine Torrance, Chief Social Work Officer, SBC (ET), Duncan MacAulay, Chair of the Child Protection Committee (DM), Jim Wilson, Chair of the Adult Protection Committee (JW); John Fyfe, Group Manager Criminal Services (JF), David Powell, Adult Protection Coordinator, SBC (DP), Evelyn Rodger, Director of Nursing and Midwifery, NHS Borders (ER), and Jane Davidson, Chief Executive (NHS) (JD),*** ***Apologies:*** ***Gillian Nicol, Child Protection***

1.	**Minute of Meeting of 22 August 2016.** There had been circulated copies of the Minute of 22 August 2016. **DECISION** **NOTED.**
2.	**Actions Update (refer to Action Sheet circulated with Minute)** As detailed in the Action Sheet.
3	**Child Protection Committee Update** **(a) Change of membership of Child Protection Committee** There had been circulated copies of a report advising that the Child Protection Committee (CPC) had met on three occasions since the last CSOG meeting. DM advised that the CPO required CSOG's agreement to their change of membership. He advised that Mandy Brotherstone, Head of Children's Services, NHS Borders, had resigned and been replaced by Dawn Moss, Nurse Consultant Vulnerable Children, NHS Borders. **DECISION** **AGREED the change of membership to the Child Protection Committee.**

(b) Child Sexual Exploitation (CSE)
A CSE information leaflet had been produced and sent to taxi drivers, hoteliers licenced premises and retailers. A CSE survey had also been circulated from which 218 responses were received. Results had been shared with the CSE Workshop held on 26 October and would be shared with CPC. The results would inform the development of the CSE Strategy and Plan. DM advised that CSE sessions would also take place in high schools during November. Parent Council Chairs had also been consulted to ensure that the Strategy and Plan met the required need. The final Strategy and Plan would be presented to the February meeting of CSOG.

DECISION
AGREED to present the CSE Strategy and Plan to the CSOG February meeting.

(c) Child Sexual Exploitation (CSE) Initial Strategy Meetings
It was noted that there had been three CSE Initial Strategy meetings in the past three months.

(**d) Initial Case Reviews (ICRs) and Significant Case Review (SCRs)**
SCR - Child A
The Terms of Reference for SCR - Child A was circulated at the meeting. DM advised that the child had died as a result of suicide in May 2015. A number of agencies had been providing support to the child prior to her death. The Scottish Borders Child Protection Committee (CPC) conducted an Initial Case Review and an Internal Practice Review. The Review had identified a number of areas of improvement, some of which were already being progressed. The CPC had concluded that there would not be a Significant Case Review and CSOG had been advised. Subsequently, communication with the child's family of the ICR process and following this the CPC was recommending an internal SCR be undertaken by an independent consultation. Specifically the review would consider: the information available to the Emergency Duty Team (EDT) and their action over the weekend of Child A's death; the communication around the need for a Meeting Around Child (MAC); whether there was holistic assessment oversight, planning and support in place for the child and her family; and the wider implications of the communication that took place with the family. The reviewer would have unrestricted access to policies, protocols, procedures, case records. All necessary arrangements would be put in place to facilitate this. Child A's mother was keen to be involved in the process and would be provided with the Child Protection Lead Officer's contact details should she have any questions regarding the process. Mr David Cumming, Chairman of the Child Protection Team for South Ayrshire should be approached to see if he was in a position to undertake the review, given his previous enquiries on this case, and if so proceed with his appointment.

ET further advised that the child's mother had requested copies of case records. The child's records were not available but the mothers own records could be made available. However, these would require to be redacted prior to issue. The review needed to make the process as accessible as possible for the child's mother and ensure she was fully engaged with the process. The mother wanted to ensure that lessons were learnt to prevent further incidents in the future.

DECISION
(i) AGREED that an Significant Case Review be undertaking and remit to the Review Team for action; and

(ii) NOTED that Mr David Cumming, Chairman of the Child Protection Committee for South Ayrshire should be approached as Independent Reviewer for this case.

(ii) SCR - Baby W
There had been circulated copies of an Initial Case Review for Baby W. Baby W had been left unattended in the bath and found unconscious. The incident resulted in significant harm to the child and a 'near miss'. There were a number of questions that required answered

	given that the mother had a learning disability. The ICR determined that the incident was accidental but there was a need to consider whether it could have been prevented. There was information available about the mother's needs that were not made available to all the professionals involved with the family. There were incidents and identified risks when a Meeting Around the Child should have been called. There were also actions identified by professionals that were not followed up. There also needed to be consideration if more support should have been provided for the father, a main carer. There was further learning to be gained in how parents with a learning disability were supported and about assessment of parenting ability. On the basis of these indicators the group felt that an internal SCR should be undertaken earlier. Discussion followed; there was concern that a Meeting Around the Child had not been held and consideration of an effective risk/safety plan. It was agreed that these would be added to the Terms of Reference. ET advised that SCR's can be internal reviews or national learning. Both of these are local SCR's. ET further asked that it be noted that there was a broader issues around SCRs, GN had limited funding and there would need to be consideration given as to involvement of partner agencies for funding. **DECISION** **AGREED:** **(i)That there was further learning identified that would benefit progress to an internal Significant Case Review;** **(ii) That a Significant Case Review be undertaken; and** **(ii) To amend the Terms of Reference to reflect the discussion above.** **Summary of Annual ICRs/SCRs/SIRs** CSOG discussed the summary of Reviews and ICRs since August 2014, which had been presented at the last meeting. The summary had been presented in table format and had been helpful in highlighting issues and concerns. It had been agreed to continue to populate the actions and bring to every second meeting of CSOG. **DECISION** **AGREED to circulate a summary of Reviews and ICRs in table format to the February meeting of CSOG.** **Other Business** DM advised that the Annual Report was hoped to be completed over the next six to eight weeks and would be presented at the February meeting. There would be findings from the national review on Child Protection at the end of December; all requests for information had been responded to. There would be more information provided at the National Chairs Meeting.
4.	**Adult Protection Update** There had been circulated copies of an update report from Jim Wilson, Independent Chair, Adult Protection Committee (APC). The APC had met on 4 October 2016. The minutes of the meeting, once approved would be available on the intranet. **(a) Biennial Report 2014 - 2016** A further copy of the Biennial Report 2014 – 2016, with minor changes, was circulated at the meeting. The Report provided an evaluation of the Committees' activity over the past two years and of Adult Protection in Scottish Borders. JW highlighted the main points of the Report. A review of adult protection activity during the period showed the majority of concerns related to older people and adults with a learning disability. The Report included information provided by each key partner on the work undertaken over the past two years and of the challenges that were being addressed. There was also included information detailing

	the Third Sector's achievements over the period. The Report also gave three scenarios showing Adult Protection intervention and outcomes. JW advised that the Report identified that they we were good at processes but not clear on outcomes. CSOG discussed the table detailing Referrals by Age, and queried if there were issues in recording information specifically the gap in Police referrals and what was then taken on? JW advised that he had been selective in what charts had been included. He explained that he had been awaiting a response back from Brothers of Charity which had now been included in the report and the Report would now be issued to Scottish Government CE advised that the SB Connect Spring Edition would include a report on adult health and social care integration. It would be an ideal opportunity to also include information on how Adult Protection services were delivered and to promote the service. CSOG agreed that there was a gap in publicity on raising awareness of the procedure to follow if anyone had concerns. It was agreed that ET and JW liaise with Tracey Graham, Corporate Communications and Marketing Manager to incorporate information in the Spring Edition of SB Connect. CSOG also agreed that any opportunity to raise awareness of the service should be encouraged. **DECISION** **AGREED** **(i) That any comments on the Report be advised to JW by Friday 25 November; following which the Biennial report to be issued to Scottish Government; and** **(ii) ET and JW To liaise with SBC Communications regarding information on Adult Protection services and reporting of concerns to be included in the SB Connect Spring Edition.** **Adults who frequently present in crisis through emergency service** There had been circulated 'Adults who frequently present in crisis through emergency services' report. The report highlighted that there were 18 service users who frequently came to the attention of emergency services who were in crisis because of distress and trauma. The 18 cases were considered in detail and the findings were shown in the report, including potential solutions, outcomes and recommendations. **DECISION** **NOTED the report and recommendations contained therein,** **Distress Brief Intervention (DBI)** DP advised that the Scottish Borders had been selected as one of five sites in Scotland to pilot a Distress Brief Intervention (DBI) model. The DBI would be delivered at two levels. Level one would include training for first responders in appropriate response to those in distress. Level 2 would include provision of intense intervention following the Level one intervention. There was a total budget of £4.2 m for the project including development and evaluation. It was noted that model had started at CSOG and was now part of a pilot, which was encouraging. JD advised that this would highlight how the Emergency Duty and Mental Health Team were linked. IM advised that there was concern that people were falling through cracks and was a never ending cycle for some people. This model would be essential. CE added that the model might provide learning on how we focused the Emergency Duty Team. **DECISION** **NOTED and welcomed the Scottish Borders inclusion in the Distress Brief Intervention pilot.**

5.	**Offender Management Update/MAPPA** There had been circulated copies of a report by Elaine Torrance, Chief Social Work Officer. **(i) National Accommodation Strategy for Sex Offenders**. The draft guidance had been considered and a response had been sent to the Scottish Government around the practical concerns about the current policy and proposals. **(ii) Quality Assurance** The Workshop for practitioners and manager directly involved in MAPPA had taken place on 27 October 2016. The Workshop had discussed the findings of adults, sharing information regarding changes to processes and promoted effective practice and shared understanding. **(iii) SCR/ICR/SIR** **SCR** In terms of SCR the report had been concluded and sent to Scottish Government. **ICR** The report had been submitted to Lothian and Borders MAPPA Strategic Oversight Group and Scottish Government. **SIR**s had been identified. However, feedback from the Care Inspectorate was still awaited. (**iv) MAPPA Extension** The first person subject to management through MAPPA Category 3 extension had died shortly after release from prison. There were no suspicious circumstances. The Offender Management Committee had agreed that the case did not meet the criteria for an ICR or SIR. **(v) Offender Management Committee** It had been agreed to hold a multi-agency event on 9 December 2016 to review the terms of reference, membership and future strategic priorities. ET advised that the last meeting had been poorly attended and need refreshed. She would be reviewing the Terms of Reference for the Group. (**vi) Trends and Projections** Trends and Projections of the number of sexual offence in Scotland had been circulated with the Agenda. JP highlighted that the number of people convicted had doubled in the last four years, with the most marked increase being for "taking, distribution and possession of indecent images of children" which had tripled. JP referred to the Projections detailed in the report the majority of the Rape and Attempted Rape, and Sexual Assault projections were of historic cases going through the system and showed a decline in the projection rate. In comparison, Other Sexual Offences showed a rise of 5% as the potential for internet based sexual offending increased. **DECISION** **NOTED** **(i) the reports; and** **(ii)That ET would review the Terms of Reference of the Offender Management Committee.** *NB: TL and JD left the meeting. JM in the Chair.*

6.	**Critical Cases** ET advised of the progress on cases. The family members of the young person who had died of a drug overdose had raised a number of issues. Jackie McCrae had been appointed as independent consultant to undertake the SCR and would meet with the family. Staff had been alerted to make them aware of the SCR. **DECISION** **AGREED to provide an update at the next meeting of CSOG on the SCR.**
7.	**Performance Information** There had been circulated copies of CSOG Management performance information relating to Child Protection in the form of tables and charts. **Adult Protection Figures** It was noted that the Adult Protection Information had not been included. It would be circulated as soon as available. **Chid Protection Figures** Information was provided showing • the number of Child Protection referrals for the last 3 years. • the number of referrals by locality from January 2015 – July 2016, it not being possible to provide data by locality prior to January 2015. The rise in the number of referrals over the last year was noted. Further tables and charts showed:- • the number of children on the register 2013 – 2016 • the number of children on the register by locality January – Oct 2016 • number on the CP register by category of concern (some children having more than one category) • number of IRDs and children re-registered within 2 years and children on register for over 15+ months. It was noted that the number of children on the Register had risen. The main categories of concern were around neglect, emotional abuse and physical abuse. Work was ongoing examining every case for every child on the register which would be fed back. ET highlighted the increase in neglect cases, the highest since January 2015. There was a query as to why a child sexual exploitation case was not shown. IM advised that he understood that it had originated in Northumbria. ET advised that she would look into this. ER highlighted the significant increase and the need to look at workforce planning and the pressures on staff going forward. ET advised that there was a review of the structure taking place, with a clear message to protect front line staff. Consideration of caseloads and trends in each area was also essential. There were no vacancies within social work and any that arose were filled as soon as possible. IM added that the significant increase impacted on staff. How we build capacity was a challenge **DECISION** **NOTED** **(i) The performance information relating to child protection, and** **(ii) The performance information relating to adult protection would be circulated when available** **Offender Management Committee** Information was provided showing the quarterly statistical reports (published 17.10.16) and MAPPA Management of Offenders Statistical Report (at 1030 hrs on 10.10.16). JF

	highlighted this continued to rise. With an increase in Level 2 and AOCB cases. He advised that one very high risk of harm sex offender had recently been released from prison and had re-entered a relationship with previous victim, this was being monitored through level 2. **DECISION** **NOTED the reports.**
	Any other business **Older Peoples Inspection Update** It was noted that the first date for submission had been met and staff lists of NHS and the Council provided. 1,000 staff had been identified to take part in the questionnaire. However, because of the ALO only 100 of these were from Social Work. They had also provided a list of 10 Commissioned Services. ET advised that they were finalising the position statement and evidence. There would be a meeting with inspectors on Thursday which would clarify what they were expecting. There was a lot of work for the team but they were working at collating all information required. It was noted that ET had been appointed the Chief Officer for Health and Social Care Integration. ET advised that the role was temporary; formal deputies would be identified to assist in picking up day to day work. **DECISION** **NOTED.** .
9.	**Date of next meeting** Monday 20 February 2017 – 2pm in the Corporate Management Boardroom. *The meeting concluded at 3.20 pm*