

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: 04.05.17
- Audit Committee: 19.06.17
- Endowment Committee: 06.06.17, 16.08.17
- Clinical Governance Committee: 19.07.17
- Public Governance Committee: 30.03.17, 19.07.17
- Staff Governance Committee: 09.06.17
- Area Clinical Forum: 26.06.17
- Health & Social Care Integration Joint Board: 26.06.17
- South East & Tayside Group (SEAT): 16.06.17
- East Region Programme Board: 28.07.17, 18.08.17
- Community Planning Strategic Board: 24.11.16, 09.03.17
- Critical Services Oversight Group (CSOG): 29.05.17

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 4 May 2017 at 2.00pm in the Board Room, Newstead

<u>Present:</u>	Mr J Raine	Mrs J Davidson
	Mrs K Hamilton	Mrs C Pearce
	Mr D Davidson	Mrs C Gillie
	Dr S Mather	Mrs J Smyth
	Mr J McLaren	Dr C Sharp
	Mrs A Wilson	Mr T Patterson

<u>In Attendance:</u>	Miss I Bishop	Mrs J Bennison
	Mr P Lunts	Mr M Leys
	Mrs A McCollam	Mrs J Stephen
	Mrs L Prophet	Mr K Messer
	Mr M Entwistle	Mrs R Gray
	Ms S Yates	

1. Apologies and Announcements

Apologies had been received from Mrs Elaine Torrance and Mr Warwick Shaw.

The Chair confirmed the meeting was quorate and noted that there were currently 3 Non Executive vacancies, including the Local Authority stakeholder vacancy. A recruitment campaign was due to commence the following week.

The Chair formally welcomed Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services to her first meeting of the Board in its Strategy & Performance Committee capacity.

The Chair welcomed a range of attendees to the meeting.

2. Patient and Carers Stories

Dr Cliff Sharp presented an update on progress with patient stories and highlighted the ongoing work in relation to the transsexual patient story. He further discussed the potential for a future story on sexual abuse and input from a representative from Survivors Unite.

Discussion focused on the role of Scottish Borders Community Planning Partnership in corporate parenting and child sexual exploitation, as well as patient journeys and experiences.

The **STRATEGY & PERFORMANCE COMMITTEE** considered and agreed to receive a different presentation for the meeting in September, in order to give the team and the group time to prepare.

3. Declarations of Interest

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

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

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 2 March 2017 were approved.

5. Matters Arising

5.1 Action 14: The action was agreed as complete.

5.2 Action 15: The action was agreed as complete.

5.3 Action 16: The action was agreed as complete.

5.4 Action 17: The action was agreed as complete.

5.5 Action 20: Mrs Jane Davidson advised that a meeting was being held the following week to look at initiatives to reduce obesity through partnership working with Local Authority and LIVE Borders colleagues.

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

6. Laundering of Uniforms

Mrs Carol Gillie gave an overview of the content of the paper and highlighted the current arrangements in regard to laundering uniforms, the detailed revised arrangements, financial implications and engagement that had been undertaken with staff. She confirmed that NHS Borders was considered to be an outlier as it continued to wash hospital based staff uniforms.

Discussion focused on: the examination of responses received; potential of infection risks of laundering at home; infection prevention and control team recommendation that the organisation continue to launder staff uniforms; pharmacy technicians excluded from engagement in error; managers had been supportive of ensuring engagement with staff; issues over quality control; disadvantageous to lower paid staff; reputational issue; adequate changing space for staff; testing of cleanliness procedures in the home; staff in the community travel to appointments dressed in their uniforms; uniforms are national uniforms and cost of replacement is not significant; the provision of the sewing room within the laundry facilities; solid reasons not to progress; and a review of how the survey was carried out - did we ask the right questions? - did we ask all the staff?; allow staff who want to launder their uniforms at home; pursue income generation; and engage Health Protection Scotland to work to the Infection Control Team on the matter.

Mrs Jane Davidson suggested deferring a decision until the national position on the provision of laundry services across NHS Scotland was known.

The **STRATEGY & PERFORMANCE COMMITTEE** considered the report and agreed the next steps, which were to defer any decision pending a further review involving HPS with NHS Borders Infection Control Team taking the lead role.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to refer the matter to the Board Executive Team to deal with and report back to the Committee in 6-12 months time.

7. Winter Plan 2017/18 Action Plan Update

Mr Philip Lunts presented an update on the winter plan 2017/18 action plan. He highlighted several areas including an analysis of workshops and the evaluation of recommendations and actions from the 2016/17 action plan.

Mrs Jane Davidson commented that the Committee would wish to understand why elective surgery in January was not available and she suggested it would tie into the Institute of Healthcare Optimisation (IHO) work for the future. The plan itself needed to talk of the actions and the data from 2016/17 to drive the plan forward for 2017/18.

Mr David Davidson suggested including information on what had happened with surge beds and delayed discharges and Mrs Davidson advised that such detail was contained within the outturn report.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Winter Plan 2017/18 Action Plan update.

8. Delayed Discharges

Mr Philip Lunts provided a brief snapshot to the Committee of the significant changes that had taken place in the way delayed discharges had been presenting over the past year and how the transitional care facility, Waverley Care Home, had been delivering over that 12 month period.

Mr Murray Leys commented on the Waverley Care Home facility and its current average throughput of 29 days per person. He spoke of the successful integrated joint approach to the operation and management of the facility and the intention to review more of the data with a view to rolling out the principles in other areas.

The Chair commented that delays in awaiting assessment appeared to peak during the holiday period and Mr Leys confirmed that where areas of need arose the approach to managing those over the holiday periods would be reviewed.

Mrs Jane Davidson refocused the discussion to occupied bed days as opposed to delayed discharges and commented that there had been an increase of 40% in terms of occupied bed days with a reduced admission rate to the Borders General Hospital (BGH) of 10%. She suggested bringing together the investment in acute assessment, overlaid with the impact of Waverley, to understand the improvement methodology and see what the actual successes were before any roll out was progressed.

Dr Stephen Mather suggested changing the term “Delayed Discharges” to “Stranded Patients” to emphasis that they were real people.

Mrs Claire Pearce commented that from an elderly patient point of view any stay in hospital when the individual wished to be at home was too long and she enquired what was being done to look at patient experience and potential harm to those who were stranded in the BGH? Mr Lunts advised that nothing was being focused on patient experience and he was aware that stranded patients were an issue as the majority of those who moved off the list were due to becoming further unwell or dying.

Mrs Karen Hamilton commented that it would be helpful to have outcomes of what actually happened to people when they were no longer a stranded patient. She further commented that the upper floor at the Grove had commenced life as a Rehabilitation Unit however that was no longer the case and she sought assurance that the same scenario would not happen at Waverley.

Mr Leys advised that a protocol and criteria had been worked up for short term transitional care as provided at Waverley and both Saltgreens and the Grove were keen to operate using those. He recognised that there was a need to remodel the space for transitional care, support efficiencies in the service and review how the Allied Health Professionals (AHPs) were managed and worked.

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

9. Refresh of Scottish Borders Integrated Children & Young People's Plan 2017-2020

Mrs Allyson McCollam and Miss Susan Yates presented the revised Children & Young People's Plan for 2017/2020. Mrs McCollam advised that the refreshed plan incorporated a clear summary of the achievements made over the past few years and a smarter set of objectives which were being worked towards.

Further discussion focused on: deprivation and interface with inequalities work; national strategy for child poverty which would contain duties for Health Boards and Local Authorities; development of a performance framework with a particular focus on outcomes for children and young people; and closing the attainment gap.

Dr Cliff Sharp commented that the paper was laudable in its aspirations, however he struggled with the reality of it against a backdrop of austerity and savings being made against the speech and language therapy service for children and school mental health workers. Mrs McCollam recognised Dr Sharp's concerns and confirmed that in reality there was less resource available. She commented that in regard to the mental health resource she understood that there was a process of redesign being undertaken to look at different ways of delivering services without reducing the resources within them and she did not think a whole system approach of attaching additional resources to the plan was being considered.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the Scottish Borders Integrated Children & Young People's Plan 2017 – 2020.

10. The Road to Digital – IM&T Investment Plan

Mrs Jackie Stephen introduced the paper and gave an overview of the content. She advised that there were two key systems for the organisation being, the laboratories system and Trakcare, which covered diagnostic tests and results. Mrs Stephen spoke of the financial assumptions, capital and revenue, affordability and risk appetite.

Dr Janet Bennison highlighted that information technology (IT) was the biggest clinical risk carried by the organisation. Heads of service had discussed the consequences of the Trakcare system going off line and had concluded that it would be about 2 hours before all elective and emergency work would be stopped, as it was used for obtaining investigations, diagnostics and results. She suggested in terms of safety it was precarious and in terms of efficiency it was frustrating.

Mrs Lynne Prophet continued that staff were very concerned and frustrated that their contingency plans were not right. She highlighted that there had been three incidents within the previous month when Trakcare had gone off line and commented that the PACs Radiology system had failed earlier that week and staff had been worried that they had not treated patients either safely or appropriately and continued to use the outdated windows xp system.

Mrs Carol Gillie commented that she had found it to be an excellent paper and reminded the Committee of the limited resources available. She advised that she would be meeting with the Scottish Government the following day with both Mrs June Smyth and Mrs Jackie Stephen to discuss investment in IT and she was keen to get a clear steer from the Committee in that regard.

Dr Stephen Mather commented that the Committee were being asked to approve the IM&T Roadmap which he was fully supportive of, especially given the concerns raised by Dr Bennison and bearing in mind that Patient Safety was the organisations' number one priority. He further commented that IM&T underpinned everything that happened in the organisation and if it failed the whole organisation would fail.

Mr David Davidson enquired of clinical colleagues what in their opinion should be done immediately to keep the patient safe? Dr Bennison suggested: improving resilience to failure if one system went off line; the ability to recover and protect against failure in the first place; and the ability to have access to be able to treat patients effectively and having a back up server. Mrs Prophet echoed Dr Bennison's comments that the single most important area was resilience of clinical systems, backroom resilience and upgrading systems as part of the efficiency agenda.

Mr Davidson enquired if a refresh of desktops would speed up downloading? Mrs Stephen confirmed that it would allow performance improvements and they had been identified as a high risk area.

Dr Cliff Sharp commented that the reality was that the organisation had become reliant on technology and it was likely to increase and become more expensive. He suggested the benefit to the entire organisation including patient experience was likely to be immense.

Mrs Jane Davidson commented that it was a good paper and one of the best that had been put before the Committee and she welcomed the support that the clinical community had provided. She suggested a decision be deferred until the Theatre Ventilation paper had been discussed as the crux of the matter was in regard to resource.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the Roadmap.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that delivery of the Roadmap required additional resources to be secured.

The **STRATEGY & PERFORMANCE COMMITTEE** acknowledged that if funding could not be found the plan would be re-phased.

The **STRATEGY & PERFORMANCE COMMITTEE** formally agreed to shift the funding to IM&T from the East West Brigs project and to instruct Mrs Carol Gillie to seek support from the Scottish Government for that change.

11. Borders General Hospital Theatre Ventilation Replacement Project

Mrs Carol Gillie gave an overview of the content of the paper and focused on the main areas of clinical and business continuity risk. In summary, based on the current information there was no evidence to replace the system. She proposed an annual inspection with the collation of performance data to monitor the situation and highlight any change so that appropriate action would be taken.

Mrs Gillie then drew the attention of the Committee to the risk associated with being able to identify resources for the project at some point in the future should the Committee decide to use the resources identified for the project for something else.

Dr Stephen Mather commented that the clinical risk identified was of cross contamination and this had been mitigated each year. A bigger risk would be if the system were to breakdown and could not be fixed. He suggested working up a tender position for a replacement system and then parking it until it was required. Dr Mather was fully supportive of an annual inspection of the current system.

Mrs Karen Hamilton enquired of the current inspection regime? Mrs Gillie responded that the ventilation system on the roof was checked regularly and discussions were taking place about engaging an external person to do a more rigorous check. She assured the Committee that due to the age of the system there was already a rigorous inspection process in place but she did intend to go further.

Dr Cliff Sharp enquired if the Borders General Hospital Clinical Board had been asked for their views on a replacement of the theatre ventilation system or a refurbishment of IM&T? Dr Janet Bennison commented that the Consultant Committee had been asked that question and were clear the priority was IM&T given that it affected all services and theatre ventilation was only one part of a service. All were prepared to wait longer for a replacement theatre ventilation system. Mrs Lynne Prophet commented that IM&T impacted on the care provided to patients and the theatre system did not.

Mr David Davidson enquired if there would be enough availability to reorganise operations if a theatre system failed. Mrs Gillie advised that she would advise the Committee of any issues with obtaining replacement parts and increased downtime before a theatre failed totally. Dr Mather advised that he had previously worked where two theatres had closed and it was possible to undertake three sessions a day in theatre and Mrs Prophet reminded the Committee that such a scenario had happened and worked well the last time the theatres had been refurbished.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the information provided in relation to Business Continuity and Clinical Risk on the BGH Theatre Ventilation Plant.

The **STRATEGY & PERFORMANCE COMMITTEE** postponed the replacement of the theatre ventilation plan.

The **STRATEGY & PERFORMANCE COMMITTEE** requested an annual inspection and performance data of the theatre ventilation system in the BGH to identify any significant deterioration of the plant and appropriate action taken.

12. Prescribing Proposals

Mrs Alison Wilson gave an overview of the content of the report and highlighted the potential to develop local prescribing policies in relation to nicotine replacement therapy; gluten-free foods; paracetamol and sip feeds.

Discussion focused on: generating sets of principles to encourage self reliance, self care and personal responsibility; withdrawal of gluten free foods as now widely available in supermarkets; withdrawal of paracetamol for short term conditions as available more cheaply at supermarkets; seek feedback from Care Homes on future provision of SIP feeds; provision of formula milk for premature babies prescribed by paediatricians; explore the criteria for nicotine replacement therapy for the vulnerable individuals in communities; transfer cost of gluten-free foods from the NHS into social support allowance for those who are needy; withdrawal from many minor ailments schemes that are not evidence based and reduced down to a couple of products.

Mrs Jane Davidson welcomed the discussion and suggested if changes were to be made beyond the national position then the Scottish Government would be required to be briefed and engaged with.

The **STRATEGY & PERFORMANCE COMMITTEE** discussed the proposed 4 areas for prescribing policy change and requested detailed policies and implementation plans be presented at a future Board meeting.

13. Safety and Protection of Patients, Staff and Volunteers

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

The **STRATEGY & PERFORMANCE COMMITTEE** noted the recommendations and actions required within the circular from the Scottish Government and the need to assess local practice and the timescales outlined for doing that.

14. Efficiency Update as at 31 March 2017

Mrs Carol Gillie advised the Committee that the aim of the paper was to report on the delivery of efficiency during 2016/17. £8.1m of efficiency was delivered during the financial year which was good but less than the target of £11.4. Of more concern was that of the recurring target of £8.8m only £3.9m had been delivered on a recurring basis meaning £4.9m of unmet savings had been carried forward into the new financial year, which had significantly added to the challenge faced in the new year. The report also gave an update on the plan for 2017/18 where there remained a significant shortfall on the target and a number of schemes were considered red risk and the work that was being taken forward linked to transformational change.

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

15. Performance Scorecard

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

Discussion focused on several key elements including: Consultant post declined by Dermatology Consultant; reducing performance in psychological therapies due to capacity issues; supplementary staffing and difficulties in recruiting general registered nurses; advanced practitioners support; put in place new model of care for in-patient wards; continued focus on eradicating agency spend; training up unregistered staff to provide them with a career pathway; good performance in audiology; pre-operative bed days; Child and Adolescent Mental Health Service and cancer care.

Dr Stephen Mather noted the persistent increase in the numbers of stranded people. Mrs Jane Davidson suggested the Health & Social Care Integration Joint Board might like to look at how the system had previously achieved very small levels of stranded people without the services in the community that it now had. She commented that there was a consequential impact of stranded people on most areas of the acute system.

Dr Mather noted that the length of stay in community hospitals was persistently poor and enquired if those beds were used for ill patients or social care? Mrs Davidson commented that community hospital length of stay was one of the key areas where stranded people had manifested and those stranded people were now blocking an overheated Borders General Hospital from being able to discharge patients to the community.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Performance Report as at the end of February 2017.

16. Any Other Business

16.1 Financial Performance Group Minutes

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Financial Performance Group Minutes (27.01.17).

17. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 7 September 2017 at 10.00am in the Board Room, Newstead.

The meeting concluded at 4.40pm.

Signature:
Chair



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 19th June 2017 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr G Bell, Audit Manager, PWC
Mrs J Davidson, Chief Executive (Arrived at 3.15 p.m.)
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr A Haseeb, Senior Audit Manager, Audit Scotland
Mrs M Kerr, Director, PWC
Mrs A McCloy, Senior Finance Manager
Mr P McMenamin, Interim Chief Financial Officer (Item 10.1)
Mr K Messer, IT Delivery Manager (Item 6.5)
Mrs C Pearce, Director of Nursing, Midwifery and Acute Services (Arrived at 3.05 p.m.)
Mrs J Smyth, Director of Planning & Performance (Item 6.5)
Mr J Steen, Senior Auditor, Audit Scotland
Mrs J Stephen, Head of IM&T (Item 6.5)
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.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 3rd April 2017**

The minutes were approved as an accurate record.

David Davidson enquired if there had been any updates to the Internal Audit plan since the April meeting. Margaret Kerr confirmed that following approval of the plan at the previous meeting there had not been any change to this.

4. **Matters Arising**

Action Tracker

Gillian Woolman welcomed the supporting evidence in the form of the report following NHS Greater Glasgow & Clyde's external assessment review on PWC. Gillian felt that it would be appropriate to look at the actions arising to see if there was anything relevant for NHS Borders.

Margaret Kerr explained that although this was not tailored for NHS Borders it provided information on the systems and processes used by PWC to give assurance of an appropriate approach to work and that all outputs could be applied in similar ways to NHS Borders.

The Committee noted the action tracker.

5. Fraud & Payment Verification

5.1 *Countering Fraud Operational Group – Feedback*

Susan Swan advised that the last meeting of the Countering Fraud Operational Group had been cancelled. This had been planned for Countering Fraud Services (CFS) to deliver a working session on the UK Bribery Act 2010 on Gifts, Gratuities and Hospitality to ensure NHS Borders are applying this correctly through the Code of Corporate Governance. It was noted that CFS will do this at the next scheduled meeting of the Countering Fraud Operational Group. A session with CFS was also planned for the September Board Development Session. Margaret Kerr reminded that the audit on gifts and hospitality would also give assurance around the use of policies.

The Committee noted the update.

5.2 *NFI Update*

Susan Swan spoke to this report which provided details on the number of matches found for further investigation. Susan highlighted that there had been a timing difference with matches for categories 1 – 5 (payroll) not being received until the end of May. Susan confirmed that there has been liaison with other Boards for the matches received where there is dual employment. Susan anticipated all recommended matches will have been investigated by the end of June with all matches being cleared by the end of August. It was noted that there had been no issues with the investigations undertaken to date.

The Committee noted the update.

6. Governance & Assurance

6.1 *Resilience Committee Work Plan 2017/18*

David Davidson confirmed that he had received a copy of the work plan for review as Chair of the Resilience Committee. David advised that he had requested more information on item 10 in regard to testing the BGH control room with managers and bleep holders, however this had not yet been received. David explained that he has chaired the Resilience Committee for a number of years and had recently made recommendations to the Chair about someone else taking this over. Karen Hamilton referred to item 2 about updating the major incident plan and queried the timescale for this of 31st August 2017. David explained that this is dependent on availability as it also involves personnel who are external to the organisation. Stephen Mather referred to item 15 (bomb and suspicious plan exercise) as he felt there was a need for more urgency around the timescales, currently noted as October 2017, particularly given the recent events in Manchester and London. Carol Gillie confirmed that a small group has been convened following these events and work is ongoing, particularly around security. Lorna Paterson to provide more information on the issues raised to give the Committee assurance.

The Committee noted the Resilience Committee Work Plan for 2017/18.

6.2 *Audit Follow Up Report*

Susan Swan spoke to this item. Susan advised that work will be undertaken with managers to detail the steps for recommendations to be completed and appreciated the report was not presented in a format to ascertain what has been implemented and what is still outstanding. This is currently being reviewed and it is anticipated the report would be presented differently in future. Carol Gillie assured that the process previously put in place is still being followed, whereby if a period of three months has passed after the deadline those responsible are asked to attend the Audit Committee to provide an update. Susan assured that all the recommendations reported are still within designated timescales. Stephen Mather asked for clarification on maverick spend. Susan explained that this is when goods ordered are not covered by the national contract or local tendering processes and spend is below the tender limit of £10k. Stephen also referred to the training of junior medical staffing and the inadequate simulation facilities. Stephen advised that he had written to the Chief Executive about this and had received a response giving assurance that simulated training accommodation options are being considered. Karen Hamilton appreciated that work was ongoing to provide an improved reporting format to give assurance on the updates provided against each of the recommendations and felt that a trend analysis may also be a helpful addition.

The Committee noted the Audit Follow Up Report.

6.3 *Self Assessment on Effectiveness of the Audit Committee*

Carol Gillie reminded the Committee of discussion at the last meeting on assessing the effectiveness of the Audit Committee. Carol advised that Margaret Kerr had provided the self assessment circulated for completion by Audit Committee members. Stephen Mather stated that he would welcome discussion around some of the questions with the other two members of the Committee and suggested Iris Bishop arrange a meeting to do this. This was agreed.

The Committee agreed to complete the self assessment following a meeting to discuss this in more detail.

6.4 *Cyber Attack Update Report*

Jackie Stephen advised that a report was being presented to the Audit Committee following the cyber attack due to the effect on the Finance Department which resulted in a significant impact on the year end audit. Jackie highlighted that the report concentrated on the impact to the file storage (ITSNAS server) and she was still unable to give an indication of the final impact across the organisation. It was noted that there will be lessons learned exercise with recommendations arising from this. Jackie provided an update on the security patches that have been applied and appreciated there was more work to be undertaken within IM&T to put them in a better situation in relation to patching and it was hoped to achieve a four week turnaround from the patch being received to being fully implemented. Jackie highlighted that assistance had been received nationally as well as from other Boards, particularly Lothian and Fife. David Davidson thanked those within IM&T who had dealt with this so efficiently. David enquired if adequate support had been given. Jackie advised that they would be looking at the IM&T resource plan as currently there are insufficient resources. June Smyth added that a debrief had taken place, however an in depth review to inform a resource plan still required to be undertaken. June reminded that the Board had previously signed up to an investment plan for IM&T and advised that this would require to be looked at again as there may be a need to refocus in light of this incident. It was noted that Tim Patterson would be leading the review. Karen Hamilton asked about the level of information shared with the organisation. Jackie advised that staff had received regular updates following the

attack but no outputs had been shared as of yet. David asked if there was a reason the majority of files were stored on ITSNAS. Jackie confirmed that they would also be reassessing file storage which is sufficient for planned events but not for the recent attack. Jackie added that there would be a tidy up of the server and files not used for a particular period of time would be archived.

Margaret Kerr reminded the Committee that they will receive the output following the planned cyber security audit which would be a helpful link to the work being undertaken. Gillian Woolman noted the confidential status of the report and highlighted that some of this information is contained within the External Audit Annual Report which would go into the public domain in due course and asked if there were any issues with this. Carol Gillie confirmed that there would be no issue with this. It was noted that June Smyth would also be taking a report to the Board on the 29th June 2017.

The Committee noted the report.

7. **Internal Audit**

7.1 *Internal Audit Plan Progress Report*

Margaret Kerr spoke to this item. Margaret confirmed that the 2016/17 plan had been concluded with one report, namely Risk Management, due to come to the September meeting. It was noted that this was due to a timing issue with the new Director of Nursing, Midwifery and Acute Services taking up post. Margaret confirmed that all findings for this report had been reflected within Internal Audit's Annual Report. Margaret also highlighted the audits that are currently in scope or within the early stages as part of the 2017/18 plan.

The Committee noted the progress report.

7.2 *Internal Audit Annual Report 2016/17*

Margaret Kerr spoke to this item. Margaret advised that the audit opinion on the work undertaken during 2016/17 was generally satisfactory with some improvements required. Margaret referred to appendix 2 which provided details on the four types of opinions used for the overall rating and advised that there had been a mix of these during 2016/17. Margaret advised that she had no new information to bring to the Committee's attention. Carol Gillie confirmed that she was content with the report received.

The Committee noted the Internal Audit Annual Report for 2016/17.

8. **Corporate Governance Framework**

8.1 *Review of Corporate Governance Framework*

Susan Swan spoke to this item which included annual reports from the Governance Committees, audit opinions from Internal Audit and External Audit and any third party assurances received. Susan confirmed that all documentation had been reviewed and this summary document had been compiled to allow the Governance Statement within the Annual Report and Accounts to be signed by the Chief Executive. Susan referred to appendix 2, Statement of Assurance from the Audit Committee to the NHS Board, which David Davidson as Chair would be asked to sign. Susan also highlighted the letter to Scottish Government from the Chair of the Audit Committee confirming there was nothing of significance which required disclosure to the Scottish Government portfolio Audit Committee. David Davidson noted that the attendance at Audit Committee meetings had not been included and felt for completeness that this should be added.

Susan advised that following a recommendation from External Audit all Executive Directors would be asked to sign an assurance statement and this will be included from next year.

The Committee noted the Corporate Governance Framework for 2016/17.

9. Annual Accounts 2016/17

9.1 Final Annual Report and Accounts 2016/17

Susan Swan referred to the session which had taken place the previous week to go through the annual accounts in detail and which had been well attended by Non Executive and Executive Directors. Susan confirmed that all changes requested at this session had been actioned. Susan advised that some further changes had been made following discussion with Audit Scotland but these were not substantive. Susan went on to take the Committee through the most recent changes made.

The Committee noted the Annual Report and Accounts for 2016/17 and recommended these be put forward to Borders NHS Board for approval on 29th June 2017.

9.2 Final Endowment Fund Annual Accounts 2016/17

Susan Swan advised that the Endowment Fund Annual Accounts had been approved by the Endowment Fund Board of Trustees at its meeting on 6th June 2017. It was noted that these had been audited by Geoghegans, the External Auditor and had received an unqualified opinion.

The Committee noted the Endowment Fund Annual Accounts for 2016/17.

9.3 Final Patient's Private Fund Annual Accounts 2016/17

Susan Swan advised that a closing balance of £70,196 was reported for patient's private funds held. It was noted that these had been audited by Geoghegans, the External Auditor and had received an unqualified opinion.

The Committee noted the Patient's Private Fund Annual Accounts for 2016/17 and recommended these be put forward to Borders NHS Board for approval on 29th June 2017.

10. Integration Joint Board

10.1 Draft IJB Annual Accounts 2016/17

Paul McMenamin spoke to this item. Paul explained that Local Authorities have until 30th June 2017 to produce an unaudited set of accounts therefore it had been challenging to ensure consistency across all three partner's accounts due to the differing timescales. It was noted that the draft IJB annual accounts will go to the IJB meeting on the 26th June 2017. Paul went over the key areas that had been looked at to ensure consistent reporting. Carol suggested that when these are available they are circulated around the Committee for information and noting. This was agreed. Paul noted his thanks for the support from the NHS Finance Team, particularly Kirk Lakie. Susan Swan reminded that the final IJB annual accounts would come forward to the September meeting.

The Committee noted the update.

11. **External Audit**

11.1 *Annual Report to Members*

Gillian Woolman spoke to this item. Gillian referred to the covering letter and highlighted that the International Standard on Auditing (UK and Ireland) 260 (ISA 260) must be adhered to. Gillian reported that the audit work was substantially complete subject to the satisfactory conclusion of any outstanding matters. Gillian highlighted the tremendous amount of work undertaken by Finance staff following the cyber attack. It was noted that this was the first year of Audit Scotland being the External Auditor for NHS Borders and the teams had worked well in establishing new relationships. Gillian referred to paragraph 3 which sought confirmation from those charged with governance if they were aware of any instances of actual, suspected or alleged fraud that had not been reported through the normal channels. All three members confirmed that they were not aware of any such instances. Gillian went on to paragraph 8 which explained that written assurance would be sought from the Chief Executive as Accountable Officer. This would be in the form of the Letter of Representation (appendix B) which would be signed by the Chief Executive after the Board meeting on 29th June 2017. Gillian referred to appendix A (Independent Auditor's Report) which noted a fair and true representation and was pleased to report that an unqualified audit opinion had been given. Gillian highlighted the section on matters required to be reported by exception and confirmed that there were no matters to report. It was noted that appendix C provided a summary of the unadjusted misstatements. David Davidson noted his thanks for the report and to the Finance Team for all their hard work.

Gillian then referred to the Annual Audit Report which would go into the public domain in due course and highlighted the key messages detailed on page 4. Gillian referred to the financial sustainability section and stressed the challenges that lay ahead to achieve a break-even position. Gillian confirmed that there was a satisfactory value for money performance management framework in place. Gillian went on to take the Committee through the report and highlighted areas of interest. Gillian recognised that this was the first year of working with a new audit team which also included the challenges of the cyber attack, however felt good relationships had been built.

David Davidson enquired if any of the recommendations were required to be picked up by members of the Committee as he would be happy to discuss at the meeting which followed in private.

Carol Gillie noted her thanks to all those involved as everyone had worked well throughout the audit and in particular for the flexibility given by Audit Scotland following the cyber attack.

The Committee noted the report.

11.2 *Audit Scotland Report: Managing New Financial Powers*

Carol Gillie spoke to this item which was a follow up to the report previously seen by the Committee. Carol drew the Committee's attention to the recommendations detailed on page 6.

The Committee noted the report.

11.3 *Annual Scotland Report: Equal Pay Review*

Carol Gillie spoke to this item and advised that the report provided examples of best practice.

The Committee noted the report.

12. **Items for Noting**

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

There were no issues raised.

The Committee noted the minutes of the Information Governance Committee.

13. **Any Other Competent Business**

None.

14. **Date of Next Meeting**

Monday, 18th September 2017 @ 2 p.m., Board Room, Newstead.

BE

26.06.17

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Tuesday, 6th June 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 C Oliver
Mrs J Smyth (Arrived at 2.30 p.m.)
Ms S Swan
Mrs K Wilson

1. **Introduction, Apologies and Welcome**

Apologies had been received from Dr C Sharp, Mrs J Davidson and Mrs C Pearce.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 9th May 2017**

The minutes were approved as an accurate record.

John Raine enquired about the Macmillan Centre extension and in particular when the Business Case would be coming forward to the Board. Susan Swan expected this to come to the Board within the next two months and explained that this would be separate to the Business Case that would come forward to the Endowment Fund Board of Trustees along with the fundraising strategy.

David Davidson enquired when a progress report would be received on the Children & Young People's Centre. Carol Gillie reminded that this was linked to the Clinical Strategy, which is due to come to the Board in June. It was not envisaged that this would come forward to the Board of Trustees for the foreseeable future.

4. **Matters Arising**

Action Tracker

Susan Swan updated on the first action regarding OSCR attending a meeting. It was noted that OSCR no longer attend meetings with charities, however they do hold seminars and Susan confirmed that we have been added to the mailing list to be notified of these and any appropriate ones would be circulated around Trustees. Susan advised that she and Anita McCloy were also working up an ongoing induction/development programme for Trustees.

The action tracker was noted.

5. Endowment Fund Annual Accounts 2016/17

5.1 *Final 2016/17 Report from Trustees and Annual Accounts*

Susan Swan spoke to this item. Susan reminded Trustees that they had received the draft annual accounts at the last meeting and went over the two additions requested which had been actioned, namely inclusion of reference to services in kind being provided by NHS Borders employees to support the charitable purpose of the Endowment Fund and information provided on the significant donation received from the RVS towards the refurbishment of Melburn Lodge. Susan was pleased to report the accounts were unqualified and a clean audit certificate had been received. Susan highlighted the main areas of expenditure, particularly the Palliative Care Fund and advised that work was ongoing with Annabel Howell and her team to produce a spending plan. Susan referred to “financial failure system” on page 8 and advised that there had been an option to amend the risk rating etc following the cyber attack, however a decision was taken to leave this as there had been no significant impact on the Endowment Annual Accounts as these had been audited prior to the attack, unlike the Annual Accounts for NHS Borders where there had been a significant impact. This would be looked at in future as part of the risk register review with Trustees. Stephen Mather referred to the Fund Expenditure heading on page 4 as he did not feel that the wording used reflected the role of Trustees. Susan agreed to amend this. Stephen also referred to page 6 and the section on investment management and performance which detailed areas where the fund does not hold investments, such as alcohol, gambling, tobacco and armaments. Stephen queried whether food and drink should also be included in relation to sugar content. Susan reminded that the Investment Policy had been reviewed and approved at the January meeting, however this could be brought back to the October meeting for further review. This was agreed. Susan also agreed to discuss with Graham Reid prior to the meeting. John Raine advised that there were some typos throughout the document and he would pick these up with Susan outwith the meeting.

Karen Hamilton enquired if there were reputational issues in regard to the Children & Young People’s Centre. Carol Gillie confirmed that there was not as this was not within the public domain. Karen Wilson added that where discussions have taken place with any relevant personnel outwith the organisation, they have been kept up-to-date and are satisfied that this is being progressed through the Clinical Strategy process. David Davidson referred to the Risk Management section starting on page 7 as he felt that there was no real description on how the ratings were applied. David was also concerned that financial governance was only rated as a medium. Susan explained that this links with the risk register and the likelihood / impact of a risk. Stephen felt it may be beneficial to add wording to confirm that this follows the risk matrix used throughout the organisation. Susan agreed to add this.

The Board of Trustees approved the report and Annual Accounts for 2016/17 which would be signed by John Raine and Jane Davidson with the proviso the changes discussed are made.

5.2 *External Audit Memorandum Report*

Susan Swan spoke to this item. Susan advised that as per previous years this would be brought back to the next meeting in October with an update against each of the recommendations. Stephen Mather commented on the terminology used as he felt that this was quite difficult to understand. Susan went on to take Trustees through the recommendations to provide clarity. Susan agreed to feedback comments to Geoghegans, the External Auditors and ask if Trustees could also receive a bullet point summary in future years.

The Board of Trustees noted the External Audit memorandum report.

6. **Celebrating Success Staff Awards 2017 – Feedback Report**

Clare Oliver spoke to this item. Clare highlighted that the total number of nominations were slightly down this year with “behind the scenes: non clinical” being the most popular. Clare referred to the second bullet under the recommendations on page 2 and advised that there needs to be more focus on engaging patients, families and carers. It was noted that there was a theme with low engagement nationally. Clare advised that the judging process had been improved on the back of feedback received the previous year and the feedback from judges this year was extremely positive. It was noted that the event scored highly overall, however the food had not been rated as high at this year’s event. Clare posed the question whether food should be served at all as other Boards do not provide this. Clare referred to the cost of the event which was detailed on page 6 and highlighted that it had been £2.5k less than the previous year, with a total cost to the Endowment Fund at just over £6k which was significantly less than the previous year. It was noted that many sponsors have expressed an interest in sponsoring an award at next year’s event. Clare highlighted that 2018 would also be the 70th anniversary of the NHS and there may be potential to link with this. It was also hoped to have a more partnership focussed event going forward. Due to limited availability of the venue the date for the 2018 event had been set for 28th April. John McLaren congratulated the departments involved with the organising and in particular to Carly Lyall for her involvement in bringing the evening together. John M referred to the comments on the food and felt it would be short sighted to not provide food at this event. John M enquired if we could supply this in-house or if there was a requirement to go out to tender. Clare advised that she would discuss with the Catering Manager in the first instance to get an indication on whether or not they would be interested. John M also commented on the suggestion of broadening the event to include partners and felt that it may be appropriate to hold off doing this for the 2018 event due to the 70th anniversary of the NHS as he would be disappointed if any NHS staff who requested tickets were unable to get these due to partnership involvement. June Smyth reminded that this year’s event included integrated services, namely LD and MH so staff can be nominated even if they are not an NHS employee. David Davidson enquired if there was a process in place to limit ticket requests and reassurance that the event was open and supported by the whole organisation. Clare explained that there are variations year on year who applies for tickets depending on finalists and assured that that the whole organisation are made aware with everyone who requested tickets for this year’s event being successful in obtaining these.

The Board of Trustees noted the report and gave congratulations to all the team involved.

The Board of Trustees noted the date for the 2018 event.

7. **Any Other Business**

None.

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

Monday, 2nd October 2017 @ 2 p.m., Board Room, Newstead.

Minutes of an Extraordinary Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Wednesday, 16th August 2017 @ 11 a.m. in the Committee Room, BGH.

Present: Mrs C Gillie
Mrs K Hamilton
Dr S Mather
Cllr D Parker
Mr J Raine (Chair)
Dr C Sharp (Arrived at 11.15 a.m.)
Mrs A Wilson

In Attendance: Mrs B Everitt (Minutes)
Mrs J Smith
Ms S Swan
Mrs K Wilson

1. **Introduction, Apologies and Welcome**

Apologies had been received from Mrs C Oliver, Mr D Davidson, Mrs C Pearce, Mr J McLaren, Mrs J Davidson and Mrs J Smyth.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Fundraising Strategy and Business Case for Macmillan Cancer Centre Capital Project**

Susan Swan introduced this item. Susan advised that the full business case had been expanded since the Board meeting to include further details of the Fundraising Strategy which would be led by Karen Wilson. Susan highlighted that a total £100k of pledges/anticipated income had been recorded to date giving an outstanding target of £175k in the Fundraising Strategy. It was noted that the Fund Manager for the Cancer Services Endowment Fund (Fund 030) has proposed, in the unlikely event that it will be required, an underwrite of £88k from this fund. Karen Wilson stated that she had confidence in the campaign and reiterated that £100k has already been secured with a number of approaches still to be made, such as the Friends and the RVS. Karen advised that James Marjoribanks has confirmed that he would be happy to act as Appeal Chairman. Carol Gillie referred to the underwrite of the remaining £87k and enquired if this could be achieved if necessary from NHS Borders General Endowment Fund or if it would be a challenge. Susan assured that this was achievable with the support of the Investment Advisor. Stephen Mather noted that the Board had unanimously supported this project and noted his support today as a Trustee. Stephen asked for clarification in regard to cash flow as detailed on page 2. Susan provided this where it was noted that it was connected to the timing of money received and the paying of contractors. Stephen asked if this was in line with the Standing Orders and processes. Susan confirmed that it was as there was a guarantee that the money would be paid back. Karen Hamilton referred to the £20k pledged for the Change Foundation charity dinner and asked if this amount was ambitious. It was noted that based on the event in previous years this figure was achievable. David Parker felt that it was a well presented project with a sound Fundraising Strategy and noted his support. Susan advised that both David Davidson and John McLaren, who were unable to attend, also noted their support.

The Board of Trustees unanimously supported the project and the recommendations within the report.

4. **Any Other Business**

None.

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

Monday, 2nd October 2017 @ 2 p.m., Board Room, Newstead.

BE
18.08.17

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 19th July 2017 at 2pm in the BGH Committee Room.

Present: Dr Stephen Mather (Chair) David Davidson
Alison Wilson

In Attendance: Ros Gray Dr David Love
Jane Davidson Claire Pearce
Sam Whiting Dr Cliff Sharp
Peter Lerpiniere Dr Janet Bennison
Dr Annabel Howell Sheila MacDougall
Dr Allyson McCollam Nicky Berry
Dawn Moss

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Elaine Torrance, Simon Burt, Phillip Lunts, Irene Bonnar and Dr Tim Patterson.

The Chair welcomed Dr Allyson McCollam who was in attendance on behalf of Dr Tim Patterson and to speak to item 8.2. The Chair also noted some slight amendments to the agenda.

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 14th June 2017 were amended at:

- Page 3 (fourth paragraph) the Risk, Health and Safety team are now able to review 'risk assessments' not 'action plans'.

The minutes were then approved as a true record.

4. MATTERS ARISING

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

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting informed the Committee that his report included the additional details that were requested at the last meeting and noted in the action tracker. Sam provided an update on the two linked CDI cases and confirmed that there have not been any further related cases. A review showed that the two cases had been treated appropriately. Sam described information relation to hand hygiene, cleanliness monitoring and spot check data that had been reviewed to identify possible opportunities for cross transmission. A meeting is now being arranged with the relevant clinicians to explore this further. Sam informed the Committee that with regard to the Surgical Site Infections (SSIs), data has been collected to facilitate another deep dive into the arthroplasty SSI cases in 2017, which will be discussed at the SSI Group and brought back to this Committee.

David Davidson queried the data on page 7, item 6 regarding Cleanliness Monitoring and what corrective action can be taken to address the challenges within Mental Health. It was suggested that 2 additional lines are included on the Cleaning Compliance chart to show clinical areas and non clinical areas in total, which could replace figure 8.

ACTION: Sam to liaise with the Facilities Manager regarding Cleanliness Monitoring to seek an update.

Jane Davidson asked whether we should be aiming to achieve a reduction in reduce Staphylococcus aureus Bacteraemias (SABs) as we have never managed to achieve this. Stephen Mather queried whether or not we would hit our target if we take out the community acquired SABs. Sam confirmed that there were issues related to SABs that were the same across the country and considered to be out with our control. The most concerning areas were high risk interventions around PVCs and CAUTI. In the 2 cases that were related to PVCs, in both cases the documentation was completed.

ACTION: Sam to look into community acquired SABs and provide the Committee with an update.

David Davidson asked whether the Discovery system would be useful and Sam commented that he wasn't aware what information was available but has requested access to the system. He noted that it was unlikely to add much due to the time lag related to ISD cleared data.

Sam asked if the new format of the report was helpful for the future. The Committee agreed that the format was helpful as problems were easily identified.

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

5.2 Hospital Standard Mortality Rate (HSMR) Update

Dr David Love provided an update on progress regarding HSMR. David informed the Committee that if palliative care patients were removed from the statistics, this would

decrease our HSMR from 0.92 to 0.78. David provided an update on the structured judgement mortality reviews that are currently ongoing. The objective was to carry out reviews on all deaths during the month of April, of which there were 48 to inform the broader picture of HSMR. So far 31 have been completed and the remainder will be concluded in advance of the meeting with HIS on the 23rd August. David reported that there is national work around M&Ms to improve standardisation ongoing, in which NHS Borders is engaged. We now have a list of M&M leads in each department. The plan is to bring the leads together to look at the guidelines that will be published from the Scottish M&M group and consider how we can adapt these locally. Peter Lerpiniere added that he and David would be discussing how this can be linked with other parts of NHS Borders, including ensuring the LD and MH patient deaths have been followed up.

There is work in progress to combine M&M outcomes, SAERs, complaints feedback and safety monitoring to maximise potential learning opportunities.

Jane Davidson asked whether removing our specialist palliative care patients was a valid extraction and whether this was unusual. David confirmed that many of our palliative care patients are on site and included in the hospital numbers, which includes patients that have palliative care input, not just those patients in MKU. NHS Borders is unusual in this respect. Dr Cliff Sharp added that approximately 60% of people in the Borders die in the BGH, which is an increase and asked if this is something the Committee needs to consider. Jane added that palliative care patients must die in other hospitals and asked that this be looked at in advance of the HIS visit in August. The Chair confirmed that this would be brought back to the September meeting as a specific item.

ACTION: HSMR to be brought back to the next meeting (September).

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

5.3 Adverse Event Overview and Thematic Reports

Ros Gray apologised for the incorrect paper being circulated at the last meeting and noted that Caroline Wylie, Clinical Risk Facilitator was currently on leave but would present the Adverse Events paper in the future. Ros informed the Committee that the format of the paper is a work in progress and is happy to take comments or suggestions for improvement.

Ros reminded the Committee of the definitions of each of the incident categories and noted that the data has been streamlined and only the last quarter has been included. In the future Ros will ensure the mean is removed and more data is provided.

The Committee noted that the Health & Safety Executive is specifically interested in falls after an incident at NHS Grampian who have been issued with an enforcement notice. We may be able to learn from their experiences for the benefit of our patients.

Ros added that there is a 12 week timeframe for investigations to be concluded, however a quantity are currently out with this timeframe. Ros confirmed that all but one of the reviews outstanding was awaiting final approval from an Executive Director. Ros assured the

Committee that we do have a robust process for Adverse Event management, which is being followed.

Alison Wilson suggested it would be helpful to have two years of data included in the report. It was also noted that the 2 incidents involving a fall that resulted in a patient death had different outcomes, one noted as major and one extreme. Ros explained that the decision regarding the outcome category rests with the Senior Manager. Nicky Berry added that work was underway in Ward 12 to look at correlations between falls and the time of day they occur. Sheila MacDougall added that the Risk, Health and Safety team can help with providing detail around falls and liaise with Peter Lerpiniere to look further at falls that occurred within Mental Health. The Committee noted that the situation within the Community had improved. David Davidson suggested information around where each fall has taken place over the last few years is looked at to see if anything can be learned in designing areas in the future. Janet Bennison informed the Committee that there is a project underway within MAU looking at this. A 'measles map' of the ward is displayed on the wall and a point is added to the map to highlight where a patient has had a fall. This will inform the future design of ward areas, including bathrooms/shower rooms and toilets. Janet added that we should not try to resolve falls to zero and that there is a level of falls that should be expected in order to rehabilitate people. Nicky added that there is a lot of improvement work ongoing in DME at the moment, including an Excellence in Care nurse looking specifically at falls. The aim is to decrease falls with harm, which is currently looked at with the assistance of the Clinical Governance Team. David Love queried whether we should be looking at falls data alongside data on patient rehabilitation to put falls into context.

ACTION: Ros to ensure two years of data be included and the mean removed from the adverse events report.

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

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) Update

Ros Gray informed the Committee that only 3 cases were outlined in the SPSO paper, including one very complex case that involved multiple teams and complaints. A thorough complaints investigation was undertaken, however no SAER was required. There is no update from the SPSO on this case yet. The other 2 cases are included on the Adverse Events tracker and no outcome from the SPSO has been received for these. Ros confirmed that Datix numbers will be added to cases in future papers. Ros also added that a tracking system is being developed to extract learning from these cases.

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

7. EFFECTIVENESS

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

Nicky Berry informed the Committee that the paper is a work in progress and elements of the paper have been discussed with the Chair prior to the meeting. The paper includes a summary of the recent OPAH inspection around Food, Fluid and Nutrition. An action plan has been developed and the report from HIS is expected next week for factual accuracy. Nicky noted that the main areas for concern included MUST documentation and the lack of strategic oversight. It was noted that the cardiac arrest data would no longer be routinely reported as a sustained improvement over time had been demonstrated. It was suggested that good news stories should also be shared.

Nicky added that we have identified a small number of areas that require to be looked at. These include delayed discharges, patients in surge beds and that her General Manager colleagues must be included in this. As Erica Reid is now the Lead Nurse for Community, Erica will prepare a report.

David Davidson queried why there were a number of actions around complaints, adverse events and risks overdue. Nicky noted that the actions showed an improving picture but there are further improvements to be made. Sheila MacDougall noted that the amount of managerial time required for these systems cannot be under estimated and that the Risk, Health and Safety team are providing support. Nicky noted that improvements should be seen by the end of this financial year. The Chair added that it would be useful if a cover paper could be included in the future highlighting the top themes of what is good, what is bad and success stories, similar to that in the performance reports for Strategy & Performance Committee.. Jane Davidson queried whether the statement around delayed discharges having increased since the 72 hour standard was introduced is factual; Nicky confirmed that the data would appear to support this statement.

ACTION: Nicky to develop a cover paper detailing top themes and success stories to be included with the next update

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

7.2 Clinical Board Update (Mental Health)

Peter Lerpiniere informed the Committee of the investigation at Melburn Lodge following the death of a patient who had a pressure ulcer. As the pressure ulcer was highlighted on the death certificate the Procurator Fiscal will take an interest.

He also highlighted the change in the way suicide investigations are reported to HIS. They no longer have the capacity to review investigations and will only disseminate the learning points submitted by Boards. To ensure we continue with robust scrutiny the MH service is engaging with Dumfries and Galloway to deliver a collaborative system of suicide reviews and consider implications for practice.

Peter noted that while the Dementia diagnosis HEAT target remains unmet, work continues with GP colleagues to ensure dementia diagnoses are entered on to the Dementia register.

David Davidson queried whether the issues around SAER learning and the difference between systems and review criteria for Health and Social Work is an issue for the IJB. Peter explained that this relates only to ensuring that significant adverse event reviews involve a clinician who is familiar with suicides due to the sensitivity of the area.

The Psychological Therapies HEAT target also remains unmet, and Peter advised of some work being undertaken by the new Head of Psychological Therapies to address this.

Alison Wilson asked whether anything can be learned and shared with other areas from the Clinical Productivity exercise within Mental Health. Peter agreed to take this back to the teams within and ask for details which can be shared.

ACTION: Peter to discuss lessons learned from the Clinical Productivity exercise within Mental Health.

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

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

Peter noted that there was no Clinical Governance meeting within the LD service held last month. Learning Disabilities is a fully integrated service that works effectively, however they are mindful that they are missing their review target. The committee asked if there are concerns that they should be aware of and Peter commented that our situation is not out with the norm.

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

8 ASSURANCE

8.1 Child Protection Annual Update

Dawn Moss presented the Child Protection Annual Update to the Committee. The paper was written by the Child Protection Committee and includes key highlights around the inspection that took place last year. From an NHS Borders perspective, we have completed the actions or on track to complete. Dawn noted that there has been a significant increase in Child Protection referrals. However, upon looking at the trend with colleagues it appears this is national. The reason for this is an increased awareness of Public Protection and the Child Protection agenda is much wider than it was 5 years ago.

Dawn highlighted that the main priorities:

- Develop an action plan on child sexual exploitation
- Involvement of young people in self evaluations
- Increase awareness of the Committee
- Improve risk assessments
- Monitoring and supporting staff

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

8.2 Children & Young People's Health Strategy Improvement Framework Update

The current strategy runs to 2018 and the improvement framework covers 2016/17. There has been intensive improvement work, which highlights the progress that has been made. Children in the Scottish Borders generally are in good health but there are inequalities and the Health Improvement Team is working with partners to address these. David Davidson asked if there was adequate input from Live Borders to assist with tackling obesity in young people, which is a major issue for the Borders. Allyson stated that we are working in partnership with Education and the active schools programme and also undertaking work on pathways within NHS Borders. The plan for 2017/18 is to scope out issues relating to child healthy weight and raise awareness with partners, developing strong pathways to support. Dawn Moss added that there was increased contact with Health Visitors who can highlight concerns at an early stage. Sheila MacDougall queried how the Child Health Strategy identifies and manages risk and asked how NHS Borders will be aware of any strategic risk. Risk assessments are held within services and reported to Service Leads, it is not for the strategy to hold this detail but to provide a snapshot. Risks should also be included on the risk register.

Cliff added that we need to consider how we bring NHS children's services closer together so that life changing conditions, such as a learning disability are picked up at an early stage. Allyson indicated that this is challenging where there are differences in professional understandings and practice.

David Davidson asked if we should be provided with an annual report on Children's Services, covering highlights and risks. It was agreed that this should go to the Executive Management Team and then to the Community Planning Partnership as governance is through the Children and young People's Leadership Group. Jane & Allyson will ensure this is on the Executive Management Team agenda and will come back to this Committee to provide a verbal update.

ACTION: Jane and Allyson to request the Children & Young People's Health Strategy Improvement Framework be added to the Executive Management Team agenda.

ACTION: Allyson to come back to the next meeting (September) to provide a verbal update.

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

8.3 End of Life Care

Dr Annabel Howell updated the Committee on recent developments within the Palliative Care service, including the appointment of a Nurse Consultant for Palliative Care.

The end of life care facilitator and the specialist team have done

- the use of the end of life care documentation (CREOL)
- spreading CREOL within BGH, Community Hospitals and plans to extend more widely with all areas and Care Homes.

- developed an outline for a piece of work for care home beds for those who need care, but do not require specialist palliative care or hospital care.
- working with Practice Education Facilitators through NES and with PATCH and St Columbus.

Outcome measures are becoming essential in all areas and have been developed within Palliative Care (OACC via the Cicely Saunders Institute) and software and staffing are beginning to be in place to help support the recording of these outcomes. Palliative care are contributing to the new unitary patient record and a member of the Palliative Care team now attends the 8am daily handover to help identify Palliative Care patients at an earlier stage and to encourage the idea of realistic medicine.

David Davidson queried whether the contract for the End of Life Care Facilitator would be extended as this was due to come to an end. Annabel confirmed that it potentially could be extended as Macmillan funded a full time post and the current post holder has only been working part time, so the current incumbent may be able to remain in post until May 2018 within the current budget allocation. David asked about rolling out Palliative Care at home and Annabel informed the Committee that she and the Nurse Consultant are visiting Strathcarron Hospice shortly where they have a hospice at home service - a more cost effective model that we are keen to adopt. With this there may be an opportunity to explore different funding models for specialist palliative care in the community.

The Chair asked where the role of Medical Education and Realistic Medicine comes in. Annabel explained that part of the role of attending the 8am handover is to query current management of patients and investigations to ensure they are in the best interests of the patient rather than just because we can perform them. We (clinical leaders, the Board and governance committee) need to support clinical colleagues towards a realistic medicine approach and away from “defensive medicine” i.e. doing tests to avoid litigation.

The Committee discussed having honest conversations with the public regarding our health service costs and ensuring the public are aware of the challenges we face on a daily basis. Cliff pointed out that materials and resources highlighting the questions that patients should be asking at appointments are available. The Chair asked if Pharmacy would be able to provide details on costs of medications being offered after an experience elsewhere of a GP practice inadvertently informing patients of costs of drugs resulting in rationalisation of medications. Alison advised areas already receive their ‘top spends’ from the Pharmacy department and as some costs are on a contract these would be confidential but we could look at other ways to share this information. Jane Davidson asked if it would be possible to test this approach with a GP Practice to explore the true benefits to patients.

ACTION: Alison to explore ways of sharing drug costs and look to test with one GP Practice

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

8.4 Staffing Levels

Nicky Berry explained that she had been tasked with looking into staffing levels after a concern was raised in DME during the night. It was also highlighted that current staffing levels were not allowing nursing staff to attend ward rounds. Nicky explained to the Committee that there are national challenges around the recruitment of registered nurses. These challenges are addressed on a daily basis which include being proactive, looking at current skill mix and up-skilling staff. The Nurse Bank still have a number of registered nurses and there have been changes to the way of working on the Nurse Bank to try to encourage more people to join. Nicky noted that we lose on average 2.6 registered nurses per month. Dr Cliff Sharp added that this is a national issue that we have foreseen. David Davidson asked if there was any update to item 5 on the action plan detailed in appendix 54a. Nicky confirmed that she would check with Erica and feed back to the Committee.

ACTION: Nicky to seek an update to item 5 on the action plan

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

9 QUALITY IMPROVEMENT

9.1 Quality Improvement Approach

Ros explained that this paper was based on her assessment since she has been in post and acknowledged that current systems have established great foundations. There is an opportunity for next steps, to bring together improvement thinking and identify a broader vision to become a learning organisation. The paper details broad outcomes and aims, including 'how much, by when'. The paper focused on 4 key areas, which now include Food, Fluid and Nutrition after our recent inspection. A coordinated approach to improvement, taking small improvements to scale and achieving 'Joy at Work' are included in the paper. DME have been the first area to come on board, with Ward 4 and Ward 9 showing a desire to be involved.

Ros highlighted to the Committee that a number of people who would be involved in supporting quality improvement at ward level are also currently involved in the audit activity and there are no staff available to help support the teams. A different approach to auditing is currently being tested. This approach involves the Senior Charge Nurses leading a 'person centred coaching tool' where the SCN works with the nurse looking after the patient to review documentation while using the opportunity to provide coaching. Admin support would be required for the SCNs to allow them to undertake this activity.

David Davidson thanked Ros and received the paper very well. Ros explained that in one Board where they managed to eliminate falls in a high risk DME environment, the SCNs had 30 hours per week dedicated admin support and we are currently exploring this. It was noted that our current admin support is generally a Healthcare Support Worker who gets pulled back in to the numbers to support vacancies. David Davidson asked where the budget sits for this and Ros explained that if SCNs are able to coach and mentor staff, this may have an effect on 1:1 nursing requirements and other associated costs. There is also some funding

allocated for admin support. Ros added that each area will have a measurement plan, including outcome and balancing measures, which would highlight this.

Claire Pearce added her support to this approach and her surprise that the SCNs do not currently audit their own notes. The tool that is being developed will take no longer than 10/15 minutes coaching opportunity per patient and Claire would challenge any SCN who could not find the time to do this. Claire added that she was looking at bringing back the supervisory model, which had previously been used in the BGH, but is very supportive of this approach. Dr Cliff Sharp commented that we expect a lot from our SCNs so we need to be realistic about what we are asking of them. SCNs require support, leadership, structure and guidance, Nicky and the Clinical Nurse Managers can help to provide focus. Jane Davidson added that she welcomed the paper and especially the detail around falls and the ambition for 100% of patients and families to be engaged effectively. She added that it was good to see progress and there are many points in the paper that she would support. Jane felt it would be worthwhile taking the time to work as a unit to agree on the simplest way to facilitate this approach. A discussion with key people on how this can flourish is required and a verbal report will be provided at the next meeting.

ACTION: Ros to provide a verbal update on progress at the next meeting (September).

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

10 ITEMS FOR NOTING

10.1 Minutes

The following minutes for:

- Child Protection Committee Minutes
- BGH Clinical Governance
- Primary and Community Services Clinical Governance
- Learning Disabilities Clinical Governance

10.2 Papers

- Organ Donation Summary Paper
- Mental Health Adverse Event Newsletter

In relation to the Organ Donation Summary paper, Dr Cliff Sharp added that we could do better on organ donation.

Ros Gray pointed out that the Adverse Events newsletter was added at the request of the Committee.

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

11 ANY OTHER BUSINESS

David Davidson queried the role of the Clinical Executive Operational Group and the Joint Executive Team. It was explained that the role of the Clinical Executive Operational Group is to discuss performance management and the Joint Executive Team is effectively a team meeting. The Chair asked if it would be useful for their minutes to be noted by the Committee; however Dr Cliff Sharp felt that more information without any context might not be useful. It was agreed that the minutes would be included for noting at the next meeting and this would be discussed at BET.

ACTION: Amie to include the Clinical Executive Operational Group and Joint Executive Team minutes for noting on the next agenda

12 DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 13th September at 2pm in the BGH Committee Room.

The meeting concluded at 16.50

PUBLIC GOVERNANCE COMMITTEE



Minutes of Public Governance Committee (PGC) Meeting held on Thursday, 30th March 2017 from 2.00 – 4.00 p.m. in the Boardroom, Newstead

Present:

Doreen Steele (Chair)	Margaret Simpson
Pat Alexander	Frank Connolly
Karen Hamilton	Nicky Hall
Fiona McQueen	Ros Gray
Cliff Sharp	Warwick Shaw

In Attendance:

Susan Hogg	Nile Istephan
Nichola Sewell	

1. Welcome & Introductions

Doreen welcomed everyone to the meeting.

2. Apologies & Announcements

Apologies were received from: Allyson McCollam, Catriona Bhatia, Cliff Sharp, Shelagh Martin, Clare Malster, Lynn Gallacher & John McLaren.

3. Minutes of Previous Meeting:

These were approved as a true record.

4. Matters Arising from Minutes & Action Tracker:

Action tracker updated and attached.

5. Topic Agenda Items:

5.1 Housing Development

Nile Istephan, CEO of Eildon Housing gave a presentation to the group on the work that they do.

We have an annual turnaround of between 12 & 14 million and employ in the region of 350 people. We do not use sub contractors and offer various apprenticeship schemes. Due to demand we envisage a major growth over the next 5 years with a capital grant from the government of 60% and Eildon shall borrow the remaining 40% through private borrowing/mortgage. We shall use our existing stock as security to facilitate new builds. We have 2,500 homes in around 50 different Borders Communities.

Ros asked what the lead time for a new scheme is. Nile replied it could be between 3 to 5 years. Other opportunities however, are there already we just need to reconfigure existing sheltered housing.

Doreen asked how NHS Borders and the Integrated Joint Board can work with you. Nile commented that a way of joint up working would be to connect the planning and thought process.

I am a member of the Integrated Joint Board (IJB) and the NHS Borders Board commented Pat and I am not sure if are we doing enough about housing. We have development sessions with the IJB it might be appropriate to have housing development on the agenda next year. **Action: Karen Hamilton**

Margaret Simpson commented that with growing social care needs are we over budget when it comes to care and repair services. We offer a care and repair service, as is available all around Scotland and we work together with occupational therapists and our own staff to support the administration needs and enabling. This increases efficiency and a timely way in which things happen commented Nile.

Karen asked Nile what is the criteria applicants have to fulfil to rent one of your properties? This is based on a number of things and also the housing that is available at that time. We have quite a long waiting list as we have more applications than we have properties and all applicants are assessed on individual need.

5.2 Equality Outcomes & Human Rights

Warwick gave a presentation to the group on the resurrection of the Equalities Group and the work that we do. This includes ensuring that our staff are aware of the whole approach including the language and supporting them to access our online training resources.

Doreen commented that working with the health and social care delivery plan we need to get all training on a single platform. It is important that the Equalities Steering Group report through the relevant channel.

With regards to training our staff Warwick explained it can be problematic to take staff away from their clinical duties.

The Citizens Advice Bureau in the near future will be offering free access to BSL training commented Fiona.

5.3 Health Literacy

Nichola Sewell, Health Improvement Lead – Healthy Living Network talked to the group about “Making it Easy” A Health Literacy Action Plan for Scotland.

Margaret Simpson remarked that from feedback within our local communities this is something that comes up time and time again. Nichola offered to contact Margaret outwith the meeting to arrange for a facilitation of a health literacy training session with her members. **Action: NS**

Discussions took place on whether or not psychology had any involvement and it was felt this was an area worth pursuing. Nichola remarked that we have not met with our colleagues in this area but would take this forward as an action and contact Mike Henderson. **Action: MH**

5.4 Corporate Parenting Report:

In Allyson McCollam's absence the Chair asked the group to note the document and Allyson has been invited back to a future meeting.

6. AOCB:

6.1 Equalities issues arising from the agenda – None.

6.2 Risks identified from the agenda - None

7. Future Meeting Dates 2017

17th August

1st November

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



STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Friday 9th June 2017 at 10am in the Committee Room,
Borders General Hospital, Melrose

Present: John McLaren, Co-Chair
Karen Hamilton. Co Chair

In Attendance: John Cowie
Yvonne Chapple
Edwina Cameron
Kim Smith
Louise Robson
Nicky Gammie
Geraldine Bouglas
Jennifer Boyle
Maggie Czajka
Peter Lerpiniere
Irene Bonnar
Elizabeth McKay (Minutes)

1. Welcome, Introductions and Apologies

Apologies were received from Irene Clark, Nicky Berry, Shirley Burrell, Ailsa Paterson, Alison Wilson, Nicola Barraclough and June Smyth.

2. Minutes of Previous Meeting held: -

Page 5 - Item 8g - second line – Staff Governance Monitoring Framework 2016/17 – to remove the words ‘I Matter.

Karen Hamilton highlighted Item 6 – ‘CEL - Health Promotion Champion to focus on Health & Wellbeing’ regarding travel to work. After a brief discussion it was agreed that Irene Bonnar would take this item to the Health & Wellbeing group for discussion.

Action Tracker

Action 41 – Cover paper – It was agreed John McLaren to have a conversation with June Smyth as this action was against her name. Action - In progress.

3. Staff Governance Committee Action Plan (Standards 1, 2, 3, 4 & 5 apply)

Edwina Cameron took the committee through the action plan highlighting it has been an engaging process with staff and actions have been agreed. One of the actions based on our corporate objectives will be around 'I Matter'. Edwina advised that a lot of work was carried out on the standard 'Appropriately Trained'. It is essential to look at the eKSF and appraisal processes to ensure they are fit for purpose. Work has also to be carried out on the Personal Development Plans (PDP). It was noted discussions are taking place regarding Action 6.

The Staff Governance Action Plan will link in with 'I Matter' and from a government perspective there will be distinct differences between 'I Matter' and 'Everyone Matters'. As a committee we may have to take a view on this action.

Edwina Cameron reported it has taken a long time getting to this stage and would like to thank the people who have been involved for their contribution. Edwina also raised her concerns regarding identifying leads for some of the actions. John McLaren apologised for not being able to have a discussion with BET regarding identifying executive sponsorship and support for each of the actions but both John McLaren and John Cowie will highlight this issue at BET. Edwina Cameron advised there is a draft Communication Plan, systems and processes in place to enable to deliver the Plan and will come to the Committee for discussion.

John McLaren reported that it is hoped that the actions are more meaningful to staff as well as helping them understand staff governance through development of plain English standards. Edwina Cameron advised it has been recognised that staff do not understand what Staff Governance is and has developed a Plan in plain English to enable people to understand and engage with Staff Governance. Edwina spoke about areas within NHS Borders she has piloted this piece of work in and was informed it was appreciated but asked if she could break down the paper even further. As an employer there is a responsibility to staff but also staffs requires taking responsibility. Edwina Cameron emphasised that the sub group requires to progress with this piece of work to enable staff to engage and understand Staff Governance.

Karen Hamilton reported two actions required are identifying Executive leads for the actions and a Progress Report to be given by the next meeting.

The Staff Governance Committee noted the report. John McLaren thanked Edwina Cameron for all the work she has done on the Action Plan and also keeping people focussed throughout the process.

Peter Lerpiniere asked about Mediation. – Appendix 1. Irene Bonnar advised there is sub group looking at this is in Scottish Government and will keep the committee updated.

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

Geraldine Bouglas gave an update on behalf of Ailsa Paterson highlighting the policies under development. Geraldine advised Sickness Absence should be added to this group. The policies Retirement and Whistleblowing will be going to the next Area Partnership Forum in June for sign off.

The Staff Governance Committee noted the paper.

a) Whistle blowing Policy

As discussed today under Item 4 the policy will be going to the next Area Partnership Forum for sign off on the 27th June 2017. John McLaren highlighted the position of the Whistleblowing Champion is currently vacant. It was agreed John McLaren to have a discussion with John Raine

The Staff Governance Committee noted the update.

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

Nicky Gammie spoke to this item on behalf of Nicky Berry. Nicky gave a brief update on the transition plans. It was taken out of statute as the Government and NMC did not think it was fit for purpose. A working group has been set up to look at the Scottish model. Briefing notes from midwives and employers provided information to take this forward. An action plan has been developed. An education package has been set up by NES and we are confident we can achieve this by the end of December which will take affect from the 8th January 2018. Statutory and Clinical supervision will be based on the persons needs with more facilitation and person centred. Peter Lerpiniere advised it addresses clinical support. Karen Hamilton asked f there are any negatives. Nicky Gammie reported she has no anxieties as a lot of work that was being carried out was duplication which came to the same conclusion. There are no more risks. Edwina Cameron asked about independent midwives and Nicky informed this is up for debate just now and requires to be worked through. John McLaren informed it s a positive change of direction. It is about getting people to achieve a high quality practice. Kim Smith informed it will be useful to see the new model moving forward as there is no other model in other nursing. Irene Bonnar reminded the Committee of the Public Health Practitioners.

The Staff Governance Committee noted the paper. Nicky Gammie to send the action tracker to the group

6. Audit Scotland Report – Scotland’s NHS Workforce - (Standards 1, 2, 3, 4 & 5 apply)

Jennifer Boyle spoke to this item. The first report provides information on the workforce and hospital pressures which is scheduled to be published in August and the second report provides information on the workforce pressures, Primary Care and GPs. We are running slightly higher than the Scottish average. This report is based on the 2015/16 figures.

A discussion took place regarding the ageing workforce where 41% of staff is over the age of fifty. Karen Hamilton informed the sickness absence figures are very good. It was noted that NHS Borders have the lowest sickness rate figures within NHS Scotland mainland Boards. Kim Smith advised it would be appropriate to develop the Modern Apprenticeship agenda. Jennifer Boyle reported we have the evidence to carry out succession planning. It was noted a sub group to be set up to look at this.

John McLaren suggested taking this item to the Area Partnership Forum for discussion and support. It was agreed John McLaren would meet with John Cowie to enable to discuss this further. Kim Smith informed that the Director of Nursing would like to test new models. It was noted that NHS Borders has the highest staff turnover levels within NHS Scotland.

The Staff Governance Committee noted the report and asked for this item to come back to a future meeting for further discussion.

7. Workforce Quarterly Return (Standards 1, 2, 3, 4 & 5 apply)

Jennifer Boyle spoke to the paper indicating nurse recruitment remains very challenging. A recruitment drive has been planned for July 2017 and we currently have a nationwide campaign running to recruit nursing staff. Jennifer asked the Committee to disregard page nine of the document as the information is incorrect and will amend and re-circulate the document. One of the issues that staff is being moved to other areas of the organisation due to significant staffing issues. John McLaren asked if we are exploring why people are leaving. Jennifer Boyle advised investigations are currently being carried out. The recruitment team are working closely with managers.

John McLaren reported that discussions take place at the Performance Reviews regarding recruitment. Karen Hamilton asked about Exit interviews and asked if people are being honest at their interview. Jennifer Boyle informed where there are areas of high turnover managers may not be involved in the interview. Karen Hamilton enquired if it is an independent review. Geraldine Bouglas advised that exit interviews are not mandatory and it is up to staff to request an interview. Irene Bonnar noted the key area is learning from the interviews and doing something about it.

The Staff Governance Committee noted the report.

8. Workforce Planning (Standards 3 & 5 apply)

Edwina Cameron informed the projections will be published at the end of June 2017. Good progress has been made. The plan will go to BET next week for amendments and to the Area Partnership Forum on the 27th June for agreement and will then be submitted to Scottish Government. An update will be given at the next Staff Governance Committee. There are few major pieces of work to be carried out such as the 20/20 Workforce Vision which the Chief Nurse will lead on which could create a potential workload. The Nursing Midwifery Council (NMC) is looking at training nurses to work in multidisciplinary teams which will influence the Workforce Plan. John Cowie spoke about Regional Planning informing the group is currently being launched and there are plans to have an event in late July early August 2017. NHS Borders will have the opportunity to influence the plan.

The Staff Governance Committee noted the update.

9. Items for Noting

a) Occupational Health Update

Irene Bonnar gave a brief update on the activities within her department. The campaign for Flu Vaccine is about to commence and asked for support from the Committee to enable to deliver. Clinical support is extremely crucial.

The Staff Governance noted the update and will provide support to the Flu Vaccine Campaign.

b) Risk & Safety Update

John McLaren asked the Committee to feedback comments regarding the Risk & Safety Update directly to Sheila MacDougall. It was agreed to defer the Annual Report to the next meeting. Irene Bonnar advised the Committee of the process for signing policies off. The report will go to the Clinical Executive Operational group and Area Partnership Forum for approval before coming to this Committee for noting. Karen Hamilton emphasised the need for the cover page.

The Staff Governance Committee noted the update and for the Annual Report to be rolled across to the next meeting.

c) Remuneration Report

Iris Bishop gave a brief update of the report.

The Staff Governance Committee approved the report.

d) 'I Matter'

Irene Bonnar spoke to this item informing there is still work to be carried out. Staff have engaged in completing the questionnaire but have not achieved developing an Action Plan. Irene advised Edwina Cameron has engaged with groups of staff within the organisation face to face enabling to complete and achieved a good experience. There is room for improvement and we require directors, senior management and management levels to buy in to the process. Irene informed 'I Matter' will run a short questionnaire – 'Dignity at Work' survey which will give staff the opportunity to tell how they feel about dignity issues.

John McLaren enquired about the dash board Employment Engagement Index (EEI) does this take in to account the average reports being received. Irene Bonnar advised due to missing groups of staff our engagement levels would be higher. Managers have not been attending the training. Staffs are also responsible for developing their reports. Edwina Cameron reported if managers are engaged in the process we will be able to get staff to support the process.

John McLaren informed the Board should support staff engagement. Edwina Cameron suggested whilst the BET are carrying out walkrounds to also discuss 'I Matter'. Irene Bonnar reported the feedback she is receiving from managers that they have not got the time to carry this out but do not realise the benefits of the process.

e) Staff Governance Monitoring Framework 2016/17

John McLaren informed the document was sent up to the Scottish Government and is here today for sign off. Edwina Cameron advised this is the report that the government will be issued for the Annual Review,

The Staff Governance Committee agreed to formally sign this document off. John McLaren thanked Edwina Cameron for carrying out this piece of work

f) Appropriate Access to other Committee Minutes: -

Area Partnership Forum - The Staff Governance Committee noted the minutes.

10. Future Items

A discussion took place regarding future items to be placed on the agenda: -

Mental Health Nurse Leadership Plan – A new Era.
Risk & Safety
Workforce Planning
Modern Apprenticeships / Recruiting

11. Any Other Competent Business

a) Agenda – Staff Governance Standards

Karen Hamilton questioned the practicality of the standard column within the agenda as currently every standard is being ticked. Should we not be taking in to consideration the analysis of the report. It is necessary for the columns to be used appropriately. Edwina Cameron suggested using the front cover page to clarify which standards are appropriate as the standards are very loose. Geraldine Bouglas informed it will also be an opportunity to include Equality Impact Assessment.

John McLaren advised there is a significant change to the cover paper but this is only relevant to the Staff Governance Committee. It was suggested adding a paragraph at the end of the cover paper.

b) Workforce Conference

It was reported that the next Workforce Conference will take place on Friday 3rd November 2017 The working group will be looking at the themes and the agenda for the conference will come to the next Staff Governance Committee.

12. Date of Next Meeting – Monday 18th September 2017 at 10am in the Committee Room, BGH.

NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 27th June 2017 – 17:00-18:30

Committee Room, Borders General Hospital

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
 Nicky Hall (Area Ophthalmic Committee) (NH)
 Peter Lepiniere (Lead Nurse for Mental Health & Learning Disability; BANMAC) (PL) *arrived at meeting at 17:50*
 Dr Cliff Sharp (Medical Director) (CS) *left meeting at 17:50*
 April Quigley, (Consultant Clinical Psychologist) (AQ)
 John McLaren (Employee Director) (JMCL)

In Attendance: Kate Warner, Minute Secretary (KW)

Not present: Dr Tim Young (GP) (TY)
 Jim Thom or Chairperson (Area Dental Advisory Committee) (JT)
 Austin Ramage (Medical Scientists) (AR)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from the Allied Health Professionals (previously Anne Livingstone); Alice Millar (Principal Dentist, Duns Dental Practice) (AM); Elaine Torrance (Interim Chief Officer – Health & Social Care Integration) (ET); Dr Chris Richard (Senior Medical Staff Committee/Area Medical Committee) (CR). Dr Tim Patterson was not in attendance to give presentation on Clinical Strategy as itemised in the agenda. This will be held over to the next meeting after presentation to the Board.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest expressed.

2 DRAFT MINUTE OF PREVIOUS MEETING 04.04.17

The Minute of the previous meeting, held on 4th April 2017, was read and approved as a correct record with the following change – page 3 change Geoff to Jeff.

3 MATTERS ARISING/ACTION TRACKER

Action Tracker updates:-

#19 AW to discuss with Dr C Sharp – and explain the value of attendance. Revised timeline 1st August 2017.

#28 AW attending the Ophthalmology Committee meeting this evening and BANMAC's next meeting. On-going.

#38 Complete and Brief for Speakers approved; **#41** Complete; **#44** Complete.

4. PRESENTATION – CLINICAL STRATEGY

The Clinical Strategy presentation was not given at the meeting and this will be sent to ACF members after going to the NHS Board meeting on 29th June. The paper is required for NHS Borders to be eligible for capital funding in future. It takes account of realistic medicine and financial challenges. JMcl gave feedback from the paper's presentation at Area Partnership Forum: there are no identified outcomes within the strategy; this is a high level document for the Board to provide information for the transformational work and what will be delivered. Eight principles have been defined ensuring government Health and Social Care Delivery Plan outcomes are taken into consideration. After the NHS Borders Board meeting, the Clinical Strategy will go out for public engagement – a similar approach to Health in Your Hands. This is the first time NHS Borders have created a Clinical Strategy; some areas are similar to previous principles with updates to consider future requirements. In response to a question from ACF, JMcl confirmed that Mental Health strategy, in line with other services, is embedded in the Clinical Strategy. The service area sections can be updated as a unit; with all reviewed annually.

ACF noted this update on the Clinical Strategy

ACTION: Send Clinical Strategy to ACF members after the Board meeting – to be cascaded to service areas (KW); invite Dr Tim Patterson to present at the next ACF meeting (KW); any feedback to the Clinical Strategy to be collated and forwarded (All ACF members → KW).

5 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

Feedback was given by AW: Additional work is continuing on an infection control report with a detailed look at a number of surgical site infection cases. There have been concerns raised around the number of high and very high risks on the Rick Register which have not yet been addressed with plans in place. Reminders have been sent to management teams for follow up and sign off within the time period. Hospital Standard Mortality Rates were discussed; palliative patients preferring to come into the Margaret Kerr Unit have changed the palliative data as it sits in medical service. A final report was presented to make improvements to VTE; this is a high risk area.

ACF noted the feedback from the Clinical Governance Committee.

ACTION:

6 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

Feedback was given by NH: Since the last report to Area Clinical Forum there have been no further meetings; next meeting August 2017. A new non executive Chair for the Group is being sought.

ACF noted the feedback from the Public Governance Committee.

ACTION:

7 NATIONAL ACF: FEEDBACK

Feedback from the National ACF Chairs meeting, held on 7th June 2017, was given by AW: There was discussion about the role of ACFs; whether this role is reactive or proactive and how ACFs can contribute. Harry Burns, previous Chief Medical Officer, reviewed heat targets and there was discussion about confidence in the management of targets, in particular waiting times, at Board level. A draft paper was tabled discussing clinicians role in the triage of referral and the different waiting time expected for different categories of referral; moving away from treat in turn to treat in

terms of clinical need. Changes to the process would bring credibility to the process of waiting times. There are currently around 80 heat targets and this would be reduced. Catherine Calderwood gave an update on realistic medicine.

ACF noted the feedback from the National Area Clinical Forum meeting.

ACTION: Circulate Minute to ACF when available (KW)

8 NHS BOARD PAPERS: DISCUSSION

AW asked if anyone had any items that they wished raised at the forthcoming Board meeting. There were no further comments on the Clinical Strategy to be presented at the Board meeting.

ACTION:

9 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (AL) – no update available.

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

11(c) Area Medical Committee – ACF heard that this committee is attended by permanent Medical Staff – Doctors and Consultants. GP Sub is a subcommittee of AMC.

11(d) Area Ophthalmic Committee (NH) meeting to be held later this evening, for update at August ACF meeting.

11(e) Area Pharmaceutical Committee (AW) – Meeting held 25th April 2017 discussed the availability of the Borders Formulary App from Apple and Android stores as well we Intranet; a web banner has been produced to promote; Pharmaceutical Care Services Plan was noted at NHS Borders Board meeting; APC received update on Clinical Strategy Programme and discussed the Pharmacy section; Prescription for Excellence funding may merge with Primary Care funding to make more pharmacists available in primary care; on-going medication review work by pharmacists is having a positive impact; additional savings to be delivered equal £2.2million, in addition to £2.5million already identified, in the prescribing budget; Single National Formulary discussed and regular updates will be available to APC members. APC request that NHS Borders Board is made aware of the poor quality “lazy” prescriptions that come to Community Pharmacy with missing information, indecipherable handwriting and more than 3 items per prescription; prescriptions coming for 3 months when 1 month had been agreed. Pharmacists have been encouraged to feedback to the Hospital Management and Associate Medical Director shared mailbox addresses.

11(f) BANMAC (PL) an update will be available after the next BANMAC meeting as this will be PLs first meeting as Chair.

11(g) Medical Scientists – no update available.

11 (h) Psychology (AQ) reported that the Psychology Head of Service has retired and she has been seconded into this post for 6 months. This post will be advertised nationally.

ACF noted the updates and thanked the committee representatives present for their input.

ACTION: Enquire if Allied Health Professionals Advisory Committee is continuing to meet and if a report can be sent (KW)

10 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

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

- Keen to engage with the Clinical Strategy process.
- Important to feedback a realistic, balanced view from the Professional Groups - committees can struggle to meet; there are varied numbers at the meetings depending on time of year and it is difficult to get full engagement from staff to the professional advisory groups.

ACTION: Forward ACF Minute to NHS Borders Board meeting (KW)

11 ANY OTHER BUSINESS

1. JMcl requested that Area Clinical Forum members hold the date and encourage staff members to attend the next Workforce Conference on 3rd November 2017. AW is on annual leave and a deputy would be required. What would staff like to see and hear about at the conference?
ACTION: JMcl and AW to discuss further.

2. JMcl reported that the phased Retirement Policy has been signed off. This is in line with other Boards and aims to have planned retirement with reduction in working hours over the last three months. Reduction of hours is paid at substantive salary and will not impact on pensions. Six months notice is required to line manager and HR. Retire and Return is not covered in this policy but is recognised and this will be reviewed to, for example, preserve skills in the workforce. In a recent workforce review, 68% of staff is 40 or over. Retirement Policy may have significant cost in the future, more so than recent Parental Leave policy changes, but not in the coming year.

3. Sandra Pratt is working on the Primary Care Strategy which will be summarised in the Clinical Strategy, with the top 5 priorities for primary care. The full Primary Care Strategy will be more detailed for the Health & Social Care Partnership. Advisory Groups will have the opportunity to review.

4 NHS Borders have a new Complaints Procedure in place. Services such as Ophthalmology have their own procedures and the NHS Borders procedure would be relevant in shared care cases. Procedures are similar but it was important to have one in place for NHS Borders overall.

5 AW asked if ACF would like to have presentation at every meeting to gain insight into other areas. For example the proposed development of the Borders Macmillan Centre who are currently looking for funding from Macmillan and Trustees; update on Children's Centre? ACF agreed to work through areas included in the Clinical Strategy; asking the lead for each area to talk through the rationale for that area. It was agreed that members of ACF would start with their own areas.

ACTION: Send ACF Terms of Reference to Peter Lepiniere (KW); create a plan of presentations for ACF meetings (AW/KW)

16 DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 1st August 2017 at 17:00 in the Pharmacy Meeting Room, Pharmacy Department, BGH. Note the change of location for this meeting.



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 26 June 2017 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:

(v) Cllr T Weatherston	(v) Dr S Mather (Chair)
(v) Cllr D Parker	(v) Mr J Raine
(v) Cllr S Haslam	(v) Mr D Davidson
(v) Cllr H Laing	Dr A McVean
Mrs E Torrance	Dr C Sharp
Mr M Leys	Mr P Lerpiniere
Mr D Bell	Mrs Y Chappell
Mrs J Smith	Ms L Gallacher
Mrs A Trueman	

In Attendance:

Miss I Bishop	Mrs A Wilson
Mr P McMenamin	Mrs S Burrell
Mrs J Stacey	Mrs C Gillie
Mr D Robertson	Mr A Haseeb
Mr S Burt	Mrs S Henderson
Mr J Lamb	

1. Apologies and Announcements

Apologies had been received from Mrs Karen Hamilton, Mrs Jane Davidson, Mr John McLaren, Cllr John Greenwell and Mrs Tracey Logan.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Asif Haseeb from Audit Scotland, Mrs Yvonne Chappell, who was deputising for Mr John McLaren, and Mr Peter Lerpiniere who was deputising for Mrs Claire Pearce.

The Chair welcomed members of the public to the meeting.

2. Integration Joint Board Nomination of Vice Chair

The Chair advised that under the terms of the Scheme of Integration the Chair and Vice Chair roles would alternate on an annual basis between the NHS and the Council voting members on the Board. As the Chair of the Integration Joint Board for 2017/18 was handed across to the NHS there was a requirement for a Councillor to fulfill the Vice Chair role.

Cllr Shona Haslam nominated Cllr David Parker as Vice Chair of the Integration Joint Board. Mr John Raine seconded the nomination.

Cllr David Parker accepted the nomination.

The Chair announced that Cllr David Parker was duly elected as the Vice Chair of the Integration Joint Board.

3. Integration Joint Board Audit Committee Membership

The Chair announced that it had been agreed by the Integration Joint Board voting members, via email, that Cllr Tom Weatherston and Cllr John Greenwell be nominated as the local authority members of the Integration Joint Board Audit Committee. He asked that the voting members of the Board confirm they were content with those nominations.

The Health & Social Care Integration Joint Board confirmed its approval of the nominations.

The Chair further advised that the Audit Committee had met that morning and proposed that Cllr Weatherston would be the Chair of the Audit Committee. He asked that the voting members of the Board confirm they were content with that nomination.

The Health & Social Care Integration Joint Board confirmed its approval of the nomination.

4. Declarations of Interest

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no verbal declarations of interests.

5. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 27 March 2017 were amended at page 4, item 8, paragraph 2, line 4 replace "Patient" with "Participation" and again at page 6, item 13, paragraph 2, line 4 delete "by up to 80%" and with those amendments the minutes were approved.

6. Matters Arising

6.1 Action 14: The Health & Social Care Integration Joint Board reviewed and agreed that the action was complete.

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

7. Chief Officer's Report

Mrs Elaine Torrance gave an update on the current status of items of interest to the Integration Joint Board including: presentation of the Internal Audit Report to the Audit Committee that morning; the proposal that the Integration Joint Board undertaken a self evaluation at a future Development session; completion of the Annual Performance Report; progress with the transformation programme; progress with the Joint Workforce Plan; and work on the Information Technology (IT) systems to work together. She further advised that

she had attended one day of the NHS Scotland Event which had focused on health and social care integration and working together to move that forward.

Mr David Davidson enquired about how the IT development would be conducted. Mrs Torrance confirmed that both NHS Borders and Scottish Borders Council were looking at which systems they operated that were the same, which systems could be linked and how they could streamline systems for all staff.

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

8. Transformation and Efficiencies

Mrs Elaine Torrance introduced Mr James Lamb who gave an update on current progress. He advised that 10 projects had been identified and spoke of the timelines and content associated with each project.

Mrs Jenny Smith sought clarification that the Equality and Diversity Impact Assessments for each individual project would be completed as part of the strategic planning process. Mr Lamb confirmed that was correct.

Mrs Smith sought more detail on the single management structure and its potential impact on the third sector. Mr Simon Burt commented that whilst some exploratory work had been undertaken in regard to the alcohol and drugs service it was unlikely that a single management structure would be put in place. Attention was being focused on the potential for co-location and joint working.

Further discussion highlighted: further detail on project outcomes; the interpretation of "reimagining"; and timescales and achievement of savings targets.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made in developing the Transformation and Efficiencies Programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the development of identified workstreams.

9. Learning Disabilities Strategic Commissioning Plan

Mr Simon Burt gave an overview of the learning disabilities service remit and the content of the paper which provided information for stakeholders regarding commissioning arrangements and future plans of the Scottish Borders Learning Disability Service (2016-2019). Mr Burt further highlighted Project SEARCH and advocacy services.

Cllr Helen Laing enquired about the provision of accommodation outside the area and the impact on the patient, family and friends. Mr Burt commented that it was an issue across all health and social care partnerships. In Scottish Borders there were no longer in-patient hospital assessment treatment units, so the provision was sourced from other Health Boards and then the private sector. Discussions were on-going with NHS Lothian about the purchase of beds from their Learning Disabilities Service. In regard to people with challenging

behaviours, some independent provision was provided locally and discussions were taking place with East Lothian about the possibility of commissioning something together.

Mr John Raine reminded the Integration Joint Board (IJB) that the functions of the learning disabilities service resided with the IJB and the budget was provided by both NHS Borders and Scottish Borders Council for the IJB to commission services. He sought assurance that if the IJB adopted the Learning Disability Strategic Commissioning Plan it would be commissioned for the improvements the IJB wished to see at a strategic and operational level. Mr Burt confirmed such assurance.

Further discussion focused on: repatriation of individuals back to Scottish Borders where appropriate; delivery of adult protection through services and providers; commissioning of safe services; criteria scoring; and potential for an increase in the number of contacts with the service.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and adopted as the first commissioning plan from the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recorded its thanks to Mrs Susan Henderson and Mr Simon Burt for producing such a comprehensive document.

10. Integrated Care Fund Update

Mrs Elaine Torrance gave an overview of the content of the paper and advised that to date a total of £1.548m had been spent. She suggested the partnership programme team contracts be extended at a cost of £125k and that £52k be granted to the Buurtzorg initiative.

Further discussion focused on: pump priming shifts in delivery of care; favouring the front line ahead of administration services; seeking a demonstration of how change had been brought about from NHS Borders and Scottish Borders Council as a consequence of funding the initiatives/projects; matching unit beginning to deliver and matches clients to homecare providers having been assessed as needing home care and the aim was to reduce care manager time; community led support project is successful in seeing people quickly, waiting lists are reducing, and customer satisfaction is good; Waverley has been successful and work continues to roll out the admissions criteria to other sites; 72% of patients return to their original home after being discharged from hospital to Waverley.

Mr David Davidson enquired about influencing commercial bus routes and their timetables and how appointments were made for outpatients to make it easier for patients to get to appointments. Cllr Shona Haslam commented that she had met with bus operators the previous week and they would be rolling out a new ticketing system and monitoring where accessibility issues were on the network to ensure those who needed buses could get them.

Mrs Torrance suggested an update on the transport hub could be provided at a future meeting.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the 2 new funding requests, Partnership Programme Team (£125k) and Buurtzorg (£52k).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted progress on key projects.

11. Primary Care Funding – Pharmacists in GP Practices

Mrs Alison Wilson gave an overview of the content of the paper.

Mr David Davidson enquired about training programmes and Mrs Wilson commented that training programmes were organised by NHS National Education Scotland and support was provided by pharmacy practices as mentors for the prescribing qualification.

Cllr Helen Laing enquired if the training was similar to nurse practitioner training. Mrs Wilson confirmed that it was a similar course and there were some similarities.

The Chair enquired if a person went to their pharmacist and got a prescription, if that prescription was routinely shared with the individuals' GP practice. Mrs Wilson advised that it was not.

Dr Angus McVean commented that it was not ideal and a single unitary system would be preferred. He suggested that the GP community broadly welcomed and supported the initiative.

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

12. Quarterly Performance Report

Mrs Elaine Torrance gave a brief overview of the content of the report and highlighted several key elements including: carers' data; rates of emergency admissions had reduced; delayed discharges; and palliative care.

Cllr Helen Laing enquired if contact for the over 75s to provide support and prevent admissions could be more creative, by visiting or surveying, involving them in the new Buurtzorg initiative, so that some kind of assessment was undertaken as a preventive measure to reduce over 75s admissions.

Dr Angus McVean suggested that may not work as much of the preventative packages and measures that used to be undertaken had ceased as the majority did not show a difference in admission rates.

Mr Murray Leys suggested the key to supporting people was anticipatory care planning.

The Chair commented that delayed discharges were quite emotive and they were actually stranded patients in the wrong place. He suggested seeking data to provide a picture of what happened to people who stayed in hospital too long.

Mr Leys advised that he could provide some raw data to show the destinations of delayed discharges, those who lost function and were reassessed and those who were returned home.

Mr John Raine suggested individualised and anonymised case studies could be provided to show, individuals on the patient journey, their destinations, when they became delayed discharges, for how long and why, and their final outcome.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the additional themes and measures for report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key performance issues highlighted.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** advised of any further measures to be included in future quality performance reports.

13. Health & Social Care Locality Plans

Mrs Elaine Torrance presented the locality plans and area profiles and sought a two month period of consultation of the plans beginning in July. She advised that the final plans would be submitted to the IJB in September following the consultation period.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made by Locality Co-ordinators in relation to the development of the H&SC Locality Plans.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the plans and proposals for consultation.

14. Inspections Update

Mr Murray Leys advised that the draft report had been received from the Care Inspectorate and was being checked for factual accuracy. The final report and publication date were awaited.

The Chair confirmed that some of the comments in the draft report had been inaccurate and that had been fed back to the Care Inspectorate. Mr Leys confirmed that was the case.

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

15. Annual Report 2016/17

Mrs Elaine Torrance presented the Annual Report 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Annual Report 2016/17.

16. Annual Performance Report of the Integration Joint Board 2016/17

Mrs Elaine Torrance gave an overview of the content of the annual performance report and highlighted that it set out the key priorities and direction of travel for the partnership for the coming year.

Mrs Jenny Smith commented that she was content to endorse the report and she asked that the report for 2017/18 be shared with third sector colleagues earlier in the process so that they could provide more meaningful input and feedback.

The Chair commented that within the Executive Summary it would be helpful to set out both areas of good and poor performance.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Annual Performance Report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed proposals for publication of the report.

17. Report on the refresh of partners financial regulations across the partnership resources

Mr Paul McMenamin provided an update on partnership regulations. He reminded the IJB that its Audit Committee had asked that it issue a direction to partners to refresh their financial regulations. He confirmed that NHS Borders financial regulations had been updated in October 2016 and Scottish Borders Council financial regulations had been updated in August 2016. The refreshes were undertaken in the context of both organisations recognising their relationship with the IJB at that time. Scottish Borders Council would be revising their financial regulations further in order to reflect the revised performance arrangements within the IJB.

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

18. Financial Plan Update

Mr Paul McMenamin reminded the IJB that on 27 March 2017 it approved the partnership budget for 2017/18. He commented that the enabling report was extensive and set out a range of areas including key funding principles.

Mr McMenamin reminded the IJB that resources were delegated from the partners to the IJB who commissioned back to the partners for the delivery of services.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and the Health & Social Care Financial Statement 2017/18 to 2019/20.

19. Committee Minutes

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

20. Any Other Business

20.1 Development Session: Mrs Elaine Torrance reminded the IJB that the next Development session would be held on 25 September 2017 and would focus on two areas being, the commissioning and implementation plan, and pharmacy development and prescribing pressures.

The Chair suggested it was a timely opportunity given the IJB had new members to take another look at its role and responsibilities.

The **HEALTH & SOCIAL CARE INTERGRATION JOINT BOARD** agreed to hold a development session at 12noon, with lunch on 28 August to review its role and responsibilities.

20.2 Prof John Bolton: Mrs Angela Trueman enquired about the session organised for September on the Prof John Bolton work. Mrs Torrance commented that it would focus on developing out of hospital care and a presentation would be given on what had been achieved to date, tracking people out of hospital and making sure they did not return as admissions, and reductions in individual's packages of care as they became better. She further commented that Prof Bolton had agreed to be a critical friend to the partnership.

Mrs Trueman commented that at the meeting held on 4 April, Prof Bolton had mentioned a working group being formulated and she enquired if that had been organised and if a member of the public could be a member of that group? Mrs Jenny Smith also enquired if a carer representative could also be a member of that group? Mrs Torrance advised that she would find out and advise outwith the meeting.

21. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 28 August 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 3.40pm

Signature:
Chair

South East and Tayside Regional Planning Group



Minutes of the Meeting of the South East and Tayside Regional Planning Group held at 10.45 am on 16th June 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)

Tayside

Dr Andrew Russell (VC)

Dumfries & Galloway

Ms Viv Gratton

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

NES

NSD

Ms Fiona Murphy

Scottish Ambulance Service

Lewis Campbell

Medical Directors

Dr Cliff Sharp
Ms Tracey Gillies
Dr Frances Elliot

HR Directors

Ms Barbara Anne Boyter

NHS 24

Partnership Representation

Ms Wilma Brown
Mr A Joyce

In Attendance: Mr Joe McGhee, Mr Colin Briggs, Mr Scott McLean, Ms Eileen McHugh, Mr Jim Crombie, Ms Jacqueline Campbell

Apologies for absence were received from: Mr John Cowie, Mr Ken Donaldson, Ms Fiona Ramsay, Dr Graham Foster, Mr Andrew Murray, Professor Alex McMahon, Ms Janis Butler, Professor Bill Reid, Ms Lesley McLay, Mr Jim Forrest, Ms Elaine Torrance, Mr Michael Kellet, Mr Rob McCulloch-Graham, Mr David Small, Ms Jacqui Simpson

Part 1 – Existing SEAT Business

1 Welcome & Introductions

T Davison welcomed all to the meeting.

T Davison advised that sadly Helen Kelly, Director of HR, NHS Forth Valley had recently passed away following an illness. T Davison asked that condolences were expressed to Helen's family and the many NHS Forth Valley colleagues who had worked with Helen during her long NHS career.

2 Previous Meeting

2.1 Note of Meeting Held on Friday 28th April 2017

The minute of the previous meeting held on 28th April 2017 was agreed as an accurate record.

3. Existing SEAT Business

3.1 Police Custody Healthcare and Forensic Services – Service delivery for Victims of Rape and Sexual Assault

J McClean reminded the Group that as noted at the last meeting, the Chief Medical Officer (CMO) had established a taskforce to address the recommendations from the HMICS Review. A number of sub groups had now been established, including a group looking at regional models of service delivery, chaired by Elizabeth Ireland. E Ireland had confirmed that she would be linking with each of the Regional Chief Executive Leads to ensure alignment with the new regional planning arrangements. J McClean advised that she will contact E Ireland to request an early discussion given the experience of establishing and operating a regional service in the South East

JMcC

3.2 Forensic CAMHS Inpatient Unit

J McClean spoke to a previously circulated paper providing an update on the review of financial information included in the proposal to develop a national Forensic CAMHS inpatient service which had been presented to the Board Chief Executives meeting in June. It was noted that the initial request for finance information had asked for Boards current spend on secure CAMHS rather than forensic CAMHS.

Discussions with NSD colleagues have also highlighted that there is a need for greater clarity and agreement on the criteria for patients who would potentially be admitted to this unit in order for Boards to understand the costs

which will be obviated or reduced by having a Scottish Unit, however, it is likely that some patients will still require access to English Units.

NSD has agreed to work with NHS Ayrshire and Arran to request a review of the finance information presented to Board Chief Executives and report back through that group. Lead clinicians will also be requested to clarify and agree the admission criteria.

C Gillie advised that Fiona Murphy had recently attended the National DoFs meeting to present the proposal for the Inpatient Unit at a cost of £5.5m. Scottish Government has agreed to provide £2m so a further £3.5m will need to be identified.

T Davison advised that there will be challenges across Scotland in agreeing any capital bids which have significant revenue consequences and advised that this would need to be discussed further once the financial information was reviewed. T Davison added that he was unsure if this proposal would be supported if it were to be subjected to a regional prioritisation process. F Murphy noted that this is a very small unit and acknowledged that it will not be used by every Board and that there will be significant fluctuations in useage.

Further to the agreed review, SEAT will receive a further update, which will include details of the financial model for the national service.

FM/CG

3.3 National Services Division National Update

The Group noted the previously circulated update report. F Murphy added that a report on bed capacity within Paediatric Intensive Care Units had been finalised and that Jeff Ace, Chief Executive, NHS Dumfries and Galloway will provide a written update to Board CEs.

It was agreed that this item will be added to the agenda for discussion at a future meeting.

JMcC/FM

3.4 Workforce Update

D Phillips provided a verbal update to the Group on current workforce issues within the Region.

The Group noted that F Elliot will replace T Gillies as Chair of the SEAT Regional Workforce Group. A discussion on the remit of the Group is being arranged in light of the revised regional work programme and will include HR Directors and other colleagues. T Davison asked the Group to focus on the development of workforce plans for the East Region Health and Social

Care Delivery Plan. Additionally, he asked the Group to consider potential digital technology solutions to support workforce issues and to include IJBs and the potential for collaborative working.

D Phillips advised that both the National and North of Scotland Workforce Plans are expected to be published soon.

3.5 Regional Minutes

3.5.1 Minutes of the SEAT Directors of Finance Group on 16th February 2017 (Approved)
These were noted.

3.5.2 Minutes of the MCN for Neonatal Services Steering group on 9th February 2017 (Approved)
These were noted.

3.5.3 Minutes of the Regional CAMHS Consortium on 23rd February 2017 (Approved)
These were noted.

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

1. Minutes of previous meeting – 19th May 2017

The minutes of the previous meeting held on 19th May 2017 were agreed as an accurate record.

T Davison highlighted that on occasion the attendance at these meetings would be altered to allow a more focussed discussion on a particular topic.

2. Acute Workstream

P Hawkins, as Lead Chief Executive for the Acute Workstream, advised that an Acute Service Workshop is being planned for the 30th June to facilitate discussion and develop a common vision across all the workstreams. Attendance at this Workshop will include representation from HR and workforce.

T Davison stressed the need for all workstreams to consider HR, workforce, communications etc. P Hawkins commented that the Group will focus on the development of the service strategy initially.

2.1 Ophthalmology

J Smyth advised that a Project Initiation Document had been developed and signed off by all 3 Boards. A Workshop is planned for early July to look at data and review performance and variance between Boards.

Consideration will also be given to community models of care and potential digital solutions and link into workforce model.

T Davison noted that the work to date was very high level and asked how the model would be described to support an Initial Agreement for a replacement for the NHS Lothian Eye Pavilion. J Smyth advised that the Group will focus on describing the service model and then link in with the capital discussion.

P Hawkins referred to the recent discussion between the Chief Executives and Margaret Duffy on elective treatment centres and stressed the need to consider the opportunities presented within current estate and the potential to have smaller capital investment to bring current estate into alternative or more efficient use. He urged each of the acute specialties to consider the service model in the first instance before considering the buildings.

T Davison acknowledged that this issue was relevant to all the acute workstreams and that caution was required in submitting any capital proposals which did not take account of the whole picture. T Davison highlighted a concern that the limited capital available may be committed to other Boards/regions if the submission of the IAs was not aligned. M Duffy had advised that the IAs will all need to be signed off by each of the regions prior to presentation to the Capital Investment Group. It was noted that the East Region share of the capital allocation will not be sufficient to meet current identified schemes in the East.

P Hawkins noted that the Golden Jubilee Business Case had not been circulated to the East and North Regions for approval despite assumptions that their respective current activity would continue to be referred to the GJ. T Davison highlighted a recent discussion at the Board Chief Executives meeting which had sought to look more radically at options for providing services given the significant financial challenges, including the use of digital technology to support service models; for example reducing return out-patient appointments significantly and using telephone or VC follow-ups for only the patients who require specialist follow-up. T Davison asked that each specialty consider the potential of different ways of delivering efficiencies.

D Phillips added that the specialty workstreams need to consider the supply side of the workforce and if the workforce as it currently looks will be available. He

suggested that this was unlikely and that alternative workforce models will need to be considered.

J Smyth acknowledged that the workstream is still working on understanding the issues, demand and workforce but will ensure that the issues raised in discussion are considered by the Group.

J Gardner highlighted the challenges with aligning the regional capital priorities with the more detailed work of the specialties in East Region Delivery Plan which will not be completed by end of September.

2.2 Laboratory Services

C Briggs advised that this workstream has an agreed vision with good buy in from 4 boards from clinical, managerial and healthcare science colleagues. A workshop to consider data and issues and opportunities will take place on the 27th June. The Group will also consider Histopathology and digital opportunities to ease current workforce issues. A PID is currently under development. Input from Finance and Workforce colleagues will be sought once there is an agreed vision.

P Hawkins asked how much work the histologists undertake for coroners post mortems. T Gillies did not think the numbers were significant but agreed to find out.

Post meeting note - The fiscal post mortems are entirely covered by the forensic pathology team. Therefore, there is no impact on the medical personnel for surgical pathology services. There is one NHS pathologist who contributes to the hospital autopsy service only. The only potential impact is that the biopsy processing lab also processes histology samples from fiscal autopsy cases but it is likely to already be appropriately resourced.

P Hawkins referred to the Carter Report and highlighted the need to consider this as part of the work.

J Crombie noted that NHS Greater Glasgow and Clyde has undertaken work in this area and now implemented a different system.

An established joint group between City of Edinburgh Council and NHS Lothian are looking at morgues. F Murphy queried if this work is aligned with the national network, SPAN. C Briggs added that the workstream are sighted but looking at timescales of between one and three years. F Murphy replied that SPAN also has workplans which will be complementary and should be

considered.

2.3 Urology

J McClean reminded the Group that this is an existing SEAT workstream reporting to the National Planning Forum. A Terms of Reference and PID have already been agreed by SEAT. The Group is Chaired by B Cook with workforce input from D Phillips.

Although Phase 1 is almost complete, there is a requirement for some project and data support to conclude the final write up. The Group has identified workforce challenges with insufficient Urologists to continue to provide a sustainable service in the region based on the current model. There is an opportunity to look at smaller volume/ specialist procedures being provided on fewer sites. There are a variety of specialist nurses involved in service delivery; however the roles, responsibilities and grades vary across the region. Phase 2 of the review will describe a sustainable regional model.

D Phillips advised that Scottish Government has undertaken some workforce analysis in Urology which shows that there are currently 14 vacancies at Consultant level with 28 doctors in training. It is predicted that there will be 14 retirements over the same time period, and that based on historical information approximately 20% of doctors achieving CCT will not immediately take up a post.

S McLean urged the Group to consider the cancer strategy which overlays this.

The Group discussed the opportunities that splitting hospitals into hot and cold sites could bring, with examples cited of where this currently works.

J Davidson advised that the workstream also needed to consider the potential to shift activity to the community.

2.4 Regional Trauma Network

C Briggs advised that there is good momentum with this workstream supported by clinical leadership from Ed Dunstan. The focus is on working with the Scottish Ambulance Service on protocols and looking at rehabilitation services. National QPIs are being developed through the Scottish Trauma Network. It was highlighted that this workstream will not save money.

2.5 Orthopaedics

J Crombie advised that a PID has been approved by the Group with initial work focussing on describing orthopaedic services in the region. Current workforce is being mapped, including a review of vacancies and how they have been filled and understanding the age profile of consultant and other clinical staff. Kate James, SG Access Team has joined the group and will ensure the linkages to the work she has led nationally. The Group will consider the future service model and in particular, demand management. The Group will look at job planning making reference to the DCAQ analysis. It is recognised that estate is an issue, particularly in Fife. The workstream will also look at e-technology and opportunities through regional procurement

P Hawkins confirmed that each Specialty Project will be supported by HR and Finance. D Phillips advised that he is working with colleagues to develop a specification for the workforce data with a common set of core data. Some data will need to be collected from external agencies such as ISD and NES. D Phillips has approached the External Advisor Office which collects detailed information on every consultant interview panel in Scotland and which will provide useful intelligence around the success of consultant recruitment activities.

P Hawkins highlighted that the workstream should also be looking at what could be de-commissioned, with potentially alternative delivery models for the more specialist procedures. He noted the close links between pain, neurology and orthopaedics and requested that these were considered.

2.6 Gastroenterology including Endoscopy

J Gardener advised that representatives from all Boards have met and are following a similar process to Orthopaedics. She noted the challenge of collating activity data. The workstream are also looking at consistency of service delivery across the region and potential for digital solutions/opportunities.

2.7 Elective Treatment Centre

J Campbell provided an update on this specialty project, highlighting the complexity due to the number of specialties potentially involved. J Campbell confirmed that governance arrangements are now in place for this work and that consideration is being given to managing the timescales associated with national and regional work

programmes which are currently not aligned.

T Davison acknowledged that significant work was underway across the acute workstreams. T Davison confirmed that each specialty should develop a workforce profile which would be included in an overarching workforce profile for the region, collated by the workforce group.

3. **Primary, Community and Social Care Workstream**

C Briggs spoke to a previously circulated update paper.

E McHugh confirmed that the IJBs had now met several times and had considered their approach to taking this agenda forward. She advised that there is a need to find the time and space to look at innovation and unlock creativity and that much of their work will be about sharing the diversity of practice. There is support from the IJBs regarding the development of a joint formulary. There is potential to develop the relationship with SAS and NHS24 and take forward mutually beneficial priorities.

T Davison agreed that the involvement of SAS and NHS24 is very important and proposed that the IJB Chief Officers lead a discussion at the next Programme Board which would include opportunities to work with SAS and NHS24 and digital opportunities/solutions

IJB COs

P Hawkins suggested that there is potential to consider the scope of what GPs do across the region. The Group noted there are some system issues with primary care pathways which may be better picked up in an estates utilisation discussion.

C Briggs advised the IJBs will map their response to the deliverables outlined in the H&SC Delivery Plan.

The Group noted that Lewis Campbell has been appointed as Regional Director for the East Region for SAS and will be the lead link for the East Region.

4. **Shared Services/Corporate Functions Workstream**

J Davidson advised that she had held a very constructive session with the HRDS from the 3 East Boards regarding taking forward discussions on opportunities to share HR functions, including the potential for a regional HR Director role. It has been agreed that an initial set of options will be developed for consideration. J Davidson confirmed that the HRDs are keen to meet with the CEs to ensure that they are sighted as a Group. It was highlighted that the view from Scottish Government should be sought as there will need to be political support for any proposals.

JD

A series of Workshops are to be arranged to engage with HR staff on proposals, however resource is required to support this.

T Davison re-iterated that the Delivery Plan must look at potential savings within non-patient facing services, i.e. HR, however it is recognised the scale of these savings will not be sufficient to address the significant financial gap.

B Nelson noted that this workstream will need to take account of what Boards want and once the direction of travel is known, then all must be committed to supporting that. She also highlighted the need to support HR staff through the change process.

5. Upstream/Preventative

T Davison advised that he had recently met with Andrew Kerr, Chief Executive of Edinburgh City Council who is a member of the National H&SC Programme Board. A Kerr had highlighted that in the longer term the Health and Social Care Delivery Plan would need to incorporate issues such as education, economy etc. T Davison advised he is keen to engage with Council Chief Executives on the H&SC Plan and will give consideration about how best to achieve this.

TD

6. Context

The Group noted the previously circulated paper which provided an initial draft of the Context section for the East Region Delivery Plan. T Davison noted that this is a work in progress with A McCallum leading developing further work on the content.

7. OD Support

D Phillips spoke to a previously circulated update paper provided by Janis Butler.

The Group noted that following a national tendering process, Martin Fischer Associates have been awarded the contract to deliver the OD interventions in Scotland with Martin Fischer to lead the work.

Martin Fischer will arrange to meet with the East Region CEs and IJB Chief Officers to understand the context, constraints, issues and what success will look like from each individual's perspective. An OD session is being arranged for the afternoon of 28th July for East Region CEs and Chief Officers, thereafter further sessions will be arranged for executive teams and senior managers.

8. Links with Councils/Councillors/Council Chief Executives

This was discussed under Item 5.

9. Digital/Innovations

T Davison advised that this item will be discussed as part of the Primary, Community and Social Care agenda item at the next meeting.

IJB COs

10. AOCB

None raised

11. Date and Time of Next Meeting

The next meeting is scheduled for Friday 28th July 2017 at **10am – 1pm** in Meeting Room 7, Waverley Gate.

Minutes

Meeting: East Region Programme Board
Date: Friday 28th July, 10am – 1pm
Location: Meeting Room 7, 2nd Floor, Waverley Gate, Edinburgh

Present:		
Lothian	Fife	Forth Valley
Mr Tim Davison (Chair)	Scott McLean	Janette Fraser
Prof Alex McMahon		
Ms Jacquie Campbell		
Mr Colin Briggs		
Borders	Tayside	Regional Leads
Ms Jane Davidson		Ms Jan McClean
Ms June Smyth		Mr Derek Phillips
		Ms Jacqui Simpson
Directors of Finance	HR Directors	Directors of Public Health
Ms Carol Gillie	Ms Janis Butler	
Ms Carol Potter	Ms Barbara Anne Nelson	
Nurse Directors	NES	Partnership Representation
		Mr A Joyce
Scottish Ambulance Service	Medical Directors	
Mr Lewis Campbell	Dr Frances Elliot	
IJB Lead Officers		
Mr Rob McCulloch-Graham		
Mr David Small		
In Attendance: Mr Martin Fischer, Ms Angiolina Foster, Ms Caroline Lamb, Mr Craig Marriot, Mr Roa Johnstone, Mr Jake Laurie (Minute Taker).		
Apologies for absence were received from: Mr Paul Hawkins, Ms Fiona Ramsay, Ms Lesley McLay, Ms Susan Goldsmith, Ms Jann Gardner, Dr Graham Foster, Ms Lorna Wiggan, Mr John Cowie, Dr Cliff Sharp, Ms Tracey Gillies, Dr Andrew Murray, Dr Andrew Russell, Ms Wilma Brown, Professor Alison McCallum, Professor Bill Reid, Mr Michael Kellet, Mr Jim Forrest, Ms Eibhlin McHugh, Ms Elaine Torrance.		

1. **Welcome and Apologies**

T Davison welcomed all to the meeting and introductions were made. Apologies were noted

2. **Minutes from previous meeting**

The group reviewed the minutes from the previous meeting held on Friday 16th June. No amendments were required and the group agreed that they were an accurate record of the meeting.

3. **Shared Services and Corporate Functions**

J Davidson introduced a previously circulated paper which set out a number of propositions regarding the transformation, leadership and governance arrangements for a Regional Business Support Services Workstream. The workstream will seek to deliver strategic transformational change and standardise and optimise a range of support services in the region. The business support services proposed to be “in-scope” include: Human Resources, Finance, Procurement, eHealth, Communications, Capital Planning, Planning and Estates.

J Davidson advised that she had discussed the approach with the regions HRDs with a view to using the HR function as an early adopter of this approach.

C Marriot asked for clarity on Appendix 3 of the paper, which described the proposed governance arrangements. J Davidson advised that Appendix 4 of the document sets out how the proposed governance arrangements fit together.

C Gillie noted that the paper did not acknowledge the work currently in progress on procurement, payroll and financial management. J Davidson confirmed that this work was acknowledged and has not been overlooked.

T Davison advised the group that anticipated revised guidance on governance from Scottish Government would not be issued.

T Davison summarised the discussion and noted that the paper provided a direction of travel for the region. It was agreed that there should be a rapid process to identify a lead Director for each of the enabling Workstreams i.e. HR, Finance, Communications and eHealth. The process should mirror that of the Lead Chief Executive process, with the Lead Directors assuming a leadership role in driving the regional agenda with the Lead Chief Executive and Chief Executives.

T Davison advised that the work programme can only be achieved through consensus and collaboration, although accountability still remains with Boards. J Davidson agreed that collaboration was essential and that progress would not be made with competing power structures.

J Butler advised that the HRDs had reviewed the paper and were supportive of the direction of travel. In the absence of guidance from Scottish Government on governance, the HRDs were supportive of Option 4 in the paper [Board HR Director Model with lead director for regional working]. J Butler also mentioned the need to ensure communication with National Shared Services on these pieces of work.

S McClean noted that Appendix 4 was helpful in describing the proposed governance structure and that there was support for Option 4 from NHS Fife. He suggested that it was important to exercise caution around language to ensure that we do not create pseudo-exec teams.

F Elliot noted concern that there seemed to be a lack of mention of clinical roles in the paper (e.g. Medical Directors / Directors of Nursing). In response to F Elliot, J Davidson advised that although clinical roles were not in the paper they had been discussed and will be considered in the future. A Joyce added that Directors of Nursing should be invited to attend the Programme Board as they are an important part of clinical leadership and will be key in shaping a lot of the work in clinical areas. A Joyce advised that Partnership colleagues were supportive of Option 4.

J Smyth advised that following a decision to move forward with this proposal, communication with staff is essential to ensure that staff are aware that Business Support Services are on the table for sharing / streamlining of working practices. A Joyce was supportive of the direction of travel, however, will need to discuss with other Employee Directors to produce a common message to go out to staff, there may also be staff who wish to feed into this programme of work. A Joyce agreed to lead on discussions with other Employee Directors to discuss this paper.

A Joyce

J Davidson summarised the discussion and said that the production of this paper is the start of the process. She noted that it will be an iterative process and changes could be made along the way. She also noted again that collaboration and communication are integral to this work. Links to the national shared services programmes and NSS will be maintained.

T Davison summarised that the consensus from the group was that Option 4 is the preferred option for this workstream and that it will follow the same recruitment process as that of the regional implementation lead.

The group agreed with the recommendations made in the report.

J Simpson / J McClean agreed to look at governance structure and in light of discussion will discuss financial allocation.

**J Simpson
/J McClean**

4. Finance

The Directors of Finance delivered a joint presentation from Directors of Finance.

T Davison queried the month 3 position and how it relates to year end projections. C Marriot said the trajectory normally tails off towards year end. C Gillie also advised that non-recurring savings are added at year end.

C Marriot also added that there hadn't been any surprises during the Q1 reviews and that the Q1 review will influence the five year plans and will test assumptions.

It was mentioned that £8m of NHS Lothian's financial gap is on new medicine costs introduced by SMC. Any proposed cap on new drugs would need consensus from all Boards in the region although it was acknowledged that it would not be possible to completely stop introducing new drugs.

F Elliot advised that prescribing new drugs should not just be the focus of medicine savings and that there are currently differences between each Board's formulary. A collaborative approach should be taken to review existing Board formularies – this might make the transition to a Single National Formulary easier.

C Marriot also highlighted recovery initiatives which are generally consistent across each Board. It was noted that there are non-recurring themes e.g.

acceleration of asset disposal and recurring themes e.g. GP Prescribing, Bank/Agency Rationalisation. It was noted that there are opportunities for regional efficiencies such as regional limit on amount spent on new drugs, shared rotas for junior doctors and shared medical equipment.

T Davison suggested that we may want to invest regionally in Quality Improvement (QI) to reduce waste / unwarranted variation which could lead to a common regional methodology to tackle waste and reduce costs.

J Simpson said that it was important that clinicians are involved in any changes required to save money as they are the ones who have to deal with any implications of savings. A McMahon also agreed and said that there needs to be strong clinical engagement / buy in to ensure that the approaches taken to reduce unwarranted variation do not become fragmented.

T Davison and C Lamb discussed the latest report published by Audit Scotland and the recommendations made that need to increase number of staff employed. C Lamb noted that there was a reduction in applications per place for medical schools.

T Davison thanked the Finance representatives for their presentation.

5. HR/Workforce

J Butler noted that F Elliot is now Chair of the Regional Workforce Group with an expanded remit taking account of the revised regional programme of work.

J Butler spoke to the update report which had been circulated in advance of the meeting, highlighting key issues which may have an impact on the development of an East Region Workforce Plan. It was confirmed that H&SC partnership data will be included as part of the workforce plan.

J Davidson and J Butler both agreed that due to the level of maturity of IJBs, development of a workforce plan will present challenges. D Phillips added that we know what the demand on staff is at present but it is very difficult to understand exactly what demand will be like in the future.

A McMahon provided an update on work ongoing within Lothian to look at banding for each role which may have the same job title/responsibilities but are paid at different bands in different areas. C Gillie suggested that this could be something that could be looked at regionally.

D Phillips said that there is a current short-term issue with nursing staff levels which he expects to improve over time. He added that this might translate into financial pressures for Boards due to the reliance on bank and agency staff. He posed the question to the group about how can we influence medical education programmes to get the numbers/mix of skills from staff which we require.

C Lamb advised that she has been tasked with creating a paper that sets out the supply side of workforce for the future of NHS Scotland. She said that it may help with some of the work in the East Region if she shared the paper with members of the group to provide clarity on what NES are proposing.

C Lamb

6. Acute Workstream

T Davison encouraged all members of the group to consider the developments which could be made in acute services and also noted that the staff working on acute services were thinking ambitiously.

S McClean discussed the addition of Gynae Oncology to the acute

workstream. He advised that due to recruitment of an NHS Fife Gynaecology surgeon by NHS Lothian, there was potential issue with service sustainability in NHS Fife. Recognising this was seen as a growing level of maturity with regional collaboration in service provision.

Radiology has also been added to the Acute Workstream due to the continuing service pressures, with links required to the national shared services workstream.

J Campbell provided an update on the Elective Treatment Centres, advising that demand data has been pulled together and the next steps are to test this data against mathematical forecasting models. The testing will be done with clinical staff as some early testing has shown reductions in demand where an increase would be expected. ISD have been commissioned to develop regional demand analyses.

J McClean has had discussions with ISD to ask for 'Once for Scotland' which can be cut to regional requirements. J McClean to discuss getting key staff together to discuss data requirements from ISD. **J McClean**

J Campbell queried whether we use the existing data to inform plans/demand analyses or wait for the new data. T Davison advised that existing data should be used to meet the September deadline.

7. Primary, Community and Social Care

R McCulloch-Graham and D Small gave a presentation to give an update on the work of the IJBs.

They said that the three main aims were:

1. Reducing inappropriate use of hospital resources
2. Shifting resources to primary and community care
3. Supporting the capacity of community care.

These areas all contribute towards reducing the number of delayed discharges, avoidable admissions and inappropriate number of bed days.

R McCulloch-Graham and D Small gave an overview on some of the key areas of work:

- Improving Public Health has been identified as an area of work due to the links with Councils and the services which they provide (e.g. Healthier Lives Programmes / Smoking Cessation Clinics)
- Collaborative Commissioning (Home Care and Care Home Provision) is another area of work.
- Specialised Commissioning for Mental Health and Learning Disabilities including the impact which Technology Enabled Care might have on treatment of Mental Health – such as the national roll out of computerised CBT. D Phillips advised that the regional Learning Disabilities Managed Care Network (MCN) would be a useful connection to make noting that a new Clinical Lead had recently been appointed.
- Realistic Medicines is also an area which is being looked at in relation to formularies in order to get best value in terms of money and patient outcomes. It was noted that if a Single National Formulary was developed it may be easy for Boards to transition if some work has

already been done to align with each other on a regional basis.

- Realistic Care, in line with Workforce plans, to ensure that 'realistic' care can be offered with the healthcare staff available in Boards and social care staff in Councils.
- A shared approach to Workforce Planning possibly including GP recruitment for the region. They are also looking at the development of shared roles to work between Health and Social Care.

J Davidson advised her full support of what was outlined in the presentation.

A Foster welcomed the context of the presentation but noted that other nations were more mature in their approach to Technology Enabled Care (TEC) and there is a need nationally to put more capital into the development of TEC to move forward.

A Foster updated the group on a piece of work which is ongoing between NHS24 and GP Practices in Musselburgh. They are looking at same-day demand for GP appointments being met by NHS24 providing triage services and the East Lothian Health and Social Care Partnership providing staff 'on the ground' such as nurses and HCA's. This is freeing up GP time to focus on patients with Long Term Conditions who require longer consultations. A Foster was supportive of collaboration between IJBs and national Boards.

In response to A Foster's point about support for collaboration, R McCulloch-Graham said that it would probably be easier for both IJBs and national Boards if discussions were held on a regional level so that 32 IJBs weren't all making demands for different things which would impact the resources available within national Boards.

J McClean advised both R McCulloch-Graham and D Small that the SEAT team would be happy to provide connections to the LD MCN, SCAN and other areas of work in CAMHs to assist in driving this work forward. C Marriot also requested that finance were involved in any discussions to ensure that the plans set out by IJBs contribute towards the projections/targets set out within financial plans.

F Elliot said that a lot of what was highlighted in the presentation mirrors the discussions going on locally within Boards. S McLean was strongly supportive of the work highlighted in the presentation and said that we should set a challenge for how quickly we could implement specialised commissioning.

T Davison thanked the IJB representatives for their presentation.

8. Links to Councils, Councillors and Council Chief Executives Arrangements

J Davidson advised that the Borders Council and Health Board are looking at Diabetes reduction and linking in with the Council's walking programmes and promotional activities (e.g. Daily Mile to encourage more exercise). Lessons from Manchester's integration between NHS Trusts and local authorities are being applied to the work in Borders.

To get more parties involved in the work a joint message was issued on behalf of both Chief Executives (NHS Borders and Scottish Borders Council) to ask whether they wish to be involved in discussions about future integration in public health.

9. East Region H&SC Delivery Plan Programme Management Arrangements

All members of this group are to review item 10 circulated prior to the meeting and feedback any comments to Jacqui Simpson or Jan McClean **All**

10. East Region Delivery Plan

T Davison advised the group that the East Region Delivery Plan will not be a “Once for East of Scotland” but that there will need to be the option to tailor parts of the plan to GP cluster/locality/IJB needs as what might work for one GP cluster/locality/IJB might not work for another.

R McCulloch-Graham highlighted that there was some concern that a regional approach may be another level of scrutiny or there will be too much delegation which would mean more freedom to do things which are not in line with the Regional Delivery Plan. It was noted that this will need to be monitored to ensure that it doesn't go too far either way.

11. Any Other Business

T Davison advised the group to block whole days for future meetings as discussions will likely increase as the work picks up. There may also be the need to hold meetings before/after the Programme Board with certain groups.

T Davison thanked all for their attendance at the meeting.

12. Date, Time and Venue of Next Meeting

Friday 18th August, 11am, Meeting Room 7, Waverley Gate

Minutes

Item 2

Meeting: East Region Programme Board
Date: Friday 18th August, 10am – 1pm
Location: Meeting Room 7, 2nd Floor, Waverley Gate, Edinburgh

Present:		
Lothian	Fife	Forth Valley
Mr Tim Davison (Chair)	Mr Paul Hawkins	Ms Janette Fraser
Prof Alex McMahon	Prof Scott McLean	Dr Graham Foster
Ms Jacquie Campbell		
Mr Colin Briggs		
Borders	Tayside	Regional Leads
Ms Jane Davidson		Ms Jan McClean
Ms June Smyth		Mr Derek Phillips
Ms Claire Pearce		
Directors of Finance	HR Directors	Directors of Public Health
Ms Carol Gillie		Prof Alison McCallum
Ms Carol Potter		
Ms Susan Goldsmith		
Nurse Directors	NES	Partnership Representation
		Mr A Joyce
		Ms Wilma Brown
Scottish Ambulance Service	Medical Directors	
	Dr Cliff Sharp	
	Ms Tracey Gillies	
IJB Lead Officers		
Ms Eibhlin McHugh		
Mr David Small		
Mr Jim Forrest		
In Attendance: Mr Martin Fischer, Ms Judith Mackay, Mr Roa Johnstone, Mr Jake Laurie (Minute Taker).		
Apologies for absence were received from: Ms Fiona Ramsay, Ms Lesley McLay, Ms Jann Gardner, Ms Lorna Wiggin, Mr John Cowie, Ms Barbara Anne Nelson, Ms Janis Butler, Dr Andrew Murray, Dr Andrew Russell, Professor Alison McCallum, Professor Bill Reid, Ms Caroline Lamb, Ms Angiolina Foster, Mr Michael Kellet, and Ms Elaine Torrance.		

1. Welcome and Apologies

T Davison welcomed all to the meeting and introductions were made. Apologies were noted

2. Minutes from previous meeting

The group reviewed the minutes from the previous meeting held on Friday 16th June. C Briggs noted that he had been in attendance at the previous meeting.

Previous Minutes to be updated to reflect C Briggs' attendance.

J Laurie

3. Paediatric Intensive Care – Capacity Review

J McClean spoke to the previously circulated Paediatric Intensive Care Capacity Review and the accompanying letter from Jeff Ace, Chair of Board Chief Executives Group. Each of the Regional Planning Groups has been asked to consider the recommendations from the Review in particular Recommendations 4 and 6 set out in the report. These recommendations relate to the discharge of long term ventilated children and the provision of High Dependency Care in local DGHs to support children with complex needs either pre or post PICU care.

J McClean advised that there has previously been work in the Region through the SEAT Children and Young People's Planning Group, with funding used to support education and training and additional capacity in DGHs to manage children locally where appropriate and safe to do so. Additionally there has been work through the National MCN for Children with Exceptional Complex Needs to support home care including ventilation support.

J McClean emphasised that this was an issue wider than the region as PICU is part of a national service which is provided on 2 sites in Scotland, with referrals to Edinburgh PICU from across Scotland.

She added that the Edinburgh PICU Team have been proactive in engaging with a number of Boards to support early repatriation and avoidance of admission to PICU where appropriate. This programme of engagement will continue across a wider number of Boards over the next few months. Additionally, the new Children's Hospital in Edinburgh will have a transitional care facility which will facilitate patients to be stepped down from PICU and provide an opportunity for parents and carers to learn how to care for their child before discharge.

J McClean confirmed that F Mitchell and senior clinicians will continue to lead the discussions with other Boards, both within the region and beyond. East Region Boards were asked to confirm leads locally.

The Group noted the approach and confirmed that this would address the recommendations in the PICU Capacity Review.

C Sharp advised that the issues which were being faced in PICU were similar to that of delayed discharge in adult services. He added that it is important to ensure IJBs are engaged as they will assist in the transition of care from hospital into the community. D Small advised that not all IJBs had delegated responsibility for children's services, with a variety of arrangements across the East Region IJBs.

4. Regional Managed Clinical Network for Neonatal Services – Future Arrangements

J McClean outlined the current arrangements in place in Scotland with 3 Regional MCNs for Neonatal Services reporting through the Regional Planning arrangements. The recent Review of Maternity and Neonatal Services published earlier this year makes around 70 recommendations, one of which is to transition to one national MCN. Many of the other recommendations will be implemented locally by Boards with Local Implementation Leads now identified in each Board.

J McClean advised that funding for the regional MCNs has been guaranteed until the end of March 2018, however discussions are ongoing with Scottish Government as there is no clarity as to whether the national MCN will be in place for April 2018. J McClean advised that understandably there was some concern from the substantive MCN post holders with the MCN Manager post currently vacant.

J McClean highlighted that a National Best Start Implementation Programme Board has been established to lead and support the delivery of Best Start, however there is no agreed representation on the Implementation Board from the East Region. It has been proposed by Scottish Government colleagues that the West of Scotland will represent the East and North Region. It was noted that the agenda and papers for the meeting are not circulated to non-members of the Programme Board.

T Davison agreed that it was important that the East Region is represented on the National Programme Board and requested that J McClean to draft a communication to J Grant (Chair, National Programme Board) requesting that the East Region are included on the membership.

J McClean

5. Current Status of East Region Programme of Work

T Davison reminded the Group that J McClean had written to the Executive Leads for each workstream to advise them of the deadline for contributing to the draft regional plan, with a deadline of end of August which allowed 4 weeks for contributions to be developed.

T Davison advised that S Goldsmith, J McClean and he had met with S Rodgers and C McLaughlin at Scottish Government to discuss the work underway in the East Region.

T Davison discussed the latest publication from The Kings Fund, entitled “What are the priorities for health and social care?” which reviewed the Sustainability and Transformation Plans (STPs) from England and advised that it was important that we reflect on the comments and potential learning when developing our Regional Delivery Plan.

Part Two

Part Two of this meeting was a workshop facilitated by Martin Fischer

6. Date, Time and Venue of Next Meeting

Friday 22nd September, 10:45am, Meeting Room 7, Waverley Gate.



SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD

MEETING

- Date:** 24 November 2016 from 2.00 to 4.05 p.m.
- Location:** Council Chamber, Scottish Borders Council, Council Headquarters, Newtown St Boswells
- Attendees:** Councillor Jim Brown (SBC) [Chair]
Councillor Stuart Bell (SBC)
LSO David Farries (Scottish Fire and Rescue Service)
Mrs Marjorie Hume (Third Sector)
Mr Tony Jakimciw (Borders College)
Mr Alastair McKinnon (Scottish Enterprise)
Councillor Simon Mountford (SBHA – RSL representative)
Superintendent Bryan Rodgers (Police Scotland)
Mr John Raine (NHS Borders)
Councillor Frances Renton (SBC)
Dr Doreen Steele (NHS Borders).
- Also in attendance:** Colin Banks (SBC), Rob Dickson (SBC), Jeanette McDiarmid (SBC), Tim Patterson (NHS/SBC), Shona Smith (SBC), Jenny Wilkinson (SBC).

MINUTE AND ACTION POINTS

- 1. Apologies**
None.
- 2. Minute of Meeting of Community Planning Strategic Board – 8 September 2016**
The Minute of the previous meeting of the Joint Delivery Team had been circulated.
APPROVED the Minute.
- 3. Action Tracker**
The Action Tracker had been circulated. With reference to the meeting held on 8 September 2016, members of the Board confirmed that they would ensure that - if required - the new governance arrangements for the Community Planning Partnership were approved within their own organisations.
Noted.
- 4. Reducing Inequalities: Developing Our Young Workforce**
 - 4.1 Kevin McCall, SBC Education Lead Officer, gave a presentation on Developing the Young Workforce, a programme of positive destinations for school leavers which cut across schools, College, Skills Development Scotland, Job Centre Plus, etc. An explanation was given of the various pathways linked to the programme, which took account of new issues, policies and guidance to put in place a structure to make this happen for young people. Key highlights for

2016 included a grant for £450k in October 2016 to enhance industry leadership and capacity for engagement with partners and this had enabled work with a wide range of employers. In March 2016 there were 585 Modern Apprenticeships offered by 99 companies in the Borders and work with Registered Social Landlords had increased the range of these apprenticeships. Borders College had a formalised permanent post for dedicated time and an aligned timetable was in place with secondary schools, Borders College and the Schools Academy. Better use had been made of data to design vocational pathways over the next 10 years so different types of apprenticeships were coming in and were being explored.

- 4.2 The Schools and Pathways Group had developed a regional action plan which provided a whole range of opportunities within schools, although pupils were sometimes still being channelled through traditional routes. With regard to vulnerable groups activity, Stage 3 Employability Training had involved training for 66 young people, with work experience opportunities and transport funding support. Project SEARCH had involved 8 young people with learning disability or autism being given employability support in conjunction with Borders College and NHS Borders. Other support had been provided to looked after and accommodated children and the most vulnerable young people. In terms of outcomes, the system now produced live data about positive destinations. In October 2016, 95.8% of school leavers were in a positive destination. That still left 4% (about 60 young people) not accounted for within the system and the challenge was to find and support those young people.
- 4.3 Members of the Board discussed the issues facing young people in seeking work experience, including volunteering. Reference was made to the Inspire Awards, run by young people and overseen by the Third Sector, which recognised and rewarded young individuals or groups who have been outstandingly successful in a particular field or had overcome considerable obstacles to make a contribution to their local community. Jedburgh Grammar School had tracked Inspire as a portfolio and had registered every S1 pupil with the Scheme. Transport could be a challenge for young people but schools worked closely with transport planners and on timing of courses with Borders College to try to mitigate against the reality of the Borders being a rural area. With the focus on local employer contact and work experience, it was hoped transport would become less of an issue. The relevance and breadth of work experience opportunities was still an issue at times but these were steadily improving by matching pupils' needs and aspirations, fitting better to the individual, and also recording the learning experience better so there was evidence that skills had improved. It would be helpful if more work experience opportunities were available in the STEM sector (science, technology, engineering and mathematics), in particular digital technology and connectivity. Alastair McKinnon offered to provide details of 'Women into Construction' to assist with getting females into work areas traditionally dominated by males. Opportunities could also exist out-with the boundaries of the Borders but transport could be an issue for these. Specific work had been undertaken over the last year to support looked after and accommodated children; as an example of partnership working, the College had created a role whereby someone worked with individuals before and after college to provide advice and practical assistance which would usually come from parents. The Employment Support Service had brought in a Modern Apprenticeship scheme targeting looked after children, but there was more to be done.

Action:

**Details of Women into Construction be provided to
Kevin McCall to assist with getting females into work**

**Alastair
McKinnon**

areas traditionally dominated by males.**5. Reducing Inequalities: Equally Safe Strategy 2016 – 2021**

This item was withdrawn.

6. Scottish Borders Community Justice Outcomes Improvement Plan 2017 – 2020

Jeanette McDiarmid, SBC Depute Chief Executive – People, explained that the Plan was a requirement under the Community Justice (Scotland) Act 2016 and had to be published by 31 March 2017. Scottish Government had provided a national strategy and guidance which was reflected in the Plan. The existing Community Justice Authority would cease on 31 March 2017 and Community Justice Scotland would take the Plan forward from 1 April 2017. Key facts and issues were detailed in the Plan along with outcome improvement actions. It was confirmed that the Third Sector supported this work, although not mentioned specifically as a partner. The Plan gave good opportunities for partnership working to help offenders, their families and communities to stop or reduce offending and avoid repeat offending. There was significant scope for partner organisations to make a contribution and identify how offenders could be rehabilitated. The College had offenders attending courses and there were protocols in place. Members of the Board queried a couple of figures in the Plan, which Jeanette McDiarmid undertook to check. Some concern was expressed that the Plan and consultation document may be too technical for members of the public to understand.

Action:

AGREED that the consultation on the Community Justice Outcomes Improvement Plan be issued and a report of the outcome be brought back to the Strategic Board in due course. **Jeanette McDiarmid**

7. Community Empowerment (Scotland) Act 2015 – Scottish Government Guidance and Timescales

Shona Smith, SBC Communities and Partnership Manager, advised the Board that the Community Planning part of the Community Empowerment legislation was due to come into force on 20 December 2016, with the Asset Transfer section coming into force on 23 January 2017. It was anticipated that final guidance would be issued by the Scottish Government shortly, with 'plain english' guidance coming out to communities and partners. A set of FAQs for both staff and public had been developed, along with an e-learning module and drop-in workshops. These resources were available for all partners to access.

Noted.**8. Community Empowerment (Scotland) Act 2015 – LOIP and Locality Plans**

- 8.1 Jeanette McDiarmid, SBC Depute Chief Executive – People, advised of previous work that the Council had been undertaking in the Cheviot Area, which had included the Living Safely in the Home programme delivered with the Fire & Rescue Service to elderly people in their homes to prevent fires and falls. There were now draft economic development and locality property plans for Cheviot. Councillor Brown explained that by having a Locality Plan, communities could then be involved in prioritising actions for their own area. Colin Banks, SBC Lead Officer for Localities, gave a presentation on the Community Empowerment (Scotland) Act 2015 as it related to Community Planning, focussing in particular on the Local Outcomes Improvement Plan (LOIP) and the Locality Plans. These Plans were due to be published by 1 October 2017, with all needing to show a clear, evidence-based and robust strong understanding of

local needs, circumstances, and aspirations of their local communities. Details were given of the proposed structure and content for both the LOIP and the Locality Plans. The Board considered the proposed structure and content to be a good start but this needed to be translated for communities so that they were connected in from the start, as at the moment there was a big disconnect from the centre to Area Forums and Community Councils. Partners would contribute to Locality Plans with collaborative actions from existing plans and any plans which were being refreshed to reflect the CPP priorities. The intention was that these Plans would be concise, simple documents. However, it was vital that communities were involved in their development and that communities' own ambitions were reflected otherwise these Plans may not succeed.

- 8.2 Colin Banks then advised of one issue with the legislation which placed a maximum population figure of 30,000 on a locality, but Eildon area population was 35,000. Further consideration would be given to this but it was likely the Eildon Locality Plan would cover the whole area and not be split. The draft LOIP and Locality Plan templates along with the timelines would be considered at a development day for the CPP Joint Delivery Team being held in December. As part of consultation the aim was to use the Scottish Government's "Place Standard – How Good is Our Place?" which was a tool to help evaluate the quality of a place (14 aspects, such as housing & community, social interaction, work & local economy, etc.) as well as helping to identify priorities. Local community groups, the People's Panel, Community Councils, etc. would all be invited to participate, including using on-line surveys, and if there was enough response from communities then they would be included in the Plans and would be a strong baseline for the future. The value was about bringing communities together to allow them to take forward their own work. While it was recognised that the timelines were not ideal, there was also a need to be pragmatic about getting the first iteration of Plans published by the October 2017 deadline; many pieces of work were already within partners' plans so just needed to be brought together. IT and connectivity, health and social care, and transport were likely common issues across all localities. The Plans would be living documents and continually refreshed.

Action:

- (a) a copy of the slides be issued to members of the CP Strategic Board;**
(b) any comments on the timelines for the development of the Plans be sent to Colin Banks.

**Jenny
Wilkinson
All**

9. Update from Economy and Low Carbon Delivery Team

Rob Dickson, SBC Transformation and Corporate Services Director, presented the papers on the work of the Economy and Low Carbon Delivery Team. In particular, reference was made to the recent Scottish Government publication of the Phase 1 report for the Enterprise and Skills Review and the proposed new vehicle for South of Scotland. This was a huge opportunity for the CP Partnership to seize and to work together for the best outcome for the area. This was not about having a local enterprise company back again, but something new and different about innovation, skills, and enterprise, including social enterprise. Tony Jakimciw advised that Borders College and Dumfries & Galloway College Boards had recently held a meeting to work out their joint purpose so that they did not end up in competition. While the 2 Councils, Scottish Enterprise and the business sector worked together in the South of Scotland Alliance, this currently did not include the college sector and consideration should be given to widening out the stakeholder group or setting up a new group. In response to a question about the Chancellor's Autumn Budget Statement, it was confirmed that the potential increase in Council Tax

on higher end properties in Scotland and the difference in Stamp Duty rates between Scotland and England should not have any greater impact on the Borders than elsewhere in Scotland. It was further confirmed that the Borders railway performance recently reported in the media was not as bad as had been made out – at present punctuality was 89% within 5 minutes of the timetable, and the aim was 92%. This meant 9 trains out of 10 arrived within 5 minutes of timetable. The problem was to do with infrastructure and capacity and would have affected the previous franchise holder in much the same way as it was currently doing for Abellio. The Council Leader and Chief Executive had recently met with the Chair of Network Rail.

Noted.

10. Schedule and Format of Future Meetings

Board members discussed the format of future meetings of the Strategic Board to ensure the Board's work was focussed and engaged not only at Board meetings but also members were ensuring community planning was embedded within their own partner organisation. The key to community planning was that the public and communities bought in to it. Historically it was recognised that the Council had taken the lead on the work for community planning and this needed to change so that partners were far more involved in development work rather than at the end of the process for the decision. This should ensure that Locality Plans had partner input and that the Board was kept updated with the work of the Delivery Teams. A forward plan for agendas would be developed. Members were in agreement that a workshop be held for the Strategic Board sometime after Spring 2017.

Action:

- (a) Board agendas would reflect Board responsibilities i.e. the Local Outcomes Improvement Plan, the 5 Locality Plans, and work of the Delivery Teams; and All**
- (b) a workshop would be organised for the members of the CP Strategic Board. All**

11. Community Planning – Current Issues

No issues were raised for discussion/consideration.

12. AOCB – Conference for Community Planning Consultative Group

It was suggested that work on the content for the proposed conference/workshop for the wider Community Planning Consultative Group in August 2017 be started early in 2017.

Action:

- Work on the content of the proposed conference/workshop for the wider Community Planning Consultative Group would begin in early 2017. Shona Smith/All**



SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD

MEETING

- Date:** 9 March 2017 from 2.10 to 3.35 p.m.
- Location:** Council Chamber, Scottish Borders Council, Council Headquarters, Newtown St Boswells
- Attendees:** Councillor Jim Brown (SBC) [Chair]
Det. Superintendent Pat Campbell (Police Scotland)
Mr Tony Jakimciw (Borders College)
Mr Alistair McKinnon (Scottish Enterprise)
Mr Tim Patterson (NHS Borders)
Councillor Frances Renton (SBC) [from para.6]
Mrs Rita Stenhouse (RSL representative – Waverley Housing)
Mr Brian Sweeney (Third Sector).
- Also in attendance:** Philip Barr (SBC), Nile Istephan (Eildon Housing), Bryan McGrath (SBC), Tracey Logan (SBC), Sarah Watters (SBC), Jenny Wilkinson (SBC).

MINUTE AND ACTION POINTS

- 1. Apologies**
Apologies had been received from Councillor Stuart Bell, LSO David Farries, Mrs Marjorie Hume, Superintendent Bryan Rodgers, Mr John Raine, Dr Doreen Steele.
- 2. Quorum**
The Clerk advised the Chairman that the meeting was inquorate as Councillor Renton had been delayed at a previous engagement. The Board agreed to continue the meeting informally until Councillor Renton could join them.
- 3. Minute of Meeting of Community Planning Strategic Board – 24 November 2016**
The Minute of the previous meeting of the Community Planning Strategic Board had been circulated.
AGREED to RECOMMEND the Minute for formal approval at the next Strategic Board meeting to be held on 22 June 2017.
- 4. Action Tracker**
The Action Tracker had been circulated.
Noted.
- 5. Economy and Low Carbon: Economic Performance and Performance Indicators**
Bryan McGrath, SBC Chief Officer - Economic Development, and Sarah Watters, SBC Function Manager – Business Management, gave a presentation on Economic Performance Indicators for the Borders. A paper was issued at the

meeting giving details of quarterly and annual data on the Single Outcome Agreement 2013: Priority One "Grow Our Economy", indicating the current position and commentary along with the short and long term trends. Members of the Board commented on some of the measures including GVA, new business start-up rates, and VAT registered business survival. In terms of the Town Centre vacancy rate, Alistair McKinnon commented that it would be useful to add in the vacancy rates for industrial property as well, and officers undertook to include that data.

Noted the presentation.

Note: Councillor Renton joined the meeting during consideration of the following item of business. The meeting was thus quorate from this point onwards.

6. Economy and Low Carbon: Economic Strategy Action Plan

A report had been circulated prior to the meeting, giving an update on progress with the Scottish Borders Economic Strategy 2023 – Action Plan. Appendix 1 of the report gave the status (red/amber/green) of each action. Bryan McGrath, SBC Chief Officer – Economic Development, advised members that there were currently no red actions; partners had delivered well on actions and good progress was being made e.g. fibre cabinets for superfast broadband. The action plan was in a positive place, although there were challenges with resources for broadband coverage, with the last 5 – 6% of coverage for digital connectivity being the most challenging technically. While there had been a programme of publicity to say the fibre cabinets were live, and there was good information on the website, further awareness-raising was required with the public to increase the take up rate, and this would be fed back to the programme. In response to a question about bus services, Tracey Logan advised that the recent announcement about the transfer of bus services from First Group to West Coast Motors could put services in a positive position. It was necessary to maximise the opportunities brought by the railway and an indication of early success was Rabbie's Tours now being run commercially after their pilot project the previous summer.

Noted.

7. Economy and Low Carbon: South of Scotland Vehicle

- 7.1 Copies of a report to SBC Executive Committee on the "Scottish Government Enterprise and Skills Review – Phase 2 Progress" had been circulated prior to the meeting. Bryan McGrath, SBC Chief Officer Economic Development, gave a presentation from the South of Scotland Alliance on the South of Scotland Enterprise and Skills Vehicle, which was part of Phase 2 of the Enterprise and Skills Review. The South of Scotland had a number of challenges to consider including the lowest population density outside the Highlands and Islands; low wealth creation; low average work-based weekly wages; out-migration of young people and shrinking workforce; relatively high proportions of its workforce in agriculture, manufacturing and services; and both transport and digital connectivity issues. Further details were given of the strategic economic policy context, along with the need to work closely with neighbouring areas such as cross-border authorities (building on the Borderlands initiative) and the Edinburgh and South East Scotland City Region Deal. The proposed South of Scotland vehicle should cover the boundaries of Scottish Borders and Dumfries & Galloway Council areas, a view that was supported by COSLA Leaders Group and a South of Scotland Stakeholder session. Details were given of the proposed guiding principles, role of the Vehicle, feedback on the role and remit from the Stakeholder session held on 17 February 2017, priorities for the Vehicle, preferred governance model, and resources required. In terms of next

steps, both Councils were due to consider reports on the proposed approach to the Vehicle. The agreed guiding principles and the agreed proposals gave a framework for development of the Vehicle over the next few months with partner engagement. Submissions would then be made to Scottish Government and work would continue to progress the setting up of the new Vehicle as soon as possible, including the establishment of a business stakeholder group and a core stakeholder group.

- 7.2 Members of the Board discussed the Vehicle and asked a number of questions. In terms of the number of jobs with the Vehicle, there could be some new jobs but also some transferring from existing organisations. Much would depend on whether further funding was available, but the sheer fact of bringing together staff/work would produce cohesion. Alistair McKinnon commented that much would depend on the detail of the Vehicle and strategy but it would need to do something different and should not be about each partner continuing to do what they had always done. Scottish Government would have expectations linked to any additional funding. It would be important that the focus would be on towns in the area catching up with Scotland as a whole, not simply one town catching up with another town within the area. Tony Jakimciw offered congratulations to the South of Scotland Alliance and officers for getting to this stage with the project, but expressed some concern about the proposed governance model, which, as a joint committee of both Councils could become very political and cumbersome. An independent body could still have the same membership but be autonomous. It had to be recognised that the South of Scotland was not a region but 2 areas with different interests. Tracey Logan confirmed that a visit had already been made to the Highlands and Islands Development Board to see how it operated and a further visit was planned.

Noted.

8. Economy and Low Carbon: City Deal

Bryan McGrath, SBC Chief Officer Economic Development, gave a presentation on the proposed Edinburgh & South East Scotland City Region Deal, which covered the Council areas in the Borders, East Lothian, Midlothian, West Lothian, Edinburgh and Fife. While the region on the whole was successful - responsible for over 30% of the Scottish economy - the wealth was not distributed equally across the region. Potential for economic growth could be unlocked through a new relationship between UK Government, Scottish Government, local authorities, High and Further Education, and private sector partners. Recent progress included refining the position with regard to the details and phasing of projects submitted to both governments in early November 2016; continuing series of workshops from December 2016 onwards; ongoing discussions with both governments on innovation, infrastructure, skills, culture/tourism, and housing/regeneration; ongoing stakeholder engagement; and some challenging feedback received. The City Deal proposition was based on innovation (driving economic growth), infrastructure (physical and digital) and inclusion (growth for all), encompassing skills and housing/regeneration. The next steps included ongoing negotiations with both governments and a possible announcement by the end of April 2017. Tracey Logan confirmed that the Tweedbank Business Park had been put forward for the Borders, and, if agreed, resources could only be directed here. The intention was that City Deal and the proposed South of Scotland Vehicle would work in tandem, with one not superseding or obviating the other.

Noted.

9. Reducing Inequalities Group: Highlight report

Sarah Watters presented the highlight report which covered progress with

employment and income; attainment, achievement and inclusion; health and wellbeing; housing and neighbourhoods; and keeping people safe.

Noted.

10. Future Services Group: Highlight report

Nile Istephan, Eildon Housing Chief Executive, presented the highlight report which covered progress with the work of the main Group and the Property & Assets and Procurement & Community Benefit Sub-Groups. The Future Services Group had a slightly different way of working to the other Themed Groups to ensure there was no duplication. An example was given of the intention of using CPP branding on generic recruitment material which could be used by all partners to recruit from outside the Borders. In response to a question, it was explained that health and social care integration was still settling in and the provision of shared services was a challenge, with not many examples of this happening elsewhere in the country.

Noted.

11. Development Session for Community Planning Strategic Board

An update from Shona Smith, SBC Communities & Partnership Manager, on the proposed development session for the Strategic Board was circulated at the meeting. It was proposed that the next meeting of the Strategic Board on 22 June 2017 be allocated to a development session for the Board, focussing on an overview of Community Planning, the Community Empowerment Act and the sections of the Act in force and what that meant for the Strategic Board. Alistair McKinnon asked that the potential impact of the proposed South of Scotland Vehicle and Strategy on the Community Planning Partnership be included in the session to ensure there was no duplication of effort; and Tony Jakimciw asked for clarification of the pro-active role of the Strategic Board.

Action: AGREED -

- | | | |
|---|--------------------|------------------|
| (a) a development session for the Strategic Board would be held on 22 June 2017 from 11am to 2.00 pm, with a working lunch provided, followed by a brief formal Board meeting if required; and | Shona Smith | 22 Jun 17 |
| (b) details of the agenda be considered at the next meeting of the Joint Delivery Team and issued to the Strategic Board for input. | Shona Smith | 24 May 17 |

12. AOCB

No items were raised.



CRITICAL SERVICES OVERSIGHT GROUP

MINUTE OF MEETING of 29 May 2017, HELD IN THE CORPORATE MANAGEMENT BOARDROOM, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, MELROSE AT 2.00 p.m.

Present:	<p>CSOG :</p> <p>Attendees: Tracey Logan, Chief Executive, SBC, Chair for items 1 – 6 (TL) – Jane Davidson, Chief Executive, NHS, Chair for items 7 - 13 (JD), Claire Pearce, Director of Nursing Midwifery & Acute Services, NHS (CP), Allyson McCollam, Associate Director of Public Health, NHS (AMcC), David Powell, Adult Protection Co-ordinator, SBC (DP), Jim Wilson, Chair of Adult Protection Committee (JW), Duncan MacAulay, Chair of Child Protection Committee (DMacA), Gillian Nicol, Child Protection Co-ordinator SBC (GN), Elaine Torrance, Chief Social Work Officer, SBC (ET), Ivor Marshall, Chief Superintendent Divisional Commander, Police Scotland (IM), Murray Leys, Chief Officer Adult Social Work, SBC (ML), Lorna McDermott, Minute taker, SBC (LMcD).</p> <p>Apologies: No apologies were received.</p>
1.	<p>Minute of Meeting of 29 May 2017.</p> <p>AGREED: The Minutes of the Meeting of 29 May 2017 were agreed as a true record.</p>
2.	<p>a) Actions Update (refer to Action Sheet circulated with Minute)</p> <p>AGREED:</p> <p>(i) It was agreed that all the completed actions are removed from the Action Sheet table.</p> <p>b) Dispute Resolution Protocol – Adults Services (on Action Tracker) Adult Dispute Resolution Protocol mirrors the Child Dispute Resolution Protocol. CSOG are favourable with this.</p> <p>AGREED:</p> <p>(i) Action Complete.</p>

3.	<p>Young People and Suicide Risk</p> <p>A Workshop on Young People's Mental Health has been organised for 20 June in Eildon Mill, Tweedbank. This Workshop will explore trends around suicide in young people and acquire an understanding of the questions of relevance. National trends show numbers of suicides in the Borders are very small, consistent and are not rising. There have been more presentations around self-harm as young people have a heightened level of awareness and are more exposed to self-harm.</p> <p>The Workshop will look at the role of all services from NHS Borders, Social Work, Teaching Staff, Youth Workers, Parents of children and young people. Service needs to change to deliver in all parts of the Borders.</p> <p>Concern raised regarding 18-19 year old age group who have gone on to further Education/University and have been unable to access services and have been waiting months for help – this must change – to be picked up at the Workshop.</p> <p>The crucial transition from child to adult in mental health, over the whole spectrum, will be considered in more detail at a further Workshop (still to be organised).</p> <p>DECISION AGREED</p> <p>(i) AMcC to investigate how areas where we have services in the Borders differ to areas where we don't have services – how does this impact on young people? AMcC to bring these findings to the Workshop.</p>
4.	<p>Child Protection Update</p> <p>a) Briefing Note</p> <p>Changes to Membership - Evelyn Rodger has retired from her post, CP has replaced her and attended her first CPC meeting.</p> <p>Applications for the Chair of Child Protection Committee post closes this week; DMacA will continue to chair until a replacement has been appointed.</p> <p>A new structure has been developed for CPC, taking into account issues highlighted by the Inspection report. To accommodate this, the Review subgroup will meet monthly instead of quarterly and will be re-named to reflect the changes. Communication with the public will become the responsibility of the Training Sub-group to ensure tighter control; this group will also be re-named.</p> <p>CPC Task Group has reviewed the Scottish Government report resulting from the CPIP.</p> <p>A local 16/18 year old Protocol for joint work between Children and Adult services has been agreed at the joint CP/AP meeting and has been provided to agencies for dissemination.</p> <p>CPCC Review 2016 – twelve families were reviewed as part of this exercise and data recorded was examined following key Care Inspectorate Quality Indicators. In general there was very positive feedback. Parents Survey – ongoing and further feedback will be provided in September 2017.</p> <p>MAC reflective review process has been developed. This process has been introduced to ensure that children don't get stuck in the MAC process inappropriately.</p>

	<p>Inter-agency trainers have provided three training sessions on the Neglect Toolkit to date. Practitioners will be able to adopt a more pro-active, consistent approach towards identifying and addressing neglect through the use of this toolkit, thereby supporting early intervention.</p> <p>Update on Initial Case Review and Significant Case Review was given by DMacA.</p> <p>b) Business Plan and Annual Report</p> <p>DECISION AGREED</p> <ul style="list-style-type: none"> (i) Child Protection Annual report will be presented to Council on 27 June (John Peaston, Detective Chief Inspector to be asked to present this Plan and Report). (ii) Agreed for future - Business Plans to start from 2017 and consider through Performance Reports. (iii) Comments on Business Plan and Annual Report to be forwarded to GN before the end of this week.
5.	<p>CSE Strategy</p> <p>GN introduced the CSE Strategy and process of engagement for this to be produced. IM advised the Child Sexual Exploitation (CSE) Strategy is in line with rest of Scotland. There are no concerns and no disproportionate risk associated with the CSE. Consultation has been completed, children, parents and the public have been spoken to and we are ready to get the message out.</p> <p>JD asked if we needed to do more for vulnerable and high risk children. GN advised after doing this piece of work she had studied statistics of children who have gone missing - looked after children were really well covered, more so than children living at home with parents, therefore improved mechanisms have been put in place.</p> <p>DECISION AGREED</p> <ul style="list-style-type: none"> (i) CSOG considered and agreed the Scottish Borders multi-agency Child Sexual Exploitation (CSE) Strategy and agreed the shared responsibility between CPC and Leadership Group.
6.	<p>Adult Protection</p> <p>a) Up-date</p> <p>JW reported on a case from 2016 which has progressed to an IRC, with a recommendation that the case should proceed to SCR. This case was in regards to a patient with learning disabilities not being given water for a number of days, unless with medication, in BGH. CSOG were concerned to learn that the Consultant couldn't say this hadn't happened before. It appeared there were no disciplinary issued raised and no one has been asked to account for this. LD services raised the issue, but it was not highlighted to Adult Protection Services, Committee or Chief Officers at the time.</p> <p>DECISION ACTION:</p> <ul style="list-style-type: none"> (i). Agreed to progress an SCR. JD and ET will also looking into the details of this. <p>Self-evaluation – it was noted that issues cut across the child care and adult care, but there is</p>

still need for individual Committees to undertake self-evaluation. Need to have a future plan to address issues and ensure if we need to make fundamental changes to what we are doing we have a plan to deliver these quickly.

Preparation of an APC Risk Register is underway, this document will identify risks, and how they should be managed and mitigated should they occur.

The Financial Harm Conference held on 24 May was a good event and well attended.

b) Annual Report

The Scottish Borders Adult Protection Committee Annual Report 2015 - 2016 has been circulated for comment. JD asked if there was anything from the Inspection comments that we would wish to include in the Annual Report. It was noted that the change over from Framework to Mosaic was achieved successfully.

DECISION

AGREED:

- (i). ET and ML to look at staff within localities and find out if staff are performing efficiently. Meridian was used in NHS to gain rapid insight into staffing hours.**

c) Update on Actions

Adult Protection Case Conferences which met threshold but did not proceed to Adult Protection Case Conference. Follow up report on 10 cases highlighted no adult was left at risk following action and changes to support or supervision levels. Induction process for adult protection needed across the Board. Reinstated monthly adult protection workshops run by DP. TL suggested holding events to refresh everyone, speakers could be invited along to these events

TL wants to look at whole structure for Adult Protection very quickly.

DECISION

AGREED

- (i) ML will bring a plan to best tackle adult protection consistently across localities to the next CSOG meeting.**
- (ii) DP to look at where our Case Conferences sit Nationally and report back to the Group.**

TL left the meeting at this point – JD took over as Chair.

Adult Police Concern Forms - DP looked at 10 Police Concern referrals randomly selected and highlighted in the report the initial finds and reviewed the broader public protection issues. These reports should be taken to Adult Protection Committee and developed into an action plan.

Issues to be addressd – how are these referrals dealt with at a local level and if these weren't taken forward a decision should be recorded to show this.

Social Work are in the process of reviewing the two different processes for Adults and Children. Child concern forms are looked at for information sharing, not referrals.

	<p>DECISION AGREED: (i) CSOG agreed not to adopt recommendations until both processes are streamlined and simplified. (ii) DP to give an update on this process at the next CSOG.</p>
7.	<p>Older Peoples Inspection update – Verbal Update</p> <p>Final professional discussion draft Older Peoples Inspection Report was received at SBC on Friday. Some of the feedback was expected however, some feedback was disappointing.</p> <p>DECISION AGREED (i) We have intimated that we would like a two week extension, due to Elections, to review this report and check for factual information.</p>
8.	<p>Offender Management Update/MAPPA</p> <p>a) Offender Management Committee Briefing Note</p> <p>Terms of Reference - ML advised it is important to note the Criminal Justice Group Manager and Child Protection Group Manager are to draft guidelines for staff for recording young people who display harmful sexual behaviour.</p> <p>Business Plan – An action plan has been put in place to try and improve the quality, but if this is not effective the Criminal Justice Group Manager has been tasked with looking at other options.</p> <p>Training and Development - We are getting a good uptake on training from staff, which is very encouraging.</p> <p>Quality Assurance – No significant issues have been identified and there is ongoing evidence of adherence to practice guideline and sound risk management planning, there is also continued evidence of good relationships and working practices between criminal justice social work and the OMU, with evidence of multi-agency management and case discussions when relevant.</p> <p>Thematic Review of MAPPA – As previously noted the Scottish Borders response to the consultation regarding Environmental Risk Assessment has been submitted, with a local view that they should be undertaken where necessary and proportionate. At present environmental risk assessments continue to be completed as per Police Scotland’s guidelines: on all new offenders and thereafter on an annual basis for schedule one offenders.</p> <p>b) Offender Management Committee Terms of Reference</p> <p>ML presented the Scottish Borders Offender Management Committee Terms of Reference. This is a useful document to guide the Committee in its works. It is intended to keep this document under review and revisit it again in 6 – 9 month’s time.</p>

	<p>c) Sex Offender Community Disclosure Scheme (SOCDS)</p> <p>IM gave an update on the Sex Offender Community Disclosure Scheme also known as 'Keeping Children Safe', this document is fairly self-explanatory. Once CSOG are happy with the document it will be taken to Child and Adult Protection Committees.</p> <p>DECISION AGREED</p> <p>(i) Questions and comments on the Sex Offender Community Disclosure Scheme to be sent to Lesley Boal, Police Scotland.</p> <p>(ii) ET will link in with Communication Teams in SBC and NHS to promote this document with staff.</p>
9.	<p>Critical Cases</p> <p>The tracker document showing 'Reviews and ICRs since August 2014' was presented to CSOG; this was an action from the February meeting. GN has updated this document and it will be kept as a live document.</p> <p>DECISION AGREED</p> <p>(i) Archive 'completed' Reviews and ICRs to a separate tab so we can track back if appropriate. Present 'outstanding' Reviews and ICRs to CSOG on a 6 monthly basis.</p>
10.	<p>Case Review – Actions</p> <p>Name of EDT misleading – alternative was Out of Hours. After a discussion it was felt more work was needed to consider if this was appropriate/proportionate.</p> <p>DECISION AGREED</p> <p>(i) Taken off the table. An options proposal's to dovetail with an iteration of the SCR to be presented to CSOG at their next meeting in August.</p>
11.	<p>Performance Information</p> <p>a) Adult Protection Quarterly Report Q4</p> <p>Quarter 2 & 3 of 2016/2017 saw a significant increase in AP Referrals across certain teams these being Peebles, Kelso and Learning Disability and Mental Health. Peebles and Kelso have a large elderly population and learning disability and mental health have often very complex risk and a higher number of repeat referrals.</p> <p>Financial harm and physical harm are the two highest types of harm and both of these were higher than normal. Psychological harm, sexual harm, neglect and domestic abuse were also higher than normal. There was no spike in any one type of harm these have been evenly spread across all forms of harm.</p> <p>IRD levels are stable and fluctuate between an acceptable range; dependent on significant risk of self-harm or criminal behaviour.</p> <p>b) Child Protection</p>

	<p>The number of children on the Register traditionally varies. The slightly higher figures may be influenced by the work which was undertaken following the Inspection. This required Managers to scrutinise children who were in the MAC system. The introduction of the 5 risk questions to ensure staff are providing the right information to ensure referrals to Social Work are appropriately passed to Child Protection may also have ensured children are assessed appropriately. There have also been some high profile child deaths which could have influenced staff decision making.</p> <p>Rate of Children on the CP Register – our number of the children on the Register is in line with the national average.</p> <p>The rise in children being re-Registered has been addressed, the figures do need to be considered in respect of the size of family groups which given the small numbers can affect figures. The procedures have been changed to ensure conferences are considering whether the changes required within the CP plan have demonstrated sustainability of change and improvement. In addition, all de-Registrations are now reviewed by the CP Team Leader.</p> <p>School Survey (Childs Feedback) this is the first time we have seen these results in this document. Page 7 second graph should read ‘Do you feel safer at home, have things improved or not?’.</p> <p>As soon as child has said they don’t feel safe at home this is passed on and followed up by a Lead Professional timeously.</p> <p>c) MAPPA</p> <p>Short term trends show we are going in the right direction with all the right people in all the right meetings with the right controls. Numbers for the Borders are good and MAPPA is well managed at this period in time.</p>
12.	<p>Any Other Business</p> <p>DP tabled ‘Keep Safe Premise Criteria’, ET gave a background around this process and update Safeguards in place.</p> <p>DECISION AGREED:</p> <p>(i) Chief Officers to give further consideration to this document and make a decision on whether to sign this document off or not.</p> <p>DMacA tabled two documents for information – ‘Scottish Borders Child Protection Committee Structure for decision making and Action’ and ‘Briefing to CSOG re Protecting Scotland’s Children and Young People: It is Still Everyone’s Job’.</p> <p>Self-assessment we could use this tool to look at our strengths and weaknesses – detailed self-evaluation is available. Child Protection Committee, as part of the preparation for the Inspection, have completed a self-assessment, this will be reviewed again in the future. Adult Protection Committee have plans in place to do this work.</p> <p>DECISION AGREED:</p> <p>(i) Self-assessment Plans to be updated for the next CSOG meeting.</p>

13.	<p>Date of next meeting</p> <p>Monday 21 August 2017 – 2pm, Corporate Management Board Room</p> <p><i>The meeting concluded at 4pm.</i></p>