

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: 02.03.17
- Audit Committee: 12.12.16, 03.04.16
- Endowment Committee: 17.01.17, 02.03.17, 09.05.17
- Clinical Governance Committee: 29.03.17
- Public Governance Committee: 18.01.17
- Staff Governance Committee: 05.12.16, 20.04.17
- Area Clinical Forum: 21.02.17
- South East & Tayside Group (SEAT): 03.02.17, 28.04.17
- Critical Services Oversight Group (CSOG): 20.02.17
- Spiritual Care Advisory Group: 16.01.17

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 2 March 2017 at 10.00am in the Board Room, Newstead

<u>Present:</u>	Mr J Raine	Mrs J Davidson
	Mrs K Hamilton	Dr T Patterson
	Cllr C Bhatia	Mrs J Smyth
	Mr J McLaren	Dr C Sharp
	Dr D Steele	Mrs C Gillie
	Mrs P Alexander	Mrs E Torrance
	Dr S Mather	Mr W Shaw

<u>In Attendance:</u>	Miss I Bishop	Mrs R Gray
	Mr P Lunts	Mrs F Doig
	Mrs C Oliver	

1. Apologies and Announcements

Apologies had been received from Mr David Davidson, Mrs Alison Wilson, Mrs Evelyn Rodger, Dr Annabel Howell and Dr Amanda Cotton.

The Chair welcomed Mr Peter Lerpiniere who was deputising for Mrs Evelyn Rodger.

The Chair welcomed Dr Cliff Sharp newly appointed Medical Director to his first meeting of the Strategy & Performance Committee.

The Chair welcomed a range of attendees to the meeting including Mr Philip Lunts, Mrs Ros Gray and Mrs Fiona Doig.

The Chair recorded the thanks of the Board to Mrs Pat Alexander who was concluding her Non Executive Director appointment at the end of March. The Chair spoke of Mrs Alexander's excellent support to the work of NHS Borders over the previous seven years.

2. Declarations of Interest

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

There were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 19 January 2017 were amended at page 7 paragraph 2 to include "The STRATEGY & PERFORMANCE

COMMITTEE agreed that the Board Executive Team and Chief Executive review the various options in light of the reduced capital situation” and at page 10 to replace the second outcome with “The STRATEGY & PERFORMANCE COMMITTEE confirmed the action taken by the Chairman due to the timescales involved” and with those amendments the minutes were approved.

4. Matters Arising

4.1 Patient & Carer Stories: The Chair asked that the Committee hear about how the individual had got one when the update was provided to a future meeting.

4.2 Ehealth IM&T: Copies of the correspondence referred to were tabled for the Committee to note.

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

5. Winter Plan 2016/17 Update

Mr Philip Lunts presented the winter plan update to the end of January 2017 and highlighted several elements including: Emergency Department (ED) performance; patient flow; length of stay in community hospitals; norovirus and closure of beds; and an increase in surgical admissions.

Dr Stephen Mather enquired about the data behind the increase in surgical admissions. Mr Lunts advised that periodically there were high spikes in ED attendances for surgery, he was not aware if it was a natural variation and advised the data would be reviewed to identify the reasons behind it.

Dr Mather enquired if performance would have been better and financial balance achieved if the delayed discharges issue was removed from the whole calculation? Mrs Jane Davidson suggested it would have eased the financial position given the 50% increase in delayed discharges and surge beds having been open since April 2016 due to a loss of capacity. Mrs Carol Gillie reminded the Committee that whilst delayed discharges were a major contributor to the financial position there were also other pressures involved such as drug costs.

Dr Mather suggested the Integration Joint Board (IJB) focus on delayed discharges as if that could be solved it would make a huge difference to patients, the Health Board and the Integration Joint Board. Mrs Davidson concurred with Dr Mather, however she reminded the Committee that delayed discharges actually involved a number of different elements within that health and care pathway and suggested the IJB might wish to focus attention on the pathway and elements within it in order to unlock the blockages to discharge.

Mrs Elaine Torrance commented that delayed discharge was a critical issue for the IJB and that there was already joint work being undertaken on the elements of the pathway as well as the work of Professor John Bolton. She suggested delayed discharges were a symptom of the system and a more strategic approach across the whole system would be the focus of the IJB over the coming year.

The Chair enquired about the commissioning plan of the IJB. Mrs Torrance confirmed that work was underway on the commissioning plan to identify the key priority areas for the coming year.

Mrs Pat Alexander enquired if the discharge lounge was being used to its maximum effect? Mr Lunts commented that there had been a change in process to move to an open policy approach to the discharge lounge and there had subsequently been an increase in its use.

Mrs Karen Hamilton enquired what the target was for morning discharge. Mr Lunts advised that the national aspirational target was 40% discharge by midday. Mrs Hamilton enquired what the effect would be on patient flow if the target were achieved. Mr Lunts suggested it would impact on patient flow, stop boarding of patients, in turn reduce length of stay and potentially ensure surge beds remained closed. He advised that it was a high priority, Scottish Government had reviewed local processes and were content, and now a more structured and scientific approach to morning discharges was being explored.

The Chair enquired how the Day of Care Audit equated to morning discharges. Mr Lunts spoke of the process and identification of delays in the system.

Mr Lunts advised that there were various different strands of work (morning discharges, community hospital length of stay, Prof John Bolton work) that would be brought together in preparation of the winter plan for 2017/18 and the first meeting of the winter plan group had already been held earlier in the week.

Mrs Davidson advised that the Winter Plan for 2017/18 would be shared with the Board throughout the year through its various iterations and she suggested sharing with the Board in the first instance the plan around 11am to 12 midday discharges and community hospital length of stay.

Mrs Torrance also advised that work was underway in regard to the provision of social care and the number of assessments carried out by social work. The data for the Waverley unit would be scrutinised as well as the data for flow across the system to compliment the acute sector data and ultimately show the complete whole system picture.

Cllr Catriona Bhatia enquired how feedback from patients was captured? Mrs Ros Gray advised that there was already a process in place to secure patient experience feedback. The important point she suggested was how that information was used to aid learning and lead to more effective communication between staff, patients, families and carers.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the winter plan 2016/17 presentation.

6. Local Delivery Plan 2017/18

Mrs June Smyth gave an overview of the content of the paper and sought feedback from the Committee on the draft. She further advised that guidance was awaited in regard to the regional collaborative section to be included within the Local Delivery Plan.

The Committee members advised of a range of suggested amendments including: contact with groups of a different nature; provision of a seven day service; leadership walkrounds; paediatric provision at the Knoll; staffing and workforce; optometry service; editing errors; delivery of physiotherapy services; inclusion of medical education; inclusion of equality outcomes; housing provision; remote diagnostics in IT; boarding; admin support systems; patient person centred care and development of written communication.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the work in progress and agreed to provide further feedback and comments on the working draft Local Delivery Plan 2017/18 to June Smyth, Director of Workforce & Planning by 8th March 2017.

7. NHS Scotland Model Complaints Handling Procedure

Dr Cliff Sharp introduced the procedure and spoke of building on the local work that had already been done. He suggested the new model would evolve the complaints procedure to something more responsive at a front line level.

Dr Doreen Steele raised several points that she suggested be reported back to the Board in full at the April Board meeting. The key points raised were: the 9 new key performance indicator's and their reporting; the content of complaint reports which should be internally quarterly and externally annually, should include the learning and changes made as a result of the complaints; the implications of the primary care contractor requirements, medical, dental, ophthalmic and community pharmacy – the NHS Board is required by law to ensure primary contractors have adequate arrangements in place, that they have self assessed and they have reported their compliance to the Board – Primary contractors should report to the Board quarterly; the Board has to self assess and confirm compliance to the Scottish Government by 7 April; Boards in reporting are required to differentiate between themselves and primary contractors; specific requirements are outlined for medical education as part of elearning and change; there will be a requirement to review leaflets on complaints to ensure everyone is aware and receives in the form needed – this has already been raised in regard to the Borders Sign Language (BSL) requirement coming in 2018 so this should be addressed as part of the efficiencies of print runs; anonymous complaints must be addressed they cannot be ignored although the usual vexatious or malicious elements should be taken into account; there is a significant staff training element which will need review; and we should gain public views given the human rights requirements.

Dr Sharp agreed that whatever was required to be put in place in terms of communication would be done. He advised that given it was a new system the assurance, feedback and quality indicators would be generated over the first 6-9 months and he was concerned the less complex complaints could be inadvertently sidelined to concentrate on the more complex matters.

Mrs Ros Gray highlighted that the Feedback and Complaints team had already, under the guidance of the Chief Executive, improved their systems, processes, learning and engagement with patients, families, staff and carers. She further advised the Committee that the Duty of Candour requirements would be implemented in 2018.

Mrs Karen Hamilton enquired if there was a mechanism for teasing out complaints from concerns and vice versa? Dr Sharp advised that whilst there was a definition for complaints there was not for concerns, so it would be a matter of subjective judgement.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the NHS Scotland model complaints handling procedure, and determined that a full report on the implications be brought to a future meeting of the Board, including the implications for primary care providers and for the Board in respect of the statutory duty of candour.

8. Transitioning Midwives

Mr Peter Lerpiniere gave an overview of the content of the paper advising the Committee that the learning from the Morecambe Bay Inquiry had been the main driver for change.

Dr Doreen Steele suggested the title of the paper could be viewed as misleading and Mr John McLaren commented that the actual document referred to the Regulated Model and Statutory Supervision of Midwives, and that it may have been a more appropriate title for the paper.

The Chair enquired about the implications for the organisation. Mr Lerpiniere clarified that the purpose was to ensure there were suitably qualified midwives offering supervision to their colleagues and he assured the Committee that NHS Borders had a robust model of supervision in place.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress in moving to a new model of supervision for Midwives in NHS Borders.

9. Family Nurse Partnership

Mr Peter Lerpiniere updated the Committee on the introduction of a third family nurse to the hybrid family nurse partnership model.

Mr John McLaren advised that at the outset he had been critical of the hybrid model, however having been part of the project group and seeing the benefits it provided at first hand, he was now a strong advocate of the model.

Cllr Catriona Bhatia enquired if the model linked into other childrens services. Mrs Elaine Torrance confirmed that the model had been discussed at the Children & Young Peoples Leadership Group and offered an enhancement to current services. Mrs Jane Davidson clarified that the model touched on all childrens services but did not bypass any, and gave the example that if there were a child protection issue it would be dealt with as a child protection issue.

Dr Cliff Sharp enquired about the funding stream into the future. Mrs Carol Gillie advised that there had been short term funding available and the current resourcing was through the secondment route.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the implementation of the third Family Nurse.

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

Dr Tim Patterson introduced Mrs Fiona Doig, Strategic Lead for Health Improvement. He advised the Committee that following the Director of Public Health's report in December 2015 it had been agreed that a full report would be given every 2 years with a progress report in between. He highlighted both areas of significant progress and areas of limited progress.

Dr Cliff Sharp enquired if the Committee could be sighted on the weight management and dietitian services as he suggested they were key services in combating obesity and reducing the need for surgery for obese patients.

Further discussion included: physical activity data; rejuvenation of the managed clinical networks; loneliness across all age groups; mental health of young people; psychological input to dietetics service; national programme of public health in regard to food production, promoting a healthy diet in communities, education, exercise, changing habits and lifestyles.

Mrs Elaine Torrance advised that there had been discussion with the Executive Management Team and the Health & Social Care Integration Joint Board about health and care pathways and it had been recognised that diabetes was an issue that was not specific to any single group. She commented that it would be included in the pathway work and where it was becoming an issue discussions would take place on how to address it in those areas.

Dr Doreen Steele highlighted the need for representation from Public Health and Childrens Services on the Public Governance Committee. Dr Patterson advised he would address the matter outwith the meeting.

Mrs Jane Davidson spoke of an initiative in a town in the west of Scotland where Public Health, GPs and Schools had joined together to promote physical activity for children. Early outcomes indicated there were no obese children in the area where it had been piloted. She suggested bringing back thoughts and a proposal to the Committee to consider rolling the same initiative out in Scottish Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the actions being taken forward in response to the challenges in the 2015 Director of Public Health's Report and agreed to consider further the initiative referred to in the West of Scotland town.

11. Health In Your Hands – Clinical Strategy

Mrs June Smyth presented the progress to date in concluding the Clinical Strategy Programme – Health In Your Hands. She reminded the Committee of the background to the programme and the requirement for a stock take in August 2016 due to several developments including the publication of the national clinical strategy, diagnostic and treatment centres announcement and development of the strategic plan. Work had been focused on childrens services and urgent care as well as the wider context. In regard to next steps there would be a continuation to progress work that was already underway and resultant projects would be fully embedded in NHS Borders or the Health and Social Care Integration Transformational Change Programme. An update would be provided to the Board meeting on 6 April with formal approval being sought for a refreshed Clinical Strategy at the Board meeting on 29 June.

Mr John McLaren enquired about meeting the needs of children in regard to mental health services. Dr Patterson advised that a GP survey on childrens services and urgent care would be undertaken to ensure primary care and regional partners were engaged.

Mrs Jane Davidson commented that whilst the timescales for the programme had slipped, given the challenges around significant staff changes and challenges over the past 12 months, a considerable amount of progress had been made. She further commented on the input from Public Health to date, that the new Medical Director would be integral to progressing the programme further, as well as Elaine Torrance who would be able to influence some of the content and also act as a critical friend given her professional background.

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

12. Finance Report for the 10 month period to 31 January 2017

Mrs Carol Gillie presented the finance report to the end of January advising that the Board had an overspend of £1.4m on revenue and break even on capital. She highlighted several key points within the report including: additional £400k from the Scottish Government in relation to exceptional pressures in out of area spends; exceptional patient flow pressures and additional surge beds and increased agency nurse spend; increase in prescribing volumes in November; additional capital linked to energy efficiency projects sourced nationally by the Head of Estates; funding received from Scottish Government for Gamma Camera delivery this year and to support the overall national programme; agreement from the Health & Social Care Integration Joint Board to provide £677k of resource to the Board to support the pressures on the delegated budget. She concluded that she now had an increased level of confidence and forecast deliver of the financial target for 2016/17.

The Chair suggested the Committee may wish to consider the efficiency measures and how they had impacted on services across the organisation.

The Chair recognised the significant amount of work undertaken by the Finance Team in reaching a more favourable outlook and enquired about further strengthening the team at a senior level. Mrs Gillie advised that additional resources had been agreed and an advert would be released shortly. She further commented that a secondment opportunity from partner organisations would also be considered.

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

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

13. Efficiency Update as at 31 January 2017

Mrs Carol Gillie provided an update on the 2016/17 efficiency programme. She highlighted that at the end of the January £5.8m of savings had been delivered. A forecast shortfall of £3.3m against the target of £11.4m remained. The forecast deficit that would be carried into 2017/18 was £4.9m.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 31 January 2017.

14. Provision of 2017/18 Resource to the Health and Social Care Integration Joint Board

Mrs Carol Gillie gave an overview of the content of the paper, highlighting the initial outline of the provision of resources to the Health and Social Care Integration Joint Board for 2017/18. She further advised that the detail of the paper was consistent with the information supplied to the Board members previously.

Mrs Elaine Torrance commented that the letters issued by the Scottish Government unwittingly created confusion for partner organisations when they spoke of protected spend to the Integration Joint Board, for mental health services and other areas. She commented that the Integration Joint Board would in future need to agree its total budget and the requirement to work with partners to ensure it achieved breakeven at the end of the financial year.

The **STRATEGY & PERFORMANCE COMMITTEE** considered and agreed in principle the outline provision of 2017/18 resource to the Health and Social Care Integration Joint Board, for it to undertake the functions delegated to it by the Health Board, as set out in the Health and Social Care Integration Scheme for the Scottish Borders.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed in principle the provisional amount of £120.5m including £19.9m of resource set aside for the large hospitals element.

The **STRATEGY & PERFORMANCE COMMITTEE** noted it remained a work in progress.

15. NHS Borders Performance Scorecard

Mrs June Smyth gave an overview of the content of the paper and advised that she would pull in more timely data for next year. She had been unable to include the actions and comments received at the Board the previous week but would make appropriate adjustments for the next report.

Dr Stephen Mather commented that he was reassured by Mrs Smyth in regard to scheduling various deep dives and particularly one on colonoscopy. He further commented that there was a lot of good performance contained within the report such as cancer treatment within 31 days and achievement of the 18 week target by the child and adolescent mental health service.

Dr Mather enquired about performance with psychological therapies waiting times as recruitment to a consultant post had been successful. Dr Cliff Sharp commented that performance had improved; however when waiting times reduced referrals increased. Further work had also been undertaken on the referral criteria.

The Chair commented on the Treatment Time Guarantee performance and the recent press coverage.

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

16. Any Other Business

16.1 Financial Performance Group Minutes

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

17. Date and Time of next meeting

The Chair confirmed that the next meeting of the Strategy & Performance Committee would take place on Thursday 4 May at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.45.

Signature:

Chair



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 12th December 2016 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr T Barrie, Audit Manager, PWC (Left meeting at 4.15 p.m.)
Mrs V Buchan, Senior Finance Manager (Item 9.1)
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr S Grant, Clinical Nurse Manager (Planned Care) (Item 6.1)
Mr G Ironside, Senior Health Information Manager (Items 6.4 and 7.2)
Mrs M Kerr, Director, PWC
Mr P Lunts, General Manager, Unscheduled Care (Item 6.1)
Dr J Montgomery, Consultant Anaesthetist/Director of Medical Education (Item 6.1)
Dr A Murray, Medical Director (Item 6.1)
Mr C Sharp, Associate Medical Director (Item 6.1)
Mr J Steen, Senior Auditor, Audit Scotland
Ms S Swan, Deputy Director of Finance
Mrs G Woolman, Assistant Director, Audit Scotland

1. **Introduction, Apologies and Welcome**

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

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 19th September 2016**

Doreen Steele asked for an amendment on page 3 under the “Compliance with IRAG Guidance Update” item.

The minutes were approved as an accurate record with the proviso that the amendment discussed is made.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker. An update would be sought from Evelyn Rodger on the outstanding action and circulated for information.

Audit Scotland Report: Improving the Quality of NHS Annual Report & Accounts – Governance Statement – Good Practice Note – Update on Internal Review

Susan Swan spoke to this item. Susan reminded that the Committee had previously reviewed the Good Practice Note as part of the 2015/16 process. Susan referred to the report and advised that this provided details on what will be undertaken, taking the recommendations from Audit Scotland into account, during the 2016/17 process. Susan confirmed that all elements had been picked up within the report. Gillian Woolman commented that she was pleased to see NHS Borders taking this forward and provided background on why the review was undertaken. Karen Hamilton asked if there were any actions that gave cause for concern. Susan advised that innovation would be a struggle due to the skill set within the Finance Department and that she would be seeking guidance and advice from External Audit. Doreen Steele highlighted the new addition regarding the number of whistle blowing complaints. Doreen was not aware of receiving this information through the Staff Governance Committee. Stephen Mather added that the Clinical Governance Committee receive updates but not numbers. Susan confirmed that she would be working to ensure this information was available from the Governance Committee Annual Reports to include within the narrative section of the Annual Accounts.

The Committee noted the review that had been undertaken and the inclusion of a number of the recommendations.

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group - Update*

Susan Swan spoke to this report which provided details of the main areas of work for the Countering Fraud Operational Group, which included representation from CFS and SBC. It was noted that the last meeting was held on the 28th November 2016 and the report provided an update on each of the items discussed. Gillian Woolman commented that she was pleased to see the Audit Committee being kept up to date on Fraud and was keen to ensure they were updated on payment verification processes and findings. David Davidson explained that the Countering Fraud Operational Group had been set up to look at various elements previously dealt with by the Audit Committee.

The Committee noted the report.

5.2 *NFI Update*

Susan Swan spoke to this item which provided a status update on the timetable of key tasks for the 2016/17 NFI exercise. Susan advised that the data had been loaded on the 31st October 2016, however due to a file corruption this had to be re-loaded and notification has since been received to confirm it has been successfully received. It was noted that any matches would be notified on the 26th January 2017.

The Committee noted the status on the timetable of tasks for the 2016/17 NFI exercise.

6. **Governance & Assurance**

6.1 *Audit Follow-Up Report*

Susan Swan spoke to this item. Susan reminded the Committee of the previously agreed process whereby if there is failure to fully implement audit recommendations within three months of agreed timescales attendance would be requested at the Audit Committee to provide an update on progress. Susan went on to highlight the progress made on the implementation of both Internal and External Audit recommendations.

The Committee noted the follow-up report.*Training of Junior Medical Staff Internal Audit Report – Update*

Jane Montgomery spoke to this item. Jane provided an update on progress with recommendations where it was noted that consultant led handovers are undertaken twice per day. Simulation was moving forward with the final piece of equipment currently being on order. It was noted that staff are attending relevant courses and that funds had been identified to employ more staff within Medical Education. Jane was pleased to report that ward inductions had also greatly improved. Dr Murray added that a survey monkey had been carried out asking for feedback and no negative comments had been received. David Davidson highlighted that there had not been many responses. Andrew appreciated this, however the feedback received had all been positive. Andrew explained that Heads of Specialties are asked on a monthly basis if time is included within job plans and he is given assurance that it is. It was noted that a Medical Education Governance Forum had been established with the first meeting taking place in November which had been well received. Jane advised that medical school in Edinburgh is changing from a five year curriculum to six years and that the anticipated issues associated with this have been fed back. Jane also confirmed that Occupational Health have been made more visible at various opportunities. Doreen Steele referred to the ward handbooks which she felt were an excellent idea and asked if these were used for locums. Jane advised that these are accessible on all wards. Doreen enquired if they were brought to the attention of locums. Andrew confirmed that this resource is identified to locums. Doreen asked if they sign anything to confirm that they have read and understood them. Andrew advised that they are not asked to sign anything and agreed to ask Bob Salmond for confirmation of what electronic documentation is issued to locums and if this could be included in future. Doreen asked if the minutes from the Medical Education Governance Committee would go to the Clinical Governance Committee for noting. Andrew advised that the reporting route for this group had yet to be finalised. Stephen Mather stressed the need to avoid the same documentation being circulated around various Committees. Karen Hamilton referred to item 3.5 (supervisors' job plans and supervision time) and enquired about the timescales for the 'Remodelling Medicine Initiative'. Andrew confirmed that this had gone live on the 3rd October with the objective being to avoid a delayed process before elderly patients are seen which would hopefully see a reduced length of stay. Andrew confirmed that overall this was a positive development, however stressed the need to look at the whole system to ensure there is nothing detrimental to a patient's experience. Andrew confirmed that job planning had been completed for the previous year and that an exercise was being undertaken to ascertain the impact of this. Carol Gillie noted that it was a positive report and asked for assurance that the recommendations are on track to be completed within the timescale. Jane confirmed that they were but highlighted that the IT issues were much wider than first anticipated. Margaret Kerr appreciated the good progress made, however noted caution that the new Medical Education Governance Forum does not lose momentum and that there is a system in place to provide assurance. David agreed that he would like to have assurance around where the new group will report. Cliff Sharp, on behalf of Andrew, agreed to provide an update on this for the April meeting.

The Committee noted the update.

Hospital Admissions and Discharges Internal Audit Report - Update

Phillip Lunts spoke to this item. Phillip reported that with the exception of one partially complete and one incomplete finding the remainder had been completed. The partially completed finding related to the Day of Care audits where it was noted that results are reviewed by the Joint Executive Team as part of the scorecard with action plans for specific issues being developed and monitored. Phillip explained that the finding which had not been taken forward was the establishment of a daily Board Round form to capture and record changes in individual patient plans. It was noted that this would not be feasible as it would be too labour intensive. This would be revisited to find a simpler process to allow easy identification of changes to patient plans. Phillip also highlighted that there have been changes in the management of patient flow since the report was produced and as a result a revision of certain things would be undertaken to conclude by the end of March 2017. Stephen Mather commented that the Board Round should record progress and give assurance on safety with the patient's progress and asked for confirmation that this is being reviewed. Phillip assured that it was. He also added that planned testing of this approach within Community Hospitals would be undertaken over the next two weeks. Doreen Steele appreciated the work that had been undertaken to date, however noted concern of this carrying on for a further three months. David Davidson asked if the Board Executive Team (BET) had oversight. Carol Gillie advised that BET's input would be high level and she would expect assurance to be given by Phillip. Phillip confirmed that the Day of Care audit covers genuine delayed discharges or those who are delayed within the system and provided a summary of the reviews that are currently undertaken on a day to day basis. David asked that should confirmation of actions not be forthcoming through the follow-up report then Phillip should bring a summary of the action plan to the April meeting.

The Committee noted the update.*Utilisation Audit Report - Update*

Stuart Grant spoke to this item. Stuart referred to the three medium risks identified and provided an update for each of these. It was noted that the Operating Guidelines for access to emergency and elective theatres was now complete and operational. In regard to a formal governance policy being implemented to demonstrate the monitoring and reporting processes, Stuart advised that this linked to the IHO work and that data is being collected and would be submitted to the project group and reviewed in January 2017. Stuart explained that for the final medium risk, regarding introducing a process for formal accuracy checking over source data quality and processing, was also linked to IHO data collection. It was noted that ITU/theatre systems are being considered for upgrading, with two potentials being looked at, to provide more comprehensive reporting. David Davidson enquired if there was a preference to which system was used. Stuart advised that he had received positive feedback on both systems. Carol Gillie assured that a formal business case process would be carried out. David asked Internal Audit if they had any comments. Margaret Kerr appreciated that there had been a lot of progress made but noted more still had to be done and she would like to have seen an indication of the timescales. Carol reminded that progress would be monitored through the follow-up process, however a date for completion would be required to allow this to be undertaken. Susan Swan offered to help Stuart and the team to look at the original recommendations and update with timescales. Susan also suggested that Stuart provide a detailed update which would be included in the audit follow-up report to the Committee. This was agreed. Andrew Murray advised that IHO had gone live on the ward and to date there had been no issues.

The Committee noted the update.

6.2 *Debtors Write-Off Schedule*

Susan Swan spoke to this item and was pleased to report that there had been no requests for write off since the previous meeting and confirmed that the Finance Department continue to chase payments. David Davidson asked if debts in regard to overseas patients were reducing. Susan confirmed that they were. Doreen Steele enquired about private patients. Susan explained that this would be the charge for the use of premises and possibly scans, lab tests etc. Susan gave assurance that the policy in place is clear on the documentation that is required to be completed and to her knowledge there have been no issues with the paperwork received.

The Committee noted the report.

6.3 *Code of Corporate Governance - Update*

Susan Swan reminded that the latest version had been approved by the Board in October and that due to the delay in approval this had put the reporting cycle out of sync. Susan proposed bringing back to the Audit Committee in April with any amendments required prior to this being dealt with by the Code of Corporate Governance Steering Group who meet on a regular basis. This was agreed.

The Committee noted the update.

6.4 *Mid Year Update – Information Governance*

George Ironside spoke to this item. George reported that the main focus had been finalising the NHS Borders Records Management Plan under the Public Records (Scotland) Act 2011. George advised that the Mobile Device Policy had been further developed as had the Email Policy with both going to the Information Governance Committee the following day for approval. George highlighted that they are looking to reduce the number of USB memory sticks used across the organisation as it should only be necessary to use these to transfer data to external networks. It was noted that public WiFi access had been provided across certain areas of the hospital and the Information Governance Team had been fully involved in discussions. George advised that the number of FoI requests continue to rise and was pleased to report that NHS Borders was 99% compliant for responding within the 20 days deadline. George referred to privacy breach detection and highlighted that the number of staff reported for inappropriate access to clinical records was consistently lower than before Fairwarning was introduced in 2012. Margaret Kerr referred to the use of data sticks and reminded that this should be kept to a minimum wherever possible.

The Committee noted the update.

7. **Internal Audit**

7.1 *2016/17 Internal Audit Plan Progress Report*

Margaret Kerr spoke to this item where she reported that good progress is being made against the plan and confirmed that this is on track for completion. Margaret advised that three audits had been completed since the last meeting with all having an overall low risk rating. Margaret had no issues to draw the Committee's attention to. Doreen Steele noted that the majority of reports seemed to have an overall low risk rating and enquired about the plan for 2017/18. Margaret confirmed that she would be looking at this, however the Board should also be assessing what the key risk areas are. Susan Swan reminded that the 2015/16 Governance Statement had identified high risks. David Davidson referred to the "Health & Social Care Integration – Financial & Performance Reporting and Controls" audit that would be commencing in January 2017 and asked if this would include looking at

the IJB's performance. Susan confirmed that this was included within the Terms of Reference for this audit.

The Committee noted the progress report.

7.2 Internal Audit Report – Information Governance

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that there had been three low risk findings and that overall good processes are in place and are effectively managed. Tony highlighted the low risk findings, namely three policies, from a sample of eight, were found to be past their review date. It was noted that to address this the current policies and guidance overdue for review would be identified and a timetable developed to complete this process within the next 6 months. Furthermore, a rolling timetable would be put in place to ensure all policies and guidance are reviewed and updated in line with the agreed review schedule. The second recommendation related to the Information Governance eLearning where it was noted that only 59% of staff had undertaken this at the time of the audit. Tony stressed the need to ensure there is full compliance by 31st March 2017. The final recommendation related to Environmental Information Regulation (EIR) requests where it was noted that these require to be treated differently to FoI requests as there is a different process and should there be an appeal this could have a detrimental and financial effect on the organisation. George Ironside advised that staff who deal with FoI requests would be taking advantage of national training that is taking place.

The Committee noted the report.

7.3 Internal Audit Report – Workforce Planning

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that there had been three low risk findings and that the Local Workforce Plan was in line with mandated requirements. Tony referred to the first low risk finding where it was noted that the sub group of the Area Partnership Forum which had been put in place as a temporary measure would require a formal Terms of Reference to be put in place if it were to continue in its current format. For the second low risk finding Tony advised that there is currently a lack of transparency around the ownership of the identified actions and the Staff Governance Committee not being kept fully updated on progress with these actions. Tony advised that owners required to be identified for the recommendations within the action plan as well as deadlines and reporting timescales for delivery and a timetable for progress reports. Carol Gillie, on behalf of June Smyth, confirmed that this recommendation had been taken on board and name and dates had been added to the action plan linked to the Local Workforce Plan which was now on the website. The third low risk recommendation related to the Clinical Executive Operational Group reviewing reports, however there is no formal reporting of this information to the Staff Governance Committee. It was noted that there should be a formal reporting route in place as this significantly reduces the risk of anything being missed. Carol confirmed that this information will now be shared with the Staff Governance Committee. Stephen Mather commented on the use of acronyms as he felt it would be helpful to have a section within each report providing definitions. Doreen Steele referred to the HR dashboard and stressed the need to be on top of workforce planning as this is an important part of performance management outcomes and she would like to see this at the Strategy & Performance Committee at the earliest opportunity.

The Committee noted the report.

7.4 *Internal Audit Report – Payroll*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that there had been one medium risk finding and one low risk finding. Tony confirmed that the audit had covered the whole payroll process which had found that controls were in place overall. Tony advised that the medium risk finding related to the authorising of additional hours on SSTS whereby they had found in some instances the authorised signatory list had not been updated to include all those who had been granted “payroll authority” on the approved SSTS request form. Tony confirmed that this had been discussed with Susan Swan who would ensure that all managers who approve SSTS for additional hours have the required “payroll authority” within the authorised signatories list. The low risk finding related to the checking of exception reports where it had been found that the majority of these were reviewed, however not all had been noted as having been investigated nor was there confirmation of an independent second officer check on all of the completed reports. It was noted that agreement had been made to ensure there is sufficient evidence supplied to confirm all report entries are reviewed. Confirmation of a second officer review will also be held on file confirming that this process has been properly completed. Susan confirmed that the deadline for both of these findings had been achieved.

The Committee noted the report.

7.5 *Internal Audit Quality Assessment*

Carol Gillie introduced this item. Carol reminded of discussion at the previous meeting around the new requirement that the Internal Audit function is independently assessed every five years. Carol advised that the paper circulated provided the options available for the Committee to consider how they would like to take this forward. It was noted that the deadline for undertaking this review was March 2018. Margaret Kerr provided background on why these reviews require to be undertaken which are currently in their first five year cycle. Margaret confirmed that it was for all Internal Audit services, not only for outsourced services. Margaret explained that NHS Borders would set the direction for the review. Carol enquired if this was something that could be undertaken jointly with other Boards. Margaret felt that there were elements of the review, particularly around interaction with the Audit Committee, which would not make this possible. Following discussion Carol agreed to review the options and come back with a proposed way forward.

The Committee discussed the options available and agreed Carol should review the options and recommend a way forward.

8. **External Audit**

8.1 *External Audit Annual Audit Plan 2016/17*

Gillian Woolman spoke to this item. Gillian referred to page four of the report that detailed the areas identified as the main risk areas for NHS Borders which had been categorised into financial risks and wider dimension risks. Gillian highlighted the financial sustainability risk and advised that a meeting had taken place earlier in the day with the Senior Finance Team and assured that External Audit are keeping in close contact with key people in Finance. Gillian went on to the wider dimension risks, and in particular the challenges faced around the IT infrastructure. Gillian also highlighted the policies and procedures which were due to be updated and assured that they would be working closely with officers in the review of drafts. Gillian referred to the audit outputs detailed on page six as well as the audit fee which had not yet been issued but was expected in the next few days. Gillian highlighted the audit scope and stressed the importance of the whole of the audit team

understanding the business of NHS Borders and the key risks the organisation is facing. The key dates within the financial statements timetable were noted. Gillian advised that an annual review of Internal Audit's work would be undertaken to place reliance on a number of key areas. The Committee noted the audit dimensions upon which the audit is based, namely financial sustainability, financial management, governance and transparency and value for money. Gillian also highlighted the strategic plan which identified proposed audit work that would be undertaken over the five year appointment.

The Committee noted the report.

Audit Scotland Reports

Carol Gillie explained that the following Audit Scotland reports had been reviewed by the Clinical Executive Operational Group who had recommended that the Audit Committee receive for information.

8.2 *Audit Scotland Report: 2015/16 Audit of the Scottish Government Consolidated Accounts*

Carol Gillie advised that this report provided details of the financial management and reporting, performance and governance arrangements for the Scottish Government's consolidated accounts.

The Committee noted the report.

8.3 *Audit Scotland Report: Scotland's New Financial Powers*

Carol Gillie spoke to this item. Carol highlighted exhibit 1 which provided details of the timeline for the new financial powers which included new responsibilities for taxes, social security and borrowing. Carol stressed that the Scottish economy would have an increase on public finances and brought the Committee's attention to exhibit 2 which detailed taxation which was anticipated to cause financial volatility.

The Committee noted the report.

8.4 *Audit Scotland Report: NHS in Scotland 2016*

Carol Gillie spoke to this item. Carol referred to the key facts detailed on page four and the key messages on page five. Carol highlighted that Boards are not meeting standards and a number of recommendations were detailed on page six. Carol advised that there was a link within the report for a self assessment for Non Executives and asked Committee Members if they would like to complete this. David felt that it would be a beneficial exercise for all Non Executive Directors to undertake and suggested that findings could be discussed at a future Board Development Session. Doreen Steele was surprised to note that there was no mention of a joint action plan within the report. Karen Hamilton also noted her disappointment with the short statement on Health & Social Care Integration as this is a key element. Doreen also stressed the need for the Board to have an action plan for the future as the challenges could not be underestimated. Stephen Mather referred to the high cost of drugs and highlighted that this has been discussed on numerous occasions and is outwith NHS Borders' control. David asked the Auditors for their thoughts. Margaret Kerr felt that it was a very good summary of what Boards have known for some time so all should be aware to a degree dependent on geographical location. Margaret noted that the strategy is set, however there needs to be clarity by the government as there are so many uncertainties. Gillian Woolman confirmed that the Auditor General for Scotland will continue to report on Health and Social Care Integration periodically. Carol agreed to circulate the self assessment to Non Executive Directors for completion and return to her and to request this is an item for discussion at a future Board Development Session. Stephen Mather advised

of an interesting article he had read and provided the details for this as it was worthy of reading (www.edstraw.com - “if medics treated patients as Government’s treat the NHS, we’d all be dead”).

The Committee noted the report.

9. **Annual Accounts 2016/17**

9.1 *Mid Year Accounts 2016/17*

Vivienne Buchan spoke to this item. Vivienne explained that the process for the mid year accounts included review of all the main areas of the Board’s accounts as at the end of September 2016. Vivienne highlighted the statement of comprehensive net expenditure which noted net operating costs of £116m. Vivienne advised that the figures for the same period the previous year had been included to provide a comparison. An increase of £10m was noted which related to a rise in pays, supplies, pharmacy and FHS expenditure. This increase was reflected across the accounts. It was noted that a visit to NHS Forth Valley had taken place to look at improving processes and working documents. Gillian Woolman welcomed this exercise and noted her thanks as it was extremely helpful.

The Committee noted the Mid Year Accounts for 2016/17.

10. **Items for Noting**

10.1 *Minutes of Information Governance Committee: 13th September 2016 (Draft)*

There were no issues raised.

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

11. **Any Other Competent Business**

Audit Committee Members, Carol Gillie and Susan Swan were present for this item.

Internal Audit Arrangements

Carol Gillie spoke to this item. Carol provided the background to the current contract with PricewaterhouseCoopers (PWC) for the Internal Audit service which was due to end in March 2017. Carol proposed extending this for a period of 12 months to allow time to consider the future for Internal Audit services which may include undertaking a market test exercise or working more collaboratively with other Boards and asked the Committee for their views. David Davidson felt that in view of work that was required to be undertaken in the near future he did not feel that this would be an appropriate time to undertake this exercise and agreed with the recommendation to extend for 12 months as he had found that PWC have provided a satisfactory service. Stephen Mather agreed that he would be content to extend for 12 months as he felt PWC provided a good service with quality reports. Stephen asked if PWC had been approached and if they were prepared to do this. Susan Swan explained that they had not discussed this with them, however as part of the contract there is an option to extend for 12 months and she not anticipate any problems. Karen Hamilton and Doreen Steele also noted their agreement with the approach to extend PWC for 12 months. David enquired if this would be at the current rate. Susan confirmed that it would be.

The Committee agreed to the extension of PWC for a period of 12 months whilst future options for Internal Audit services was explored which may include a market test exercise.

12. **Date of Next Meeting**

Monday, 3rd April 2016 @ 10 a.m., Board Room, Newstead.

BE
20.12.16



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 3rd April 2017 at 10 a.m. in the Board Room, Newstead.

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

In Attendance: Mr T Barrie, Audit Manager, PWC
Mrs N Berry, Associate Nurse Director / Head of Midwifery & General Manager for Women & Children's Services (Items 7.4 and 7.6)
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr C Herbert, Head of Human Resources (Item 7.5)
Mrs M Kerr, Director, PWC
Mr P McMenamin, Interim Chief Financial Officer (Items 4 and 7.3)
Mr C Sharp, Medical Director (Item 7.4)
Mrs J Smyth, Director of Workforce & Planning (Item 7.5)
Mrs J Stacey, Chief Officer Audit & Risk
Mr J Steen, Senior Auditor, Audit Scotland
Ms S Swan, Deputy Director of Finance
Mrs G Woolman, Assistant Director, Audit Scotland

1. **Introduction, Apologies and Welcome**

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

2. **Declaration of Interest**

Doreen Steele declared an interest in the Agency and Locum Staff Internal Audit report as she was the Director of an agency that included nursing staff.

3. **Minutes of Previous Meeting: 12th December 2016**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

IRAG Update

Paul McMenamin spoke to this item. Paul reported that work had taken place over the last 12 months to implement all recommendations. Paul confirmed that he was content with the current position and went on to give an update on the reports that have been submitted to the IJB to date.

Paul assured that it was a well placed position to be in to move forward in a robust financial manner. Paul highlighted that the report also provided detail on the outstanding actions. It was noted that of the 16 outstanding, nine were low risk, five were medium risk, one was high risk and one did not currently apply. The outstanding action rated as high was in regard to a full review of financial regulations within NHS Borders and Scottish Borders Council being overdue. It was noted that this was incorrect as NHS Borders had undertaken a review of the Code of Corporate Governance in October 2016 therefore the action remained outstanding for Scottish Borders Council. Paul recommended that the Committee receives a further update report in six months. This was agreed. Paul agreed to ensure that SBC provide an update within agreed timescales on this action in advance of the next IJB Audit Committee. Jill Stacey confirmed that the financial regulations, which form part of the wider Code of Corporate Governance, would be going to the Council meeting after the new Council administration was in place. Jill anticipated this going in June. Stephen Mather asked for clarification on what is classed as non-current assets. Paul advised that these were fixed assets such as property. Karen Hamilton highlighted that timings are crucial to ensure everything ties in to the relevant meetings. Carol agreed that this is extremely important and stressed the need for the three organisations to link with each other.

The Committee noted the update.

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group Annual Meeting with CFS - Feedback*

Susan Swan reminded that the Countering Fraud Operational Group had been delegated to take forward the fraud agenda on behalf of the Audit Committee. Swan reported that the annual meeting with Counter Fraud Services had taken place on 27th February 2017. Susan confirmed that NHS Borders had responded to the questionnaire issued by CFS prior to the annual meeting and the feedback received had been positive where it was noted that NHS Borders is engaged both pro-actively and re-actively with the fraud agenda. Susan advised that CFS will be taking forward a further review to assist Boards in this challenging financial environment. Doreen Steele enquired if staff made use of the eLearning module. Susan confirmed that 467 members of staff have completed this which she has been advised is a good uptake. Susan added that they are also looking to incorporate this within individual department's training plans and they are working with CFS on this.

The Committee noted the update.

5.2 *NFI Update & Risk Assessment*

Susan Swan spoke to this item. Susan reported that matches had been issued in January with the exception of Payroll. It was noted that this was due to a national issue and these were expected in May. Susan highlighted that the report detailed areas for potential fraud and that she would bring back an updated report, including Payroll matches if possible, to the June meeting.

The Committee noted the update.

6. Governance & Assurance

6.1 *Audit Committee Terms of Reference*

Susan Swan spoke to this item which was a review of the Terms of Reference to ensure the Committee are still content with the remit. Susan reminded that this had been discussed as part of the Code of Corporate Governance refresh which had been approved by the Board in October 2016. David Davidson referred to “Meetings” at section 1.3 and asked who the Lead Officer was for the Committee. Susan confirmed that it was the Director of Finance and agreed to add this to provide clarity. David highlighted the “Internal Audit” section and queried if it was felt necessary to have regular meetings of the three Audit Committee Chairs. Jill Stacey felt that the current informal information sharing sessions would suffice. This was agreed. David also referred to the “Other Matters” section and asked if the Audit Committee ever considers its own performance. Following discussion it was agreed that completion of a self assessment checklist could be an appropriate way forward and Carol Gillie agreed to discuss further with Margaret Kerr outwith the meeting. Jill Stacey advised that SBC use a best practice self assessment checklist which they have found to be a useful exercise to undertake. Karen Hamilton referred to the section on “External Audit” in regard to the bullet points. Susan confirmed that these had been knocked off and agreed to amend these. Doreen Steele highlighted the reference to “Executive Members” and suggested a change of wording as the Executive Directors were in attendance rather than a member. Susan agreed to amend this and ensure consistency throughout the Terms of Reference. Gillian Woolman suggested that the review of group accounts be added to the eighth bullet point under External Audit. This was agreed. Susan agreed to make all the necessary amendments and circulate the revised Terms of Reference.

The Committee reviewed and approved the Terms of Reference with the proviso that the changes discussed be made.

6.2 *Audit Committee Work Plan 2017/18*

Susan Swan spoke to this item. Susan advised that as part of the Terms of Reference the Committee receive an annual work plan to alert them to what will be coming forward to meetings for the year ahead. Susan went over the changes made to the plan, including addition of an Integrated Joint Board section and the session for the Non Executive and Executive Directors to go through the Annual Accounts. Susan highlighted that the ISA 260 Report under External Audit for the June meeting should read Annual Report to Members. Jill Stacey advised that similar discussions have taken place within SBC and stressed the need to avoid duplication of work. Jill confirmed that the IJB Audit Committee papers are published within the public domain and suggested that a link to these is provided to avoid papers being circulated to each Audit Committee. This was agreed. Gillian Woolman referred to the session for Non Executive and Executive Directors to go through the Annual Accounts and asked for assurance that points that were raised were acted upon. Carol Gillie confirmed she felt that they were and advised that this session is documented and any issues/changes are presented at the June Audit Committee meeting.

The Committee discussed and approved the Work Plan for 2017/18.

6.3 *Audit Follow-Up Report*

Susan Swan advised that work is currently underway and a report would be presented to the June meeting.

6.4 *Debtors Write-Off Schedule*

Susan Swan spoke to this item. Susan explained that the Committee were only made aware of debts when they reached write-off stage and advised that following a recommendation from External Audit the report now attempted to capture elements of bad debts and doubtful debts in addition to the usual information reported. Susan highlighted the potential of using an external Debt Recovery Agency and advised that a review of this option is being undertaken. The Committee would receive the findings and recommendations at the June meeting. Susan referred to the doubtful debt where it was noted that the level held totalled £23,000 for the period 2011 to date. David Davidson noted his support around the use of an external Debt Recovery Agency. Doreen Steele also supported this, however reminded of the need to be proportionate and choose the agency carefully. Karen Hamilton appreciated why this option was being looked at, however noted her concern that it could be a risk to the organisation's reputation. Margaret Kerr highlighted the effort made to recover debts must be in proportion to the level of debt outstanding, particularly around foreign patients. Gillian Woolman added that it was important that the Committee did not lose sight of the amount of debt potentially lost which would have had an impact on the financial outturn at that point in time.

The Committee noted the report.

6.5 *Update on Very High Risks*

Sheila MacDougall spoke to this item. Sheila highlighted that two new very high risks had been added, with one of these being mitigated down to high risk. Sheila explained that following discussion at the Clinical Executive Operational Group a new process has been put in place to ensure better reporting on the Risk Management process which in turn will have a positive impact on the key performance indicators. David Davidson referred to page 10 of the Annual Report which provided attendance stats for training during 2015/16 and asked what action is being taken to improve these. Sheila confirmed that there has been improved attendance during 2016/17 and provided an update on action taken, for example the Training & Development Department are providing support to managers to ensure that the appropriate staff are sent on training. Stephen Mather referred to the update report and showed surprise at the risk relating to patients falling when boarding outwith their speciality as he felt that there was a risk of this happening wherever they are. Sheila went on to provide feedback following an instance when this had happened which had raised issues on the supervision and skills of nursing staff from ward to ward. Nicky Berry, as ultimate risk owner for this particular issue, advised that training has been undertaken. Karen Hamilton noted that the due date for a number of risks was either today or had just past and asked if we were on track to meet the deadlines for the very high risks. Sheila confirmed that some were on track, however some were not and provided an update. David Davidson reminded of previous discussion on what should be included as statutory and mandatory training following receipt of the Internal Audit report which had been remitted to the Staff Governance Committee to take forward. Carol agreed to discuss this with June Smyth and would provide the Committee with feedback. Doreen Steele encouraged that action is taken and the Staff Governance Committee is given a timescale for a detailed piece of work to be undertaken and feedback provided. Stephen Mather advised that this has been raised periodically at the Staff Governance Committee over the last two years and although they are being assured that mandatory training is being looked at, no feedback has been received.

The Committee noted the report.

7. **Internal Audit**

7.1 *2016/17 Internal Audit Plan Progress Report*

Tony Barrie spoke to this item which provided a summary of the reports issued since the last meeting, with four being received today and the final one outstanding on Risk Management to be presented at the June meeting. It was noted that there were no issues with the findings on this report, clarity was still required on who would be taking forward some of the actions and the deadlines for these.

The Committee noted the progress report.

7.2 *2017/18 Internal Audit Plan*

Margaret Kerr spoke to this item. Margaret advised that the plan was currently a draft and confirmed that various discussions have taken place with management. Margaret highlighted the approach detailed on page four and confirmed that there has been no change to this and that the plan provides what can be done within resource on what is seen as a priority to the organisation. Margaret referred to page six which detailed the audit universe, corporate objectives and risks. It was noted that there had been no change to this following the establishment of the Integrated Joint Board (IJB) as this is not included within NHS Borders' Audit Universe. Margaret drew the Committee's attention to the proposed plan for 2017/18 which included the scope, number of days and timing. David Davidson asked Carol Gillie if she was content with the plan. Carol confirmed that discussions had taken place with Internal Audit and BET colleagues and that she was content. Doreen Steele was pleased to see the inclusion of Clinical Governance and asked if Internal Audit would be looking at the visibility of clinical audits. Margaret confirmed that this could be picked up if it was a concern. Karen Hamilton asked if it could be clarified within any reports relating to Health & Social Care Integration who must address the issue.

The Committee approved the Audit Plan for 2017/18.

7.3 *Internal Audit Report – Health & Social Care Integration*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that there had been one medium risk and two low risk findings. Tony referred to the medium risk relating to performance monitoring not having been sufficiently developed. Tony advised that there is insufficient detail for all monitoring requirements and performance reporting was a requirement in the Scheme of Integration. Carol Gillie explained that a significant amount of work has been undertaken on financial reporting but not around activity reporting. Carol confirmed that Elaine Torrance has started doing this and there is evidence of more robust reporting being in place in recent months. The Committee discussed the potential for duplication of work across the three organisations and the need for improved co-ordination. June Smyth gave assurance that there was ongoing work behind the scenes with the objective of putting in place a streamlined regular reporting process. Margaret Kerr stressed the need to apply the same rigour for performance monitoring as had been undertaken for financial monitoring. It was noted that progress would be monitored through the audit follow-up process.

The Committee noted the report.

7.4 *Internal Audit Report – Agency & Locum Staff*

Tony Barrie introduced this report which had an overall high risk rating. Tony reported that there had been one high risk and four medium risk findings. Tony advised that a number of areas were found to be of concern and drew the Committee's attention to the high risk finding, namely that the financial cost/impact of the decision to appoint to agency/locum staff is not part of the approval process. It was felt that there should be more visibility of costs and impact on the overall budget at the beginning of the process. David Davidson referred to the exercise undertaken within nursing to reduce agency costs and asked if there had been any progress with medical. Carol Gillie confirmed that it was work in progress and confirmed that they were looking to revamp the Terms of Reference for the Medical Oversight Group. Cliff Sharp stressed the need for a clear process and timescales to ensure all viable options are looked at prior to a locum appointment. It was noted that cross-cover would also be looked at for periods of annual leave rather than employing locums as was the case in some areas. Cliff advised that a cap of £100 had been introduced within NHS Borders. David Davidson enquired if anything was being undertaken on a national or regional level. It was noted that regional working is being looked at and that a group had been set up to look at agency usage and Bob Salmond is the Borders rep on this. Doreen Steele noted that the report stated that NHS Borders had not always used the framework contract and stressed the importance of sticking to this. Tony added that by not using the framework contract there is no assurance on the quality of the providers and in some instances there was no indication of the fee that would be charged. Tony referred to the medium risk findings, namely the lack of investigation into the root cause for the use of agency and locum staff, an update required on the procedures for the use of agency and locum staff and the need for performance reviews of agency and locum staff to be undertaken. Nicky Berry gave assurance that there is a lot of work being undertaken and a Project Board is being set up to ensure that the plans being put in place are in line with the recommendations within the audit report. It was noted that progress would be monitored through the audit follow-up process and if recommendations are not being progressed within the timescales attendance would be requested at a future Audit Committee to provide an update.

The Committee noted the report.

7.5 *Internal Audit Report – Staff Disciplinary*

Tony Barrie introduced this report which had an overall medium risk rating. Tony reported that there had been one medium risk and five low risk findings. Tony advised that the medium risk finding was due to a number of instances of non compliance with the Conduct Policy. The five low risk findings related to policy training, clarity of policy and procedure, review of policy and procedure, policy reporting and timeliness of grievance procedures. Doreen Steele noted her concern on the low risk levels given as she reminded that if this policy is not followed the organisation may potentially face a tribunal and felt this would be a high risk. June Smyth assured that NHS Borders are fully compliant with the PIN policy which is adopted locally and advised that some changes had been made to this but these had not been fundamental and were just to make it easier for managers to understand. Margaret Kerr advised that the risk rating was for the organisation as a whole and not just for an individual department. Margaret stressed that all recommendations should be acted upon regardless of the rating as they all have an impact on the organisation in some way.

The Committee noted the report.

7.5 *Internal Audit Report – Security of Medical Equipment*

Tony Barrie introduced this report which had an overall low risk rating. Tony reported that three low risk findings had been identified. It was noted that good practice had been identified within a number of areas. Tony then went over the areas where improvement was required. Nicky Berry confirmed that the report had been extremely helpful and was pleased to report that all recommendations had been actioned.

The Committee noted the report.

8. **External Audit**

8.1 *External Audit Interim Management Letter 2016/17*

Gillian Woolman spoke to this item. Gillian referred to page one which captured the key systems which had been subject to audit testing. Gillian highlighted that reliance had also been placed on Internal Audit for Payroll. Gillian noted that the overall conclusion confirmed that there were adequate systems of internal control and compliance with established policies and procedures. Gillian highlighted where areas of control weaknesses had been identified and advised that there had been an opportunity to discuss these with management. Gillian advised that Carol Hislop, Senior Audit Manager was now on secondment and Asif Haseeb would be taking over from Carol. It was noted that Asif was also the Senior Audit Manager for SBC and the IJB. Gillian went on to take the Committee through the action plan which would strengthen controls in relation to payment validation, suppliers checks, salary overpayments, debt write-offs and stock procedures.

The Committee noted the report.

9. **Annual Accounts 2016/17**

9.1 *Annual Accounts Timetable*

Susan Swan took the Committee through the timetable for the production of the 2016/17 annual accounts. Susan highlighted that the main change related to the addition of the Integrated Joint Board where it was noted that Paul McMenamin would attend the June Audit Committee meeting with the draft IJB Annual Accounts. The final accounts would be presented to a future meeting. Susan assured that there will be ongoing dialogue to ensure there is a consistent message across all three sets of accounts. Susan went on to take the Committee through the key dates where it was noted that a session to go through the draft accounts in detail, as per previous years, would be arranged with Non Executive and Executive Directors with the final accounts being presented to the June Audit Committee meeting.

The Committee noted the Annual Accounts timetable for 2016/17.

10. **Items for Noting**

10.1 *Minutes of Information Governance Committee: 13th December 2016*

There were no issues raised.

The Committee noted the minutes of the Information Governance Committee.

11. **Any Other Competent Business**

David Davidson advised that this would be Doreen Steele's last meeting and thanked Doreen for all her input to the Audit Committee over the years and wished her well for the future.

12. **Date of Next Meeting**

Monday, 19th June 2017 @ 2 p.m., Board Room, Newstead.

BE
07.04.17

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Tuesday, 17th January @ 2 p.m. in the Board Room, Newstead.

Present: Cllr C Bhatia
Mr D Davidson
Mrs J Davidson
Mrs C Gillie (Arrived at 2.15 p.m.)
Mrs K Hamilton
Dr S Mather
Dr A Murray
Mr J Raine (Chair)
Mrs A Wilson

In Attendance: Mrs B Everitt (Minutes)
Ms M Paterson (Left at 4.05 p.m.)
Mr G Reid
Mrs J Smyth
Ms S Swan
Mrs K Wilson

1. **Introduction, Apologies and Welcome**

John Raine reminded that the role of today's meeting was as a Trustee of the NHS Borders Endowment Fund.

Apologies had been received from Mrs E Rodger, Mrs C Oliver, Dr T Patterson, Mrs P Alexander and Mr J McLaren.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 26th September 2016**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The action tracker was noted.

5. **Fund Management**

5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham reported that the portfolio value as at 31st December 2016 was £3,466,275. Graham had not anticipated such a positive outcome particularly taking into account recent political events. It was noted that the UK market was up in sterling terms and the prospects for global equities was still extremely positive. Graham did not anticipate a rise in interest rates for the foreseeable future. Graham went on to provide an update within the equity market where he expected some volatility ahead, primarily due to the political uncertainty over the next 12 months. John Raine asked if we had too much of a cash holding. Graham advised that the cash holding with Investec was

£10,000 which is not significant. Susan Swan added that there had been £1m held in cash over the majority of the last 12 months and suggested she worked with Graham and come back to Trustees with a proposal to reduce this cash balance by moving to the Investment Portfolio. This was agreed and it would be circulated virtually for approval. David Davidson asked if there was an element that could be used for investing in equities. Graham advised that 21% of the portfolio was invested in fixed income security bonds and felt between 3% and 5% could be moved towards equities. Graham added that it was possible to move away from bonds but suggested only a modest amount and stressed the requirement to keep within the mandate. Graham agreed to look into this without causing undue risk to the portfolio. Stephen Mather highlighted that some investments had extremely low yields, such as North American Equities, and enquired about the trigger for selling these investments. Graham explained that these holdings have done extremely well in terms of capital growth which allows a balanced portfolio as per the mandate. Graham assured that the underlying performance of investments is monitored and if it is found that these are not performing they would be disposed of.

Graham advised that the current benchmark used, WMA Benchmark, would be changing and he would be in a position to provide more information at the next meeting.

The Board of Trustees noted the report.

5.2 *Review of Investment Portfolio Benchmark*

Susan Swan spoke to this item. As reported under the previous item the portfolio was benchmarked against the WMA Benchmark and an update on this would be provided at the next meeting. Susan was pleased to report that from the comparisons detailed within the report the portfolio was over achieving against the benchmark.

The Board of Trustees noted the review that had been undertaken and agreed to the continued use of the WMA Balanced benchmark to monitor performance of the Endowment Fund Investment Portfolio.

6. **Financial Report**

6.1 *Primary Statements and Fund Balances*

Susan Swan spoke to this item. Susan reported that the Endowment Fund portfolio recorded a cumulative total of £4,303,036 as at 30th November 2016. It was noted that the I&E account recorded an in-year net movement in funds of £418,274 for this period. This compared with an end of year net movement of £164,742 reported in 2015/16. Susan highlighted that the income received to date totalled £475,055 which included £112,964 of money stewarded by the Fundraising Team. Susan advised that the 'Cost of Fundraising' reported a cumulative position on Fund 401 of £151,055.66. This expenditure was in line with the Trustees' agreement to pump prime costs of the major fundraising appeal. Susan reminded that Trustees had approved a 50/50 recharge against Restricted and Unrestricted Fund balances of the costs incurred during 2016/17, currently £44,635, for the Fundraising Team. It was noted that the recharge would be actioned as part of the year end Annual Accounts process. Susan advised that the Finance Department are working with Fundholders who have larger fund balances to promote spend. Susan referred to the schedule attached which provided details of the top 20 funds comprising 87% of the overall fund on Restricted Fund balances. David Davidson enquired if there was any risk of a Fundholder spending more than what was held in their fund. Carol Gillie explained that within the Scheme of Delegation Fundholders are responsible for their funds, however should the spend be above a certain level then it is referred to the Director of Finance for approval. Carol gave assurance that she checks with the Finance Team to ensure that there

are sufficient funds held before approving requests. Doreen Steele noted that some of the funds had large balances and asked if the Board had any influence on how these are spent. Carol advised that under the current governance arrangements Fundholders, in line with delegated limits, make decisions on how to spend funds. Carol added that there was also the option for the Board to take away the Restricted Fund status, however she would not propose taking this course of action. Susan suggested as a way forward it may be helpful to invite Fundholders to the Endowment Advisory Group to discuss spending plans. John Raine agreed with this suggestion. Karen Wilson also reassured that the Fundraising Team, in addition to Finance, are looking to build better relationships with Fundholders to provide advice and support. Karen also provided an update on the advice given to prospective donors prior to donations being made and it was noted that the General Endowment Fund is included as an option. Stephen Mather enquired if funds are looked at on an annual basis to gauge movement. Susan confirmed that the current resource allows for the top 20 funds to be regularly reviewed. Jane Davidson referred to the £151,055.66 for Fundraising costs and asked if there was a breakdown for these. Susan agreed to provide this. Jane also referred to the expenditure in terms of staff welfare as she felt this was quite high and it would have been useful to see more of the detail behind this to ensure Trustees are discharging their duties appropriately. Susan referred to an item later on the agenda relating to the access of Endowment Fund Board of Trustees agenda and papers. It was noted that this had arisen due to a number of recent Ask the Board questions around the use of Endowment Funds. Susan explained that the most recent one was in regard to accessing the agenda and papers. Susan asked Trustees for their views on publishing papers on the Intranet within the Finance Microsite and what level of detail should be made available. John felt that it would be acceptable for all papers to be published. Catriona Bhatia queried if the names of people who had made donations would need to be made anonymous. Susan advised that these are published as part of the Annual Accounts unless there is a specific request for this to be kept anonymous. Jane Davidson suggested checking this against the Standing Orders. Susan confirmed that these state that this is an in private meeting therefore no papers are made public. The minutes of the meetings are noted by NHS Borders Board and are published as part of the Board papers. Following discussion Susan agreed to review the Standing Orders and bring back a paper listing options to the next meeting.

The Board of Trustees noted the financial report to 30th November 2016.

6.2 *Register of Legacies & Donations*

Susan Swan spoke to this item which detailed all donations and legacies received for the period to 30th November 2016. Susan confirmed that the relevant Fundholders have been made aware of donations received. John Raine enquired if those who make larger donations receive more than a thank you letter. Karen Wilson advised that at present they did not, however are part of the stewardship they are looking at the options for recognising these. A proposal would come forward to Trustees in due course.

The Board of Trustees noted the legacies and donations received for the period to 30th November 2016.

7. **Governance Framework**

7.1 *Endowment Fund Workplan 2017/18*

Susan Swan spoke to this item which provided an overview of what papers Trustees would receive at each meeting.

The Board of Trustees discussed and approved the Workplan for 2017/18.

7.2 *Endowment Fund Board of Trustees Terms of Reference – Annual Review*

Susan Swan spoke to this item and explained that as part of the Code of Corporate Governance an annual review of the Terms of Reference is good practice. Susan confirmed that any comments received to date have been taken into account. Catriona Bhatia noted that there was no mention of risk appetite within the remit. Susan confirmed that it is sufficient for this to only be included within the Investment Policy and advised that the Investment Advisor has a mandate to work within certain boundaries. Susan highlighted that each document cannot be read in isolation. Karen Hamilton referred to approval of the Fundraising Plan within the remit and queried how this fits with the workplan as there were no relevant heading. Susan reviewed this and agreed that it had been omitted and would now add this to the workplan. Doreen Steele also noted that there were some contradictions between the Terms of Reference and the documents circulated for item 7.3 and agreed to provide Susan with these outwith the meeting. Doreen also highlighted that it stated that the Board of Trustees approved the annual budget on recommendations made by the Endowment Advisory Group which she did not feel was correct as this intimated that the Endowment Advisory Group was the superior group. Susan agreed to amend the wording to provide clarity. Andrew Murray also highlighted that the Vice Chair is not clearly identified and suggested this be added. Susan agreed to add this.

The Board of Trustees reviewed and approved the Terms of Reference with the proviso that the changes discussed be made.

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

Susan Swan spoke to this item. David Davidson stated that he agreed with rewarding staff, however from the Endowment Fund Financial Procedure, he could not see how the staff awards event fit into this. Susan advised that this came under staff training and development and recognising innovation. David was concerned that in terms of equality some staff were unable to attend the event due to shift patterns etc. June Smyth gave assurance that the invite goes out across the whole organisation well in advance to ensure everyone has a fair chance to make alternative arrangements should they wish to attend. Stephen Mather felt that as a Trustee he would like assurance that the charity law within Scotland is being adhered to. Susan suggested that this could be discussed with OSCR when they attend the meeting in May. Andrew Murray advised that he was aware of similar events within other Boards which are held on site with no alcohol or entertainment. June Smyth explained that when the awards events first commenced an exercise was undertaken to gauge the type of events other Boards hold across Scotland and England. Alison Wilson noted caution around making any changes as she reminded of the impact to staff morale when the Christmas lunch ceased. Following discussion it was agreed that the original bid for the staff awards should be revisited and brought back to a future meeting.

Susan referred to the Endowment Fund Charter which she explained was based on best practice across Scotland. Stephen enquired if there had been any changes made to this document since last year as he would have found it helpful to have had these highlighted. Susan advised that only minor changes had been made to the three documents which make up the Endowment Fund Governance Framework and highlighted these within the covering report. Susan agreed that in future she would ensure any changes are highlighted within the individual documents.

The Board of Trustees noted the report and approved the use of the Endowment Fund Governance Framework for 2017/18.

7.4 *Review of Investment Policy*

Susan Swan spoke to this item. Susan confirmed no changes had been made and reminded of the recent re-appointment of Investec as the Investment Advisor. Graham Reid confirmed that he was content with the policy.

The Board of Trustees reviewed and approved the Investment Policy.

8. **Risk Strategy**8.1 *Review of Risk Management Policy*

Susan Swan spoke to this item. Susan highlighted the option to appoint a Risk Champion and asked Trustees if they wished the policy to be amended to include this role. Following discussion it was agreed that this would not be necessary and a change in wording was suggested that any decisions relating to risks are made by Trustees at the Board of Trustees meetings. Susan agreed to make this amendment.

The Board of Trustees noted the report and approved the Risk Management Policy.

8.2 *Risk Register Update*

Susan Swan spoke to this item. Susan advised that there had been two additions to the register, namely OSCR being invited to attend a Board of Trustees meeting to discuss the Charity's governance and update of the 2016/17 Annual Accounts as per legislation. It was noted that there was no change to the overall risk ratings. Susan advised she would be attending Charity Accounting training that was being run by CIMA on the 24th January 2017 which would give an opportunity to ensure compliance. Trustees discussed the current format of the Risk Register and agreed to keep this going forward.

The Board of Trustees reviewed and noted the Risk Register.

9. **Endowment Advisory Group**9.1 *Minutes of Endowment Meeting: 25th November 2015*

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

9.2 *Endowment Funding Applications – Recommendations from Endowment Advisory Group*

Susan Swan spoke to this item. Susan reported that the Endowment Advisory Group had met on the 23rd November 2016 and fully reviewed the four applications received from clinical services. Susan highlighted the recommendations made for each of these bids. It was noted that there were no funding requests at present and that actions were being taken forward. John Raine noted that the SMOTS camera for simulation training had subsequently been funded by National Education for Scotland (NES) and was surprised by this as he felt that a request for Endowment funding should be seen as a last resort. Susan assured that it is and explained that this application had initially been turned down by NES, however it had subsequently been resubmitted and been successful.

Carol Gillie referred to the application for the Diabetes Community Project and advised she was currently working with the service to come back with a revised bid. Susan reminded of previous discussions about creating an adult changing facility and advised that a meeting was being arranged to look at this in more detail. Andrew Murray asked for assurance that this was being taken forward as a high priority. Susan explained that it was hoped to include this within the project to refurbish the Mammography unit. An application to fund this had been submitted to Walk the Walk charity. Doreen Steele

reminded that the Strategy & Performance Committee had supported the development of an adult changing facility and stressed the need for this to be taken forward as a matter of priority as she would not like to see it lose momentum particularly due to the patient safety and infection concerns. Susan suggested that the Endowment Advisory Group could review the paperwork which had been submitted to Walk the Walk and their decision would be circulated to Trustees electronically. Doreen also referred to the bid made for the Borders Domestic Abuse Advocacy Project and confirmed that this had subsequently been approved by the Integrated Care Fund.

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

10. **Retirement Event – Update**

Morven Paterson spoke to this item which provided an update on the retirement event held on 23rd September 2016. Morven highlighted that the total cost of the event was £277 and that the feedback received had been extremely positive. It was noted that the report also detailed improvements for the 2017 event. Karen Hamilton noted that the uptake was not great and asked if anything could be done to make the event more attractive. John Raine felt that timing could be the main issue as a number of months could have passed since a person had retired.

The Board of Trustees noted the report and noted the recurring spend of this event against the General Endowment Fund.

11. **Fundraising**

11.1 *Fundraising Update*

Karen Wilson spoke to this item. Karen advised that in terms of income they were on trajectory and that 25% of overall income had been stewarded by Fundraising. It was noted that the legacy giving campaign had launched in November 2016 and that phase 2 was being undertaken at the moment. Karen was pleased to report that they had received their first pledge. As well as working with solicitors going forward, this would also be raised through social media. Doreen Steele suggested also making contact with accountancy firms. Karen advised that since guidance had been issued on payroll giving a total of three have been enlisted and she was confident that this figure would rise. Karen highlighted that this was shown as being 11.3% off trajectory, however this figure should have been noted against the following item relating to donations via E-Tapestry. It was noted that a floor standing donation box had been put in place at the BGH entrance and it was being looked at to roll this out within the community. Karen went on to provide an update on sponsorship received for the staff awards event and was pleased to report that 10 out of the 12 companies approached had agreed to sponsor an award at £500 each, giving a total of £5k towards the event. It was hoped that in future the whole event would be fully sponsored. Karen advised that two new themes had been taken forward during December, namely Christmas puddings and the Tree of Light Appeal, which had generated just over £2k in total. The Tree of Light Appeal in particular had been found to be an excellent morale boost for staff and a full lessons learned report would be undertaken in due course. It was noted that the Fundraising Team continue to support the Space to Grow Project, the Cancer Centre refurbishment and the Mammography refurbishment. It was noted that for the Mammography refurbishment an application to fully fund this project at a cost of £585,000 had been made to Walk the Walk charity and a response was expected later in the month. It was noted that the Charity for Care shop in Kelso continues to go from strength to strength and has far exceeded expectations, with a total of £125k being received in less than two years. Karen confirmed that they continue to strive for closer working

with the Friends and provided feedback from a recent meeting she had attended where an application from the Medical Equipment Committee had been approved. Karen explained that it was also planned to work with individual Fundholders to identify support requirements. Karen referred to recent meetings with RVS in regard to gifting to the organisation as this has not taken place for a number of years. Karen advised that this has since been rectified and £300k has been secured for the last four years. Karen confirmed that Fundraising would be involved in any meetings going forward. Carol Gillie added that this income is separate from the rent received and confirmed that invoices have now been issued for rent for the last two years, since the new lease arrangements commenced. It was noted that the rent is payable to NHS Borders Board. Karen reported that the new website had been launched in November 2016 which was a self build as this had been much more cost effective as well as giving more control on the content.

John Raine advised that Morven Paterson would be leaving her position of Fundraising Officer at the beginning of February and thanked Morven for her input over the years and wished her well for the future.

The Board of Trustees noted the report.

Morven Paterson left the meeting.

11.2 *Update on Fundraising Resource Options*

June Smyth introduced this item. Karen Wilson reminded of discussion at the last meeting and advised that this report provided an update on the paper that would be presented at the May meeting detailing the options for staffing the Fundraising Team to allow a decision to be made. Karen highlighted that there was potential for a period of six months without a Fundraising Officer, currently approved to December 2017, and stressed that this would have a significant impact on the Fundraising Plan. Karen asked Trustees for permission to bring the timeline forward. John Raine did not feel that a 10 month contract would be attractive to a prospective applicant. Doreen Steele suggested using someone who is self employed as there were many advantages. David Davidson felt it would be a good investment putting this role out to advert as the funding was in place. Jane Davidson enquired if was this post had been in anticipation of the Children & Young People's Centre project. Karen advised that this was not the sole reason but had been an influence hence the three year appointment. Jane advised that should this post be targeted at future larger fundraising appeals for generating revenue then she would be in support. June reminded that she had initially been seeking agreement to secure this as a permanent post, however had been asked to come back with more information. Jane asked what action could be taken if the postholder did not generate sufficient income. June confirmed that there were options such as redeployment. Carol Gillie stressed the importance of measuring the success of this post. Stephen Mather suggested continuing the process for a needs assessment, or equivalent, to be undertaken and appoint on a fixed term basis for a period of 12 months. Jane also suggested testing the market in the meantime whilst this is undertaken. David Davidson reminded Trustees that a review had been undertaken when the current postholder was employed so questioned what had changed during this three year period. It was agreed to appoint to 12 months whilst a needs assessment, or equivalent, is undertaken.

The Board of Trustees agreed to appoint to a fixed term contract for a 12 month period whilst a needs assessment, or equivalent, is undertaken.

12. **Any Other Business**

- 12.1 *Access to Endowment Fund Board of Trustees Agenda & Papers*
This item had been discussed under item 6.1.

MacMillan Centre Extension

Susan Swan provided Trustees with the background for an application that would be coming forward for the MacMillan Centre extension at a cost of £800k. It was noted that it was planned to split this cost 50/50 with Macmillan. It was noted that the £150k within Unrestricted Funds would be used against this and the Fundraising Team were working on a project to raise the remaining funds. A full update and request for approval would be circulated virtually.

The Board of Trustees noted the update.

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

Thursday, 2nd March 2017 @ 9.30 a.m., Board Room, Newstead (Extraordinary Meeting)
Tuesday, 9th May 2017 @ 2 p.m., Board Room, Newstead.

BE
31.01.17

Minutes of an Extraordinary Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Thursday, 2nd March 2017 @ 9.30 a.m. in the Board Room, Newstead.

Present: Mrs P Alexander
 Cllr C Bhatia
 Mrs J Davidson
 Mrs C Gillie
 Mrs K Hamilton
 Dr S Mather
 Mr J McLaren
 Mr J Raine (Chair)
 Dr C Sharp

In Attendance: Mrs B Everitt (Minutes)
 Mrs C Oliver
 Mrs J Smyth
 Mrs K Wilson

1. **Introduction, Apologies and Welcome**

Apologies had been received from Mrs E Rodger, Mr D Davidson, Mrs A Wilson and Ms S Swan.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Fundraising Resource Options Exercise**

Karen Wilson spoke to this item. Karen thanked Trustees for their previous approval to appoint to the Fundraising Officer post on a fixed term basis for a period of 12 months, however due to the resignation of the Fundraising Officer there was now a requirement to bring forward further discussion with Trustees. Karen referred to table 3 on page 3 which demonstrated the return on investment for the 8 month period to 30th November 2016. Karen advised that she was now in a position to provide figures for the 10 month period to 31st January 2017, namely £55,240 for gross fundraising staff costs, £184,303 for income stewarded therefore giving a net profit of £129,063. This equated to a return on investment of 234%. John Raine advised Trustees that both David Davidson and Alison Wilson, who were unable to attend today's meeting, were in support of option 3 to retain this post on a permanent basis. Alison had also asked that there were performance targets in place to ensure a good return on investment and that these should be included within the annual appraisal. Stephen Mather felt that by undertaking the options appraisal exercise it provided clarity on the preferred option for taking forward and would be keen to see this undertaken, where appropriate, across the organisation. Pat Alexander referred to page 6 where it was noted that the Fundraising Officer post sits within the Communications and Planning Team, part of the Workforce and Planning Directorate. Pat asked for confirmation on the source of funding for this post as she recalled that this was from Endowment Funds and if so, stressed the need to ensure that this post provides added value and is not used to provide core activities. June Smyth confirmed that this post is funded from Endowment Funds and gave examples of cross cover within the Communications and Planning Team. June gave assurance that this post would not provide core activities. Carol Gillie enquired how the costs of the post would be

recovered. Karen advised that it had previously been agreed that this would be 50% from unrestricted funds (General Endowment Fund) and 50% recharged across the restricted funds.

The Board of Trustees unanimously approved to proceed with option 3 to appoint to the Fundraising Officer post on a permanent basis.

4. **Any Other Business**

None.

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

Tuesday, 9th May 2017@ 2 p.m., Board Room, Newstead.

BE
02.03.17

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Tuesday, 9th May 2017 @ 2 p.m. in the Board Room, Newstead.

Present: Mr D Davidson
Mrs C Gillie
Mrs K Hamilton
Dr S Mather
Mr J McLaren
Mr J Raine (Chair)
Mrs A Wilson

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

1. **Introduction, Apologies and Welcome**

John Raine welcomed Anita McCloy who had recently taken up post of Senior Finance Manager and who would be supporting Susan Swan in the work plan for the Endowment Fund. Apologies had been received from Mrs C Pearce, Mrs J Smyth and Mrs J Davidson.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 17th January 2017 and 2nd March 2017 (Extraordinary)**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

Susan Swan updated on the last action on the tracker regarding the adult changing facility and advised that she would be emailing Trustees on this bid, along with the bids for diabetes and the licence to play music in public places, to request approval.

The action tracker was noted.

5. **Fund Management**

5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham reported that the portfolio value was just over £3.5m at 31st March 2017 and as of the previous evening was up by a further 0.8% to £3.6m. Graham reminded of discussion at the January meeting to consider moving a small amount of fixed income security bonds into equities and confirmed that a modest amount had been moved. It was noted that the total return on the portfolio for the year was just below 19%. Graham referred to the current global situation and highlighted that markets are not without political risks. It was noted that there was evidence of a recovering economy with a positive outlook in terms of economic growth, however markets would face a period of volatility during the course of the year. David Davidson highlighted that

there does not seem to be any change to the FTSE during periods of volatility and queried how much of a risk it would be to move more cash into investments. Graham agreed that the return on cash is negative so he would potentially be in favour of committing surplus cash into investments. Susan Swan referred to the Endowment Annual Accounts and advised that she would be supporting Karen Wilson to work with Fund Managers on spending plans and stressed that this exercise would need to be undertaken prior to any further discussion on investing more cash. John Raine congratulated Graham on the performance of the portfolio and referred to cyber crime which was mentioned within the report and asked if there was any likelihood of this having an impact. Graham advised that in terms of risk to the portfolio this was extremely unlikely as they operated on a secure network, however he could never give 100% assurance.

The Board of Trustees noted the report.

6. Endowment Fund Annual Accounts 2016/17

6.1 *Audit Planning Arrangements Memorandum*

Susan Swan spoke to this item. Susan reported that Geoghegans, the External Auditors had been on site the previous week. It was noted that the report provided details on how the audit would be undertaken. Susan confirmed that a clearance meeting would be taking place on Thursday and no issues were anticipated. Susan advised that as per previous years any recommendations, including updates, would come forward to the September meeting. Susan reminded Trustees about the email they received the previous year in regard to related party transactions and advised that this would be issued for response following today's meeting.

The Board of Trustees noted the audit planning arrangements.

6.2 *Draft 2016/17 Report from Trustees and Annual Accounts*

Susan Swan spoke to this item and highlighted that there had been no significant movements from the previous year. Susan highlighted that the main areas of expenditure had been detailed within the report. Carol Gillie referred to one of the major sources of income linked to the RVS for work relating to the upgrade of Melburn Lodge as she felt this merited being included within the narrative. Susan agreed to source the wording from the architect's report and add this. David Davidson referred to the staff awards expenditure funding of £14k detailed on page 4 and enquired if this was a cash transaction. Susan advised that it was and any input from NHS Borders staff is treated as a payment in kind from the Board and is in addition to this. It was noted that this had been used to pay for the hall hire, catering etc. Carol Gillie reminded of the funding received for the recent event from external organisations and that it was hoped for this to fully funded in future years. Following discussion Susan agreed to add a sentence to highlight the partnership working for this event.

It was noted that the final accounts would come forward to the June meeting, along with the completed audit certification, for approval.

The Board of Trustees noted the draft report from Trustees and Annual Accounts for 2016/17.

7. Fundraising

7.1 *End of Year Fundraising Report 2016/17*

Karen Wilson spoke to this item. Karen was pleased to report that the Fundraising function had stewarded 52% of overall income. Karen highlighted that without the RVS gift this would have been 32%. Karen referred to the Children & Young People's Centre and advised that this was dependant on the Clinical Strategy, however there had been input from the Fundraising Team into other smaller projects, namely Mammography refurbishment, Cancer Centre refurbishment and the Huntlyburn Space to Grow project. Karen advised that sponsorship had been sought for the staff awards with 10 of 12 being sponsored. It was noted that the Christmas Tree of Light had been an excellent initiative and it was planned to repeat this again this year hopefully making it even bigger and better. Karen highlighted the partnership working successes and advised that she had attended meetings of the Friends which have resulted in a much improved working relationship. It was noted that communication channels have also been opened with the RVS with a process being put in place to ensure gifting is looked at on an annual basis. John McLaren mentioned that the Fundraising Team had won the partnership working award at the recent staff awards ceremony and congratulated Karen on this as he felt it was important to recognise this achievement. Karen was pleased to report that the target to increase social media engagement had been achieved and referred to the new website which had been created and provided much more flexibility. Karen advised that as part of the stewardship objective they had worked with the Macmillan Centre reception staff around the receipt of donations to ensure there is consistency of message and branding. It was also noted that as part of the wider remit looking at on-ward donation processes, work was underway with Finance to gain access to real-time financial information to allow for easier resolution of queries and swifter tracking and thanking of donations. Karen referred to the last page of the report which detailed peer benchmarking information and highlighted that NHS Borders was still performing well when benchmarked against their counterparts. Karen Hamilton enquired if the tenure of the RVS was still in question. Carol Gillie confirmed that a lease agreement had been formally signed and is now in place. It was noted that discussions have taken place with the RVS about moving their product forward and whilst there has been an opportunity to put forward what NHS Borders would like they are clear that there will be no direct competition with the Catering Department. It was further noted that a survey would also be undertaken. Karen H supported a survey being undertaken and suggested pricing be included in this. John McL noted his concern should other companies be allowed space on our site when we have our own services. David Davidson gave examples of feedback from RVS volunteers working in the community hospitals and asked if they could be included in the survey. Karen agreed to feedback to the RVS as she felt it would be more appropriate for them to take forward.

The Board of Trustees noted the report.

7.2 *Draft Fundraising Plan 2017/18*

Karen Wilson spoke to this item. Karen referred to the first objective on income and in particular the target of achieving 40% of overall income to be stewarded by Fundraising, critical to this would be a successful launch and delivery of the Cancer Centre extension campaign. Legacy Giving would continue to be promoted with an aim of receiving 5 enquiries and 2 pledges during 2017/18. Karen highlighted the second objective around support and advised that the primary objective this year would be supporting the Cancer Centre extension. It was noted that this was progressing well and it was anticipated that a public appeal would be launched in October which would be a significant piece of work for the Fundraising Team. Other level 1 – 3 projects would also be supported over the year

as capacity allowed. For partnership working the key objective during 2017/18 would be to work with Fund Managers. Karen was also keen to raise awareness of the charity and would be ensuring that web and social media resources are adequate to achieve 25% of public appeal income via these sources. It was noted that the Tree of Light appeal would take place again this year as well as any opportunities that may arise as part of the 70th anniversary of the NHS. Karen referred to the recruitment of the Fundraising Officer and advised that interviews were due to take place later in the month. David Davidson referred to the objective to continue promoting Legacy Giving and enquired how this would be taken forward. Karen explained that it was planned to have more face to face contact with local solicitors and accountants as well as making use of the website. Alison Wilson asked how contact with donors is gauged to ensure they are not inundated. Karen advised that there is an opt-in option for donors to receive communications and gave assurance that there is no cold calling. Karen Hamilton asked for reassurance that donors who have already pledged towards the Children & Young People's Centre would stand by these. Karen W explained that these donors are not held to these and contact would be made at an appropriate time, however assurance was given that they are still committed to the charity.

The Board of Trustees approved the 2017/18 Fundraising Plan and noted the Cancer Centre campaign as being the primary objective for 2017/18.

8. **Any Other Business**

Susan Swan alerted Trustees to a number of negative Ask the Board questions in relation to a specific Fund and the charges being made to funds appearing to outweigh the benefits. Susan confirmed that she, along with Karen Wilson, would be meeting with the Fund Manager to discuss further.

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

Tuesday, 6th June 2017 @ 2 p.m., Board Room, Newstead.

BE
12.05.17

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 29th March 2017 at 2pm in the Committee Room, BGH

Present:	Dr Stephen Mather (Chair) Alison Wilson	David Davidson Doreen Steele
In Attendance:	Sheila MacDougall Ros Gray Sam Whiting Nicky Berry	Dr David Love Peter Lerpiniere Dr Cliff Sharp Christine Proudfoot

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Evelyn Rodger, Simon Burt, Phillip Lunts, Dr Tim Patterson and Jane Davidson.

The Chair confirmed the meeting was quorate.

The Chair advised that this is Doreen Steele's last meeting and the Committee thanked her for her service.

2. DECLARATIONS OF INTEREST

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 27th January 2017 were approved.

4. MATTERS ARISING

Peter Lerpiniere advised that the Adult Protection paper is going to be late in relation to the Work Plan as the paper has to go to the Council first and due to the elections this has been delayed. **ACTION: to be added to June/July's agenda.**

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

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting advised that in relation to the multi resistance E-Coli there have been lab results which show there are 6 strains the same and 4 of these were around the same time on the same ward. He has had a meeting with public health this week and the analysis of the cases out with the ward which shows there is no commonality with those cases. There is more work to do as 50% of the cases highlighted that the patients had urinary catheters.

Dr Cliff Sharp asked whether nasal swabs are done on staff members. Sam Whiting advised that they are not, there is a policy with Occupational Health and this is related to outbreaks that staff would be tested.

David Davidson asked about regular visitors to long term patients being tested. Stephen Mather advised this is a legal minefield due to human rights legislation.

David Davidson asked about accommodation for patients who should be isolated and whether the Scottish Government has been made aware. Dr Cliff Sharp advised that the re-provision plan of the hospital will include this. Sam Whiting advised that every month 30/50% of patients are not isolated/or not isolated as quickly as would wish as NHS Borders are now seeing patients with multi-organism resistance. Sam Whiting advised that there is a risk assessment and this includes access to sinks for hand hygiene. **ACTION: Sam Whiting to add to the risk register.**

Sheila MacDougall advised that single occupancy rooms have other patients that need these rooms, for example, patients who require 1:1 care. A balance is required as to the requirement of these rooms.

Alison Wilson asked how many issues have been identified – Sam Whiting advised that it is not always apparent. Infection Control actively look into these.

David Davidson asked if all laboratory work is done ourselves – Sam Whiting advised that typing samples are sent to a reference lab.

Ros Gray wanted to highlight that cleaning compliance has improved.

Stephen Mather asked about Surgical Site Infections (SSI's) and **Sam will provide some further detail within the next report.**

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

5.2 Quarterly Hospital Standardised Mortality Report (HSMR)

Dr David Love advised that there have been conversations with Healthcare Improvement Scotland (HIS) in relation to the Hospital Standardised Mortality. NHS Borders trend has been consistent but we have not been improving at the same rate as other Boards. Staff from NHS Borders met with HIS in December and the outcome of that meeting was HIS giving us some

strategies. This report at the Committee today highlights these strategies. There is a need for accurate coding and the impact of the rise of palliative patients which might negatively impact the HSMR. Clinical Governance & Quality Team have looked at palliative care and there are a significant number of palliative patients and that might have an effect on the HSMR. Dr David Love also noted that the readmission rates need to be considered. Stephen Mather asked whether or not reviewing these cases would affect the data and how lessons learned would be applied in the future.

Cliff Sharp advised that a lot of palliative patients are being cared for within the community and the HSMR include patients who die 30 days after discharge from hospital and these patients may be included.

David Davidson wondered what other Boards do with the coding issues regarding palliative cases. Dr David Love confirmed that these issues would be considered.

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

5.3 Annual Patient Safety Programme Report

Christine Proudfoot advised that the workstreams are going to be made into programmes and will be expanding. Specifically, leadership walkrounds are being refreshed and will be more user friendly. In relation to hand hygiene a Project Initiation Document (PID) has been sent to IM&T to request a new system as the current system for collating data is not fit for purpose.

David Davidson noted that falls had shown little change over the last 3 years, Christine Proudfoot advised that there is work ongoing to reduce the risk of continued falls and there are specific pieces of work to look at the bundles. Nicky Berry noted there are discrepancies and potential duplication in recording therefore, a deep dive is going to be required. She wants to know whether there is a pattern with falls, whether fall bundles are being put in place and whether the loop is being completed. Sheila MacDougall advised that for falls there is data being undertaken by Kim Smith and Nicky Berry should discuss with her.

In respect to the rise in Pressure Ulcers Nicky Berry advised that upon analysing DATIX data there are a number of duplications and she is looking to do a deep dive in relation to this as well.

Doreen Steele asked about prioritising communications of transition of care. Christine Proudfoot advised this is a large area of work and she is waiting on the measurement template. Ros Gray noted that there are issues and solutions for patients that NHS Borders have a control over is challenging. Stephen Mather believes this is a National concern. Peter Lerpiniere added that there is ongoing work in relation to patient passports. NHS Borders are getting better, for example using 'Getting to Know Me' and these are improvements but they rely on people to fill them in, read them and there are efforts to make this work.

ACTION: Chair to write to HIS, NHS Education for Scotland (NES) and National Services Scotland (NSS) and advise them of the difficulty of developing the patient documentation throughout the health system and whether they can advise of good examples.

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

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) Update

Ros Gray spoke to the report in the absence of Phillip Lunts. She is proposing to pull the learning from a number of documents and that learning feeds NHS Borders improvement programme.

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

7. EFFECTIVENESS

7.1 Clinical Board Update (BGH, Primary & Community Services)

Nicky Berry advised this is her first Clinical Board Update and that she would like to take time to review the paper as there is duplication within this.

She advised that at the Safety Brief allows a moment to look back and review the feedback. OPAH Audit is undertaken twice a week and this has shown that Ward 12 has not deteriorated and the information pertained within the Audit is cascaded to the rest of the hospital to allow improvement work.

David Davidson asked about page 6 of the report about the agency/bank staff and suggested that this should be escalated to Strategy and Performance (S&P) meeting. Nicky Berry advised this is reviewed with the Joint Executive Team (JET). Nicky Berry noted that there is inconsistency with the data as it also covers the surge beds. Dr Cliff Sharp commented that the Chief Executive is clear that patient safety is the most important thing. Nicky commented that forward planning is required as there is a rolling rota and some people can be anticipated as being off (for example, maternity leave, long term sickness, etc).

ACTION: Cliff Sharp, Stephen Mather and June Smyth to have a meeting to discuss agency/bank usage to be included in the S&P Report.

Nicky Berry advised that the vacancies are lower than they were. A lot of agency use is due to short notice sickness absence, but Nurse Bank is also being used inappropriately to cover maternity leave, long term sick leave and educational absence. Therefore it needs to be improved to forward plan for absences.

Dr David Love asked why the Nurse Bank is not open over the weekend and should the Nurse Bank come to the Safety Brief every morning. Nicky Berry will feed this back to the Nurse Bank. Dr Cliff Sharp has asked for a drill down into staff calling in last minute for sickness over the weekend.

Sheila MacDougall advised that AHP's and medics are not included in this report. Nicky Berry noted this and will include them in the next report.

Stephen Mather asked about Adverse Events and the number that are overdue. Nicky Berry noted this and will feed this back to JET.

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

7.2 Clinical Board Update (Mental Health)

Peter Lerpiniere advised that NHS Fife is not able to offer expert support for pressure ulcers as previously expected. The new Director of Nursing is raising this point at the Scottish Executive Nurse Directors (SEND) meeting on Friday.

Sheila MacDougall noted that risk is not included in this report and it should be. Mental Health are active with logging risks the Risk Register.

ACTION: Each Board update should include an item about risk.

ACTION: Bring the Mental Health newsletter to this Committee.

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

7.3 Clinical Board Update (Learning Disabilities (LD) Services)

Peter Lerpiniere highlighted the issue around sudden/unexpected deaths following Southern Healthcare. Simon Burt met with Ros Gray and information is being gathered, but it is still early days. Dr David Love is going to look at whether all deaths can be kept and included in one area.

David Davidson asked about increasing Social Work capacity and this should be taken through Elaine Torrance and the Integrated Joint Board (IJB). Peter Lerpiniere advised the LD service is an integrated service and Simon Burt is working in relation to this.

ACTION: Dr David Love to meet with Dr Cliff Sharp, Amanda Cotton and Peter Lerpiniere.

ACTION: The Clinical Board Update to be fed back to all in Mental Health

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

8 ASSURANCE

8.1 Clinical Governance Work Plan

Ros Gray advised this is a dynamic, living document.

She noted that Complaints should be heard twice a year at this Committee with a short update in between so that they are heard before the Public Board meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the work plan.

8.2 Clinical Governance Annual Report (Draft)

There are no comments and the Chair has signed this document.

The **CLINICAL GOVERNANCE COMMITTEE** approved the Annual Report.

8.3 Clinical Governance Committee Terms of Reference and Self Assessment

Ros Gray noted that the Terms of Reference may require updating in respect of the attendees. Doreen Steele wondered whether a member of the Council should attend this Committee. Erica Reid in her role of Director for Hospital Care should be included as an attendee to this meeting if her post continues past the interim role. The Terms of Reference should also be updated to show that the vice Chair is chosen by the Chair of the Board.

Stephen Mather noted that there are some amendments required to the Self Assessment. This will be fed back directly to Ros Gray.

ACTION: Terms of Reference to be sent to Iris Bishop for including the Code of Governance.

The **CLINICAL GOVERNANCE COMMITTEE**

9. ITEMS FOR NOTING

9.1 Minutes

The following minutes for:

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

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

10. ANY OTHER BUSINESS

10.1 Job Planning for Consultants

Dr Cliff Sharp wanted to assure the Committee that he has had discussions with Head of Services and they are responsible for this. Assurances have been given by most already and the rest will be done shortly.

Alison Wilson asked whether Consultants were declaring their work with Pharmaceutical companies. Dr Cliff Sharp advised that he will ask consultants to update the online register.

The **CLINICAL GOVERNANCE COMMITTEE**

11. DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 24th May 2017 at 2pm in the Board Room, Newstead

The meeting concluded at 16.14

PUBLIC GOVERNANCE COMMITTEE



**Minutes of Public Governance Committee (PGC) Meeting
held on Wednesday, 18th January 2017 from 2.00 – 4.00 p.m.
in the Boardroom, Newstead**

Present:	Doreen Steele (Chair) Fiona McQueen Margaret Lawson Bob Devenny Nicky Hall Ros Gray	Shelagh Martin Karen Hamilton Frank Connolly John McLaren Andrew Murray Catriona Bhatia
In Attendance:	Susan Hogg Fiona Munro	Charlie Sinclair

1. Welcome & Introductions

Doreen welcomed everyone to the meeting.

2. Apologies & Announcements

Apologies were received from: Andrew Leitch, Clare Malster, Lynn Gallacher, Evelyn Rodger, Allyson McCollam and Margaret Simpson

3. OPAH Action Plan:

Charlie commented that following on from the Older People in Acute Hospitals Inspection in April 2016 twelve actions were noted. Out of these twelve, ten have been concluded and the remaining two shall be finished by February 2017.

Andrew reported that medicines reconciliation at discharge was now included to ensure pharmacy KPI's were being met and monitored. Charlie reinforced the point that this would be complete by the end of January 2017.

About the other outstanding action to introduce a "Patient Said, We Did" approach, Ros commented that the organisation has ordered wall boards for each ward, which will enable a pictorial report to be present on the wards.

Doreen remarked on the extensive daily audit work and it appeared that the issue is essentially about getting it right first time every time as opposed to staff adding additional work to their remit on an ongoing basis. She enquired when this would become 'business as usual' and when the audits would reduce?

Charlie responded that the audits had been ongoing for a year and every ward had been audited every Monday to Friday for a year, however, this has been reduced recently to twice a week so is not as robust. Without a daily presence a drop in performance had been noted. The data collected at the moment will be used to make improvements within the ward.

4. **Minutes of Previous Meeting & Action Tracker from 2nd November 2016:**

These were approved as a true record.

Action 27: Availability of Adult Changing Facilities – Andrew reported that this had been discussed at the Endowment Committee on the 17th January 2017. The Endowment Committee agreed in principle to fund the project although a final proposal was required to enable approval.

The Fund Raising Manager is assisting a project to relocate mammagrophy and this includes the creation of a facility which would meet the above specification. Should the bid to the Walk the Walk Charity be approved and the changing facility meet the required specification any shortfall will be covered by Endowment Funds.

Action 30: Spiritual Care NES Guidance – Doreen reported that there is no movement at the moment as the document is with central government.

Action 32: Patient Appointment Letters – There are 13 separate letters, covering different scenarios related to care that go out to patients as appropriate. All letters have been to the Public Reference Group for comment and feedback from public members. Twelve of them were amended and agreed as more patient friendly i.e. in plain English, however, the letter informing patients that due to their ill health their appointment has had to be cancelled until they are passed as fit to proceed, has caused some confusion. Steve Litster, Laura Mitchell and Susan Hogg met with Doreen Steele to discuss the wording of the letter. A plain English format was agreed and this would be updated on Trak. The final Treatment Time Guarantee (TTG) patient letter to be sent round the group. **Action: SH**

5. **Public Governance Business Items:**

5.1 Border Independent Advocacy Service (BIAS)

Fiona Munro, Advocacy Worker with BIAS gave a presentation to the group on statistics covering caseloads in 2016, themes and a patient story.

Frank asked Fiona how the effectiveness of the work is measured. Fiona responded that it can be difficult as sometimes the outcome for the patient is not always what the patient wants but if they feel supported and in control this can be an advocacy measure.

Doreen extended her previous invitation to BIAS to sit on the committee.

5.2 Spiritual Care Policy

Bob presented his Spiritual Care Policy to the committee and invited comments.

Members raised issues associated with shared information and the Data Protection Act Principles that had arisen in the past. Whilst patients with capacity can request visits from their spiritual care advisor the committee enquired what process would be in place to ensure appropriate consent was achieved if the patient did not have capacity and did not have a 'Power of Attorney' in place or have a welfare guardian.

John enquired about the consultation process for the policy and offered to assist Bob through the process.

5.3 Operational Report

Karen referred to the Health Promoting Health Service 2015-16 sections of the report and the national 'Champions Group' of which she is a member. The group met on one occasion last year and the uptake was very low. The group have written to the Chief Medical Officer expressing their desire to meet with her again. She has intimated that she will meet with them at their next Champions group meeting in February to identify some key work areas.

5.4 Draft PGC Annual Report

Doreen has raised the way we report with Susan Swan as we are required to follow a template for consistency amongst committees as part of the Accountable Officer assurance to the Scottish Government.

Last year the committee had commented on the work undertaken against our terms of reference and indicated our impact/outcomes.

Susan was happy with the approach and was keen to extend it to other committees.

In line with succinct reporting she agreed to the removal of some sections.

Frank enquired about the purpose of the attendance record. Doreen commented that this has been a standard requirement but would review with Susan, however, in accountability terms it was an important component of accountability for the Board in discharging its duties.

John noted that it highlighted gaps in attendance that the committee should be aware of in fulfilling statutory obligations of governance. **Action: DS/SH**

6. Monitoring & Performance Management:

6.1 Scottish Health Council (SHC) Update

Shelagh indicated that the development of the Our Voice programme is moving ahead much quicker now that there is a dedicated team.

Doreen asked if the participation standard survey would go ahead in 2017. Shelagh agreed to find out and report back. **Action: SM**

Catriona enquired how we engage with youth groups as part of this work? Shelagh confirmed that the Scottish Health Council are meeting with the TD1 Youth Hub in Galashiels to look at ways in which we can engage more with young people in the Borders.

The national Citizen's Panel for Our Voice has been established with just over 1300 members from across all 32 local authority areas in Scotland. John asked if we are approached by anyone wishing to be involved can they contact our local Scottish Health Council office. Shelagh indicated that representation needed to be equal across the whole of Scotland and she would ask, however, given the number of people willing to participate the actual panel was larger than originally intended. She would also enquire about the demographics of the panel.

Doreen enquired whether Community Council's had been contacted, Frank was not aware they had but would raise it. **Action: FC/SM**

6.2 Public Partnership Forum (PPF) Update:
Andrew Leitch as Chair of the PPF had provided a written report to the group.

7. **For Noting:**

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

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

None.

9. **Future Meeting Dates 2017**

30th March

19th July

1st November

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



STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Monday 5th December 2016 at 10am in the
Committee Room, Borders General Hospital, Melrose

- Present:** John McLaren, Co-Chair
Stephen Mather
- Ex Officio Capacity:** Shirley Burrell
Irene Clark
- In Attendance:** June Smyth
Kath Liddington
Helen Clinkscale
Robin Brydon
Bob Salmond
Ailsa Paterson
Irene Bonnar
Jane Montgomery (Item 5)
Elizabeth McKay (Minutes)

1. Welcome, Introductions and Apologies

Apologies were received from Pat Alexander, Jane Davidson, Kim Smith, Evelyn Rodger, Nicola Barraclough, Maggie Czajka, Sheila MacDougall, Anne Suttle, Alison Wilson, Yvonne Chapple, Colin Herbert, John Raine, Peter Lerpiniere

John McLaren welcomed all to today's meeting and informed the meeting was not quorate. June Smyth advised actions can be carried out by email. The Committee agreed to this.

2. Minutes of Previous Meeting held: -

Monday 12th September 2016

Stephen Mather informed the minutes were circulated to the Committee for comments/amendments prior to today's meeting. Stephen advised the minutes can be approved today as no amendments were received. An accurate record of the minutes was given.

Action Tracker

Action 33 – Car Parking Update Report – This item will be placed on the next agenda. Action complete

Action 41 – Cover Paper – John McLaren to get an update from Iris Bishop regarding the cover paper. Action: In progress.

Action 42 – Medical Education Report – Action complete.

Action 43 – Local Workforce Plan 2016 – 2019. Action complete

Action 44 – Occupational Health Update – Needlestick Training – Action complete.

3. CBS Training Presentation (Standards 1, 2, 3, 4 & 5 apply)

Kath Liddington presented the presentation for information to the Committee

Stephen Mather asked if the process is auditable. Kath Liddington advised the process is auditable and easier to evidence. We are receiving fewer phone calls asking how to use the system. June Smyth reported the system is providing real data which we can provide to line managers. The system will be monitored which will enable to escalate issues to managers why staff are not being released to attend training. It was suggested to have a discussion at a future meeting focussing on the numbers attending training. It was noted in the past managers were not planning to release staff to attend training.

John McLaren informed the context of this item is one of the several actions that this Committee asked to be looked at; such as reviewing and defining the Mandatory & Statutory Training list and also looking at attendance. The system will provide accurate information to enable to deal with issues. Kath Liddington spoke about the Training Needs Analysis (TNA) which would help enormously if staff could indicate in the system the training they would require within the year. Stephen Mather asked if this information can be used in staff's appraisal. Kath informed the information can be uploaded from the system

June Smyth reported an email has been sent to the appropriate people regarding the new process which will allow us to get in to dialogue regarding staffs training.

The Staff Governance Committee noted the presentation.

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

Ailsa Paterson spoke to her paper and reported at the last Area Partnership Forum the Policies 'The Management of Employee Conduct' and 'Annual Leave' were signed off. The consultation period for the 'Verification of Registration' policy has recently ended and the group will meet shortly to look at the comments. The draft Retirement and Reduced Working Year policies are currently out for consultation until the 8th January 2017. It was noted as today's meeting is not quorate that the policies will have to be sent out by email for formal noting.

Stephen Mather highlighted within the Annual Leave policy (Page 8) regarding the balance of annual leave. Stephen asked if there is services that are unable to take annual leave. June Smyth advised within the policy under exceptional circumstances you can carry over five days which has to be agreed. June informed staff should have annual leave level loaded. The expectation staff should be taking their leave within the year. It was reported that there are areas within the BGH where staff are unable to take their leave. June Smyth advised we will work along with this cohort of staff. It was noted that it is linked to the financial discussions and is referenced within the policy.

Stephen Mather highlighted within the Management of Employee Conduct Policy (Page 8) relating to Trade Union representatives around a small amount of people being treated differently. June Smyth informed discussions takes place with the Trade Unions and HR. John McLaren advised it is written in PIN. Stephen Mather asked for the paragraph to be written differently. June informed we will go back and check what is written in PIN and add to the guidance.

The Committee noted the update and for an email to be sent out to the members of the Committee.

a) Whistle blowing Policy

June Smyth reported that Colin Herbert and Pat Alexander met to discuss moving forward. To be placed on the next agenda.

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

Jane Montgomery discussed her concerns regarding the Quality visit from NES in January 2017: -

- The establishment of the re-modelling of medicine patient flow is essential
- Medical has started the Medical project which is going well
- Consultants are spending more times of the wards it is putting the list up
- Looking for a lockable room to store equipment
- Fifteen GPs being filled in February 2017
- There is a requirement to develop the GP training which could reduce training
- Andrew Murray, Medical Director has supported Jane.

John McLaren informed the report requires going to the Clinical Governance on the 12th December 2016. Stephen Mather spoke about delayed discharges which can impact on the training of junior staff. Stephen Mather asked for this issue to go to the next Integrated Joint Board (IJB). A discussion took place regarding boarders which are mainly situated in Wards 9 and 16. All staffs are working hard across the board. June Smyth agreed that it should go to the IJB to be noted and would ask Andrew Murray to discuss with IJB. Stephen Mather asked if Scottish Government are aware of the issues. June Smyth informed they are aware of the numbers

Irene Bonnar reported we do not have information on trainee doctors and if we can be more proactive by carrying out a session at the Induction. John McLaren informed he has been invited to attend the Induction on Wednesday. Jane Montgomery advised

the trainees require understanding they are not only trainees but they are also employees. Jane Montgomery spoke about sign posting for different areas. Irene Bonnar asked to see the sign posting to enable to have a conversation with John McLaren prior to the Induction. Stephen Mather asked about Community Care. Jane Montgomery would like to ask GPs to have an input in the Community and BGH as this would enable to keep trainees within NHS Borders. Stephen Mather reported we have an opportunity to change as we have a smaller population to deliver better health care to. Stephen Mather asked if this Committee can provide recommendations to looking at staffing and how services are delivered. John McLaren informed we can note the recommendations but is not in our gift to agree to this. Stephen Mather informed Clinical Governance can also make comments as we cannot continue to remain with status quo. June Smyth spoke about Health in Your Hands which would sit within this conversation.

Bob Salmond highlighted a couple observations around the assessment of the new medical model. To address some of the concerns there will be rolling rotas put in place in each ward. It does have an impact on the establishment which is less than the rolling rota. It is not a methodology to protect junior doctors. Bob informed it is a risk that has to be considered by the Board which can be a financial risk to the Board. June Smyth reported the Board are aware of the funding risks and conversations will continue to take place. It was noted the Board have placed this issue on the risk register.

Bob Salmond informed measures have been taken to look at posts within the next couple of months. There are gaps in Paediatrics and Medicine. Bob spoke about recruitment and costs of Agency spending. June Smyth informed that Andrew Murray has been asked to take the conversation to the SEAT group.

Helen Clinkscale reported the government have provided five hundred places for nursing. GP practises and every Health Board will be asked to carry out a retrospective assessment of advanced nurse practitioners. Every Board will be asked to carry out a needs assessment. There has been some GPs retreated to advanced nurse practitioners. Jane Montgomery informed we require significant thinking and spoke about the demographics. We require a mix model and corporation from the Health Boards.

John McLaren summarised the discussion: -

- There is a key issue around GP training which will impact on the other parts of the hospital
- Trainees training - There is no risks on the risk register and it was suggested this is addressed.
- Rolling rotas – financial risks to the organisation as we are unable to fill out rotas.
- John McLaren and Stephen Mather to raise the issues at the Board meeting. Stephen Mather asked for it to be placed as a separate item on the Board agenda
- June Smyth highlighted there will be a Board development session regarding this item and would ask for Jane Montgomery to attend the development session.

- Bob Salmond spoke about the risks on the wards around waiting times. There has been three potential actions identified
- A meeting to be arranged after the next Clinical Governance Committee with John McLaren, Stephen Mather, Jane Montgomery and Andrew Murray.

6. Publicising the Workforce Plan to the Website - (Standards 1, 2, 3, 4 & 5 apply)

June Smyth spoke to this item. We have complied with the Scottish Governance arrangement and will have a discussion with Jane Davidson's office regarding sign off / approval.

7. Staff Governance Committee Framework Return (Standards 1, 2, 3, 4 & 5 apply)

Bob Salmond spoke to the response received from the government this year and our response.

Stephen Mather enquired about the Monitoring Return regarding staff being treated fairly and consistently around discrimination and asked if the Board can take any action. Bob Salmond responded informing the Staff Governance Associates took their actions from the 2015 National Staff Survey. The response is linked to the Staff Governance Action Plan and Organisational Behaviours.

Bob Salmond reported a Workforce report went to the BET and Clinical Governance Committee advising them of grievances. Bob suggested getting the information from 'I Matter' to the quality of face to face discussions. June Smyth reported bi monthly reports go to the Clinical Executive Operational meetings and will provide an update at the next meeting. June Smyth also informed that she is having conversations with Liz Riley and will provide a fuller report at the next meeting.

The group noted the update

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

Stephen Mather asked to reduce the number of Non Executives. June Smyth will check the quoracy number of Non Executives on other committees. Stephen suggested having three Non Executives to sit on this Committee but to have a quoracy of two.

9. Items for Noting

a) Occupational Health Update

Irene Bonnar highlighted Page 3 & 4 of the report – Needlestick / Contamination Incidents. This item is on today's agenda for discussion. Stephen Mather suggested this item being part of the Induction.

Needlestick Training

Irene Bonnar spoke to her paper informing of the types of training which is offered to staff - Face to Face Classroom training, eLearning, Departmental and 1:1 training. A training programme will be rolled out in January 2017. There is a requirement for senior buy in from doctors. Stephen Mather informed it is a risk to the organisation. We require providing sharps that are safe to enable to stop risks. Irene Bonnar advised the non safe devices will be removed after the training in February 2017. John McLaren highlighted risks within the Eye Centre which Irene Bonnar informed this risk has been placed on the Risk register and she will meet with Eye Department to discuss the issue.

The Committee noted the update of the Needlestick training and an update to be provided at the June 2017 meeting.

b) Risk & Safety Update

Robin Brydon gave an update on the activities within Risk & Safety: -

Training – lagging behind slightly and hoping with the new CBS system training numbers will improve

Adverse events - are matching previous patterns

Internal Audit – feedback given to the Audit Committee and all actions are ready for completion

Risk Register – progress is being made.

Robin Brydon would like to highlight that HSE are proactively carrying out inspections.

The Committee noted the report

- Health & Safety Annual Management Report 2015/16

Robin Brydon gave an overview to the indicators that have been collected regarding Health & Safety: -

- Patients and staffs safety is being compromised. Recommendations have been taken to the Health & Safety Forum and the Clinical Executive Operational group and will be noted on next year's annual report.
- Training attendance – managers are not aware of the Risk Management training with only four manager attending the training out of ninety one managers. The managers should be making this training as a high priority.
- Comparison table of Adverse Events – the two priority issues are Transfusion Related Event and Equipments issues. Robin advised that staff were vigilant regarding spotting these issues. Transfusion requires further consideration.

The Staff Governance Committee noted the Annual Report. John McLaren will discuss with Iris Bishop regarding the report going to the Board. Helen Clinkscale advised that the Transfusion group will be getting in touch with the Clinical Governance Committee.

c) 'I Matter'

Irene Bonnar spoke to her paper informing the process has been rolled out to the organisation. We have a reasonable response rate sitting at 65% which is a good engagement rate.

Irene Bonnar advised we have a tool that is a potential to staff engagement which is not being used to its maximum. Irene is having conversations with Liz Riley. Irene reiterated that we are not engaged within the organisation. A discussion took place regarding the Staff Governance Action Plan. June Smyth advised this is a standing item on the Performance Reviews agenda where the general managers provide a report at the reviews.

Stephen Mather commented we are doing well. June informed the tool belongs to teams and for staff within the team to ensure the process is being moved forward. John McLaren informed we need to ensure managers take responsibility for this throughout the organisation. We need to challenge what should be happening. The areas within the organisation that have developed their action plans / storyboards have had a positive experience.

Helen Clinkscale suggested sending out a prompt reminder out to the organisation. Irene Bonnar informed this would have to be discussed at the National group as it is a national tool which is used throughout NHS Scotland.

The Staff Governance Committee noted the report.

d) Shared Services Update

June Smyth informed the paper is her today for noting. It is a standing item on the agenda.

e) Appropriate Access to other Committee Minutes: -

Area Partnership Forum
Public Governance
Occupational Health & Safety Forum
Car Parking Group

The Staff Governance Committee noted the minutes. As today's meeting is not quorate the minutes are to be sent out by email for approval.

10. Future Items

- Developing the Young Workforce – June 17
- Scottish Community June / September 2017 both papers from Helen
- Workforce Report – June 2017

11. Any Other Competent Business

a) Dates of Staff Governance Committee - 2016

Stephen Mather advised that the June, September and December dates are on the same day as the Audit Committee which takes place in the afternoons.
Action: Elizabeth McKay to re-look at the dates.

12. Date of Next Meeting

Monday 6th March 2017 at 10am in the Committee Room, BGH.

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STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Thursday 20th April 2017 at 2pm in the Lecture Theatre, Education Centre, Borders General Hospital, Melrose

- Present:** John McLaren, Co-Chair
Karen Hamilton
Stephen Mather
- Ex Officio Capacity:** Shirley Burrell
- In Attendance:** June Smyth
Ailsa Paterson,
Alison Wilson
Sheila MacDougall
Kim Smith
Nicola Barraclough
Warwick Shaw
Kim Smith
Irene Bonnar
Pippa Walls (Item 6)
Edwina Cameron (Item 8g)
Elizabeth McKay (Minutes)

1. Welcome, Introductions and Apologies

Apologies were received from Yvonne Chapple, Irene Clark, Helen Clinkscale, Philip Lunts, Nicky Berry, Peter Lerpiniere and Maggie Czajka

John McLaren advised the Committee that Stephen Mather will be stepping down from this committee and would like to thank Stephen for his time and commitment to this group. Also, John informed that Pat Alexander who was the Joint Chair for this committee has stepped down due to her non executive role coming to an end. John would like to thank Pat for her commitment and contribution to this group.

2. Minutes of Previous Meeting held: -

Monday 5th December 2017 – An accurate record of the minutes was given.

Action Tracker

Action 33 – Car Parking Report Update – Action complete

Action 41 – Cover Paper - The paper is currently sitting with John Raine to approve, John McLaren will commit to chase this item up. – In progress

Action 44 – Needlestick Injury – Irene Bonnar will be bringing a paper to the next meeting in June - Action complete

Action 45 – CBS Training Presentation - Action complete

Action 47 – Terms of Reference – Item is on today's agenda – Action complete

3. Car Parking Report & Risk Assessment (Standards 1, 2, 3, 4 & 5 apply)

Warwick Shaw spoke to the report which provides a collaboration of all of the pieces of information that has been provided to the Committee over the previous years. It has been difficult to report positive progress. Warwick advised there is only one parking attendant and emphasised the importance of the role by helping the general public. There has been a decline in the amount of parking tickets given out to staff and the public. A brief discussion took place regarding pricing and Warwick can provide the analysis on this. Warwick highlighted there is one person who has a high amount of outstanding parking tickets which have not been paid. Warwick informed he contacted Minster Baywatch and they are unable to provide information on the person. DVLA has released the persons name to Minster Baywatch. NHS Borders has not yet taken anyone to court. Shirley Burrell informed staffs who has paid their parking charges are feeling disgruntled towards the people who have not paid their charges.

Stephen Mather asked if it would be possible for NHS Borders to take control of the car parking and no longer use Minster Baywatch. Warwick Shaw advised that it would be costly to the organisation if we did it ourselves.

Sheila MacDougall enquired about the risks as within the report it mentions risks but not the level of the risks. Sheila MacDougall suggested that the reviewed risk assessments are taken to the Board to highlight the level of risks.

Karen Hamilton asked if there are other strategies that are not expensive. Warwick Shaw would like to encourage staff to car share and to look at other ways to commute to work such as the cycle to work scheme. Irene Bonnar spoke about the lack of changing and shower facilities available to staff. Warwick Shaw informed there is access to shower facilities within the BGH. Alison Wilson advised that 44% of staff employed within the BGH live in Galashiels and Melrose. Alison Wilson asked if we could look at taxi companies shuttling staff back and forward to work which was used whilst building the car parks and was not very expensive. Kim Smith highlighted staff provide good will to the organisation as they work more hours than their contracted hours and should be entitled to park their car in the car park.

It was agreed that an updated report requires to go to the Board around risks and also taking people to court regarding unpaid charges. John McLaren asked about the revised parking charges. Warwick Shaw advised that Minster Baywatch contract is due to be reviewed and there is a possibility the contract will not be renewed. A brief discussion took place regarding official car parks. Sheila MacDougall advised that under health & safety terms there are no such thing as an unofficial car park and this

organisation will be responsible. Karen Hamilton supports the options laid out within the report and asked if we require noting car sharing.

The Staff Governance Committee is happy to support the progress of the report and for an updated report to be taken to the Board.

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

Ailsa Paterson spoke to her paper and informed since the last meeting there has been a few policies which have been out for consultation. The policies will go to the Area Partnership Forum for approval.

a) Whistleblowing Policy.

Ailsa Paterson advised the Whistleblowing policy group will be meeting on the 15th May 2017 and a paper will go to the Area Partnership Forum on the 28th June 2017.

5. Letter from Chief Nurse – Midwifery Supervision (Standards 1,2, 3, 4 & 5 apply)

This item is deferred to the next meeting.

6. CEL Health Promotion Champion to focus on Health & Wellbeing - (Standards 1, 2, 3, 4 & 5 apply)

Pippa Walls gave a brief overview on actions that have been taken within NHS Borders to deliver and embed the health promoting health service programme. The programme has been running for fifteen years and is due to be reviewed. A lot of the work is about collaborating and supporting work across the organisation and getting buy in. The way forward it is not clear yet. An annual report is published every year. Pippa Walls spoke about the Small Changes Big Difference campaign which raises awareness and to engage with frontline staff. Pippa discussed a recent pilot providing staffs smear clinics. The Smoking policy has not been communicated out to staff yet as there is still a bit more work to be carried out on this.

Pippa Walls reported that she works closely with Occupational Health and Training to enable to make staff aware of their health. It was noted that Karen Hamilton is the Champion for NHS Borders. Karen Hamilton highlighted an earlier item on today's agenda – Car Parking Report and asked Pippa about active commuting to work and asked if there is any links that could be considered by staff such as cycling or walking to work. Pippa informed this programme is widespread and have highlighted physical activity to staff. Irene Bonnar gave reassurance of Healthy Working Gold Awards and spoke about the linkages.

John McLaren informed today's discussion highlights having value with Public Health being a part of this group especially with the amount of work being carried out within the organisation. John reported he will have a discussion with Tim Paterson to

ask who should be representing Public Health on this group to ensure regular updates and to ensure there is a connection with other work being carried out within other areas of the organisation. Pippa Walls informed she has noted the action travel to work and asked if the Committee requires further information to please contact her.

The Staff Governance Committee noted the report.

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

June Smyth advised that a discussion took place at the last meeting regarding decreasing the number of non executives from three to two for quoracy. This would bring this Committee in align with all of the other Governance Committees. June Smyth advised if the Committee agree to this amendment she will inform the Code of Corporate Governance Committee Working Group to include this in the next update to the Board. June also advised that the attendance list requires to be updated. Karen Hamilton advised it is necessary to look at the remit to ensure what people can bring to the Committee. John McLaren reported that Finance has asked to be provided with the Staff Governance Report which they submit each year as part of their returns.

The Staff Governance Committee was happy to accept the amendments to the Terms of Reference.

8. Items for Noting

a) Occupational Health Update

Irene Bonnar gave a brief update and advised there has been a lot of change within her team which has impacted to the high standard of delivery they give to the organisation. Plans are currently being put in place for this years vaccination programme and the Annual Report will be available by the end of May which will come to the next meeting.

The Staff Governance Committee noted the update.

b) Risk & Safety Update

Sheila MacDougall informed that her department are very busy working on the annual report which will come to the next meeting. There has been a small increase in attendance at training. Incidents are slightly down from previous years and an analysis is currently being carried out. The Occupational Health & Safety Self Assessment forms are currently out and we are looking for another 100% response to enable to report certainty how line managers are implementing policies.

The Staff Governance Committee noted the update.

c) Everyone Matters: 2020 Workforce Vision Implementation

June Smyth informed it is a national paper and is here today for noting.

d) Shared Services Update

June Smyth informed the National Shared Services Agreement has been reviewed and some of the projects will be removed from the programme. There is no immediate business case coming. June Smyth gave a brief update regarding the business case around the Laundry. The Chief Executives were asked to look at short immediate actions such as laundering staffs uniforms. June advised NHS Borders have engaged with staff by sending out a questionnaire to staff to provide their views. John McLaren informed we have received 491 responses from staff which is 25% of our uniformed workforce which is very positive. Staff were asked to answer two questions.

The Staff Governance noted the update.

e) NCAL 6 Month Report

June Smyth informed the paper is here today for information. The paper is provided every six months to the Committee.

The Staff Governance Committee noted the update.

f) Staff Governance Action Plan

John McLaren spoke to last years action plan and asked the Committee if they would be happy to finalise this plan. The new plan will come to the next meeting. The Staff Governance Action Plan Working group are meeting next week to look at the actions. The Committee were happy to close the 2016/17 Action Plan off.

g) Staff Governance Monitoring Framework 2016/17

Edwina Cameron took the Committee through the process and gave a brief update. The first draft is underway and will be sent electronically to the Non Executive Directors for agreement prior to submitting to Scottish Government on the 31st May 2017. Edwina informed it gives an opportunity to share good news and practices. The paper will be formally noted and signed off by the Staff Governance Committee at the next meeting in June 2017.

The Staff Governance Committee noted the update.

h) Appropriate Access to other Committee Minutes: -

Public Governance

Occupational Health & Safety Forum

Audit Committee

Area Partnership Forum

Mandatory & Statutory Training Working Group

The Staff Governance noted the minutes from other committees.

9. Future Items

10. Any Other Competent Business

11. Date of Next Meeting

Monday 19th June 2017 at 10am in the Committee Room, BGH.

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NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 21st February 2017 – 17:00-18:20

Committee Room, Borders General Hospital

Present Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
 Anne Livingstone (Allied Health Professionals Advisory Committee) (AS)
 Nicky Hall (Area Ophthalmic Committee) (NH)
 Helen Clinkscale (Head of Training & Prof Dev; BANMAC) (HC)
 April Quigley (Consultant Clinical Psychologist; Mental Health Services) (AQ)
 Mrs Kate Warner, Minute Secretary (AW)

Not present: Dr Tim Young (GP) (TY)
 Elaine Torrance (Interim Chief Officer – Health & Social Care Integration) (ET)
 Gerhard Laker (Area Dental Advisory Committee) (GL)
 Austin Ramage (Medical Scientists) (AR)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting and introductions were made to welcome April Quigley, a new member of Area Clinical Forum representing Psychology. AW briefly explained the role of the Area Clinical Forum and the involvement of Professional groups in bringing items for AW to raise at NHS Borders Board meetings on behalf of ACF. Apologies were received from Dr Cliff Sharp (Medical Director) (CS); Dr Chris Richard (Senior Medical Staff Committee; Area Medical Committee) (CR); John McLaren (Employee Director) (JMCL); Alice Millar (Principal Dentist, Duns Dental Practice).

1.1 DECLARATIONS OF INTEREST

No declarations were made.

2 DRAFT MINUTE OF PREVIOUS MEETING 28.11.16

The Minute of the previous meeting, held on 28th November 2016, was approved with no changes required.

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); updated timeline 04.04.17

#28 Send dates of meetings for each Professional Advisory Committee to KW for publication to others; timeline 04.04.17. AW to attend meetings – currently AHP; BANMAC; Ophthalmology.

#31 AW to ask CS to discuss the decision making process at IJB on clinical engagement for strategic planning and look at how other areas are doing; to discuss further with ET or Murray Leys at SBC; timeline 04.04.17

#38 AW/KW to create brief for speakers presenting to ACF in order that they may understand the audience and the purpose and priorities of the committee; timeline 04.04.17

4 WORK PLAN

The aim of the work plan is help pull together meeting agendas and ensures that relevant topics and presentations are included. ACF agreed that Clinical Strategy, as an ongoing piece of work, should be included in the Work Plan with regular updates on agenda.

ACF noted the Work Plan and agreed additions as follows:

ACTION: Add Clinical Strategy to the Work Plan with regular updates on the Agenda. **KW**

5 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

Feedback was given by AW: the Clinical Governance Committee acknowledged the positive work being done on PMAV (Prevention Management of Aggression and Violence) and praised Sue Kean for her work ensuring that places are filled as there is high demand for this training. Concern was raised regarding the time taken to complete the Significant Adverse Events Review and it was reported that the process is being reviewed. Issues include identifying leads and managing to arrange appointments to meet. ACF members agreed that arranging times to meet can draw out the process and will look forward to results of the review to improve this. Also reported, Joint Older People Inspection is in process at the moment.

ACF noted the feedback from the Clinical Governance Committee

6 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

Feedback was given by NH: OPAH action plan and progress report was discussed following last year's inspection. There was an interesting presentation by an advocacy worker looking at how help can be provided through the system to bridge a gap. The Spiritual Care policy is at pre-consultation stage and the draft is being reviewed by Rev Bob Devenny, Head of Spiritual Care (Chaplaincy BGH) before consultation.

ACF noted the feedback from the Public Governance Committee

7 NATIONAL ACF: FEEDBACK

Feedback was given by AW: The meeting focused on SAS, the Medical Director from the Ambulance Service spoke and there was useful information showing new ways of working; with a pilot in Hawick SAS paramedics as first port of call and similar work in other areas. The next meeting includes a presentation from the previous Chief Medical Officer, Harry Burns, about the work he is involved with now. AW is unable to attend which raised the question of a Vice Chair for ACF as David Thompson has now left.

ACF noted the feedback from the National Area Clinical Forum meeting

ACTION: Check the rules on Vice Chair in the Terms of Reference. **AW;** Add Vice Chair appointment to the April agenda. **KW**

8 NHS BOARD PAPERS: DISCUSSION

It was commented that there is a short time between the papers for the Board Meeting becoming available to ACF members and the ACF meeting. ACF agreed that they may only need to review some of the papers and that they could be sent to those unable to review on intranet. AW reported

from the Board papers a positive report from HAI and a comprehensive festive period report. ACF heard that the Director of Finance will give a financial settlement presentation and agreed that this should be presented at the April ACF meeting if possible. NHS Borders Directors have been tasked with working with their teams to take 3% off spend. This has proved a difficult task for all services. There is a Board Development session this week that focuses on the difficult decisions ahead. AL gave an example of the non-cancer lymphoedema patients no longer having access to the Lymphoedema service. This decision was taken through all relevant service and other meetings until finally presented and signed off by the Board. She commented that it was very important to have the Boards support with all of the decision made when reducing service. Bank vs Agency staff was discussed with services like AHPs not having access to a bank of staff and that when staff are off sick locums are often employed instead of having additional Band 6s employed. It was agreed that often short term savings are made that are not sustainable. Pain and mental health patients were discussed as an example of more advanced treatments being used when a more joined up service may have avoided that.

ACF agreed that alternatives to GP appointments should be found and it was hoped that this would be discussed by the Board. AQ gave an example of ICF funding received by Psychology to work with patients with dementia in wards and care homes to reduce the requirement for antipsychotic drugs – “Stress and Distress”. They were only able to do this with the two year funding they received and very much hope that the benefits will be clear and this could be continued if savings can be seen. AW reported that this was the same for Prescribing and AL reported a good example from Occupational Therapy is available if required.

ACTION: Discuss Board paper delivery with Iris Bishop. **KW**; Invite Carol Gillie, Director of Finance to the April meeting to present the Financial Settlement paper. **KW**; Take comments above to the Board meeting. **AW**

9 CLINICAL STRATEGY UPDATE

Clinical Strategy is a nine strand piece of work; current two strands are Unscheduled Care and Children’s Services. Feedback from the Children’s Services workshop was positive with the new Children’s Centre the focus of discussion. AW has attended the Unscheduled Care workshop which has included helpful ideas and brainstorming. The next meeting is in March. ACF noted that there are services not represented at these workshops, for example Laboratories and Healthcare Scientists. It was agreed that they are key and should be included in the consultations and discussions.

ACTION: Invite Tim Patterson, Interim Director of Public Health to April meeting to present Clinical Strategy presentation. **KW**; Feedback to the Board to get our and other professional groups voices heard. **AW**

10 CONSULTATION ON SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS IN SCHOOLS

This paper was also circulated prior to the meeting and comments on typos were made. Feedback is due to Board Secretary, Iris Bishop, through KW before end March.

ACF noted this consultation paper.

ACTION: Send any typos or comments to kate.warner@borders.scot.nhs.uk to be forwarded. **ALL**

11 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (AL) - Care Planning process with Meridien is in the data collection stage and shadowing commences next week Results will go to Clinical Strategy Group in March, and if approved, to implementation phase in April. A variable response has been noted with some professions viewing it as a good opportunity to review service. CPD and training has been welcomed. The work has resulted in evidence of MSK (Muscular Skeletal) waiting times; showing all Physios working to capacity; and high referrals are evidence of this capacity Direct referrals save GP appointment time and patients receive the right treatment straight away from Orthopaedic service. Most services currently set up as GP referral. Example of successful self referral was discussed – the Doing Well service allows patients to book appointments with an advisor at Health Centre reception; can allow early identification and management of depression before it progresses to requiring higher level of clinical input. NH commented that Opticians have a direct referral to eye department resulting in referral rates increasing; however, referrals are more accurate with the skills and optical equipment available. ACF agreed that the Board should be updated on feedback from these services. Mental Health found the Meridien process difficult but worthwhile. Currently AHP are to have a management review in April. It was also commented that making savings has been difficult and that planned changes should be managed with all those who need to be involved available.

11(b) Area Dental Advisory Committee – No report available

11(c) Area Medical Committee – No report available

11(d) Area Ophthalmic Committee – No meeting since last ACF meeting.

11(e) Area Pharmaceutical Committee (AW) – key areas of discussion have been the Chronic Medication Service and Serial Prescriptions; helping patients manage medication better. This has been stopped as an enhanced service. One practice are working closely with their local Community Pharmacy and will be interesting to review outcomes. Community Pharmacies have funding available to improve quality and partnership working and there is a NES training session in April to support this. As there is no funding available for GPs it is unclear how this will be taken forward but will be a positive piece of work.

11(f) BANMAC (HC) – Key focus was nursing revalidation as there were 7 members of nursing staff who failed to re-register. This has now been resolved and there is a Verification of Re-registration Policy in place for when staff fail to re-register. The national shortage of nursing and midwifery staff was also discussed; bi-monthly recruitment continues. Not all wards have level loaded their leave and the rolling roster work is being supported in BGH. Link nurses for patients with learning disabilities are available on each ward and are working with families to improve care. A community learning disabilities nurse has been seconded to work in Huntlyburn for 12 months. This may provide the potential for Huntlyburn developing its expertise in managing people with learning difficulties. Another NHS Borders Learning Disabilities (LD) Nurse is to undertake the non-medical prescribing course. This is the first LD nurse in Scotland to do so. Currently BANMAC are reviewing their Terms of Reference as there is an issue with attendance at meetings. They have considered future presentations and agenda items and have a forward planner to allow members to see the benefit of attending the meetings. Keen for BANMAC to have a more strategic focus and the members aware of the financial difficulties and clinical strategy.

HC also commented on the National Workstream on development of advanced work practice. GP practices are beginning to recruit Advanced Nurse Practitioners and a briefing has gone to GP

Sub. AHPs are not in the scope but there have been national discussions to create an AHP subgroup. HC updates BANMAC members.

11(g) Medical Scientists – No report available.

11 (h) Psychology (AQ) – gave a brief report on the scope for care planning, who had been involved and what had been discussed. AQ commented on the ways of working fitting with Meridien and the different roles on wards and how interesting it has been to see how the services work together there, for example Pharmacy and AHPs. A regular report will be given to ACF in future from Psychology.

ACF noted the verbal updates and thanked the committee representatives present for their input.
ACTION: Add Psychology to this Professional Advisory Committee feedback item. **KW**; Attend and speak at BANMAC meeting. **AW**

12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

AW to take comments from the verbal updates to the Board meeting, including:

AHP – clinical productivity; news that we have the first Learning Difficulties Nurse Prescriber in Scotland; link nurse in wards in BGH and working in Huntlyburn (this may already be in the recent BET report).

13 AREA CLINICAL FORUM CONSTITUTION/ToR

Changes to be made: 1) remove reference to LHCC Professional Committee. 2) Add Psychologists Team to the list of membership.

ACF agreed the updates.
ACTION: Make changes to ToR and add Vice-Chair to next agenda. **KW**

14 ANY OTHER BUSINESS

No other business raised.

15 DATE OF NEXT MEETING

Tuesday 4th April 2017 – 17:00 – Committee Room, Borders General Hospital

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 3rd February 2017, Meeting Room 7, Waverley Gate.

Present:-

Borders

Ms Jane Davidson
Ms June Smyth

Fife

Mr Paul Hawkins
Ms Jann Gardner

Forth Valley

Ms Jane Grant
Mr Graham Foster

Lothian

Mr Tim Davison (Chair)
Professor Alex McMahon

Tayside

Dr Andrew Russell

Dumfries & Galloway

Dr Ken Donaldson

Regional Leads

Ms Jan McClean
Mr Derek Phillips

Directors of Finance

Ms C Potter

Scottish Government

Directors of Public Health

Dr Alison McCallum

Nurse Directors

Ms Evelyn Rodger

NES

Professor Bill Reid

NSD

Scottish Ambulance Service

Medical Directors

HR Directors

NHS 24

Partnership Representation

Ms Stephanie Phillips

Ms Wilma Brown

SAS

Peter Connor

In Attendance: Ms Jacquie Campbell, NHS Lothian. Ms Susan Goldsmith, NHS Lothian. Mr Jim Crombie, NHS Lothian. Colin Briggs, NHS Lothian.

Apologies for absence were received from: Ms Carol Gillie, Ms Viv Gratton, Dr Frances Elliott, Dr Tracey Gillies, Dr David Farquharson, Mr Alex Joyce, Ms Fiona Murphy, Ms Pat O'Connor, Ms Lesley McLay, Ms Jacqui Simpson

Item No.	Section	Action
1	Welcome & Introductions	
	T Davison welcomed all to the meeting and noted the apologies received.	
2	Previous Meeting	
2.1	<u>Note of Meeting Held on Friday 11th November 2016</u>	
	The minutes of the previous meeting held on 11 th November 2016 were agreed as an accurate record.	
3	Matters Arising	
	None raised.	
4.	SEAT Programmes – For Discussion/Approval	
4.1	<u>South East Regional Radiology Insourcing Solution – Report, Progress and Next Steps</u>	
	J Gardner spoke to the previously circulated paper which detailed a proposed approach in SEAT to support radiology services through a remote reporting system. The work had been led by S McLean, NHS Fife and G McKillop, NHS Lothian reporting directly to J Connaghan at Scottish Government. The system will utilise radiologists and reporting radiographers in the region to report images, initially for NHS Fife. A pilot will commence on 1 st April with the potential to roll out further across the region and more widely across Scotland.	
	B Reid requested that a monitoring process was in place to ensure that trainees do not exceed their hours as per the New Deal requirements.	
	J Davison suggested that the role of reporting radiographers should also be looked at in detail as part of this work.	
	SEAT noted the progress which had been made at pace in developing the system collaboratively to support the significant operational challenges in delivering sustainable radiology services in NHS Fife.	
	It was agreed that updates will be provided at future meetings with information on activity and costs.	

JGardner

4.2 Update on Major Trauma Proposals and Trauma Network Development

J McClean spoke to a previously circulated paper providing an update on progress with work on Major Trauma both regionally and nationally. She advised that a Scottish Trauma Network is being established with the first Steering Group meeting scheduled for April 2017.

Scottish Government has indicated that funding is available to fund project and clinical leadership to support the development of regional networks.

As advised at the November SEAT RPG, SEAT has identified the resource required to support the Regional Trauma Network, c£128k pa. The Group noted that NHS Lothian has already the resource to move forward with a Major Trauma Centre Rehab Lead. J McClean reported that there is currently Clinical Leadership for the SEAT Regional Network provided by Mr Ed Dunstan, Orthopaedic Surgeon, NHS Fife which is currently unfunded. The future plan would be to have one session from Mr Dunstan and additional sessional input from Clinical Leads within the MTC and for Rehabilitation.

A key area of work for the Network will be developing an agreed regional model for rehabilitation and repatriation of patients.

The current Chair of the Regional Trauma Group, Professor Alex McMahon, has indicated he will step down from his role. J McClean asked SEAT to consider the future structure and arrangements for taking forward the next phase of the Regional Trauma work.

A McMahon proposed that C Briggs, NHS Lothian should chair the Regional Trauma Group. It was agreed that C Briggs would liaise with J McClean re future meetings and confirm the funding proposals for clinical leadership.

CBriggs

4.3 National Review of Maternity and Neonatal Services

J McClean spoke to a previously circulated paper which summarised the recommendations from the recently published Review of Maternity and Neonatal Services.

The SEAT MCN for Neonatal Services will carry out a fuller impact assessment of the recommendations and report back to a future SEAT RPG meeting.

JMcClean

The Group noted that discussions are underway with the Scottish Government to clarify how the detailed planning

required to implement the recommendations is undertaken nationally.

J Grant added that there would be further recommendations around continuity of care. The Cabinet Secretary will look at the phasing detail within the implementation plan.

J Crombie stressed the need to use SEAT as a vehicle to consider the implementation plan regionally as there was a need for consistency. SEAT supported the need for a regional approach.

B Reid added that the report is welcomed by those involved in training.

Further updates will be provided as the work progresses.

JMcClean

4.4 Update from Preceding RCAG

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

5. Supporting the Business – For Information

5.1 Update on SEAT Regional Work

The Group noted the previously circulated paper providing an update on SEAT Regional Work.

5.2 Workforce Planning - Update

The Group noted the previously circulated update report.

5.3 National Services Division National Update

The Group noted the previously circulated update report.

6. Regional Minutes

6.1 Minutes of the SEAT Directors of Planning and Directors of Finance Group on 23rd September 2016 (Approved)

These were noted.

6.2 Minutes of the SEAT Directors of Finance Group on 8th December 2016 (Approved)

These were noted.

6.3 Minutes of the SEAT Children and Young People's Health Services Planning Group on 24th August 2016 (Approved)

These were noted.

6.4 Minutes of the Regional CAMHS Consortium on 25th August 2016 (Approved)

These were noted.

- 6.5 Minutes of the MCN for Child Protection Steering Group on 30th August 2016 (Approved)
These were noted.

7. Communications

7.1 News Updates from Individual Boards

SAS

P Connor advised that the SAS will move to a 3 region structure with Regional Directors expected to be in post by the end of March. T Davison welcomed future discussions between SAS and the South East.

8. AOCB

8.1 National Health and Social Care Delivery Plan

T Davison advised that the Scottish Government had recently published the National Health and Social Care Delivery Plan which sets out a programme to further enhance health and social care services. Regions have been asked to develop a Regional Delivery Plan to support implementation of the national Health and Social Care Delivery Plan. A meeting will take place directly after SEAT RPG to discuss and agree the SEAT approach.

P Hawkins noted that the SEAT has done much work collectively and this can be used to demonstrate an existing regional approach. J Grant added that there is a need to focus on regional priorities, however, not all priorities will be the same in each region.

8.2 Doctors from the EU

B Reid highlighted that there have been a number of cases where doctors working in the UK with visas from abroad have subsequently had issues returning to Britain after spending time out of the country. Reports suggest that they are being denied re-entry to the UK and advised that their visas are no longer valid.

The Group noted that there may be doctors applying for posts who may be in a similar position. It is understood that the Borders Agency has been stricter in applying immigration rules in recent months.

B Reid also advised that there is also concern that the availability of Tier 2 visas, which can be used to bring doctors from abroad, may be restricted as there is a fixed number available across UK.

B Reid requested the Group advise him if they know of any instances where medical staff in their Boards has experienced issues.

All

9. Date and Time of Next Meeting

The next meeting is scheduled for Friday 28th April 2017 at **10.45am – 1pm** in Meeting Room 7, Waverley Gate.

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 28th April 2017, Meeting Room 7, Waverley Gate.

Present:-

Borders

Ms Jane Davidson
Ms June Smyth

Fife

Mr Paul Hawkins
Ms Jann Gardner

Forth Valley

Lothian

Mr Tim Davison (Chair)
Professor Alex McMahon

Tayside

Dr Andrew Russell

Dumfries & Galloway

Dr Ken Donaldson

Regional Leads

Ms Jan McClean

Directors of Finance

Ms C Gillie

Scottish Government

Directors of Public Health

Nurse Directors

NES

Professor Bill Reid

NSD

Dr M Winter

Scottish Ambulance Service

Lewis Campbell

Medical Directors

Dr Cliff Sharp
Ms Tracy Gillies
Dr Frances Elliot
Mr Andrew Murray

HR Directors

NHS 24

Partnership Representation

Ms Wilma Brown
Mr A Joyce

In Attendance: Ms Susan Goldsmith, Ms Janis Butler, Ms Carol Harris, Ms Janette Fraser, Jacquie Campbell, Mr Scott Mclean, Mr Colin Briggs

Apologies for absence were received from: Ms Claire Pearce, Ms Viv Gratton, Mr Jim Crombie, Dr Alison McCallum, Ms Margo McGurk, Ms Pat O'Connor, Ms Lesley McLay, Ms Jacqui Simpson, Ms Stephanie Phillips, Derek Phillips.

Part 1 – Existing SEAT Business

1 Welcome & Introductions

T Davison welcomed all to the meeting and noted the apologies received.

2 Previous Meeting

2.1 Note of Meeting Held on Friday 3rd February 2017

The minutes of the previous meeting held on 3rd February 2017 were agreed as an accurate record.

3. SEAT Programmes – For Discussion/Approval

3.1 Police Custody Healthcare and Forensic Services

J McClean spoke to a previously circulated paper providing an update to SEAT following publication of Her Majesty’s Inspectorate of Constabulary in Scotland (HMICS) Review of Forensic Medical Services report published in March 2017 concerning the provision of forensic medical services to victims of sexual crime.

J McClean advised that there were a number of recommendations in the Report in relation to workforce, facilities and models of care which if implemented would impact on the existing service in the South East. Many of the issues and risks raised in the Report have already been brought to SEAT’s attention through the regular reporting on the South East service, which is a regional service hosted by NHS Lothian for NHS Fife, Borders and Forth Valley.

Recommendations include the provision of dedicated healthcare facilities across Scotland for victims of sexual assault. Currently, a number of the public protection suites in SEAT used for the examination of complainers of sexual assault are based within police premises. J McClean highlighted that the introduction of Sexual Assault Referral Centres (SARC), is seen as a way of ensuring a dedicated healthcare service for victims but noted that many victims would be required to travel to access, particularly if provided on a regional basis. The Group noted that standards had previously been developed by Scottish Government in 2013 without involvement of health services and that they had not been formally launched. Health Improvement Scotland (HIS) has agreed to support development of a revised set of standards by the end of 2017 which will involve all agencies together with representation from victim support. A representative from the South East has been identified to participate in this work.

In addition, the report refers to a standard which states that a victim of sexual assault should be able to choose the gender of the examining Forensic Physician. This is currently not always possible due to a predominance of male Forensic Physicians. J McClean noted that the development of the forensic nurses in forensic medical examinations may be an option in developing a more female-based workforce. Agreement from the Crown Office and Procurator Fiscal would be required however, prior to extension of this role.

Also highlighted in the review was a concern that the Memorandum of Understanding (MoU) agreed in 2013 between the NHS and Police Scotland to support the transfer of responsibility of the service to the NHS is not fit for purpose. A response is awaited from Scottish Government about how this might be addressed.

With regards to child victims of sexual assault, the Regional MCN for Child Protection is well engaged in this agenda, contributes nationally to discussions and also to the development of standards for paediatric examinations.

As a result of the HMIC Report, the Chief Medical Officer (CMO) has established a taskforce to address the recommendations. A Terms of Reference and confirmation of membership of the Taskforce is awaited.

SEAT was asked to note the issues in paper and advised that updates would be brought to the Group as available.

JMcC

A McMahon added that there may be significant costs associated with implementing the recommendations and there would be challenging workforce issues. In addition, he advised that the Public Protection Suite at the Royal Victoria Hospital required to relocate due to the development of the site, with alternative options being explored.

C Gillie noted that the NHS is responsible for healthcare but the gathering of forensic evidence is the responsibility of Police Scotland. There is therefore an expectation that they should contribute to the costs of the service provision to support evidence gathering.

3.2 Update from Preceding RCAG

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

4. SEAT Programmes – For Information

4.1 Update on SEAT Regional Work

The Group noted the previously circulated paper providing an update on SEAT Regional Work.

J McClean noted that a paper proposing a national 12-bed Forensic CAMHS inpatient service was approved at a recent Board Chief Executives meeting. Subsequently, it has been noted that there may be issues with the accuracy of the financial information presented in the paper. Following discussion, it was agreed that J McClean, C Gillie and NSD would review the figures for accuracy. Consideration will also be given to the benefit to the South East region of a national service which does not include outreach provision.

JMcC

An update will be provided at the next meeting.

4.2 National Services Division National Update

The Group noted the previously circulated update report.

4.3 Regional Minutes

4.3.1 Minutes of the SEAT Directors of Planning and Directors of Finance Group on 13th January 2017 (Approved)

These were noted.

4.3.2 Minutes of the SEAT Directors of Finance Group on 12th January 2017 (Approved)

These were noted.

4.3.3 Minutes of the MCN for Neonatal Services Steering group on 28th September 2016 (Approved)

These were noted.

4.3.4 Minutes of the MCN for Child Protection Steering Group on 7th December 2016 (Approved)

These were noted.

4.3.5 Minutes of the Regional CAMHS Consortium on 24th November August 2016 (Approved)

These were noted.

Part 2 – East Region Health and Social Care Delivery Plan Programme Board Business

1. Minutes of previous meeting – 3rd March

The minutes of the previous meeting held on 3rd March 2017 were agreed as an accurate record.

2. Creation of East Region Health and Social Care Delivery Plan Programme Board

T Davison introduced this item advising that SEAT had held a number of discussions over the last few months regarding reshaping the Regional Planning Group to support the emergent agenda. He advised that a CEL is expected to be circulated by the end of May, providing formal national guidance. He

emphasised the important role of the 6 Integrated Joint Boards (IJBs) across the South East and the need to ensure their involvement going forward.

J McClean introduced the previously circulated paper which set out a proposal to establish an East Region Health and Social Care Delivery Plan Programme Board which would assume the role and responsibilities of the Regional Planning Group, while widening its programme of work to include the implementation of the National Health and Social Care Delivery Plan. The paper noted that Tim Davison had been appointed as the Regional Chief Executive Lead and would sit on the National Programme Board representing the East Region.

A draft Framework of Governance, based on the extant Regional Planning Group Framework of Governance, had been developed to support the Programme Board business until further guidance was provided by Scottish Government. The Framework reflected the arrangements already in place to support regional collaboration, accountability and decision making.

J McClean advised that a proposed membership was included in the Terms of Reference however this may evolve as the work of the Programme Board becomes established. There would remain a need to ensure a balance of representation from across the participating Boards, from Workstream Leads and professional groups.

A programme of work has been agreed through discussions at SEAT Regional Planning Group with a focus on the development and delivery of a Regional Health and Social Care Delivery Plan to support implementation of the National Delivery Plan. Consideration is being given to merging existing SEAT workstreams, some of which can be incorporated into the Delivery Plan at an early stage, while others will be reported through the Programme Board as existing workstreams to ensure appropriate governance and oversight is maintained.

J Smyth advised that the Framework of Governance did not appear markedly different or reflect the changes required to support the task ahead.

T Davison concurred and advised that this was an important issue and that the Regional Chief Executive Leads had provided input into the development of the awaited CEL, stressing the need for a supportive framework to effect the level of change required.

J Davidson supported the points made by J Smyth and added that we must look at significant change. She added that If the emergent guidance from SG light, then as a region we would need to find a way to ensure flexibility within it.

T Davison advised that the arrangements for taking forward this programme of work with the IJBs will need to be developed with due consideration of engagement, communication, delegated authority and workforce implications. He added that both the Council and NHS would need to work together in the best interests of the population of the region.

T Davison raised the issue of how Board Chairs, Chief Executives, Trade Union and Partnership and IJB colleagues would be supported in managing major change across organisations. P Hawkins stated that it was important to engage with Board Chairs and seek support from them to move the agenda forward.

T Davison advised the Group that a meeting between Board Chairs and Chief Executives is scheduled for 15th May to discuss such issues.

C Gillie questioned what point 2.6.1 under Exceptional Matters means. J McClean replied that this is taken from the existing SEAT Framework of Governance and would relate to exceptional circumstances.

The Group noted the paper and agreed that that a revised Framework of Governance would be circulated once the CEL and further guidance had been issued from Scottish Government.

JMcC

3. Programme Board and Workstream Architecture

T Davison spoke to a previously circulated paper which sets out the proposed architecture for the Programme Board and its supporting workstreams. T Davison advised that following discussions with the 6 IJB Chief Officers in the Region, the focus of their contribution to the Delivery Plan will be on the Primary, Community and Social Care Chapter with Better Health and Prevention being picked up by Public Health.

T Davison questioned how we create time to do this large piece of work.

T Davison advised that A McCallum and colleagues in Public Health have started to identify data requirements to support their Context Chapter, with an expectation that a draft outline will be completed by end of May.

AMcC

B Reid noted that the proposed structure is useful but underestimates the work which needs to be woven through and integrate across all Workstreams. P Hawkins questioned if there are infrastructure issues that need to be reflected upon before we progress with work. T Davison advised that Scottish Government will make available funds to support backfill which would enable key people to be released from substantive posts.

J Davidson noted the fast pace of change and added that integration is local by its nature. She advised that the Chief Executive of Borders Council had expressed a desire to support and lead change, therefore it was important to be seen to support this effort.

T Davison advised that he had spoken with Colin Sinclair Chief Executive of NSS regarding business support. T Davison stressed that Scottish Government are expecting each of the Regional Planning Groups to ask for resources to support this programme.

P Hawkins added that NSS should be commissioned to undertake work for the region with the priorities set by the Regional Lead.

T Davison asked the Group to consider who should sit on the East Region Health and Social Care Delivery Plan Programme Board. The Group agreed it should be inclusive at this stage, building on SEAT Regional Planning Group membership. T Davison suggested that Workstream Leads should be included.

P Hawkins highlighted that with reference to acute services, there has already been work undertaken to identify the immediate priorities. T Gillies noted that some aspects were a continuation of work already initiated, whereas others would be transformational.

C Gillie highlighted the need to be clear on what could be safely stopped to support cost efficiency.

A Murray stressed the importance of clinical engagement at an early stage.

4. Workstream Progress

4.1 Context

This should be drafted by end of this month – as discussed earlier under Item 3.

4.2 Workforce

4.2.1 OD and Leadership Support

J Butler spoke to a previously circulated East Region Health and Social Care Workforce Plan. She noted that this is a supporting and enabling workstream with the aim of improving efficiency and effectiveness of the HR function across the region while supporting the other workstreams.

J Butler advised that following a discussion between the Regional and National Chief Executive Leads, options for OD support had

been developed including Kings Fund who had supported work in NHS England.

T Davison advised that Paul Gray had invited Scottish IHM to develop a proposal to support leadership development. The Group noted the need to support not only existing senior managers and clinicians but there is a need to grow the future managerial cohort. T Davison noted the challenging timescales and advised that there was a need to move ahead with resources available. T Davison noted that there may well be significant organisational development work which could be cascaded to other tiers.

J Butler noted the comments and advised that the initial focus will be at Chief Executive level. P Hawkins noted the need for a regional management team and clinical leadership. T Davison confirmed that the Regional Planning Directors had been asked to develop a profile of the resources required to support the programme of work by end of May.

JMcC

4.3. Finance, Capital and Estates

S Goldsmith spoke to a previously circulated East Region Health and Social Care Financial Plan.

Included in the paper is an overview of the revenue and capital position. By the end of 2017/18 it is anticipated that there will be a £139m underlying gap.

The Group noted the challenges with making progress quickly with regards to capital. S Goldsmith advised that there is a need to refer to the property and management strategy to consider asset portfolio.

Directors of Finance are meeting to consider how to share current efficiency and productivity programmes and how to maximise resources.

S Goldsmith noted that work was underway on shared financial services but senior finance input with project management was required to support the Board teams. Areas such as:

- Effective prescribing
- System development HEPMA, telephony –
- TRAK –
- On call arrangements
- Finance, with HR can provide support to workstreams. Weekly meetings in diary.

M Winter raised the issue of procurement and advised that Board Chief Executives have supported procurement programme under the shared services portfolio. S Goldsmith noted that the national

procurement team will be attending a DoFs meeting.

T Davison added that John Connaghan had suggested that the Region reviews the available estate including surplus, capacity, and condition. He stressed the need to think ahead – what do we think estate will be used for. T Davison advised that the Regional Cancer Centre, replacement of Eye Pavillion and proposed Elective Treatment Centres all needed to be considered in the context of finite capital allocations.

4.4 Communications and Public Engagement

C Harris spoke to a previously circulated East Region Health and Social Care Delivery Plan Communications Overview. A national communications and engagement plan is expected to be published within a couple of weeks which will give guidance from a national perspective and will include actions at all levels.

C Harris noted the next steps would involve setting up a regional Communications Group which would include the 3 Boards and involve NHS Tayside and Forth Valley where necessary. Communication with staff will begin so they are aware of the process and developments.

W Brown added that it would be helpful if a Briefing Paper could be agreed through the Programme Board and could go out as Board communication to staff.

T Davison confirmed that COSLA would be at the National Programme Board.

4.5 Acute Services

P Hawkins spoke to a previously circulated paper detailing the development of the Acute Services Workplan of the East Region Health and Social Care Delivery Plan. He noted that all workstreams should be DCAQ lead. For the purposes of this Workstream, NHS Borders, NHS Fife and NHS Lothian are considered core Boards within the East Region. NHS Forth Valley will continue to collaborate with the West but are open to consider opportunities for collaborative working with the East on a specialty by specialty basis. As the position with NHS Tayside is to be confirmed, it was agreed that P Hawkins and L McLay would discuss.

The Group noted that a list of specialties is detailed in Appendix 1 whilst Appendix 2 includes the Long List Analysis which will be completed using DCAQ.

P Hawkins advised the Group that the Acute Workstream will continue to meet on a weekly basis with a draft Terms of Reference to be shortly circulated.

An Acute Workstream Workshop is under development which will

Involve all Acute Services sub-groups. P Hawkins stressed the need for Workstream leads to be committed to the opportunity for transformational change.

J Campbell advised that the Scottish Government had asked that the Diagnostic Treatment Centre Initial Agreement is submitted within early June. There is a process within a process and different timelines bring their own challenges. It was agreed that J Campbell and P Hawkins would discuss a way forward.

JC/PH

4.6 e-Health

T Davison advised that NHS24 and SAS were keen to support Regions with the digital health agenda. The eHealth workstream will consider priorities and how digital solutions would support workstreams including future service models. J McClean advised that she had met with eHealth leads and they are keen to be engaged with this programme.

T Gillies advised that it was important to understand what they could help to drive and the need to engage on the clinical eHealth agenda.

T Gillies agreed to link in with the eHealth Leads and discuss what infrastructure support would be needed and how connections could be made nationally and into IJBs.

J Davidson asked if there was potential to tap in to income streams.

L Campbell asked to be included in early discussions and will make contact with T Gillies.

4.7 Better Health and Prevention

As discussed earlier in the meeting this will be picked up by Public Health

4.8 Primary, Social and Community Care

A meeting with the 6 IJB Chief Officers is due to take place following the SEAT meeting to discuss how they will support work on this Chapter.

5. Summary of Health and Social Care Plan Deliverables

T Davison referred to the 50 Actions from the National Health and Social Care Delivery Plan, which had been linked to the Regional Delivery Plan Workstreams, emphasising that many of these needed to be addressed within 2017.

6. Programme of Engagement Events

T Davison suggested that the Communications and Engagement Group would start to develop a programme of events which may include face to face events in each board.

7. Corporate Functions

7.1 HR For Initial Programme of Work

J Davidson advised that back office functions are fundamental to the NHS organisations and mentioned the Shared Services work across a number of areas HR is a key function and there may be opportunities to look at this service as part of the regional work.

A Joyce advised that there was some concern from staff side, but a meeting has been arranged between HRDs and Employment Directors to discuss further.

7.2 Others for Consideration

J Davidson advised that there may be other opportunities going forward and that these would be considered.

8. AOCB

None raised.

9. Date and Time of Next Meeting

The next meeting is scheduled for Friday 19th May 2017 at **11am** – **2pm** in Meeting Room 7, Waverley Gate.



CRITICAL SERVICES OVERSIGHT GROUP

MINUTE OF MEETING of 20 FEBRUARY 2017, HELD IN THE CORPORATE MANAGEMENT BOARDROOM, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, MELROSE AT 2.00 p.m.

Present:	<p>CSOG :</p> <p>Attendees: <i>Jane Davidson, Chief Executive (NHS) (JD) (Chair), John Fyfe, Group Manager Criminal Services SBC (JF), Jeanette McDiarmid, Deputy Chief Executive People SBC (JM), Gillian Nicol, Child Protection Coordinator SBC (GN), John Peaston, Detective Chief Inspector, Police Scotland (JP), David Powell, Adult Protection Coordinator, SBC (DP), Elaine Torrance, Chief Social Work Officer, SBC (ET), Jim Wilson, Chair of the Adult Protection Committee (JW).</i></p> <p>Apologies: <i>Tracey Logan, Chief Executive, Duncan MacAulay, Chair of the Child Protection Committee.</i></p>
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1.	<p>Minute of Meeting of 21 November 2016.</p> <p>There had been circulated copies of the Minute of 21 November 2016. Attention was drawn to two minor errors which were corrected.</p> <p>DECISION NOTED.</p>
2.	<p>Actions Update (refer to Action Sheet circulated with Minute)</p> <p>ET advised that she had updated the action sheet with completed items. Further completed actions were noted at the meeting. It was agreed that all the completed actions be now removed from the table.</p>
3.	<p>Drug Related Death Annual Report 2015</p> <p>There had been circulated copies of a covering report and the fourth Annual 'Report on data for drug related deaths January – December 2015 Scottish Borders' by the Chair of the Drug Death Review Group (DDRG). Susan Walker, Senior Development Officer, Alcohol and Drugs Partnership (ADP), was in attendance to present the report. The DDRG investigated 5 deaths in 2015 compared with 9 in 2014. Ms Walker explained that the data from the group contributed to the National Drug-related Deaths Database. She highlighted that there was a different age profile from previous years with 4 of the individuals being over 35. Due to longer</p>

	<p>years of risk behaviours there was often greater health impacts for older drug users such as respiratory and cardio vascular issues. A further difference in 2015 was that the substance reported in all five cases for the cause of death was Heroin/Morphine. The majority of individuals (4) were known injecting drug users to either Police or Drug services. All four had been previously supplied with a Take Home Naloxone (THN) kit. The recommendations of the report were to:</p> <ul style="list-style-type: none"> • Explore implementation and provision of THN to all at risk individuals discharged from hospital • DDRG to review 'Staying Alive in Scotland' good practice baseline tool and develop an action plan • Continue to raise awareness of risk factors of drug deaths <p>The group discussed the process around Police Concern forms. JW advised this had been discussed at Adult Protection Committee (APC). The Concern forms currently go to localities rather than to a central point. There is a question over who is screening the forms and about the rationale to sign-off by locality team leader. There needed to be a reviewing process and consistency of application. A question was asked about the ease of access to users for their next THN kit after initially being provided with one. It would be helpful to do a comparison with other rural areas in respect of use and access to THN kits. JD asked if an early draft of 2016 figures for the Scottish Borders could be brought to CSOG rather than waiting for the national report. SW agreed that it would be possible to bring a report in August 2017 which would also include data on alcohol related deaths in 2016.</p> <p>DECISION AGREED</p> <ul style="list-style-type: none"> (i) to strengthen the process around screening police concern forms; (ii) to compare Scottish Borders with other rural areas in respect of use and ease of access to THN kits; and (iii) that an early draft of 2016 figures for the Scottish Borders be brought to the CSOG meeting in August 2017.
4.	<p>Child Protection Update</p> <p>A briefing from the Child Protection Committee (CPC) had been circulated. GN highlighted the main points as follows:</p> <p>(a) Neglect Toolkit</p> <p>An introduction to the Neglect Toolkit (which was in use in Glasgow and West Lothian in cases where neglect was identified as a significant issue) was delivered to Practitioners and Managers in October 2016. A 'training for trainers' session would take place at the end of March and the toolkit rolled out to staff over the summer and into the next school term. In response to a question from JD, regarding how effective the tool was proving in Glasgow and West Lothian, JP advised that Glasgow had reported favourably on the use of their toolkit which had been based on the national toolkit and adopted by practitioners. GN added that the tool had not yet been made mandatory as the hope was that, at the training, staff would recognise how the toolkit could be used in a positive way and take this on. The plan was to take feedback following implementation and monitor the difference made.</p> <p>(b) Child Sexual Exploitation (CSE)</p>

	<p>GN explained that a consultation was being carried out to gather information from young people via High Schools, Parent Council Chairs and Parent Councils, who suggested also including parents in the survey. It was hoped that a Strategy and Action Plan, taking into account the consultation, would be brought to the next meeting of CSOG.</p> <p>(c) Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs) GN gave an update on the progress of two internal SCRs which were underway. It was anticipated that the SCR (Baby W) would be completed by the end of April 2017. The SCR(AS) was more complex and likely to take longer. JD expressed concern that the Group could not see how actions from case reviews were progressing. It was noted that the table showing a summary of Annual ICRs/SCRs/SIRs from Child and Adult Protection would be included with the agenda for the next meeting and that it had been recorded in the minute of the last meeting that this would be brought to every second meeting.</p> <p>DECISION AGREED that the summary of ICRs/SCRs/SIRs in table format would be included with the agenda for the next CSOG meeting.</p>
5.	<p>Adult Protection Update</p> <p>(a) Adult Protection Committee Update</p> <p>There had been circulated copies of an update report from the Adult Protection Committee (APC). With regard to the Inspection, JW advised that the APC had met on 26 January 2017 to clarify/confirm the aims and parameters of the Inspection. He confirmed that the meeting had taken place between the Care Inspectorate and the Chief Executive (as Chair of CSOG), Isobel Nisbet and David Powell and that the APC members would meet with the Inspectors on 21 February 2017. In terms of Self-Evaluation JW advised that the report on Jacqui Conway's review of the Adult Protection Unit was in final draft and would be available at the next CSOG meeting following consideration by the APC. Taking account of this report and the pending inspection it had been decided to defer the self-evaluation event until June to allow consideration of findings from both. The APC Update report went on to explain that, following several meetings involving partner agencies and local banks, a Financial Harm seminar was planned for April/May 2017. Following the seminar an action plan would be produced to be owned and monitored by the APC. With regard to the profile of the APC, the Committee had met with the SBC Communications team to explore methods to raise its profile amongst partner agencies.</p> <p>(b) Review of Adult Protection Cases not proceeding to case conference</p> <p>There had been circulated copies of a report into the fall in the number of Adult Protection Case Conferences and Case Conference reviews over the last 5 years in the Scottish Borders. DP drew attention to the data in the report indicating a steady decrease in the number of Conferences, with the figure of 19 in 2015/16 appearing to be far too low. To help with the context it was explained that the national average for AP Case Conferences was 51 per year per 100,000 population giving an expectation of around or above 35 per year for the Scottish Borders. The paper aimed to explore the rationale for this decrease and suggest any required action to address the decline. The APC had requested a sample of all cases which met the adult at risk criteria to ensure decision making was safe, robust and would stand up to scrutiny. Adults with Incapacity (AWI) VYP and LSI planning meetings had diverted some work away from Adult Protection but these numbers still did not account for the number of AP Conferences being so low. DP explained that all 7 locality teams had a group of new team leaders and that there may be threshold issues across teams. Performance workshops would be held with practice team leaders to look at thresholds, rationale and on why a Case</p>

	<p>Conference would be a more appropriate and defensible than a case management approach. There needed to be consideration of a multiagency approach, a move away from single agency decisions and formally recorded meetings.</p> <p>Concern was expressed at the meeting, in particular, about the cases identified in the report as meeting the adult at risk criteria and which did not proceed to Case Conference. After investigation there had been 10 cases in that category To give assurance DP was asked to follow up and circulate to the Group the position in respect of these particular cases. One of the report's conclusions was that Case Conference numbers in the Scottish Borders should be benchmarked with other local authorities of a similar population and geographical area rather than with national figures. The Group agreed that this should be carried out as a more meaningful comparison. A question was also asked as to whether there had been a process change in respect of cases being referred to AWI rather than conference.</p> <p>DECISION AGREED:</p> <ul style="list-style-type: none"> (i) DP to follow up and establish the position in respect of the 10 cases identified as at risk which did not proceed to conference and to circulate his findings to the Group; (ii) that an investigation take place into whether there has been a process change in respect of how cases were dealt with in localities; (iii) to compare data with local authorities in similar geographical area; and (iv) that outcomes of work by DP and APU with Team Leaders and formal guidance around thresholds and criteria for AP Case Conferences be brought back to the May meeting of CSOG
6.	<p>Offender Management Update/MAPPA</p> <p>A report for CSOG, from the Offender Management Committee, had been circulated and JF summarised the main points. The Committee had met on 9 December 2016 to review the Terms of Reference for the Committee and a smaller group met on 22 December 2016 to consider the Business Plan for the forthcoming year. The report detailed the main areas of change proposed to the Terms of Reference and indicated that these would be clearly linked to key performance outcomes included in the Business Plan. In particular the criteria had been extended to make explicit reference to perpetrators of domestic abuse and young people who displayed harmful sexual behaviour. The Edinburgh model had been followed in respect of the Terms of Reference. In terms of ICR/SIR cases JF advised that regarding ICR submitted to Lothian and Borders MAPPA Strategic Oversight Group and the Scottish Government, the recommendation was that there was no requirement for SCR. With regard to the SIR submitted to the Care Inspectorate the feedback agreed with the decision that there was no need to progress to comprehensive review. The Scottish Borders response to the consultation regarding Police Scotland criteria for Environmental Risk Assessments had been submitted with a local view that they should be undertaken where necessary and proportionate. JF reported that from a level of 12 – 15 per year there had been 159 in the last financial year and 125 to date in this financial year. This was creating an area of pressure across all agencies. In a discussion of this how to take this forward the Group agreed the issue should be explored with national counterparts to arrive at a common approach.</p> <p>DECISION AGREED:</p> <ul style="list-style-type: none"> (i) to circulate revised Offender Management Committee Terms of Reference with a view to these being formally approved at the next CSOG meeting;

	<p>(ii) to explore with national counterparts the application of Environmental Risk Assessment criteria and resulting pressures.</p>
7.	<p>Critical Cases</p> <p>There had been circulated Practice Reviews for two ICRs (Adults) with recommendations and actions.</p> <p>The report gave background information regarding DA, a 47 year old female who had alcohol and prescription medication dependence. She was found dead by a family member and the incident reported to Police Scotland. DA had been known at different points to Addaction and Borders Addiction Service but there had been an assumption in Adult SC & H that she was still working with those agencies. It was noted that six police concern forms had been received within two years. One action therefore was that when a police referral was received and it was noted that the service user was working with another agency the team should check that the service user was still open to that agency. The Addaction closure procedure should also be reviewed.</p> <p>The second Practice Review was with regard to MB, a 78 year old female who lived alone in West Linton. She was described as a very private and independent person, resistant to support. MB received social care support from SB Cares. She was an insulin controlled diabetic and had mobility and occupational therapy needs. There were no suspicious circumstances surrounding her death and this was not linked to insulin levels. Listed within the actions was a request for clarity from the Care Inspectorate around recording information in situations where the client had refused to have this recorded within the home, but where there were risks and concern. A further action was to ensure appropriate and efficient communication protocols were in place between NHS Lothian and NHS Borders. In a discussion of the case, the Group emphasised the importance of consideration of all available data on Adults at Risk and that the focus must be on prevention. The fact that MB's GP had expressed concerns about MB's multiple hospital admissions was considered relevant.</p> <p>DECISION</p> <p>AGREED that the Adult Protection Committee commission a review and analysis of Adults at Risk cases to include data on place of events including hospital or care homes, number of police concern forms and referrals to other agencies including the ReConnect service.</p>
8.	<p>Performance Information</p> <p>Child Protection Figures</p> <p>There had been circulated a series of Statistical Process Control (SPC) charts to graphically display, over time, information relating to the number of Children on the Child Protection Register, service information and outcome information. It was noted that compliance</p>

	<p>information, regarding the management of the Child Protection Registration, would be added shortly. GN gave a further explanation of this new way of presenting performance information and commented on the information provided. In response to a question GN confirmed that information on MAC reviews could be added to the reports to give further information on cases not proceeding to Case Conference. The Scotland/Scottish Borders Conversion Rate Comparison chart was referred to which recorded the conversion rate from Case Conference to CPR. This showed that an average of 80-90% of the Case Conferences conducted in the Scottish Borders resulted in a child being registered. This could be considered as a measure efficiency showing that the correct cases were being selected resulting in registration. The Scottish average was 70-80%. With regard to the information on outcomes GN explained that further questions could be added to the child welfare surveys to provide additional outcome information. The Group welcomed the way in which the information had been presented. JD asked if there could be an interpretation narrative added to the performance information.</p> <p>Adult Protection Figures The Adult Protection Quarterly Activity Report had been circulated. Reference was made to the recent spike in number of Adult Protection Referrals and Investigations which reflected the inclusion of Police Scotland referrals. The information provided was analysed to show the number of referrals by age range and type of harm. As for the Child Protection information the Group asked for a dialogue to be added beneath the charts as an interpretation of the data provided.</p> <p>MAPPA Statistics There had been circulated copies of the Scottish Borders MAPPA Committee Quarterly Statistical Reports giving number and trends in relation to performance indicators. JF advised that there was no exception reporting as performance was in line with existing trends.</p> <p>DECISION</p> <p>(i) NOTED the performance information provided.</p> <p>(ii) AGREED that, in respect of both the Child Protection and Adult Protection Performance information, a dialogue be added beneath the charts and an overall summary included to offer an interpretation/greater understanding of the data provided.</p>
9.	<p>Any other business</p> <p>Adult and Child Protection Annual Reports ET explained that the Annual Reports for Child and Adult Protection had been scheduled to be presented to full Council in March. However it had been suggested that these be delayed until after the Local Government Election so that they could be presented to the newly elected Council in June.</p> <p>DECISION</p> <p>AGREED that the Adult and Child Protection Annual Reports be brought for approval to the next meeting of CSOG on 29 May 2017 before being presented to full Council on 29 June 2017.</p> <p>Resignation JMcD advised that she had received a letter of resignation from Duncan MacAulay in his role as a member and Chair of the Child Protection Committee. An advert would be drafted in</p>

	<p>preparation for the recruitment of a replacement.</p> <p>DECISION NOTED</p>
10.	<p>Date of next meeting</p> <p>Monday, 29 May 2017 – 2 pm in the Corporate Boardroom.</p> <p><i>The meeting concluded at 4.10 pm</i></p>



Minutes of the Spiritual Care Advisory Committee held on the Monday 16th January 2017 in The Tryst, Chaplaincy Centre, Borders General Hospital.

Present: David Davidson (Chair) Bob Devenny
Mrs Angela McCue Rev Michael Scouler
Mrs Veronica Ross Ms Catriona Livingston
Christine Clark

Apologies: Rev Duncan McCosh, Dr Bruce Low

In attendance: Sandra Henwood

1. Welcome and Introductions

David Davidson welcomed everyone.

2. Items for Discussion

Spiritual Care Policy
Patients Visits :Clerking In
Student Chaplain

2. Previous Minutes

Were confirmed as a true record.

3. Head of Spiritual Care Update

Bob reported that he had met with Bruce Low to discuss the Spiritual Care Policy and proposed amendments to the document around education. Bob informed the group that an updated version would be sent out asap. David asked for comments to be received within two weeks. Bob informed the group that he had received excellent care during his stay in the BGH.

Clerking in was discussed and the group agreed that the system could be improved as not all patients are able to answer the question on "Faith Visit" at the time of arrival sometimes the question was often not asked at all. Michael Schouler commented that he had always received a positive response when visiting patients. The group discussed possible spiritual care training for staff on the wards to encourage more patient visits Training such as "Train at the Station" others confirmed they had heard of this.

Bob reported that a Student Chaplain would be on a Three month placement in the Chaplaincy Centre, supporting the Spiritual Care Team. Working primarily at the BGH but also visiting Haylodge Hospital in Peebles.

4. **Spiritual Care Policy**

Bob informed the group that Veronica's comments were now included and that the Policy had gone to the Public Governance Committee for consultation. The plan is to raise awareness and one of the goals is to inform staff of the importance of the Spiritual Care and supporting patients during their stay in the hospital along with families, carers and visitors. The future plan is to introduce the policy to Lead Nurses and to raise awareness with nurses. It is hoped the Policy will be ratified by the Board in a couple of months. David suggested that in the first instance, liaison with Charlie Sinclair, Associate Director of Nursing, take place so that Charlie may present the document to BET (*Board Executive Team*) for their final thoughts.

5. **Community Listening Service**

Bob informed the group that the Community Listening Service was doing well. He informed the group that there is national training for CCL and it is hoped that Community Chaplains may be recruited to support this service. Bob explained that he had hoped to secure funding from the Integrated Care Fund, but this had not been possible and he is now encouraged to seek funding from the Partnership Fund. Also looking at the support of local clergy who may wish to support the service. Rev Michael Scouler stated that clergy are always happy to support Chaplaincy, however each Parish had their own pastoral team and clergy may have other commitments. David suggested Bob contact Elaine Torrance, Chief Officer for Health & Social Care Integration. Michael enquired about volunteers supporting the service and also stated "if offered to support the CCL service we would be looking at training from the NHS, we may have people in the community who could be listeners". BD to contact ET.

7. **Value Based Reflective Practice**

Christine reported on a recent training session give to staff and stated that it is designed to improve practice and help staff achieve their goals

8. **Volunteers**

David enquired about the use of volunteers in the Chaplaincy and asked if they still visited the wards. Bob reported volunteers provide an excellent service, we have three volunteers who visit the wards. Catriona reported that due to age and ill health a number of volunteers had retired. Bob informed the group that we had number of prospective volunteers interested but these had been passed to Joanne Forrest, Volunteer Coordinator. The group also mentioned other support groups in the community.

9. **AOB**

ean Gibson informed the group of her decision to retire.

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