

**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:-

- Audit Committee: 18.11.17
- Staff Governance Committee: 18.09.17, 06.11.17
- Health & Social Care Integration Joint Board: 08.11.17

**Recommendation**

The Board is asked to **note** the various committee minutes.

<b>Policy/Strategy Implications</b>	As detailed within the individual minutes.
<b>Consultation</b>	Not applicable
<b>Consultation with Professional Committees</b>	Not applicable
<b>Risk Assessment</b>	As detailed within the individual minutes.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	As detailed within the individual minutes.
<b>Resource/Staffing Implications</b>	As detailed within the individual minutes.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Jane Davidson	Chief Executive		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Iris Bishop	Board Secretary		



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 18<sup>th</sup> September 2017 at 2 p.m. in the Board Room, Newstead.

**Present:** Mr D Davidson (Chair)  
Mr M Dickson  
Mrs K Hamilton

**In Attendance:** Miss I Bishop, Board Secretary (Items 6.3 and 7.4)  
Mrs V Buchan, Senior Finance Manager  
Mr J Cowie, Interim Director of Workforce (Item 3)  
Mrs J Davidson, Chief Executive  
Mrs B Everitt, Personal Assistant to Director of Finance  
Mrs C Gillie, Director of Finance  
Mrs M Kerr, Director, PWC  
Mr J McLaren, Employee Director (Item 3)  
Mrs S MacDougall, Risk & Safety Manager  
Mr W Shaw, Head of Delivery Support (Item 3)  
Mr J Steen, Senior Auditor, Audit Scotland

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies were received from Stephen Mather, George Bell, Susan Swan, Anita McCloy, Gillian Woolman, Asif Haseeb and Claire Pearce.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 19<sup>th</sup> June 2017**

**The minutes were approved as an accurate record.**

David Davidson referred to the “Self Assessment on Effectiveness of the Audit Committee” and suggested this be re-circulated to members for completion who would then meet to discuss in more detail.

4. **Matters Arising**

*Action Tracker*

It was noted that the IRAG update and final IJB Annual Accounts for 2016/17 would now come to the December Audit Committee meeting. David Davidson took this opportunity to note his thanks to Paul McMenamin for all his input during his time as Interim Chief Financial Officer of the IJB.

**The Committee noted the action tracker.**

*Update on Mandatory Training*

John McLaren introduced this report and highlighted that 70% of actions had been completed, with 10% yet to complete and 20% being superseded by further improvements. John explained that the “training identified for staff not being completed” remained an organisational priority, however the risk has been reduced due to the introduction of a revised core mandatory and statutory list which focuses on eLearning and improved reporting through a Central Booking System. John also referred to the regional work which would be piloted in the South East Region (Lothian, Fife and Borders) and anticipated that this would see benefits in the longer term. It was noted that work is also being undertaken across Scotland to give consistency, particular when a member of staff moves from one Board to another. John Cowie referred to the action to “identify appropriate measures and incorporate into the corporate governance framework” and stressed the need to encourage ownership and accountability across the organisation. Karen Hamilton noted that this topic has been discussed at length at other Committee meetings and was aware that a major issue is around the length of time for notice being given by those unable to attend training. John Cowie advised that it cannot be enforced that a member of staff is released for mandatory training, however it should be encouraged. John C added that the system is now geared to inform the Line Manager if a member of staff cancels with a note of the reason for this. John C was also aware that managers are trying to address problem areas where staff are not being released for training. It was noted that core clinical days are also being developed. David Davidson referred to item 3.2 and was extremely concerned that the number of staff updated for receiving adult life support training was below 50% compliance throughout NHS Borders. Jane Davidson highlighted that the clinical updates are the biggest risk areas and that she would like to see a further update brought back to the December Audit Committee to provide assurance. Jane noted her surprise around staff not being released for training as she had not been aware of this. Malcolm Dickson felt that the actions within the report will have an impact across the organisation and it was crucial to know exactly what these are with a deadline attached to each. Karen agreed with these comments. Margaret Kerr referred to graph 1 which showed compliance with core statutory and mandatory training and highlighted that the trend shows that it will be a considerable time before the target of 95% completion will be reached. Margaret added that the information recorded suggested different trends across the various areas of the organisation and felt that it would be worthwhile looking at this in more detail. Margaret stressed that timescales are key once critical training has been identified. Margaret highlighted the paragraph on page 4 advising that a recent review had investigated three key areas of education required to support clinical standards which stated that there had been no significant improvement in these areas. Margaret noted her concern around this as she did not feel that there was any conclusion. Jane assured that there is a plan in place, this had just not been set out clearly within the report. David reminded that the Board requires to be provided with assurance around the training needs of the organisation and that staff are being released to undertake this and he did not feel in a position to do this from the report presented today.

David asked that a further update be provided at the December meeting to provide the Audit Committee with assurance and suggested that the Chief Executive lead on this. Jane agreed to work with June Smyth as the Executive Lead and link in with John McLaren.

**The Committee noted the update.***Update on GP Leases*

Warwick Shaw introduced this report which provided an update on the current situation with GP leases and outlined the action plan to ensure appropriate leases are in place. David Davidson referred to the risks identified and asked if redecoration etc was covered within leases. Warwick confirmed that general maintenance, including redecoration, is included. Warwick advised that it is the intention to meet with a small group of GP's to try and resolve the issues encountered

and that he anticipated meeting the December deadline. Carol Gillie advised that they would liked to have been further forward at this point in time, however this is an issue across Scotland which no Board has yet concluded. Carol apologised for the slow progress but wished to take GP's along with them rather than deteriorate relationships and she was confident of reaching a conclusion in line with the timetable presented.

**The Committee noted the update and approved the action plan.**

## 5. Fraud & Payment Verification

### 5.1 *Countering Fraud Operational Group – Feedback*

Vivienne Buchan advised that the last meeting of the group had been dedicated to a presentation led by CFS on the Bribery Act 2010 on gifts and hospitality. It was noted that there had been a good turnout from staff from relevant areas as well as the members of the Countering Fraud Operational Group. The presentation would now be rolled out to the appropriate staff groups across the organisation. Viv advised that CFS had also attended the Board Development Session on the 7<sup>th</sup> September 2017 on this topic.

**The Committee noted the update.**

### 5.2 *NFI Update*

Vivienne Buchan reported that payroll matches are ongoing and that Susan Swan would bring a full report to the next meeting. Vivienne explained that the deadline of 31<sup>st</sup> August 2017 had slipped slightly, however there were no areas of concern to highlight at the present time. Carol Gillie enquired about the extended deadline. Vivienne advised that this is mid October.

**The Committee noted the update.**

## 6. Governance & Assurance

### 6.1 *Audit Follow Up Report*

Vivienne Buchan spoke to this item. Vivienne advised that the report had been revised following discussion at the June meeting and now provides more clarity on progress. Vivienne went on to take the Committee through the tables summarising the overall position for both Internal and External Audit recommendations. Vivienne highlighted the Internal Audit outstanding recommendations rated as high risk, namely “Training of Junior Doctor – Simulation Training Facilities” and “Mandatory Staff Training” which the Committee had received an update on earlier in the meeting. Vivienne advised that additional cost of teaching (ACT) funding should resolve the recommendations linked to the simulation training. Jane Davidson confirmed that the simulation training is taking place and went on to provide an update on an outstanding issue following the recommendations from the Deanery visit relating to WiFi for junior doctors. Jane was pleased to report that WiFi would be accessible across the hospital in the near future which would be a benefit to patients as well as staff.

Malcolm Dickson enquired if the auditors have sight of this report prior to the Audit Committee meeting. Carol Gillie advised that they do not and explained that the report is produced on the responses received from managers. Malcolm asked if Internal Audit could undertake this process. Carol explained that this is undertaken by Internal Audit in some Boards, however it was not felt to be a good resource of time so it was agreed that it would undertaken within the Finance Department. David Davidson added that a process had been developed whereby if there is a time lapse of three months after a deadline then

the manager responsible is asked to attend the Audit Committee to provide an update. Vivienne reminded that the purpose of the report is to give assurance that audit recommendations are being taken on board and delivered. Jane felt that the report was helpful but would benefit further from an assessment by the Finance Team. Jane referred to the situation around training as she would have expected that this would have been brought to the Committee's attention before now and highlighted that this is where an assessment would have proved useful. David Davidson reminded that the Audit Committee have raised concerns around training on numerous occasions and felt that the Board Executive Team should have been acting upon this. Carol felt that the comments received were useful and would be taken on board for future reports.

**The Committee noted the audit follow up report.**

6.2 *Debtors Write-Off Schedule*

Vivienne Buchan spoke to this item and was pleased to report that there had been no requests for bad debts to be written off to date as these are still being pursued. Vivienne advised that a recommendation within the 2016/17 Annual Report from External Audit was to review the process in relation to recovering income from road traffic accidents. Vivienne confirmed that this is being reviewed by the Annual Accounts Working Group and feedback will be provided to the Director of Finance. Vivienne assured that every effort is made to recover debt and highlighted the review undertaken to use an external debt recovery agency. It was noted that a contact has yet to be entered into, however this additional step would be used sensitively and there would be no 'door step' contact from the agency. David Davidson asked when work would commence with the agency. Carol Gillie advised that a tender exercise has yet to be undertaken. Jonny Steen advised that the issue around income from road traffic accidents had been picked up during the audits of a few other Boards and he was pleased to hear it would be picked up by the working group. Malcolm Dickson enquired if other Boards use a debt collection agency. Carol confirmed that some Boards do use this service. David enquired if patients, primarily dental, are asked for payment card details prior to treatment. Carol confirmed that this does not happen and reminded that the dental service have previously said that they are not happy to do this. Karen Hamilton referred to the figures recorded for overseas patients on page 2 and asked if this was due to a catch up. Carol confirmed that it was.

**The Committee noted the debtors write-off schedule.**

6.3 *Code of Corporate Governance - Update*

Iris Bishop spoke to this item. Iris took the Committee through the list of amendments made to each section and highlighted that Section C (Standards of Business Conduct for NHS Staff) had been revamped so it is easier for staff to understand around gifts and hospitality. David Davidson asked if staff are made aware of this at induction sessions. Iris confirmed that this is included. Margaret Kerr advised that she would review this section and let Iris have any comments outwith the meeting. Jonny Steen advised that External Audit would be looking at this closely during the audit planning stage which would be taking place in the next few weeks. Karen Hamilton asked if the document would be updated and issued. Carol advised that after today's discussion it would go to the October Board meeting for approval and would then be updated on the intranet and cascaded across the organisation. Carol reminded that this is a live document which requires to be refreshed on an annual basis. It was noted that it was the intention to try and get back on the cycle whereby this would go to the February Board meeting for approval.

**The Committee reviewed the updated Code of Corporate Governance and recommended that it goes forward to the Board for approval.**

#### 6.4 *Update on Very High Risks*

Sheila MacDougall spoke to this item. Sheila explained that there had been some movement in terms of high risk with two being managed down and the one in relation to the Gamma Camera being completely removed. Sheila referred to the outstanding very high risk for Learning Disabilities relating to services for people with severe challenging behaviour (risk 835) and advised that Simon Burt was leading on this to find a long term resolution with NHS Lothian. Sheila referred to risk 739 and confirmed that this is being addressed by replacing the RIS software and that she would expect this to be taken off in due course. Sheila updated on risk 524 around the end of life for Windows XP and confirmed that PCs are being updated which should mitigate this risk down to being manageable. In regard to risk 363 around managing aggression and violence across the organisation it was noted that work has taken place, however this remains on the very high risk register.

Sheila referred to the two annual reports which had been circulated for information and advised that these are discussed by the Clinical Executive Operational Group. It was noted that departments with no risks are targeted and meetings take place with risk owners who have not completed risk assessments. Carol Gillie, on behalf of Stephen Mather, suggested that an executive summary containing the salient points would have been helpful. Sheila agreed to pick this up with Stephen.

**The Committee noted the update.**

## 7. Internal Audit

### 7.1 *Internal Audit Charter*

Margaret Kerr spoke to this item. Margaret explained that the Charter is brought to the Audit Committee as good practice and advised there were no fundamental changes from the last version seen by the Committee. Margaret highlighted that Internal Audit would not undertake specific fraud related work due to the Board's relationship with CFS.

**The Committee noted the Internal Audit Charter.**

### 7.2 *Internal Audit Plan Progress Report*

Margaret Kerr spoke to this item and confirmed that progress was on course against the plan for 2017/18.

**The Committee noted the progress report.**

### 7.3 *Internal Audit Report – Risk Management*

Margaret Kerr introduced this report which had an overall medium risk rating and brought the 2016/17 audit plan to a conclusion. Margaret advised that there were three medium and one advisory rated findings. It was noted that the advisory finding was not a specific risk, merely an area for management to discuss. Margaret highlighted the summary of findings detailed on page 4, namely non compliance around the review and approval of new risks, an annual review of existing risks on the register not being undertaken and non achievement of risk management performance KPI's. Margaret appreciated the improved process that had been implemented but felt that the recommendations would enhance the process. David Davidson referred to page 10 of the report and asked why a risk put forward for approval must be approved or rejected within 14 days. Sheila advised that it

was to make it the same timescales as approval for an adverse event which is based on a recommendation from Health Improvement Scotland. David also referred to page 13 and the Clinical Executive Operational Group's role in monitoring compliance with the risk management policy and performance against the agreed KPI's as he was concerned that there had been no significant improvement to date. Sheila explained that a deadline of December has been set for improvements to be made and that KPI's will be revised from next year. Karen Hamilton advised that the Staff Governance Committee, at the end of October, will be looking at risk from an occupational health and safety and management of aggression perspective to share ownership.

**The Committee noted the report.**

7.4 *Internal Audit Report – Review of Gifts & Hospitality*

Margaret Kerr introduced this report which had an overall medium risk rating. Margaret advised that there were two medium and one low rated findings. Margaret appreciated that the Board takes this seriously as this is evidenced within the policies and procedures in place, however the process could be improved by being more consistent. Margaret highlighted the medium rated findings, namely the inconsistencies which may result in inappropriate gifts and hospitality being accepted and with the exception of Procurement there are no other functions within NHS Borders who undertake an annual process for declaring gifts or hospitality despite several areas of the organisation having regular contact with external suppliers. David Davidson referred to page 11 where it was implied that gifts and hospitality may have been accepted which do not comply with the requirements laid out in the Code of Corporate Governance (CoCG). Carol Gillie advised that within the CoCG it states that the register should be reviewed annually and confirmed that the register is in place but is not reviewed on an annual basis so this will require to be undertaken going forward. Carol confirmed that the recommendations within the report had been taken on board and that the points fitted in with the work being undertaken on the Code of Corporate Governance. Carol felt that the audit had been rated at a higher risk than she would have expected. Margaret explained that it was borderline between a low and medium rating and assured that it was not a high risk for the Board.

**The Committee noted the report.**

**8. Integration Joint Board**

**The Committee noted the link providing access to the IJB Audit Committee papers for information.**

**9. External Audit**

9.1 *Audit Scotland Report: Annual Report and Accounts 2016/17*

9.2 *Audit Scotland Report: Audit Quality Annual Report 2016/17*

9.3 *Audit Scotland Report: Corporate Plan 2017/18 Update*

9.4 *Audit Scotland Report: Equality Outcomes 2017-19*

9.5 *Audit Scotland Report: Equality Outcomes and Mainstreaming 2015-17*

Carol Gillie advised that the reports for items 9.1 – 9.5 provided useful background information. Jonny Steen added that Gillian Woolman would be happy to take any questions on these reports outwith the meeting.

**The Committee noted the reports.**

9.6 *Audit Scotland Report: Principles for a Digital Future – Lessons Learned*

Carol Gillie spoke to this item and highlighted page 5 which summarised the issues identified in previous Audit Scotland reports. Carol felt this report was particularly relevant for NHS Borders considering the IM&T capital programme which was being taken forward. Carol advised that the Clinical Executive Operational Group had reviewed the report recommended that it comes to the Audit Committee for noting and the Director responsible for IM&T take forward the recommendations. David Davidson suggested that this be circulated to all Board members for information. This was agreed.

**The Committee noted the report.**

10. **Volunteer Expenses**

Karen Maitland spoke to this item. Karen explained that the board policy had not been enforced and there had been inconsistencies around the reimbursement of travel expenses with some volunteers being paid at the standard business mileage when the commuting rate should have been applied. Karen gave assurance that this has been rectified from 1<sup>st</sup> May 2017 and all volunteers had been issued with the new guidance. It was noted that there had been no negative impact resulting from this. Karen advised the Chair and Director of Finance had recommended that no over payments were recouped. Karen Hamilton referred to the statement within the report that “many volunteers do not claim expenses” as she was surprised at this. Karen advised that all volunteers are encouraged to claim, however many have access to free public transport.

**The Committee noted the report and the agreement given by the Chair and Director of Finance not to recover over payments made to volunteers in relation to this issue.**

11. **Items for Noting**

None.

13. **Any Other Competent Business**

None.

14. **Date of Next Meeting**

Monday, 11<sup>th</sup> December 2017 @ 2 p.m., Board Room, Newstead.

BE  
29.09.17





***STAFF GOVERNANCE COMMITTEE***

Minutes of the meeting held on Monday 18<sup>th</sup> September 2017 at 10am in the Committee Room, Borders General Hospital, Melrose

**Present:** Karen Hamilton. Chair, Non Executive  
John McLaren, Co-Chair, Employee Director

**In Attendance:** Shirley Burrell, Chair of Mental Health Partnership Forum  
John Cowie, Interim Director of Workforce  
Edwina Cameron, Workforce Planning & Resourcing Lead  
Sheila MacDougall, Risk & Safety Manager  
Elizabeth McKay. PA to Employee Director (Minutes)

**1. Welcome, Introductions and Apologies**

Apologies were received from Yvonne Chapple, Irene Trench, June Smyth, Claire Pearce, Kim Smith, Nicola Barraclough, Irene Bonnar and Maggie Czajka.

Karen Hamilton advised Tris Taylor and David Parker, Non Executives have been appointed to this Committee.

**2. Minutes of Previous Meeting held: - 9<sup>th</sup> June 2017**

An accurate record was given. Karen Hamilton asked for an update from Irene Bonnar regarding Item 6 – ‘CEL – Health Promotion Champion to focus on Health & Wellbeing’ regarding travel to work. Irene Bonnar was to discuss this item with the Health & Wellbeing group.

**Action Tracker**

Action 41 – Cover Paper - John McLaren gave an update and will speak to John Raine prior to the next meeting. – **In progress**

Action 48 – Whistleblowing - John McLaren to have a discussion with John Raine regarding the vacant Whistleblowing Champion prior to the next meeting. - **In progress.**

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

Edwina Cameron gave an update. The Plan continues to develop which will have robust actions that we can deliver on. Edwina Cameron reported a working group has been set up comprising of key stakeholders who meet. The group is not always well attended but stakeholders feed in their results electronically. It is a continuous improvement plan and can be amended as we move forward. Scottish Government receives feedback to the Plan every June. A discussion took place regarding placing timeframes. John McLaren reported that the Plans are displayed in the Canteen to highlight and bring to staffs attention to Staff Governance. John McLaren advised he is having individual meetings with the BET directors to discuss the Plan and to inform them of their responsibility to the Plan. Edwina Cameron advised that a Communication Plan has been developed to enable communications and engagement with staff. An updated Action Plan will come to the next meeting.

The Staff Governance Committee noted the update.

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

a) Whistleblowing Champion

John Cowie reported the position is currently vacant and advised there are governance issues regarding who can take this role on. The Board requires assurance. It was agreed a discussion requires taking place with the Chairman and Chief Executive. Karen Hamilton noted that we have two new non executives and another new executive taking up their position in March 2018.

b) Whistleblowing Alert & Advice Services

Karen Hamilton enquired if the letter is reference to the Whistleblowing Champion.

***Action: Edwina Cameron to contact Scottish Government asking for clarity and will email the response to the Committee.***

**5. Workforce Planning Update (Standards 3 & 5 apply)**

Edwina Cameron gave an update informing the statistical data will be going the next working group meeting prior going to the Area Partnership Forum. The data will be reported at the next Staff Governance Committee. A national workforce committee is being set up to look at the guidance. We are currently engaging with colleagues within the Integrated Joint Board (IJB) Alignment is starting to happen with the data that we have got and once all the data has been received we will be able to move forward. All organisations collect their data differently. We are currently looking at the data received from Scottish Borders Council. The regional work is less developed. Karen Hamilton asked for a presentation to be given in the near future to enable to understand how it will fit together. John McLaren suggested providing a local presentation.

The Staff Governance Committee noted the update.

**6. Workforce Systems - (Standards 1, 2, 3, 4 & 5 apply)**

Edwina Cameron gave an update on the information systems. Our understanding work is continuing on EESS. Locally we have managed to get an update for our existing HR system and we feel confident it is robust. We are still continuing to have to use different systems to record and deliver workforce data. Edwina Cameron spoke about the development of TURAS. This system will take over from eKSF and is user friendly. The timeline for implementing TURAS is particularly challenging. The system needs to be fully rolled out by the beginning of the next financial year. John McLaren discussed concerns raised at the recent Mandatory & Statutory Training Working Group meeting regarding Turas replacing the Central Booking and Reporting System. Edwina Cameron felt that this would not impact but it was agreed to have a conversation with the training providers.

The Staff Governance noted the update.

**7. Items for Noting**

a) Risk & Safety Update (Standard 5 apply)

Sheila MacDougall reported as like Occupational Health, Risk & Safety will be moving to quarterly reporting. It will enable to coordinate bringing policies from Occupational Health, Risk & Safety and PMAV to this committee. John McLaren suggested providing a full report.

Risk Management Annual Report

Karen Hamilton advised this item is on today's agenda for the Audit Committee. John McLaren suggested having an extraordinary meeting to enable to carry out a deep dive on the report. Karen Hamilton expressed it is a significant report and agreed having a meeting within the next few weeks.

Sheila MacDougall suggested asking service leads from Occupational Health, Risk & Safety and PMAV to attend this meeting. Sheila further asked to look at the whole context of the organisation. It was also suggested inviting the Area Partnership Forum to attend this meeting

The Staff Governance Committee noted both updates.

b) Appropriate Access to the Committee Minutes

Area Partnership Forum - Minutes for noting

Mandatory & Statutory Training Working Group - Minutes for noting.

**8. Future Items**

To place Transformational Change and Integration on to the list for future items

Edwina Cameron suggested looking at the national calendar to ensure that updated reports were delivered in a timely manner.

It was agreed to continue with four formal Staff Governance Committee meetings per year and John Cowie asked to build in two development sessions.

**9. Any Other Competent Business**

a) Partnership Review

John McLaren gave an update on the Partnership Review around engagement and relationships with various services. The review is being carried out by two external advisors Ian Reid and John Callaghan. Both advisors will meet individually with Staff Side, HR and Managers. The final report will be given at the end of October 2017.

**10. Date of Next Meeting** – Monday 11<sup>th</sup> December 2017 at 10am in the Committee Room, BGH



## ***EXTRAORDINARY STAFF GOVERNANCE COMMITTEE***

Minutes of the meeting held on Monday 6<sup>th</sup> November 2017 at 11am in the Committee Room, Borders General Hospital, Melrose

**Present:** Karen Hamilton, Chair  
Tris Taylor, Non Executive

**In Attendance:** John Cowie, Interim Director of HR  
Irene Bonnar, Occupational Health Manager  
Kim Smith, Operational Lead Training  
Pamela Gordon, Professional Lead, Podiatry  
Robin Brydon, Safety Advisor, Risk & Safety  
Sheila MacDougall, Risk & Safety Manager  
Sue Kean, PMAV Coordinator  
Yvonne Chapple, Chair of BGH Partnership Forum  
Linda Gray, Physiotherapist  
Jill MacDonald, Admin Manager, learning Disabilities  
Claire Pearce, Director of Nursing  
Peter Lerpiniere, Lead Nurse for M H & LD  
Alison Wilson, Director of Pharmacy  
Elizabeth McKay, PA to Employee Director

### **1. Welcome, Introductions and Apologies**

Apologies were received from: - John McLaren, Jane Davidson, Shirley Burrell, Edwina Cameron and David Parker.

Karen Hamilton welcomed Tris Taylor, Non Executive to the Committee. John Cowie gave a brief update on the role and remit of this group which has a statutory responsibility ensuring employees are engaged, fairly and effectively managed through the five Staff Governance Standards: -

- Well Informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

John Cowie advised the Staff Governance Committee is a governance committee of the Board. John would like assurance that this committee has equal status and clout

along with the other governance committees. It is to ensure the Board is fully in the picture to decisions that have been taken. Today's deep dive is to ensure the organisation provides a safe working environment.

## **2. Health & Safety Annual Management Report 16/17 (Standard 5 apply)**

Sheila MacDougall took the group through the presentation which led to group discussion: -

- It is about keeping staff and patients safe and is heart of the corporate objectives.
- It has been an ongoing issue for a considerable amount of time. The report has been taken to the Clinical Executive Operational, Occupational Health & Safety Forum, Clinical Boards, BET and Performance Review reports.
- A discussion took place regarding the internal audits. Risk Assessments not undertaken – empty risk registers, non compliance
- Non attendance has improved due to changing the systems and processes.
- Central Booking System (CBS) provides data
- The Dashboard process will be rolled out which will provide real live access data to managers. The Training Department are currently testing this process out in Medical Assessment Unit (MAU). Additional resources have been put in place to enable to speed up the process.
- It was noted consistently the Health & Safety Annual Reports have been highlighting the same issues. Lots of actions have been taken ensuring the management processes are fit for purpose. Action Plans have been put in place.
- Sheila MacDougall and Robin Brydon have carried out 78 visits to managers over the last three months. A lot of work has been carried out with line managers to fulfil their responsibilities.
- At the Clinical Executive Operational group last year it was agreed to address the risk assessments by December 2016. Unfortunately this did not happen. In January 2017 it was agreed to reduce the assessments by 10%. Improvements were made in Mental Health, Learning Disabilities and BGH. Little improvement was made in Primary & Community Services (PACS) and Support Services. Staffs have been trained on the Risk Management System but because they do not use the system often they loose their skills and confidence.
- It was noted that managers require taking ownership which requires being prioritised and embedded in to the organisation.

- Mental Health has done very well.
- It was noted the BGH can be extremely busy having to deal with what is happening on a daily basis which can retract from Health & Safety.
- It was reported AHPs employed within acute has the same issues as the BGH. There is also a shortage of staff within the community...
- It was suggested having dedicated time put in place by having no meetings or emails on a particular day within the week. This would enable to focus on Health & Safety
- A question was asked around competency. It was reported there is an increase in risk assessors. There is competent based training available. The message received from staff that they are not being provided time to complete risk assessments. Risk & Safety have been providing training in staffs workplace
- A question was asked about non compliance as it is not translating. A brief discussion took place around the day to day processes within a ward for a Charge Nurse.
- Awareness – the potential risks to the Board
- Standard 5 was highlighted regarding Staffs Mental Health Wellbeing. It is also about having a healthy workforce to deliver good patient care. It was noted that this goes hand in hand as there is clear benefits to the organisation for time and resources and to staff.
- Culture was highlighted and concerns around adverse reporting. If staff attended the training they would recognise the issues
- It was noted that Staff Side have tried to place concerns / incidents on to the risk register and was unable to do so.
- Quarterly reporting for AHPs should be looked at. Recent training given from Risk & Safety was fantastic.
- There were 8,000 incidents last year. 1400 were aggression and violence. The cornerstone for Health & Safety is prevention,
- Moving & Handling with every 15 incidents a member of staff have been off sick for more than 7 days.
- It was reported a benchmark exercise has been carried out throughout NHS Scotland. We are not under reporting in RIDDOR. We are being told to worry about today and not the future
- Incident Reporting requires to be acknowledged

- A discussion took place regarding patient's journey and being advised earlier of difficult issues. Help and support could be put in place to stop patients being distressed and staff being stressed. Under reporting stops staffs and patient safety
- It was reported part of the challenge is to get managers to attend appropriate training.
- It was reported when risk assessments are carried out it highlights extremely good work and provides a good patient journey.
- It was reported being visible on walkrounds (senior managers). We are looking to be committed to the systems, processes and compliance.
- A brief discussion took place regarding HSE coming in to the organisation
- It was noted looking at different methodologies.
- Leadership is an issue and requires to be highlighted and recognised by BET
- It was highlighted there is a requirement for improvement and asked what process do we need to put in place to deal with the issues. It is placing incidents on to the system. Managers agreeing to actions. To have an action reportable to the organisation. Risk & Safety have met with managers placing assessments on to the system but have had to remove assessments as they not compliant.
- It was highlighted if there was a HSE inspection it would be scrutinised and dealt with
- It was noted there is no risks on the system for the workforce and concern was raised regarding the level of harm increasing. It was noted this was highlighted in the 15/16 Report.
- It was reported that BET has responsibility of the Risk Register
- It was suggested at each Staff Governance Committee to dedicate a standard and make it the core issue of the meeting. It would provide assurance to the Board
- It was reported it is about recognising our responsibilities and it was suggested carrying out mock HSE visits with managers. It was noted managers require to be supported as they are facing huge demands on our staff.
- It was suggested carrying out a mock announced inspection. It was reported together the Non Executives and managers carry out walkrounds and suggested to look at refreshing the paperwork around Health and Safety.



- Risk & Safety have spent a considerable amount of time going out to the organisation meeting with managers.
  - Carrying out proactive visits does not make a difference
  - The key is to provide dedicated time to enable carrying out the Risk Assessments.
  - To build in to the work duties.
  - It was suggested speaking to the Project Manager around productivity that training is built in.
  - Leadership to be more visible from top downwards
  - To look at how we deliver Health & Safety in a strategic way
  - Where does it sit within our priorities?
  - It is a governance issue
- A question was asked when was the last time staff was sanctioned. It was reported staff have never been sanctioned. It was noted it is down to culture

Karen asked the committee to summarise: -

- To provide support to managers
- There are management issues and other issues to be looked at and addressed
- It was suggested carrying out a re-launch on the Governance Framework. To link this with the Health & Safety Act
- It is about engaging with staff
- Strategic risks to be recorded in to the Strategic Risk Register
- There is a huge gap around risks within the workforce
- The Board to understand our statutory requirements

Karen Hamilton thanked the Committee for the honest and helpful discussion. We have new members on the Committee and will aim to get this item higher on to the agenda. There is an issue around leadership and compliance which should be brought to the Boards attention. The draft minutes from today's meeting will reflect the discussion of the meeting which will help to compile the report. Karen Hamilton advised John Cowie and Claire Pearce will draft a paper which will come to the next Staff Governance Committee meeting prior going to the Board.

Tris Taylor acknowledged the quality of documents.

### **3. Any Other Competent Business**

- 10. Date of Next Meeting** – Monday 11<sup>th</sup> December 2017 at 10am in the Committee Room, BGH



Minutes of an **Extra Ordinary meeting of the Health & Social Care Integration Joint Board** held on Wednesday 8 November 2017 at 3.30pm in the Board Room, NHS Borders, Newstead.

**Present:**

(v) Cllr J Greenwell	(v) Dr S Mather (Chair)
(v) Cllr S Haslam	(v) Mr D Davidson
(v) Cllr D Parker	(v) Mr J Raine
(v) Cllr T Weatherston	(v) Mr T Taylor
Mr R McCulloch-Graham	Mrs Y Chapple
Mr M Leys	Ms L Jackson
Mr C McGrath	

**In Attendance:**

Miss I Bishop	Mrs T Logan
Mrs S Swan	Mrs C Gillie

### 1. Apologies and Announcements

Apologies had been received from Mrs Karen Hamilton, Cllr Helen Laing, Dr Cliff Sharp, Mr John McLaren, Dr Angus McVean, Mrs Jill Stacey, Mrs Jane Davidson, Mr David Bell, Mrs Claire Pearce and Mrs Jenny Smith.

The Chair confirmed the meeting was quorate.

The Chair welcomed Linda Jackson deputising for Lynn Gallacher and Yvonne Chapple deputising for John McLaren.

The Chair welcomed members of the public to the meeting.

### 2. Declarations of Interest

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

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

### 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 23 October 2017 were approved.

### 4. Matters Arising

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

## 5. Discharge to Assess – IJB Direction

Mr Rob McCulloch-Graham gave an overview of the content of the paper and advised that the pressure on the Borders General Hospital at present was at a critical level. Work had been expedited to discharge patients and find extra care home and residential home placements.

Mr McCulloch-Graham clarified that the winter plan was the Joint Winter Plan which involved all partners: NHS Borders, Scottish Borders Council and SB Cares.

Cllr Shona Haslam sought clarification on the difference between a boarding bed and a discharge to assess bed. Mr McCulloch-Graham commented that in the acute setting if the hospital was running out of capacity in a department they would move patients to another ward, which was often not appropriate to that patients condition, although they still received the appropriate care and assessment required.

Mrs Tracey Logan commented that in order to assist social work and health professionals in the discharge of patients from the acute sector, she was keen for the Health & Social Care Integration Joint Board (IJB) to issue a policy direction so that staff could be up front with patients on admission to say their expectations should be that they would not stay in a clinical setting if it was not required. She further commented that she was keen to make Crawwood a more homely setting for people to be discharged to with the intention that the environment would assist in people's reablement and outcomes, taking pressure away from the acute sector and care homes.

Mr Tris Taylor suggested the consultation phase should not wait until the Spring, given the pilot could be utilised to glean user feedback to facilitate change in behaviours and evidence positive outcomes for people. Mr McCulloch-Graham agreed that evidence should be gathered at the pilot stage to feed in to the consultation process. Mr Taylor further enquired if it was a change to both social care and NHS processes. Mrs Logan confirmed it was.

Mrs Linda Jackson sought assurance that carers would be fully involved in the process. Mr McCulloch-Graham confirmed that it was essential that carers were involved, especially at part of the assessment to leave the hospital.

Mr Murray Leys commented that consultation would be directed through the Public Partnership Forum which was the IJB's formal process.

Mr John Raine advised the IJB that the Borders General Hospital had been under severe strain the previous day and indeed that morning. He commented that it was a challenge to move any patients who no longer required medical care out of the acute setting. However it was especially difficult with certain groups of patients such as those in the Department for Medicine of the Elderly (DME), who due to their length of stay became used to certain routines, a user friendly environment and activities. Often the patient was reluctant to leave and the family were reluctant to aid the discharge.

Mr McCulloch-Graham further commented that the IJB would need to specify what it expected to receive for the funding it commissioned and how success would be measured. The primary expectation was to reduce the number of stranded patients and a performance measure would be required.

Mr Colin McGrath enquired about the adaptation of vacant properties owned by both Scottish Borders Council and NHS Borders to assist in the discharge of people to supported living environments. Mrs Logan commented that work with Housing Association partners on extra care housing and the older peoples housing strategy was nearing completion and contained a comprehensive strategy on the provision of extra care housing for those with dementia.

Mrs Carol Gillie highlighted to the IJB that the discharge to assess policy was about discharge to assess from all NHS facilities including the Community Hospitals.

Cllr David Parker commented that given the major issue with stranded patients it was fundamental that a policy change be directed and Crawwood be refurbished to assist the proposal. He suggested any further delay would lead to unrealistic pressures on services and patients. He also suggested that the consultation be done in tandem with the pilot asking patients and families for feedback as they passed through the revised system.

Cllr Haslam commented that the opening of Crawwood and other facilities in the community would require close monitoring to ensure they did not end up as another place for people to become stranded. Mr McCulloch-Graham assured the IJB that a publication had been put together for patients and their families on admission to hospital which clearly advised that whilst they would receive medical treatment in the hospital their recovery and assessment would take place outwith the hospital setting. He further advised that there was a need to ensure packages of care and vacancies in care homes were available to aid the movement of people out of the secondary care setting and into the right community environment for them as individuals.

Mr McCulloch-Graham advised the IJB that Crawwood had only given permission to operate as an assessment function until the Spring of 2018 and he was keen to demonstrate by that time that there was a longer term plan. He further spoke of the challenges in attracting people into the care profession.

The Chair concluded that year on year the acute and community hospitals contained a number of stranded patients during the winter period, who had been admitted with acute illness and then awaited assessment and were unable to move to another facility or move back to their own home. He commented that in 2017 there were on average 41 stranded patients in the wrong place each week and the IJB had the opportunity to make a difference to those patients and direct the Health Board and Local Authority to manage patient flow better through the discharge to assess policy.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the issuing of a Direction to NHS Borders and Scottish Borders Council to introduce a policy of Discharge to Assess.

Under this new "Direction" the **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested the Health and Social Care Partnership to provide a detailed and costed proposal to the IJB for the introduction of such a policy over the winter period of 17/18.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** further requested that a review of the methodology be undertaken in June 2018 and a report brought to the IJB with

further recommendations based on the experience of the first six months of “Discharge to Assess” practice.

## 6. Pilot for Discharge to Assess

Mr Rob McCulloch-Graham gave an overview of the content of the paper and highlighted the costs and the actions to be taken. He advised that comparing data from August 2016 to August 2017 there were some 120 more people delayed in the system. The proposal before the IJB was for a full complement of 21 beds.

Mrs Susan Swan clarified that the Crawwood costings were for refurbishment and the provision of 8 beds. The £850k also included set up costs and the provision of a small number of beds in Hay Lodge and a staffing model.

Mrs Yvonne Chapple enquired about the proposed staffing levels and Mrs Swan advised that costs were based on both trained and untrained nursing staff in Haylodge, senior support and support workers in Crawwood, and medical support was linked to salaried GP cover. Mrs Tracey Logan assured the IJB that staffing levels would be provided in accordance with professional advice. Mr McCulloch-Graham commented that discussions were also taking place with GP practices in Innerleithen and Peebles to provide medical support instead of the proposed costly salaried GP option.

Cllr John Greenwell enquired about the anticipated journey time through the new pathway. Mr Murray Leys advised that length of stay would be measured and he anticipated any period up to six weeks maximum. Mrs Logan clarified that the assessment period would be much shorter than six weeks.

Mrs Carol Gillie highlighted a risk around the provision of staffing in Haylodge. She advised of the recruitment challenges in recruiting both trained and untrained nursing staff and could not say with confidence that the model proposed could be brought to fruition.

Cllr Shona Haslam enquired about the quantum of the staffing risk. Mrs Gillie advised that recruitment at support worker level was taking place, however the Haylodge staffing model required trained nursing staff to be recruited and that might not be achieved. In order to mitigate risks an alternative plan was being explored incase recruitment to the Haylodge model was unsuccessful.

Mr Tris Taylor sought clarification that the cost of providing the model for 12 months for 21 beds was £1.8m and enquired how efficiencies would be made. Mrs Swan advised that the efficiency would be the initial set up and refurbishment costs of £150k. Mrs Logan suggested that if there was enough space there could be 25 beds provided instead of 21 for the same price.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the implementation of discharge to assess facilities at Haylodge Community Hospital and at Crawwood.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the allocation of a Hospital to Home provision through the health care support team.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the use of Integrated Care Fund resources to cover the total estimated cost of £850k, for the discharge to assess options recommended by the Executive Management Team (EMT).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested an evaluation of this provision as part of the wider winter plan.

The Chair recorded the thanks of the Health & Social Care Integration Joint Board to all those involved in the preparation of the paper.

## **7. Emergency Powers**

Mr Rob McCulloch-Graham provided an overview of the content of the paper.

Mr John Raine suggested it was a sensible proposal and that any public body would have a similar provision for taking emergency decisions.

Mr David Davidson proposed that the Chief Executives of Scottish Borders Council and NHS Borders be named substitutes should the Chair, Vice Chair or Chief Officer be unavailable. Cllr David Parker seconded the proposal.

The proposal was carried and would be included in the amendment to the Standing Orders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the amendment to the Standing Orders to introduce emergency powers for decision making outside of formal Integration Joint Board meetings.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the Chief Executives of Scottish Borders Council and NHS Borders be named substitutes should the Chair, Vice Chair or Chief Officer be unavailable on such occasions as the use of emergency powers were required.

## **8. Any Other Business**

Mr Colin McGrath suggested providing a paper to the IJB to elucidate on section 1.2 of the Standing Orders (*Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders*).

## **9. 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 18 December 2017 at 2.00pm in the Council Chamber, Scottish Borders Council.

*The meeting concluded at 4.30pm.*

Signature: .....  
Chair