Borders NHS Board

STATUTORY AND OTHER COMMITTEE MINUTES

Aim

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

Background

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

Summary

Committee minutes attached are:-

- Strategy & Performance Committee: 02.11.17
- Audit Committee: 11.12.17, 30.01.18
- Endowment Committee: 02.10.17
- Clinical Governance Committee: 29.11.17
- Public Governance Committee: 21.11.17
- Area Clinical Forum: 24.10.17
- Health & Social Care Integration Joint Board: 18.12.17

Recommendation

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

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

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

Borders NHS Board

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 2 November 2017 at 10.00am in the Board Room, Newstead

Present:	Mr J Raine	Mrs C Gillie
	Mrs K Hamilton	Mrs C Pearce
	Mr D Davidson	Mrs J Smyth
	Mr T Taylor	Dr C Sharp
	Mr M Dickson	Dr T Patterson
	Dr S Mather	Mr R McCulloch-Graham
		Mr W Shaw
In Attendance:	Miss I Bishop	K
	Ms C Philip	Miss A Blackaby
	Mrs R Gray	Mrs L Jones

1. Apologies and Announcements

Apologies had been received from Mrs Jane Davidson, Cllr David Parker, Mr John McLaren, Mrs Alison Wilson, Dr Janet Bennison, Mr John Cowie, and Dr Amanda Cotton.

The Chair welcomed Mr Robert McCulloch-Graham to his first meeting of the Strategy & Performance Committee.

The Chair welcomed a range of attendees to the meeting.

2. Patient and Carer Stories

K spoke about her own experience of being a patient within the mental health service and also her experience of volunteering within the organisation. She gave a very emotional account and commended several staff for their care and compassion during her in-patient periods.

The Chair thanked K for her time and eloquence in orating her story. He commented that it was helpful to the Board to receive stories that allowed them to reflect on the type of care provided, interactions between staff and patients and areas of good practice as well as those for further learning.

Dr Cliff Sharp commented that it was really moving to hear the narrative of what did and didn't help and the intangible things which made a huge contribution to peoples lives, like music, instruments, tea, work and continuity of care. Dr Sharp saw value in publicising K's story nationally if she were content to do that to allow for further learning for a range of health professional disciplines.

Mr Malcolm Dickson applauded K for her strength in speaking to a room full of strangers about her very personal story and how self aware she was. He suggested if everyone understood their strengths and weaknesses as well as she did they might be better people for it.

Mr Robert McCulloch-Graham commented that K had beautifully written and narrated her story and he would be grateful if she would consider sharing her story with others.

Mrs Laura Jones commented that on behalf of the patients, she had had the privilege of listening to K play the piano to patients and the joy that it had brought to many was quite amazing to see.

The Chair thanked K for having the courage to come and speak to the Board and for her dedication to her work as a volunteer.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the patient's story and considered the opportunities and positive outcomes which could be delivered by working in partnership with service users in an innovative and creative way.

The Chair invited reflections on the story from the Committee members.

Dr Cliff Sharp advised that he would speak with K in regard to seeking her permission to publicise her story through Care Opinion, the Huntlyburn Facebook page and the British Medical Journal.

Mr David Davidson suggested her story might be shared with the Scottish Government in regard to raising awareness about eating disorders and the help required outwith the health care environment.

Mr Tris Taylor enquired how those with mental health needs who were not in the acute system were helped to express themselves. Dr Sharp advised that the Occupational Therapists assisted adults to draw out their interests and encouraged creative expression whether through singing, music, dance, etc. He advised that in child psychiatry they had the provision of a dance therapist and 2 music therapists. Dr Sharp advised he would be happy for Mr Taylor to meet with the team to learn more.

Mr Dickson enquired if there were any lessons to learn about using volunteering as part of the therapy process. Dr Sharp commented that it was quite a common thing and often brought purpose to doing something simple and giving something back.

The Chair asked that the staff mentioned by K were advised of her commendations. Dr Sharp commented that he would ensure feedback was given.

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 7 September 2017 were approved.

5. Matters Arising

5.1 Minute 7: Scottish Borders Health & Social Care Partnership Draft Winter Plan 2017/18: The meeting noted that Mr John Cowie was to provide an update on contractual arrangements in regard to vaccination uptake.

5.2 Action 1: Dr Cliff Sharp advised that the Branching Out project was a reincarnation of the Wilderness project and he had asked Mr Mike Cant Pinnons to provide an SBAR update on it. He confirmed that the spirit and practice continued in a different format.

5.3 Action 20: Dr Tim Patterson advised that the action was now complete and would form part of the Diabetes Strategy.

5.4 Action 24: Mrs Karen Hamilton advised that the Charter for Involvement was an item on the next Public Governance Committee meeting agenda and was also featured on their Action Tracker.

5.5 Action 25: Dr Cliff Sharp commented that whilst the action was complete in regard to simulation training space the next step would be to have a simulated ward area identified.

5.6 Action 29: Mr Robert McCulloch-Graham advised that the unit was off the road. Dr Stephen Mather recalled that the matter had been remitted to the Health & Social Care Integration Joint Board to discuss and suggested Mr McCulloch-Graham pursue it through that route.

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

6. Delayed Occupied Bed Days

Mr Robert McCulloch-Graham gave an overview of the content of the paper and highlighted the increase in occupied bed days. He further highlighted: the funding request to the Health & Social Care Integration Joint Board (IJB); the increase in complex cases and their length of stay; the expectation of families in regard to the discharge destination of their family members; the provision of a rapid assessment and discharge service within the Emergency Department at the Borders General Hospital; the provision of bed availability at Waverley Care Home to ensure patient flow; the provision of the Matching Unit and its impact on efficiency in the system around matching people with packages of care; and a Discharge to Assess policy proposal.

Mrs Claire Pearce gave feedback on a patient who had been in Ward 12 for 7 months waiting on a package of care in the community. The patient had not wished to remain in hospital and Mrs Pearce was able to confirm that the patient was finally being discharged to Waverley Care Home later that afternoon for assessment for a double package of care.

Mr David Davidson enquired if there was any update on the Anne Hendry review of Community Hospitals. Mrs Laura Jones advised that Mrs Hendry had spent 2 days the previous week on site to progress matters.

Mrs Karen Hamilton enquired about the discharge status of patients in the discharge lounge. Mrs Pearce advised that patients were formally recorded as discharged at the point they arrived in the discharge lounge.

Further discussion focused on: cost resources information; discharge to assess proposal; 3 areas to focus on, admission to hospital – pathways after consultation with the GP that do not involve a hospital admission – careers in care to use as an entry level to the nursing profession; commencing the patient and family discussion around discharge destination at or prior to admission; when medication is sorted discharge will be to an assessment facility; and understanding the level of additional capacity that is required.

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

7. Prescribing Proposals – Nicotine Replacement Therapy

Dr Tim Patterson gave an overview of the content of the paper and explained the process for those who required help with smoking cessation. He highlighted the intention to protect vulnerable groups and that Health Scotland were keen that Health Boards did not move to charging for nicotine replacement therapy (NRT).

Discussion focused on several key areas including: whilst the smoking cessation service and pharmacy colleagues might strop prescribing NRT, GPs could still prescribe and might prescribe the more expensive product; use of the minor ailments scheme; financial consequences in years to come of withdrawing the service now; the cost of cigarettes compared to the cost of NRT or electronic cigarettes; provision of a voucher scheme to commence smoking cessation with monitoring and then phased out for individuals over a 2 year period; a strategy for the rationale of withdrawing the service; inequalities; dealing with the financial challenges and providing better health care and better value; balancing the need for self reliance and personal responsibility and helping the most deprived and troubled individuals; and GPs were keen to reduce prescribing certain things and are in open dialogue with the organisation about how they can assist in reducing prescribing pressures and drug and supply costs.

Dr Cliff Sharp commented that smoking was bad for individuals health and those with limited resources often managed their resources in such a way to be able to continue smoking. He suggested that the most deprived segment of the population needed to be protected, however individuals had to take responsibility for their health and people often gave up smoking after a few attempts and only if they really wanted to. He put into context the proposed saving of £15k to the cost of a Healthcare Support Workers who might assist up to 300 people each per year.

Mrs Karen Hamilton commented that she was unsure if those who received NRT for free would be motivated enough to cease smoking, as they would have no financial investment in it.

The Chair enquired if any savings had been realised as a result of the Board having changed the criteria for the prescription of statins bearing in mind that GPs would prescribe as they considered appropriate. Dr Sharp advised that he would seek an update from Mrs Alison Wilson.

Mrs June Smyth reminded the Board that the Discovery facility was being utilised to look at several areas for savings in conjunction with GPs and Quality Cluster Leads.

The Chair concluded that further work was required on the paper in order for the Committee to make an informed decision. He suggested the paper should include detail on the wider health economics, the outcome of any change in GP prescribing practice as a result of the statins criteria change, further

consideration of inequalities issues and the impact on areas of deprivation, and the rationale and implications should the Board depart from national government policy.

The **STRATEGY & PERFORMANCE COMMITTEE** discussed nicotine replacement therapy provided as part of a smoking cessation programme within NHS Borders as an area for prescribing policy change.

The **STRATEGY & PERFORMANCE COMMITTEE** asked for further work to be undertaken on the paper and for it to be resubmitted to the next meeting of the Committee in February.

The **STRATEGY & PERFORMANCE COMMITTEE** also requested an overarching framework be produced to enable the Committee to make informed decisions and recommendations to the Board.

8. Efficiency Update as at 30 September 2017

Mrs Carol Gillie provided the Committee with an update on the delivery of the 2017/18 efficiency programme against the target as at 30 September 2017. She highlighted several key elements within the report including: £3.4m of savings had been delivered; she was forecasting that £8.7m of savings would be delivered this year; the report gave a lot of detail about targets and delivery by Clinical Board area; and there had been an increase in the level of savings due to be delivered within the set aside budget and there had been a decrease in the forecast delivery of drugs savings.

Mrs Gillie further clarified that only £4.1m was forecast to de delivered recurrently leaving a shortfall of £8.8m which would be carried forward into 2018/19 which was a further increase from the recurring deficit of £4.9m at the start of the financial year.

Mr Tris Taylor noted that the recurring savings position was the most worrying element and enquired about investing to produce recurring savings. Mrs Gillie clarified that focus had been given to the current financial year, and with the assistance of the Health & Social Care Integration Joint Board direction to provide £1m to assist with delayed discharge costs, she was forecasting a break even position based on a number of assumptions and risks however, she remained concerned about the recurring savings position for the future and was keen to delve into the financial position for 2018/19 at the afternoon Board Development session.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the updated to end of September.

9. Performance Scorecard

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

Mr Tris Taylor enquired what information was supplied to patients about waiting times within their appointment letters. Mrs Laura Jones advised that there was guidance on what was required to be included in a referral letter and that the letter should state when the patient was added to the waiting list and when their appointment was anticipated. In some specialities where there were difficulties there should be included in the letter a section confirming if the speciality was operating outwith the 12 or 18 weeks standard and what the anticipated waiting time would be. Mrs Jones agreed to pick up the matter with Mr Taylor outwith the meeting.

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

10. Any Other Business

10.1 Financial Performance Group

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

11. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 1 February 2018 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.30.

Signature: ……
Chair

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 11th December 2017 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr G Bell, Audit Manager, PWC
Mrs J Davidson, Chief Executive
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
Dr J Montgomery, Director of Medical Education (Item 9.1)
Mrs C Pearce, Director of Nursing, Midwifery and Acute Services
Mrs J Smyth, Director of Strategic Change and Performance (Item 4)
Mr J Steen, Senior Auditor, Audit Scotland
Mrs J Stephen, Head of IM&T (Item 6.3)
Ms S Swan, Deputy Director of Finance

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: 19th September 2017**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker
The Committee noted the action tracker.

Update on Mandatory Training
June Smyth spoke to this item which was a follow-up to the report the Committee received in September. June referred to the graph on page 3 which indicated a slight variation in compliance since January 2017 and went over the key points to note. June explained that classroom training for fire safety had only recently come on stream hence the low stats recorded. It was noted that implementation of the Central Booking System (CBS) Scorecard, which is currently being rolled out, will ensure all staff have a learning plan which is pre-populated with core learning. Line Managers will have access to a RAG status of compliance which will enhance understanding of the training needs for staff and their compliance

reporting. It was noted that to enhance the Back to Basics programme Nursing and Midwifery are being prioritised for the initial roll-out of the new CBS Scorecard as they fall in the highest risk areas. June advised that the dashboard information from January onwards will provide a better understanding across the organisation. Jane Davidson stressed that Managers have responsibility in ensuring that staff undertake training and it will be easier to get an overall picture from the dashboard results. Jane advised that it was the intention to provide a further update at the next meeting to highlight where there are still concerns and how risk has been reduced.

David Davidson referred to page 5 and was pleased to see that the situation around staff being released for training seemed to be improving. June advised that it was but explained that there would still be issues as we start to experience bad weather, however this would be worked into the plan. David asked for clarification on the Virtual Induction Passport that has been developed for doctors in training not being linked into the Scottish online appraisal and revalidation resource. Claire Pearce explained that once this is completed it transfers with the member of staff from one Board to another, it is just the appraisal system that is not linked to the national scheme. It was noted that the passport will be available to more groups of staff from April 2018. Malcolm Dickson felt that this was progressing in the right direction and was pleased to see more engagement with staff. Malcolm enquired about the statement that it takes approximately 5 hours per staff member every two years to complete training. June confirmed that this is for core eLearning which should take approximately 5 hours every two years. Margaret Kerr stressed that it was essential for team leaders to be on board as they are key to this ongoing process. David asked for an indication of where Borders benchmarked across Scotland. Margaret explained that what is classed as mandatory is not straight forward and there is ambiguity around this which other Boards are experiencing issues with. Claire advised that there is work ongoing with NHS Fife to have a regional approach to mandatory training. Stephen Mather emphasised the need to get a list of core training that is both relevant and manageable to encourage staff to undertake this.

The Committee noted the update report and that a follow-up would be brought to the January 2018 meeting.

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group – Feedback*

Susan Swan spoke to this item and reminded the Committee that the group had been put in place to deal with fraud issues across the organisation on behalf of the Audit Committee. It was noted that the group is made up with the heads of service of the key areas that Susan is in contact with on a regular basis. Susan explained that the report included an update on the key issues and took the Committee through these. Susan assured that the group continued to progress the fraud agenda across the organisation. David Davidson suggested an induction on this group be arranged for Malcolm Dickson. Susan agreed to pick this up with Malcolm.

The Committee noted the update.

5.2 *NFI Update*

Susan Swan spoke to this report. Susan explained that matches are received in January and are risk assessed. Susan advised that investigations have been completed with the exception of 19 which relate to Payroll to Payroll whereby there is an issue relating to sickness absence for a member staff who is also employed by another Board. Although these are rated as medium risk Susan advised that it did not look like any of the checks made to date looked fraudulent. Susan referred to section 4 and highlighted that due to

the delay in receiving the payroll matches, and the need for these to be reviewed by other Boards, it was estimated that full sign off of payroll matches to the Cabinet Office database would be completed by 31st January 2018. David Davidson referred to matches titled "Payroll to Companies House" and asked for clarification on this. Susan explained that some employees are also Company Directors so there must be stringency to ensure there is a separation of duties if there be a link between NHS Borders and the company they are a Director of. It was noted that a more comprehensive register of interests is included within the revised Code of Corporate Governance to ensure that no member of staff in able to authorise anything on a standalone basis. Carol Gillie added that there have been limited findings across NHS Scotland which is positive but little benefit attained.

The Committee noted the update report.

6. Internal Audit

6.1 *Internal Audit Plan Progress Report*

George Bell spoke to this item and confirmed that progress is on course against the plan for 2017/18. George reported that two final audit reports have been issued and were on the agenda for today's meeting. Two draft reports, namely Clinical Governance and Business Continuity, were currently with managers for comment and the draft Terms of Reference for the Health and Social Care Integration Risk Management audit had been issued to managers for comment. Margaret Kerr added that it was the intention to bring the two reports currently in draft to the extraordinary Audit Committee meeting in January.

The Committee noted the progress report.

6.2 *Internal Audit Report – Budget Management and Financial Reporting*

George Bell introduced this report which had an overall low risk rating. George advised that there had been one medium rated finding, one low rated finding and one advisory rated finding. George referred to slide 4 which provided a summary of the review undertaken and the findings. George reported that overall a satisfactory framework was in place, however the three issues found would enhance the current system. These were noted as there being no auditable evidence for the review of budget profiles prior to being uploaded to the eFinancials application (medium risk), no formal induction or training being in place for budget holders (low) and there are no periodic reviews of the Scheme of Delegation aimed at removing inactive or redundant cost centres (advisory). George highlighted management comments which agreed that the recommendations would further strengthen the controls and processes currently in place. David Davidson noted concern around the medium risk finding regarding auditable evidence. George explained that there was tangible evidence that the process had been reviewed and was comfortable that this is taking place, there was just no auditable evidence. Carol Gillie advised that a system is being put in place to address this and gave assurance that these checks are being undertaken. Carol referred to the timescale of 31st March 2019 for the low risk finding and explained that this is to ensure there is sufficient time to put together a comprehensive training package for budget holders. It was noted that progress would be reported through the follow-up report.

The Committee noted the report.

6.3 *Internal Audit Report – Cyber Security*

Margaret Kerr introduced this report which followed a maturity review rather than the standard audit. Margaret explained that they had worked closely with management to understand the target that is hoped to be achieved as this differs across organisations. Margaret referred to the scope of the audit which had been to assess cyber security control maturity across six domains (Priorities, Risks, Connections, Technology, People and Crisis) using the PWC cyber assessment methodology. It was noted that a series of workshops with key IM&T staff had taken place to determine key actions. Margaret highlighted that when benchmarked against other Boards NHS Borders' current maturity is lagging behind, however this could be down to a variety of reasons, such as Borders being one of the smallest territorial Boards or the use of XP which is an outdated platform and no longer updated by the provider. Margaret drew the Committee's attention to the "Key Actions" which summarised what had been agreed by IM&T management during the review. Stephen Mather referred to the IM&T Road to Digital plan which had been approved by the Board the previous week and questioned how much had now been superseded by this. Malcolm Dickson felt that it was useful to undertake an audit of this kind to highlight any weaknesses which can be improved upon. Jane Davison asked Internal Audit how much had been taken into account from the findings of the audit undertaken the previous year. Margaret explained that the audit is designed to be a snapshot at a point in time and confirmed that it had taken into account the aspirations from the previous review. Jane enquired if the report also addressed the issues arsing. Jackie Stephen felt that it did as the report detailed areas for improvement and confirmed that some of these would be dealt with through the IM&T Road to Digital investment plan. David Davidson asked for clarification on what was required to be undertaken for audit purposes. Margaret advised that the actions are set out within the report and that she would expect a follow-up audit to be undertaken at a suitable point in time to see if targets have been achieved. Jane felt that the Board should be sighted on anything within this report that they were not already aware of and agreed to do so should there be anything relevant. Jackie confirmed that all purchases will be complete by the end of March 2018 and actions completed by the end of June 2018. Susan Swan reminded that the IM&T Road to Digital plan is a four year plan and approval had only been given for year one. June Smyth suggested that the Committee be provided with an update at the March meeting. This was agreed.

The Committee noted the report and agreed that they would receive an update at the March meeting.

7. Integration Joint Board

7.1 *IJB Annual Accounts 2016/17 - Final*

Carol Gillie advised that the Committee had previously had sight of the draft IJB Annual Accounts for 2016/17 and the final version were now being presented for noting.

The Committee noted the final IJB Annual Accounts for 2016/17.

7.2 *IRAG Update*

Carol Gillie spoke to this item and advised that there had been an error in the figures being transposed under item 2.1 and that it should read 53 (77%) key provisions had been fully implemented. Carol reported that this is a further update to the last report received at the April 2017 meeting and went over the progress that had been made. Carol highlighted that the high risk regarding the update to partners' corporate

governance documentation has now been completed through the revised Code of Corporate Governance.

The Committee noted the update report.

8. **External Audit**

8.1 *External Audit Annual Audit Plan 2017/18*

Asif Haseeb introduced this item and advised that it was Audit Scotland's second year of a five year appointment. Jonny Steen went on to take the Committee through the report. Jonny referred to the key audit risks identified on page 4 and highlighted that each risk had a note of what audit work would be carried out against it. Jonny referred to the third audit risk and highlighted that the Board faces a challenge to break-even which the Committee would be aware of from the Board reports presented by the Director of Finance. Jonny explained that the fourth risk was in regard to accounting for IJB transactions and that this was the second year to include these. The differing sign off dates were recognised and it was recommended for the Finance Teams to have a timetable in place to accommodate these. Jonny referred to page 6 detailing the reporting arrangements which noted a deadline of 30th June 2018 for submitting the Annual Accounts to Scottish Government. The Audit Committee on the 14th June 2018 would receive a copy of the Annual Report and Accounts and the Annual Accounts would then go to the Board meeting on 28th June 2018 for formal approval. Jonny advised that the year-end audit would be carried out during May and June 2018 which was expected to take four weeks to complete. Gillian Woolman would once again be the Engagement Lead from Audit Scotland. It was noted that recent changes with the IJB Management Team were detailed on page 10 and that a paper would be going to the next IJB meeting outlining proposals for appointing to the Chief Financial Officer post. Jonny advised that reliance is placed on Internal Audit and that a review was underway by the NHS Greater Glasgow & Clyde External Audit team to ensure compliance by PricewaterhouseCoopers. Jonny advised that the audit is based on four audit dimensions, namely financial sustainability, financial management, governance and transparency and value for money. It was noted that the Board's financial performance, including the previous two years for comparison purposes, was detailed under exhibit 6. Jonny reminded that the Director of Finance had presented a Recovery Plan paper to the Board on 26th October 2017 and the actions from this to address the overspend were detailed under paragraph 44. Jonny referred to the appendix which summarised two recent Audit Scotland reports, namely NHS Workforce Planning and NHS in Scotland 2017, which would be discussed in more detail at the extraordinary Audit Committee meeting on 30th January 2018.

David Davidson referred to paragraph 48 which stated "Three new Non-Executive members joined the Board in the summer of 2017" and advised that two had joined in the summary with the third due to join on 1st April 2018. The report would be updated to reflect this. David asked Carol Gillie if she was content with the report. Carol confirmed that she was with only minor issues to finalise.

The Committee noted the 2017/18 Annual Audit Plan.

9. **Governance & Assurance**

9.1 *Audit Follow Up Report*

Susan Swan spoke to this item. Susan reported that there were 7 External Audit recommendations, 3 of which were overdue and 15 Internal Audit recommendations, 9 of which were overdue, outstanding as at 30th September 2017. Susan highlighted that there were two requests for attendance at today's meeting to provide an update and revised timescales due to recommendations not being fully implemented within the three months deadline.

The Committee noted the audit follow up report.

Update on Utilisation Report Recommendations

Claire Pearce spoke to this item. Claire referred to the first overdue recommendation regarding formal accuracy checking over source data quality and processing. Claire confirmed that a new process is being put in place to ensure that data checks are undertaken by the service before being validated. Claire advised that for the second outstanding recommendation regarding an implementation plan being produced for the Sapphire update and ITU bed booking diary, this would be taken forward as part of IM&T's Road to Digital plan and was being worked into the Business Case. Carol Gillie suggested that realistic deadlines be set for implementing these actions and reminded the Committee that progress would be reported through the audit follow-up report.

The Committee noted the update.

Update on Training of Junior Medical Staff Report Recommendations

Jane Montgomery spoke to this report which provided an update on the three outstanding recommendations. Jane confirmed that simulation training for Foundation Doctors has moved forward, however it was noted that requirements are increasing which will mean more simulation training and the space to undertake this. It was noted that a second room within the Education Centre will be used for training and that this is currently being converted. Jane advised that it is the intention to recoup some of the ACT funding to pay for a technician to run the simulation equipment. In regard to administrative staffing it was noted that no further progress had been made as they are still trying to ascertain how much funding is available for this. For the remaining outstanding recommendation Jane advised that the Quality Management Group of NHS Education had undertaken a follow-up visit and confirmed they were pleased with the progress being made around improving the induction process. Jane added that feedback received after each induction session is positive.

The Committee noted the update.

9.2 *Debtors Write-Off Schedule*

Susan Swan spoke to this item and was pleased to report that there had been no requests for bad debts to be written off for the period to 30th November 2017. Susan apologised that the paragraph under "Background" should have been worded using the past tense. Susan referred to Road Traffic Accident income recovery and advised that following discussion with External Audit an additional provision in line with guidance has now been included in the Board's year-end financial planning. It was noted that the increase to the provisions totals ensured 23% of income is provided for as per the guidance issued by Scottish Government. Susan advised that any Doubtful Debts had exhausted all follow-up routes and would be passed to a Debt Recovery Agency. Susan assured

that there would be no doorstep recovery and this would only be in writing. It was noted that the agencies had been narrowed down to two and a paper would be prepared to allow the Director of Finance to make an informed decision.

The Committee noted the debtors write-off schedule.

9.3 *Mid Year Update – Information Governance*

George Ironside spoke to this item. George reported that the main focus had been assessing the implications of the European General Data Protection Regulations to ensure NHS Borders is compliant by May 2018. It was noted that it was still not clear what the impact would be and that it could be a challenge for Medical Records due to tighter response times. George confirmed that progress has been made with the action plan to deliver the Records Management Plan as well as completing an Internal Audit Cyber Security Audit in conjunction with other IM&T colleagues. It was noted that Freedom of Information (FoI) requests continue to increase. David Davidson enquired how long on average it takes to deal with an FoI request. George did not have an exact figure but confirmed that this was relatively high. Carol Gillie added that a huge amount of resource from departments go into completing these requests.

The Committee noted the update report.

10. **Annual Accounts 2017/18**

10.1 *Mid Year Accounts 2017/18*

Susan Swan spoke to this item. Susan provided the Committee with the background to this exercise which is undertaken in preparation of the year-end Annual Accounts. Susan advised that the Finance team work closely with the External Audit team and have ongoing discussions to ensure everyone is fully briefed.

The Committee noted the Mid Year Accounts for 2017/18.

11. **Items for Noting**

11.1 Information Governance Committee Minutes: 14th September 2017 (Draft)

No issues were raised.

The Committee noted draft Information Governance Committee minutes.

12. **Any Other Competent Business**

None.

13. **Date of Next Meeting**

Tuesday, 30th January 2018 @ 11.30 a.m., Committee Room, BGH (Extraordinary)
Wednesday, 21st March 2018 @ 2 p.m., Board Room, Newstead

BE
15.12.17

Minutes of an Extraordinary Meeting of **Borders NHS Board Audit Committee** held on Tuesday, 30th January 2018 at 11.30 a.m. in the Committee Room, BGH.

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

In Attendance: Mr G Bell, Audit Manager, PWC (Left meeting at 1.20 p.m.)
Mrs J Davidson, Chief Executive
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance (from 11.45 a.m.)
Mrs R Gray, Head of Clinical Governance & Quality (Item 4.2)
Mrs M Kerr, Director, PWC (Left meeting at 1.20 p.m.)
Cllr D Parker, Non Executive Director (Item 3)
Mrs C Pearce, Director of Nursing, Midwifery and Acute Services
Mr R Robinson, Audit Scotland (Item 3)
Dr C Sharp, Medical Director (Item 3)
Mrs J Smyth, Director of Strategic Change and Performance
Mr J Steen, Senior Auditor, Audit Scotland
Ms C Sweeney, Audit Scotland (Item 3)
Ms K Whyte, Audit Scotland (Item 3)
Mrs A Wilson, Director of Pharmacy/Non Executive Director (Item 3)

1. Introduction, Apologies and Welcome

David Davidson welcomed those present to the meeting. Apologies were received from Gillian Woolman, Asif Haseeb and Susan Swan.

2. Declaration of Interest

There were no declarations of interest.

3. External Audit

3.1 *Audit Scotland Report: NHS Workforce Planning*
3.2 *Audit Scotland Report: NHS in Scotland 2017*

Claire Sweeney introduced Richard Robinson and Kirsty Whyte who would be presenting on the NHS Workforce Planning and NHS in Scotland 2017 reports respectively. The Committee received a presentation which looked at the key messages within the reports and highlighted challenges faced by Boards. Carol Gillie agreed to circulate the checklist for Non Executive Directors to complete and consolidate responses.

The Committee noted the presentation.

4. **Internal Audit**

4.1 *Internal Audit Progress Report 2017/18*

George Bell spoke to this item. George advised that one report, Clinical Governance (Acute Services), had been issued since the last meeting and was being presented at today's meeting. It was noted that the Business Continuity report had been due to come to today's meeting, however this was still being finalised and would be presented to the March meeting along with the reports on Financial Efficiency Savings and Health and Social Care Integration Risk Management.

The Committee noted the update.

4.2 *Internal Audit Report – Clinical Governance*

George Bell introduced this report which was a review undertaken within Acute Services and had an overall medium risk rating. George advised that there had been five medium rated findings. George referred to the first finding whereby the Clinical Governance Strategy had not been reviewed or updated for seven years and this required to be undertaken particularly in relation to Health & Social Care Integration. It was noted that management had agreed to review this by July 2018. For the second finding relating to compliance with clinical standards requirements it was noted that four out of ten standards reviewed were found to be generally below the target of 95%. It was noted that action plans will be developed under the Back to Basics programme and its five workstreams to address compliance rate failures. George referred to finding 3 regarding clinical audit plans as they were unable to find any evidence of an overall Clinical Audit Plan. It was noted that management have agreed to develop an annual plan which will be formally approved by the Clinical Governance Committee. For finding 4 relating to clinical governance guidance George advised that there are approximately 12,000 items on the intranet relating to medical issues, however it was not clear what percentage related to policy documents that should have been known to / quality assured by the Clinical Governance and Quality Team before being published. George advised that for finding 5 there was a lack of summary assurance reporting being provided to the Clinical Governance Committee which may undermine the assurance being given to NHS Borders Board on standards of clinical governance and associated compliance. Stephen Mather felt that this was a fair report and accepted that policies were out of date and assured that these would now be updated. Stephen referred to page 10 of the report where it stated that the Chair of the Clinical Governance Committee is a medical professional and advised that he no longer practices medicine and suggested that this statement be removed. George agreed to do this. Stephen also referred to finding 3 regarding the lack of a Clinical Audit Plan and in particular about the audits undertaken by junior doctors as part of their training not being mandated with the subject matter for these being optional. Stephen was not unduly concerned with this as the current system did not restrict junior doctor's activity. Margaret Kerr stressed that the emphasis was on the priority issues that require to be addressed and there was no intention of causing any restrictions. Stephen was surprised that there appeared to be a lack of control on what is uploaded onto the Intranet and felt that there required to be a managed process for adding clinical items. Jane Davidson agreed that it was a fair audit with management responses and felt it would be beneficial to have a separate section on the Intranet for medical policies. Jane referred to the Back to Basics programme and advised that this is across the whole organisation and will have gone through all Clinical Governance Forums and not just the Borders General

Hospital. David Davidson asked who would have overall responsibility for delivery of recommended actions. Jane confirmed that this would be the Medical Director.

The Committee noted the report.

5. **Update on Mandatory Training**

June Smyth spoke to this item and highlighted that there had not been much change to the data since the last meeting, however the report provided a detailed update on work undertaken which will significantly enhance the organisation's reporting capability. June advised that the number of managers trained has risen since the report was circulated and a total of 80 have now been trained. June explained that the system is set up for the year to allow managers to fully utilise this after they receive their training. June referred to the Learnpro Course Booking System (CBS) scorecard and advised that this will be rolled out across all staff by April 2018 with the data gathered from this being included within the Training Needs Analysis (TNA) report. It was noted that this will provide accurate information which can be used to ensure the training needs are met in the most efficient way. Stephen Mather asked for assurance that the system is set up to prevent anything from being added. June confirmed that there is a specific process in place should anything require to be added. Stephen referred to paragraph 2 on page 3 of the report as he was concerned that clinical skills training had been reduced to a two hour session which had previously been four hours. June assured that the core elements had been scrutinised to ensure that this is fit for purpose. Malcolm Dickson felt that this was a positive report and referred to the paragraph on page 3 regarding TNA reporting which would highlight the level of risk across the organisation. Malcolm enquired if the Clinical Executive Operational Group is able to provide a top down view from management on what training is required. Clare Pearce confirmed that they can. June also advised that the Statutory and Mandatory Training Working Group have added scrutiny. Jane Davidson felt that the report set out the issues and solutions clearly and appreciated that there is still further work to be done. Jane referred to fire training and noted that eLearning is available for this, however they are looking at optimal classroom based fire training and will be targeting high risk areas. David Davidson asked if there was a Fire Officer in post. Carol Gillie advised they are due to take up post in May and that temporary measures are currently in place. Margaret Kerr felt that there had been positive progress made as a Board.

The Committee noted the report.

Margaret Kerr and George Bell left the meeting.

6. **Internal Audit Arrangements**

Carol Gillie spoke to this item. As a point of clarity Carol advised that the current national framework contract with PWC ceases on 31st May 2018 and not 31st March 2018 as stated within the report, however NHS Borders' contract with PWC within the framework contract ceases on 31st March 2018. Carol advised that as per the Code of Corporate Governance a tendering exercise should be undertaken due to the value of the contract with at least three tenders being sought, however due to ongoing regional conversations which might result in a regional Internal Audit arrangement Carol proposed entering into a contract with PWC for Internal Audit services for a further 12 months. This would allow continuity of service and minimal disruption. PWC had also indicated that there would be no increase in price. It was also noted that a tendering exercise is being undertaken by Greater Glasgow and Clyde and a number of other Boards which when complete would allow any other Health Boards, including NHS Borders, to enter into a contract for Internal Audit services with the successful

bid. Malcolm Dickson enquired on the likelihood of either the regional or national solutions coming to fruition within the timescale. In regard to the regional option, Carol was unable to say if a solution could be found due to there being very different models across the three Boards. Failing that the tendering process being led by Greater Glasgow and Clyde would be an option and it seemed likely that this exercise would be completed within the 12 months of our proposed contract extension. Jane Davidson advised that the position on regional development should be clearer around September. Jane felt that in the current financial climate it would be reasonable to ask for a cost reduction of 20%. Carol advised that she had been given a commitment that there would be no increase in cost but was happy to go back and ask for a reduction. Jonny Steen asked if the Board were aware of the non compliance with the Code of Corporate Governance and suggested seeking approval if not. Carol confirmed that the Audit Committee have the authority to do this on behalf of the Board. Jonny also asked if the extension would be a separate contract to the one currently in place. Carol advised that it would. Jonny felt it would be helpful to note that Audit Scotland have carried out an annual review of PWC and confirmed that there were no significant issues and that they comply with current standards.

The Audit Committee agreed to a 12 month extension contract with PWC with effect from 1st April 2018 with the cost either remaining the same or less.

7. **Any Other Competent Business**

David Davidson enquired about progress with the Governance review. Jane Davidson advised that she had asked Carol Gillie and John Cowie to take this forward. It was noted that this had tentatively been put on the agenda for the Board Development Session on 1st March 2018.

8. **Date of Next Meeting**

Wednesday, 21st March 2018 @ 2 p.m., Board Room, Newstead

BE
06.02.18

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 2nd October 2017 @ 2 p.m. in the Board Room, Newstead.

Present:
Mr D Davidson (Chair)
Mr M Dickson
Mrs C Gillie
Mrs K Hamilton
Dr S Mather
Mr T Taylor
Mrs A Wilson

In Attendance:
Mrs B Everitt (Minutes)
Mr G Reid
Mr B Renwick
Ms S Swan
Mrs K Wilson

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from John Raine, Jane Davidson, John McLaren, David Parker, Cliff Sharp, Claire Pearce and June Smyth.

David enquired if there were any plans for Endowment training, particularly as there were two new Trustees. Susan advised that this is in hand and a session would be arranged in the near future. This session would also include Graham Reid, Investment Advisor and Karen Wilson, Fundraising Manager.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 6th June 2017 and 16th August 2017 (Extraordinary)**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The action tracker was noted.

5. **Fund Management**

5.1 *Investment Advisor Report*
Graham Reid spoke to this item. Graham reported that the portfolio value as at 14th September 2017 was £3.65m. Graham highlighted the ongoing dividend income from investments which he expected to be equivalent to £112k for a full year. Graham reported that the portfolio continues to do well and explained that there had not been much volatility over recent months. Graham referred to current events within the political sector, namely Brexit and the North Korean Peninsula, where the outcome of both would have a likely impact on the market. Graham advised that

there is evidence of companies and economies prospering and stressed the need to identify global markets which show most promise so as not to be wholly dependent on investments within the UK. David Davidson commented that the portfolio had done well when compared to the Asset Risk Consultants (ARC) figures. For the benefit of the new Trustees Graham explained about the ARC and the Wealth Management Association (WMA) benchmarks.

The Board of Trustees noted the report.

6. **Financial Report**

6.1 *Primary Statements and Fund Balances*

Susan Swan spoke to this item. Susan reported that the Endowment Fund portfolio recorded a cumulative total of £4,679,857 as at 31st July 2017. Susan highlighted that the Income and Expenditure account recorded an in-year net movement in funds of £38,405 for the period to 31st July 2017. It was noted that income received for this period was £168,697. Susan advised that the 'Costs of Fundraising' reported a cumulative expenditure position on Fund 401 of £118,045.66 which was in line with the agreement by Trustees to pump prime costs of the major fundraising appeal. It was noted that Trustees had approved a 50/50 recharge against Restricted and Unrestricted Funds for Fundraising costs and recharge would be actioned six monthly across fund balances. Susan went on to highlight two funds that were reporting a small deficit balance and confirmed that there will be discussion with the Fund Managers, however these were due to a timing difference. David Davidson enquired if there was any guidance to stop Fund Managers from going into deficit. Susan assured that these were due to a timing difference as the report was one month in arrears. Susan went on to provide background on the Children's Centre for the benefit of the new Trustees. Alison Wilson enquired how long we would be keeping funds aside for the Children's Centre. Susan advised that they would be kept until Trustees request this to be used for something else. Karen Hamilton referred to the top 10 funds and asked if there was a need for concern around the amount recorded for Ward 9/Orthopaedics. Susan explained that Ward 9/Orthopaedics had recently received a large legacy and they were working with Fund Managers to ascertain any additionality/enhancement which would improve this area. Carol Gillie highlighted that the figure recorded for cash at bank was significant and asked if there would be a point in time when this would need to be looked at. Susan appreciated the large amount held and advised that this had been held up slightly with the Palliative Care work, however proposed emailing Trustees with proposals for investing part of this. Susan gave assurance that any funds moved into the investment portfolio can be retracted at any time. Graham Reid added that there is no risk to the capital. Stephen Mather reminded that people donate for a specific purpose and Fund Managers should be encouraged to spend on additionality for the benefit of patients and staff, however he did not feel that the wishes of those who had donated were being followed. David asked what assistance could be provided to Fund Managers. Carol assured that Fund Managers are encouraged to spend funds but it is incredibly difficult to get them to do this. Carol suggested focus be given to the top four funds. Susan provided an update on each of these four funds where it was noted that these are primarily in hand.

The Board of Trustees noted the financial report to 31st July 2017.

6.2 *Register of Legacies & Donations*

Susan Swan spoke to this item which detailed all donations and legacies received for the period to 31st July 2017. Susan advised that they are looking at putting a system in place whereby when a legacy/donation is received there is an automatic request made to the Fund Manager for a spending plan.

The Board of Trustees noted the legacies and donations received for the period to 31st July 2017.

7. **Governance Framework**

7.1 *Fund Manager Update on Palliative Care (including Margaret Kerr Unit) Fund 021*

Susan Swan spoke to this item which was an update from the Fund Manager of Fund 021. Susan advised that she and Karen Wilson had been working with Annabel Howell on the remaining money from building the Margaret Kerr Unit (MKU) and the continuing stream of donations received. It was noted that the fund balance as at 31st July 2017 was £840,234. Susan advised that this has allowed Annabel to initiate a Palliative Care Redesign Programme with the aim of having a clinical specialist hub housed within the MKU which would provide specialist palliative care in other settings to the standard of what is received within the MKU. Susan referred to Buurtzorg which would see a redesign in community nursing teams, if approved by the Board, which would compliment this model. Susan confirmed that she and Karen would be working with Annabel and her team to work up the detail to populate a business case. David Davidson enquired when the next update would be received. Susan explained that additional resource requires to be put in place to get this formulated so there was no specific timeline at present. David asked if Cliff Sharp had been involved. Susan confirmed that Cliff has been provided with an overview and is supportive of the way forward. Carol Gillie appreciated the amount of resource that would be required and highlighted that capacity issues of key staff could be encountered. Stephen Mather referred to the recommendation to note the update and felt that Trustees should be asked to endorse and support this initiative rather than note it. David Davidson declared an interest as Chair of the Clinical Network Group. The remaining Trustees supported this planned way forward. Karen Hamilton noted that there may be a recurring element required from the Palliative Fund. Susan confirmed that there would be and gave assurance that the business case would confirm the source of income to cover this. It was noted that the proceeds from the charity shop in Kelso are a secure source of funding. Carol added that most Boards have recurring expenditure linked to charitable funds and explained that NHS Borders were slightly behind in this aspect as it has been successfully rolled out within other Boards.

The Board of Trustees supported the planned way forward and would like to receive an update at a future meeting.

7.2 *Macmillan Cancer Centre Extension Project Update*

- *Appeal Fund 102*
- *Authorised Signatories*

Susan Swan spoke to this item. Susan referred to recent emails sent to Trustees for approval, namely to transfer funding from the Cancer Services Endowment Fund to the new appeal fund for the extension project and to appoint designated authorised

signatories to the new Macmillan Cancer Centre Extension Project Appeal Fund (Fund 102). Susan confirmed that the fund is now in place for the Fundraising Strategy to support this project. Susan went over the authorised signatories schedule and explained that this was proposed to ensure faster payment to contractors etc rather than having to ask Trustees to authorise every payment. Susan added that as there was a robust business case in place she did not feel that Trustees would require this level of detail. Susan advised that she had received over 50% of Trustees' approval and asked for confirmation to proceed. All Trustees were supportive of this. David Davidson asked if would be possible for Trustees to have sight of the register of responses. Susan agreed to circulate these for information.

The Board of Trustees noted the update.

8. **Fundraising**

8.1 *Fundraising Update*

Karen Wilson spoke to this item. Karen reported that 18% of donations received had been stewarded by Fundraising. Karen highlighted that the aim is to achieve 40% by 31st March 2018 and felt that they are on target to do this. Karen advised that the main focus of the 2017/18 Fundraising Plan is the fundraising campaign for the MacMillan Centre Extension Project. Karen advised that the appeal has not yet been officially launched, however over £25k had been raised at the recent Border Change Foundation dinner. Karen referred to the Space to Grow project and advised that a grant had been secured from a local Trust and it was anticipated that landscaping work would commence in the near future. Karen assured that she was pursuing around the Mammography refurbishment and confirmed that she had received verbal agreement in principle to the grant application. Carol Gillie asked if this had gone through a formal process. Karen confirmed that it had and the delay was due to a request for further information on the build schedule. Carol enquired if this scheme would include a changing facility within the Borders General Hospital. Karen confirmed that this would be included. Karen advised that due to the success of the Tree of Light campaign last year this would take place again this year with the official switch on event taking place on the 5th December. Karen referred to page 7 of the report and the new General Data Protection Regulations which Trustees would need to be made aware of. Karen felt that this would link nicely with the training session discussed earlier in the meeting. Karen did not expect there to be a huge impact from this. Karen introduced Brian Renwick who had joined the team as Fundraising Officer in July.

Tris Taylor felt that it would have been helpful to have it noted within the report which period it covered. Tris referred to the objective to increase voluntary income by 10% in 2017/18 and was surprised that there was no update on this within the report with it being six months into the financial year. Karen advised that she could build this in to future reports and agreed to do this, however this would need to come with a caveat due to a timing difference as monthly information may be variable. Tris also referred to objective 1 on page 6 to "utilise web and social media resources in Cancer Centre campaign planning to achieve 25% of public appeal income via these channels" as he did not feel that there was much progress noted against the target. Karen explained that the public appeal has yet to be launched. Tris commented that the stats recorded for the Fundraising Microsite appeared modest and felt that it might be worthwhile having more publicity. Karen agreed that these, along with the other digital stats, are much lower than she would like, however this is

less of a priority against the fundraising appeals. Karen Hamilton was pleased to hear that the Mammography Refurbishment would include an adult changing facility as this was high on the agenda of the Public Governance Committee and asked if this could be referred to within the update to allow feedback to be given to the Public Governance Committee with some assurance. Karen assured that once confirmed in writing this would be included in a future update.

The Board of Trustees noted the report.

8.2 *Fundraising Database Funding Request*

Karen Wilson spoke to this item. Karen explained that the original funding request had been made in 2014 and had subsequently been approved to purchase eTapestry for a period of three years. Karen confirmed that this has worked successfully and the company had been approached for a quote for the next three years. A request had also been made to another company and this was provided for comparison purposes. Karen recommended remaining with the existing supplier as this has worked well and it would give consistency. Karen Hamilton enquired if a longer period had been explored as this may result in a reduced quote. Karen W confirmed that only a quote for a three year period had been requested. Karen went over the pros and cons for both companies and confirmed that her preference remained to continue with eTapestry. Malcolm Dickson enquired where this subscription is paid from. Susan Swan advised that this can be paid from unrestricted income or income received from the investment portfolio once any recurring commitments have been taken into account.

The Board of Trustees approved the continued subscription for the e-Tapestry fundraising database for a further three years.

9. **Any Other Business**

Transfer of Funds held in the Zambia Twinning Endowment Fund

Susan Swan referred to the recent email to Trustees requesting approval to transfer the Endowment Funds held in respect of the Zambia twinning arrangements to the independent charity as approved by Borders NHS Board in February 2017. It was noted that over 50% of Trustees had given approval and this would now be actioned.

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

Tuesday, 16th January 2018 @ 2 p.m., Board Room, Newstead

BE
05.10.17

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

Present:	Dr Stephen Mather (Chair)	David Davidson
	Alison Wilson	Malcolm Dickson
In Attendance:	Dr David Love	Dr Keith Allan
	Claire Pearce	Sam Whiting
	Dr Cliff Sharp	Peter Lerpiniere
	Nicky Berry	Jane Davidson
	Ros Gray	Sheila Macdougall
	Erica Reid	Dr Jane Montgomery (item 8.1)
	Dr Imogen Hayward (item 8.3)	

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Dr Annabel Howell, Dr Janet Bennison, Simon Burt, Irene Bonnar, Laura Jones and Philip Lunts. The Chair confirmed the meeting was quorate.

The Chair welcomed everyone to the meeting and noted some amendments to the running order of the agenda.

2. DECLARATIONS OF INTEREST

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

3. Minutes of the Previous Meeting

The Chair noted one amendment required to the previous minutes. On the HSMR update on page 3, the wording should read that Healthcare Improvement Scotland (HIS) are 'unwilling' to remove palliative care patients from our data set, not 'unable'. The minutes were then approved as a true record.

4. MATTERS ARISING

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

5.1 Infection Control Report

Sam Whiting noted two updates since the report was circulated to the Committee. Further progress has been made against the workplan with actions completed now sitting at 60%. Sam also noted that as part of the infection control audit program all action plans have now been received from the areas. David Davidson queried the staffing challenges that the department has faced and whether this was a long term issue. Sam confirmed that there was a short term acute issue around reduced capacity alongside changes in working practice but also a longer term issue related to increase in clinical activity. Malcolm Dickson asked if there were any lessons that could be learnt from previous Norovirus outbreaks and Sam confirmed that a Norovirus preparedness meeting had taken place earlier in the year. Sam added that the recent outbreak had been challenging due to infection being in multiple locations. An initial debrief and lessons learned took place after this incident. Malcolm queried if monitoring took place in GP practices. Sam was unable to confirm but agreed to report back to the committee. Stephen Mather asked if blood taken by the Scottish Ambulance Service (SAS) follows the same protocol as NHS Borders. Sam replied that they should but would seek confirmation and report back to the Committee. Stephen queried the breast surgery infections on page 6 of the report. Sam stated that data collation had commenced in April and confirmed that each case has been reviewed but there had been no common theme or identified learning to date. Jane Davidson queried whether NHS Borders were an outlier based on totals, Sam confirmed that only hip and caesarean sections are compared nationally and noted that we are not an outlier for either of these procedures. Stephen Mather asked if Sam had any concerns in relation to surgical site infections. Sam provided assurance that every SSI case is reviewed and the Surgical Site Infection Group continues to have oversight on this agenda.

ACTION: Sam to report back to the Committee regarding monitoring in GP practices

ACTION: Sam to seek confirmation of procedures used by SAS in relation to taking blood

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

8.2 Infection Control Annual Update

Sam informed the Committee that one of the HIS standards is to produce an annual report. Sam noted that work plan detailed actions outstanding to the end of March. Sam added that this is not where we planned to be but progress has been made.
The Committee discussed the use of antibiotics rising steadily and this needs to be read in common with infection control. Sam also noted that work is ongoing to try to reduce the 4 C's antibiotics (clindamycin, cephalosporin, co-amoxiclav and ciprofloxacin). Alison Wilson added that we are now dealing with more unwell patients and because of the need to reduce the use of the 4C antibiotics there is often a need to use 2 antibiotics instead of 1. This could be leading to an increase in antibiotic use in secondary care.

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

9.1 Back to Basics

Ros Gray informed the Committee that the running order of the agenda was amended so we could cover our approach to improvement in advance of the other items which might then address issues arising from them in advance. Ros noted that she hoped the presentation would set the scene and our priorities while giving Committee members assurance that we are going in the right direction. Ros also noted the ongoing support we are receiving from the Improvement Hub and Scottish Government colleagues.

Our priorities have emerged from the HSMR and unannounced inspection action plans as well as other intelligence (e.g. adverse events, complaints).
Ros highlighted to the Committee a breach to the crude mortality rate upper control limit which indicated there were more inpatient deaths than usual. There were 21 patients identified, which included 6 in the Margaret Kerr Unit. An investigation into each death is now required to ensure that all appropriate actions were taken and that the coding was accurate.
Ros highlighted that our HSMR is not where we would like it to be and that no sustained improvement has been seen relating to pressure ulcers and falls. Our complaints numbers were higher than zero and there has been an increase in adverse events.
The Back to Basics improvement collaborative, which contains 5 workstreams, was formally launched in October 2017. Each workstream will have specific metrics and HIS are providing support to identify mechanisms to create improvements.
Ros explained that early data on the use of the Person Centred Coaching Tool indicates that there are further opportunities for improvement with Senior Charge Nurses at the point of service delivery.

The Significant Adverse Event Review (SAER) process is being reviewed and driver diagrams have been created for the deteriorating patient and falls workstreams. HIS and Scottish Government have also offered to come to support NHS Borders and contribute to Executive Team QI development. Coaching programmes will be provided at all levels, particularly the Senior Charge Nurses. Claire Pearce noted that this was a work in progress and that a steering group has been set up to facilitate the planning. Claire noted that is a period of change and we must maintain focus on what we are trying to achieve as this will require time. Cliff Sharp echoed Claire's thoughts and noted that we need to give the cycles of change enough time to mature and be confident that we have the right plan with flexibility to adjust if required.
David Davidson noted his surprise that there had been no Healthcare Support Worker training in a long time. It was noted that training was usually carried out on job, on-site. Discussion took place around whether we have enough support to carry out onsite training as well as maintaining roles. Claire replied that refresher training would be provided off site for current staff and all new staff into the organisation would be given training as part of their induction. It was also noted that update training on IV therapy is also being provided for Registered Nurses. Training is being provided in shorter sessions and Nicky noted that positive feedback has been received from the Senior Charge Nurses on this type of training as it has meant the wards haven't been left short of staff. Nicky added that as a result of this we have learned that this is how we will deliver training going forward. Jane Davidson agreed that organisation has shifted its approach to training. Alison Wilson said she was interested to see multi disciplinary teams involved in learning sessions and asked if the training was applicable to

other professionals could they be included to share learning. Claire replied that she would be happy to consider other professions.
Keith Allan noted that there was some good work going on in the community and a good range of metrics set out in the paper. Malcolm Dickson agreed and said it was encouraging to see what is happening, however his only suggestion was not to aim too high and queried the figure of zero pressure ulcers from April 2018.

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

5.2 Hospital Standard Mortality Rate (HSMR) Update

David Love provided the Committee with a verbal update however noted that Ros had given a comprehensive summary in the previous update. The latest published quarter shows our HSMR at .89 which shows a slight improvement and we are coming back to where we were before our last increase. David noted that advice given by HIS is not to compare with other boards but with our own performance. We are at the start of a journey and if we focus on QI our performance will improve. David also noted that we had taken our eye off the ball with monitoring real time crude mortality and highlighted the 21 deaths last week when our monthly average is around 47. David noted that all of these deaths will be reviewed using the global trigger tool. A potential correlation between mortality, HSMR and sepsis gives us a degree of assurance that there may have been some clinical reason for the change. Our HSMR may also be related to flu and peaks in sepsis related deaths. It was noted that coding was important and ensuring the correct data has been entered as it is from this that the HSMR is calculated. Further work around coding is required and there is a need to look at our systems in the clinical areas to support the medical teams, David highlighted for example that letters following a death are often written by junior doctors in a stressful environment, when they may not be in possession of all the patient related details. Colleagues from the Information Statistics Division (ISD) are willing to help us with quality assurance and to provide support with speaking to our clinicians around importance of accurate data.

5.3 Mortality Reviews

David Love presented the paper on mortality reviews which provides additional information on harms and themes that have been drawn from these reviews since the last report. David noted that a sampling methodology has been used to identify cases and the global trigger tool has been used to review them. David noted that there hadn't been a huge change in figures or harms detected and that the rate detected reflected better than the national average. Malcolm Dickson queried the process of selecting random cases and how secure this process is. Ros confirmed that the cases are selected using a random number generator and that no members of staff would be able to use this process to subvert the system. Discussion took place around post mortems and that the vast majority of deaths are not subject to a post mortem. David explained that clinicians note the cause of death, if this is not clear then a conversation with the Procurator Fiscal takes place. Malcolm noted that he would like to understand the process a bit more and Ros and David agreed to support him with that. Discussion took place around the sampling technique and David agreed to consider different sampling strategies to include highest volume areas. David also confirmed the arrangements for follow up with consultants after the case note review.

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

5.6 Pressure Ulcer Thematic Report

Erica Reid presented the paper which provides an update on pressure injuries in the BGH, community hospitals and mental health units.
Erica noted that it has been over 100 days since a developed pressure ulcer has been recorded in the community hospitals. Erica noted that the zero tolerance approach to pressure injuries from April 2018 is an aspiration, that no patient should develop a pressure ulcer under our care. David Davidson noted that there was no mention in the report of pressure ulcers developed in care homes and asked how we get this information. Erica answered that community nurses document some instances and further work is ongoing in this area. Erica added that as the tissue viability nurse will be full time, there is an expectation that this post will eventually link into care homes with the aspiration to work deeper in the community. Peter Lerpiniere added that pressure ulcers that are reported in care homes must be reported to Care Commission. Jane Davidson added that notable improvements had been made in the community hospitals and we have assurance there and the plan to address the identified problems in the BGH will form part of the improvement programme. Ros added that she hopes our approach to improvement assures the committee that we can demonstrate improvements. Jane stated that the improvement programme requires organisational buy in and suggested that this is taken to a Board development session. Ros noted that a version of the Clinical Governance Committee paper on improvement had already been submitted to the Board secretary but that she would liaise with Iris Bishop regarding a Board development session in either January or February. Ros also noted that the Clinical Governance and Quality update paper being taken to the next Board meeting is a special edition paper that outlines our improvement approach. The Committee agreed that this would sit better as a development session and that the paper should go to the Strategy Group and then to the Board.

ACTION: Ros to liaise with Iris Bishop regarding a Board Development Session in January/February

ACTION: Ros to pull the Quality Improvement update paper from the Board and take to the Strategy Group first. **Post meeting note – Board papers have already been submitted to the Board Secretary and the decision was subsequently taken to take the paper to the next Board as originally planned.**

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

8.3 Blood Transfusion Report

Dr Imogen Hayward, Chair of NHS Borders Transfusion Committee, presented the report to the Committee. Imogen highlighted recent remodelling to a regional workforce model in a bid to achieve savings means that the support we currently have will be significantly reduced. Our Transfusion Practitioner now works 1 day per week, the Support Assistant post has been lost and there is no administration support to the service. The restriction of resource has already made a significant impact on service. Cliff Sharp echoed Imogen's concerns and added this is potentially a high risk publicity issue and that we need to look further at how we

can support administrative and clinical function. Jane Davidson advised that she is due to discuss this issue with Cliff and that the Committee's focus should be on the annual report. Cliff added that he would come back and provide an update after this meeting has taken place. Nicky added that a process is in place to address the issue around wrong blood in tubes with the obstetric team. Imogen agreed to provide a verbal update in 3 months time.

ACTION: Cliff to provide feedback to the Committee and his meeting with Jane Davidson regarding the blood transfusion service

ACTION: Imogen Hayward to come back to the Committee in March to provide a verbal update

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

8.1 Medical Education Update

Dr Jane Montgomery attended the Committee to present the Medical Education Report. Jane was pleased to report that improvements had been made in medical education. Paediatrics had been awarded 2 places for GPST training and Obstetrics and Gynaecology had won a national award for their gynaecology training. Malcolm Dickson passed on his congratulations to Obstetrics and Gynaecology. Jane also explained plans to refurnish the room in the Education Centre and the need to employ a simulation technician. Funding is being sought for this. David Davidson asked for assurance that we will not face the same issues we faced a year ago. Jane Davidson advised that an internal audit report going to audit committee should also come to this Committee. Jane Montgomery agreed to provide a verbal update to the Committee in March.

ACTION: Jane Montgomery to come back to the Committee in March to provide a verbal update

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

8.4 Inspection Reports and Action Plans

The Chair asked if any members of the Committee had any questions on HIS report and action plan.
Malcolm queried why the training for consultants on capacity for decision making is annual. Nicky Berry answered that this is update training delivered from a Learnpro module. This is included in the action plan as we need to know that this is ongoing and should be included in consultant's job plans. The Committee noted that the majority of the improvement action plan is on target. 85% of all BGH nurses have been trained or received update training in Malnutrition Universal Screening Tool (MUST). The nutritional care policy was agreed at Clinical Executive Operational Group last week. Claire confirmed that the target around care plans won't be achieved by March 2018 and that she had spoken to the inspectors about this and informed them that we need to have a documentation plan but it won't be by the 31 March 2018, with which they were comfortable. The Committee discussed timescales for updates and agreed that an updated action plan, with an additional column included highlighting progress should come to the meeting in March.

Peter Lerpiniere provided context around the Joint Older Peoples inspection report, which consisted of 13 recommendations, inspected against 9 indicators. Peter added that 3 areas were graded as weak, which are worth noting by the Committee. Adult protection was a focus, where our risk assessment was criticised, as a result of this a new risk assessment tool has been approved. The action plan is still in draft format and still needs to be signed off at board level. David Davidson queried the weak areas and what we picked up from these. Peter confirmed that these included the transitional period for Leadership, which was due to interim posts being held. It was noted that the Chief Officer has been trying to get in contact with HIS as is looking to meet with inspectors to help understand what good performance looks like. It was agreed that there is a need to bring this back to Committee with social care colleagues to provide assurance. It is important for the Committee to consider what is coming out of these reports and that Back to Basics covers the recommendations in this report as well as nutritional care. David Davidson added that the subject needs to be aimed correctly at the Integrated Joint Board as not all members are in health and care sector, he noted that this was an important learning tool and wished they didn't affect the staff so badly. Stephen Mather agreed that the draft action plan needs to be finalised after any dialogue with HIS and a half hour discussion at the next meeting with the Chief Officer and Murray Lees attend to present. It was agreed that a clear cover paper would also be required.

ACTION: An updated nutritional care action plan highlighting progress made to come to the March meeting

ACTION: Joint Older People's action plan to be given a 30 minute slot at the next meeting and Murray Lees and Robert McCulloch-Graham asked to attend

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

5.4 Very High Risk Management Report

Sheila Macdougall presented the paper and confirmed that these risks are monitored by the Clinical Executive Operational Group. Sheila noted that the aggression and violence review is going through the process. Discussion took place around risk inequalities and Sheila confirmed that there are 15 risk assessments that include an element of this.

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

5.5 Claims Update

Sheila Macdougall also presented this report and explained that this report details the themes that are within our claims.
Malcolm Dickson queried mesh claims and whether these were ours or whether they were national. Sheila advised that out of 340 total national claims, NHS Borders have 12 and that this has a significant financial implication.

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

6.1 SPSO Update

Ros Gray explained to the Committee that more detail around grading had been included in this update as per the agreed action. Ros highlighted that there was one new case that had implications on both medical and nursing and we are waiting to hear on the outcome from the SPSO. Ros highlighted that annual statistics from SPSO were also included in this paper. Ros agreed to consider how we can benchmark against complaints departments in other Boards.

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

7.1 Clinical Board Update (BGH)

Nicky was not available to present this paper but Erica Reid agreed to take any questions back to Nicky. Ros Gray suggested that future reporting might be against the 5 themes outlined in the improvement approach in each of the clinical board reports. It was agreed that this would be helpful. The number of SAERs was discussed and Ros reported that a recent session to look at the process resulted in a triage process being tested. Ros noted that she had asked that the Clinical Governance groups specifically report on complaints and adverse events improvement and actions.

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

7.2 Clinical Board Update (Primary and Community Services)

Erica Reid highlighted to the Committee that the focus of this report was on learning. The same adverse event issue was identified and the Committee was assured that this will be looked into and improved.

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

7.3 Clinical Board Update (Mental Health)

There were no questions for Peter on the Mental Health Clinical Board update.

7.4 Clinical Board Update (Learning Disabilities)

Peter noted that following on from the last update, the service has reviewed its workforce and is recruiting to try and overcome this hurdle. David Davidson queried the change in SBC systems and asked whether this has settled down. Peter confirmed that the 2 IT systems had changed and there had been some issues but we would seek an update on this and report back to the Committee.

ACTION: Peter to seek an update on the IT system issues and report back to the Committee

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

10 ITEMS FOR NOTING

10.1 Minutes and Papers

The following minutes and papers for:

- Child Protection Committee Minutes
- Adult Protection Committee Minutes
- BGH Clinical Governance Minutes
- Primary and Community Services Clinical Governance
- LD Clinical Governance Minutes
- Mental Health Clinical Governance Minutes
- Joint Executive Team Minutes
- Annual Controlled Drugs Report
- SPSO Annual Letter
- SPSO Tables
- SPSO Explanatory Note

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

11 ANY OTHER BUSINESS

Jane Davidson informed the Committee that she has asked Cliff Sharp and John Cowie, Interim Director of Workforce, alongside Carol Gillie as the governance expert, to look at the Clinical Governance Committee and Staff Governance Committee to ensure that the Committees are doing what we need to be doing and looking at what we need to look at. This includes how agendas are put together.

Malcolm Dickson noted that some documents are circulated as read only, which doesn't allow for comments to be added as members are now managing papers electronically. Amie agreed to look into this.

Jane added that the Tree of Light lighting ceremony takes place on Tuesday 5th December.

ACTION: Amie to ensure that all papers are not in a read-only format

12 DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 31st January at 2pm in the BGH Committee Room.

The meeting concluded at 16.40

PUBLIC GOVERNANCE COMMITTEE

Minutes of Public Governance Committee (PGC) Meeting held on Tuesday, 21st November 2017 from 2.00 – 4.00 p.m. in the Boardroom, Newstead

Present:	Karen Hamilton (Chair)	Cllr David Parker
	Lynn Gallacher	Andrew Leitch
	Margaret Lawson	Ros Gray
	Fiona McQueen	
In Attendance:	Susan Hogg	Peter Lerpiniere

1. Welcome & Introductions

Karen welcomed everyone to the meeting.

2. Apologies & Announcements

Apologies were received from: John McLaren, Allyson McCollam, Christine Clark, Cliff Sharp, Warwick Shaw, Claire Pearce, Nicky Hall, Community Council Representative and Karen Maitland.

3. Minutes of Previous Meeting:

These were approved as a true record.

4. Matters Arising from Minutes & Action Tracker:

4.1 It was agreed that a note of current consultations and their closure dates to be added to the bottom of the previous minute. **Action: SH**

4.2 Action 30: Spiritual Care – Karen commented that she would ask the Chair of the Integrated Joint Board where is the funding coming from for the three part time community chaplaincy posts. **Action: KH**

5. Topic Agenda Items:

5.1 Joint Older Peoples Inspection:

Peter Lerpiniere, Associate Director of Nursing for Mental Health, Learning Disability & Older People gave a presentation to the members about the Joint Older Peoples Inspection, which started in October 2016 and was completed in February 2017.

Fiona asked where in the whole of Scotland NHS Borders fairs. After inspecting a number of health boards and observing the recurring themes we were listed as second last to Lothian. The timing of the inspection was against us due to various factors. These included quite a few managerial staffing changes and a number of our strategy documents were still in draft. The inspection did highlight an issue around leadership but if they had come a few months before or a few months after the report may have been so different. During their next inspection, they will visit us again within 12 months to see how we have responded to the findings from the visit.

What is the process with diagnosing a dementia patient asked Fiona? Is this assessment carried out by the patients GP? If the GP is concerned they will immediately refer the patient to the older adult services within NHS Borders for a diagnosis and any required support will be communicated to the patients GP replied Peter.

Margaret commented that many papers that come from the NHS can be very long and they should be short and synced. This was also noted by Karen within the values of the Integrated Joint Board and we need to be looking at what should be covered and what is it we really need to know.

With regards to HEAT targets for dementia patients are we ensuring that we are correctly diagnosing patients and just not testing people so that we meet our targets asked Karen H. It has been suggested by some experts remarked Margaret that some patients are being diagnosed too soon.

There is an increase in alcohol related dementia and we should be looking at prevention. However, can this be confused with alcohol related brain damaged commented Fiona.

5.2 Health Improvement Annual Report:
Due to other work commitments we were unable to have a public health officer in attendance at the meeting. However, the report was circulated and Karen asked that if members of the group had any questions to contact Susan who will direct back to Fiona Doig for a response. Health Improvement will be part of our workplan and shall be coming back to the group in the not too distant future.

5.3 Review of Engagement Strategy:
Ros explained that whilst this document is still in date we continue to review and this includes service resource and redesign. It gives us an opportunity to inform our objectives and shape the strategy for the future. As part of this we shall be working closely with the third sector to ensure that the objectives are met and to include a flexible new approach.

5.4 NHS Borders Clinical Strategy – Public Engagement:
Susan gave a brief update on the engagement and feedback received so far around the NHS Borders Clinical Strategy. A wash up meeting will be held early January 2018 to look at the process and learning for future engagements. A copy of the final report, which shall go to the Board will be brought to the group in the near future.

6. Any Other Business:

6.1 Equalities issues arising from agenda – None.

6.2 Risks identified from the agenda – None.

6.3 Karen asked the group members to think about any future items they would like brought to the group for discussion. Lynn talked about the future of the development and liaison workers and how do we maintain these existing posts as without them there will be a huge impact on services.

7. Future Meeting Dates 2018

13th February
8th May
31st July

6th November

All from 2.00 – 4.00 p.m. in the BGH Committee Room

NHS Borders - Area Clinical Forum

MINUTE of meeting held on

Tuesday 24th October 2017 – 17:00-18:30
BGH Committee Room, Borders General Hospital

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
Nicky Hall (Area Ophthalmic Committee) (NH)
Peter Lepiniere (Mental Health & Learning Disability; BANMAC) (PL) *arr 17:20*
Dr Cliff Sharp (Medical Director) (CS)
Dr Chris Richard (Senior Medical Staff Committee/Area Medical Committee)(CR)
John McLaren (Employee Director) (JMcL)

In Attendance: Kate Warner, Minute Secretary (KW)

Not present: Chairperson (Area Dental Advisory Committee) (JT)
Allied Health Professionals (previously Anne Livingstone)
Austin Ramage (Medical Scientists) (AR)
Dr Tim Young (GP) (TY)
Alice Millar (Principal Dentist, Duns Dental Practice) (AM)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from April Quigley (Consultant Clinical Psychologist) (AQ)

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest expressed.

2 DRAFT MINUTE OF PREVIOUS MEETING 27.06.17

The Minute of the previous meeting, held on 1st August 2017, was read and approved with no amendments.

3 MATTERS ARISING/ACTION TRACKER

Action Tracker updates:-

#19 COMPLETE
#28 AW to attend Professional Advisory group meetings - On-going (AW)
#38 Add request to email Brief for Speakers to Dr C Richard at 24/10/17 meeting (KW)
#45 COMPLETE
#46 COMPLETE
#47 COMPLETE
#48 COMPLETE
#49 COMPLETE

4. PRESENTATION – CLINICAL STRATEGY

Dr Cliff Sharp updated ACF on the Clinical Strategy. The engagement process continues and the Clinical Strategy will be presented to Scottish Government during the Annual Review next week. The Strategy will be fed into Better Borders Programme and operational changes need to be made; Carol Gillie will be addressing finance and the drivers of clinical strategy. There are difficult decisions to be made by the Board and Scottish Government to enable us to complete financial balance and waiting lists. Boards have approached this balance in different ways. Patient care comes first but financial stability is a statutory requirement. CS reported that there is a shift to community prevention – health promotion, keeping hospital admissions to a minimum and bridging between community and acute services. AW commented that all the professional advisory committees have had the opportunity to review and to comment. ACF discussed raising at the Board meeting having funding available at primary care services to stop people coming to hospital – as with the COPD funding, the evidence is there and funding required is relatively small. Mental Health adds to the breach of 4 hours in ED as these cases are more complex. The function of ED – the flow, shorter length of time there and preventing people attending A&E are being reviewed. The Strategy is looking at anticipatory care planning. ACF commented that the Integrated Joint Board join health and social care should look at what the value and outcomes of diverting funding to community primary care could be. Access to carers, capacity and availability are key to keeping patients in a home environment. Feedback can still be given at the web link in the attachments.

ACF noted this update on the Clinical Strategy
ACTION:

5 Involvement of ACF in the Workforce Planning Group

After reviewing the Workforce Planning Group Terms of Reference, ACF agreed that key items for this committee would be recruitment and retention strategy; longer working; turnover of staff and forecasting staff requirements; return to practice; raising awareness of corporate values. JMCL reported that a key output for this group will be the Workforce Conference in March 2018. 2018 is the 70th anniversary of NHS and it was hoped that celebrating achievements in Borders would be included. Hold the date emails will be sent as soon as possible and staff to be encouraged to attend.

ACTION: Include Workforce Conference (encouraging involvement and attendance) to the December ACF agenda (KW).

6 ACF Meetings – Suitability of Meeting Time

ACF discussed the current time of meeting at 5pm and questioned if this was a suitable time for all to attend. The meeting had previously been held at lunchtime and was changed to accommodate attendance. After discussion ACF agreed that the time would remain at 17:00 – 18:30. CR agreed to discuss at Area Medical Committee meeting and ask if there is a GP representative that can attend. Dates will be distributed for 2018 meetings; these have changed in line with more regular Board meetings.

ACTION: Raise attendance for GP and suitable time at Area Medical Committee (CR). Distribute dates for 2018 meetings and create meeting makers (KW).

7 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

Feedback was given by AW from the meeting held on 13th September 2017: Borders General Hospital achieved second highest cleanliness of comparable Boards; request was made to HIS to change the coding on the HMSR patients as having a palliative care centre onsite makes our data non-comparable with other Boards who do not have this facility. AW also asked if any colleagues would be interested in becoming a Research Governance Champion. If anyone from the professional areas that feed into ACF would be interested in doing this for the Research Governance Committee please get in touch with AW for more information.

ACF noted the feedback from the Clinical Governance Committee.

6 PUBLIC GOVERNANCE COMMITEE: FEEDBACK

Feedback was given by NH from the meeting held on 17th August 2017: The committee has a new chair, Karen Hamilton and are in the process of checking the Terms of Reference to ensure meetings are quorate; received an update on the Integrated Joint Board; Ros Gray attended to speak to OPAH sustainability work that her team have been doing including a strategic review of falls and pressure sores.

ACF noted the feedback from the Public Governance Committee.

7 NATIONAL ACF: FEEDBACK

Feedback from the National ACF Chairs meeting was given by AW from the meeting held on 6th September 2017: Prof. Rose Marie Parr, Chief Pharmaceutical Offices, gave an update on Achieving Excellence in Pharmaceutical Care, discussed funding to community pharmacy for quality improvement and realistic medicines; current developments from other Boards and discussion on Out of Hours Services.

ACF noted the feedback from the National ACF Chairs meeting. Minute and papers of ACF National meetings are available in \Committees\ACF folder.
ACTION: AW will present update to Achieving Excellence in Pharmaceutical Care – ACF December meeting.

8 NHS BOARD PAPERS: DISCUSSION

Winter Plan final version comes to the Board 26.10.17 for sign off; there are to be additional surge beds to increase capacity and creating a surgical assessment unit to work as the medical assessment unit does. The financial position was discussed; JMcL commented that £1million is to come from social care funding to cover the cost of surge beds and shared equipment store. Funding received by social work last year and health this year with the impact that social care has on BGH being recognised. It was reported that last year at this time there were 26 inpatients and this year there are 48. Patients, known as “stranded patients” are unable to discharge if care package is not available. PL commented that the system should be talked about rather than the patient as it is the organisation rather than the patient which is stopping discharge and support is required. ACF agreed that the appointment of Jane Prior will have a positive impact.

AW will be taking a paper on sip feeds (nutritional supplements) to discuss the reduction of use in care homes and the move to powdered rather than liquid product which is more cost effective and also in line with national guidance. The powdered product needs to be reconstituted with water or

milk; in care homes diet should be adapted accordingly and patients should be properly assessed for nutritional requirements.

ACF noted the feedback from the NHS Borders Board papers for 26th October 2017 meeting.

9 PROFESSIONAL ADVISORY COMMITTEES

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

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

11(c) Area Medical Committee (CR) – the next meeting will be held on 25.10.2017. At the previous Senior Medical Committee meeting there was discussion and support for the new Nursing Director's Back to Basics campaign and agreement that safe nursing levels may be less than we have. Medical recruitment is currently successful compared to other Boards. Realistic Medicine wa discussed with the evolution of answers to some of the capacity and resource issues; reviewing what is appropriate for the patient. ACF heard that the new Chair of AMC will be representing both BGH and Practices.

11(d) Area Ophthalmic Committee (NH) – the next meeting will be held on 7th November. NH reported that a sub group has been formed to discuss Ophthalmology with BGH staff. Dr Hashmi has been involved in discussions to create protocols around working with BGH and community. This is still in the planning stages but it is hoped to include cover from Opticians throughout the Borders. Currently a Better Borders Transformational Change project is building on the ideas from the group.

11(e) Area Pharmaceutical Committee (AW) – meeting held 23rd October 2017 discussed the Achieving Excellence in Pharmaceutical Care update; chronic medication service and issues with repeat prescriptions; the Efficiency Programme; issues for Community Pharmacists from suppliers and the knock on effect of time consumed with this issue; ongoing work of Medicine Reviews. There has been a request for a new Community Pharmacy at Tweedbank. This application is handled by Lothian and will take up to a year to process. Contacts for the Pharmacy Practices Committee, who will be involved this locally, is being updated. AW discussed primary care prescribing support and efficiency plans with GP Sub this month and suggestions are being worked up for further investigation.

11(f) BANMAC (PL) – meeting held 1st September 2017 discussed the issues of recruitment in Mental Health – there are a number of standard vacancies and even advertising for posts with development are not bringing applicants; the Nursing and Midwifery Conference held on 4th October to focus on Back to Basics and key nursing strands and areas where there has been criticism and challenges; educational risks assessments have been carried out by Kim Smith and it has been agreed that it must be made a priority to release staff for training; changes in education standards have been welcomed recognising focus on practical skills not just academic; BadgerNet electronic maternity record system has been introduced with benefits to patients and staff including reducing paperwork; use of dictation/VR to reduce administration time although still reliant on checking/proof reading – some services are using successfully especially for clinics.

11(g) Medical Scientists (AR) – no report available.

11 (h) Psychology (AQ) – no report available.

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

ACTION:

10 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

ACF agreed to take the following items to the Board as feedback:-

1. Carer's capacity and packages of care in place to allow discharge.
2. Area Medical Committee meeting.
3. Concern about the professional advisory committees and Chairs not feeding into ACF and the sustainability of some committees.
4. Staffing pressures.
5. Nursing conference success 04.10.2017 and NMP CPD conference 25.10.2017.
6. Is NHS Borders confident of the Winter Plan and concerns raised by ACF: not enough being done to prevent admissions by supporting early intervention.

ACTION: Take feedback to NHS Borders Board meeting 26.10.2017 (AW) Forward ACF Minute to NHS Borders Board December meeting (KW)

11 ANY OTHER BUSINESS

1. NH asked if there was anyone else who would be willing to attend Public Governance Committee meeting in November as she is unable to; JMcL also cannot attend this meeting. The Draft Minute can be sent for the report instead.
2. JMcL asked ACF to encourage staff to complete the Dignity at Work survey through iMatter.
3. PL noted that on the Workforce Planning Terms of Reference discussed earlier in the meeting there are posts missing – such as AHP, Mental Health, Medical and this is to be addressed.

ACTION: JMcL to check designated posts in the ToR and update (JMcL).

16 DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 5th December at 17:00 in the BGH Committee Room. Dates for 2018 meetings are now available and will be circulated with the draft Minute.

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 18 December 2017 at 2.00pm in the Committee Room 2, Scottish Borders Council.

Present:	(v) Cllr J Greenwell	(v) Dr S Mather (Chair)
	(v) Cllr S Haslam	(v) Mrs K Hamilton
	(v) Cllr T Weatherston	(v) Mr J Raine
	Mr R McCulloch-Graham	(v) Mr T Taylor
	Mrs J Smith	Dr C Sharp
	Mr D Bell	Mrs E Reid
	Ms L Gallacher	Dr A McVean
	Mrs Y Chapple	
In Attendance:	Miss I Bishop	Mrs J Davidson
	Mrs T Logan	Mr P Lunts
	Mr M Curran	Mr J Lamb
	Mrs C Gillie	Mrs D Rutherford
	Ms S Holmes	

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Cllr Helen Laing, Mrs Susan Swan, Mrs Claire Pearce, Mr Murray Leys, Mr John McLaren, Mr David Davidson, Mrs Jill Stacey and Mr Colin McGrath.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Erica Reid, Lead Nurse for Community to the meeting who was deputising for Mrs Claire Pearce.

The Chair welcomed Mrs Yvonne Chapple, Staff Side Representative to the meeting who was deputising for Mr John McLaren.

The Chair welcomed a range of other attendees to the meeting including Mr Philip Lunts, Mr Michael Curran, Mrs Debbie Rutherford and Mr James Lamb.

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 8 November 2017 were approved.

4. Matters Arising

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

5. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted the opening of Craw Wood; hospital to home support; visit to the Cheviot model and the work already undertaken there by a multi-disciplinary team; reablement function; regional work, workstreams, sharing innovation across the health and social care partnerships; career pathways and recruitment; new GP contract; looking at diabetes services; the drug issue locally involving a fake opiate which involved both NHS Borders, Scottish Borders Council and partners; and the Leadership Team across the partnership jointly forward planning, with facilitation from the Scottish Government, to review the existing commissioning plan and look at how the team works together across the organisations.

Cllr Shona Haslam enquired if there were any known impacts yet, on implementing the mechanics of the discharge to assess policy. Mr McCulloch-Graham advised that it was too early to provide any substantial evidence.

Cllr Haslam was keen to understand if the current level of funding was making a difference. Mr McCulloch-Graham commented that he had agreed to stay within the envelope of funding agreed, however, should the Hay Lodge funding not be fully utilised he was keen to divert it to other areas such as Berwickshire, central Borders and Hawick to expand the roll out further.

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

6. Inspection: Joint Older People's Services Report

Mr Robert McCulloch-Graham gave an overview of the content of the report.

Mrs Karen Hamilton enquired if the staff survey sent to all staff across the partnership was the imatter survey. Mr McCulloch-Graham confirmed that it was.

Mrs Hamilton enquired about Action 13 on page 21 and what the evidence of completion actually was. Mr McCulloch-Graham confirmed that it was the workforce strategy.

Mr Tris Taylor was concerned at the quality of the report and highlighted several elements that were marked as both "on going" and "complete". Mr McCulloch-Graham assured Mr Taylor that the Inspectors would be looking for evidence of activity and the action plan had been designed to capture that evidence, hence the classifications used.

Mr Taylor sought assurance around the adequacy of the evidence and learning gleaned. Mr McCulloch-Graham assured Mr Taylor that the actions within the action plan were cross

referenced across several of the recommendations, as a consequence of the Inspectors being unclear in their recommendations.

Mr Taylor suggested the documentation and attachments should have been provided to the Board in a more completed state to enable members to make better informed decisions.

Dr Angus McVean commented that he would expect to see a greater percentage of anticipatory care plans updated and completed as a consequence of the early warning pressure sores system, which was different to anticipatory care plans in care homes and not part of the GP primary care remit.

Mr John Raine recognised the difficulty of providing evidence against recommendations that were unclear. He commented that the action plan was classified as draft and he recognised that it would evolve further once the meeting with the Inspectors had taken place. He was content to support it as a work in progress.

Mrs Jenny Smith enquired if learning and good practice was being gleaned from the other national partnerships as listed on page 4. Mr McCulloch-Graham advised that nationally the Chief Officers and Directors of Finance met and shared good practice.

Mrs Smith suggested references to the third sector should be included in relation to workforce planning.

Mrs Lynn Gallacher suggested references to carers should also be included in regard to the delivery of care, early intervention and prevention, and diagnosis of dementia.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** accepted the report subject to it being a work in progress and recognised that it would change following a response from the Joint Inspectorate Team.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** sought an update at a future meeting on progress against the various recommendations.

7. Appointment of the Chief Financial Officer - Integration Joint Board

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted that the overall budget for the partnership was in the region of £160m. He therefore felt it essential that the Integration Joint Board should have its own professional financial support as well as the continued professional financial support from both NHS Borders and Scottish Borders Council.

Mr John Raine supported the recommendation of a joint permanent appointment and questioned the difference in the salaries scope. Mrs Carol Gillie confirmed that the job description had been through due process and evaluated by both organisations and the gradings and salaries quoted were correct.

Further discussion focused on: how remuneration for the post would be decided for a successful candidate; staffing across the partnership; individual choice on employing body;

and lobbying for one single set of terms and conditions for a joint model; raising difficulties around recruitment with the Cabinet Secretary.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the permanent joint appointment for a Director for Finance for the IJB, by NHS Borders and Scottish Borders Council.

The Chair advised that he would consider writing to the Cabinet Secretary on behalf of the Integration Joint Board to point out the difficulties and anomalies with recruitment.

8. Community Capacity Building – Transformation Proposal

Mr Michael Curran gave an overview of the content of the report and highlighted, the makeup of the team, zero background costs and suggested it was critical in terms of the delivery of some of the transformation programmes to be able to continue with community based support mechanisms.

A discussion took place that focused on several issues including: modelling of activity to push money out to the community; return on investment; compliments the early intervention and engagement outcomes within the Strategic Plan; expectation of further engagement with local communities to expand the proposal to combat loneliness for people; builds on the work of the Dementia working group in communities; success of various initiatives under the proposals such as men's sheds and soup clubs; evolved into a 3 phase project; exit strategy and self sustaining activities; collation of all community lead hub initiatives over the next 12 months to assist communities to look after themselves; and this is the first of similar projects funded through the Integrated Care Fund totalling £500k that might return to the Board to seek further funding.

Mrs Carol Gillie reminded the Board that the source of funding for the proposal to date had been non recurring funding from the Integrated Care Fund. She commented that it would be essential if the proposal were to be agreed, to have a plan on the sustainability of services in the future either through other sources of funding or volunteer services.

Dr Cliff Sharp welcomed the initiative to assist communities, but challenged it as a measure in terms of outcomes and was keen to see evidence to support the proposal in terms of fewer admissions to hospital and less activity in primary care services.

Cllr Shona Haslam commented that the scope for evidence was about transforming peoples' lives and given the wider understanding of social impacts, she therefore supported the proposal.

Dr Angus McVean suggested there were assumptions being made in terms of outcomes and a lack of evidence to support those assumptions, he highlighted that there was no evidence to support such a high level of funding. He further commented that the proposal did not decrease the number of people needing to see their GP and reminded the Board of the pressures on services for people ending up in Borders General Hospital as there were not enough carers available or care home places available. He suggested a significant difference could be made to those issues by diverting that level of funding.

Mrs Lynn Gallacher commented that she had met the community capacity team and welcomed the work they undertook. She was aware that there was little evidence to support the proposal and she reminded the Board of the immense pressure placed on carers and the need to support them.

Mrs Tracey Logan commented that it was a modest amount of money and the Board should not be solely focused on keeping people out of hospital as it also had a responsibility to engage with communities around their whole wellbeing. She suggested the proposal was about ultimately mainstreaming some of the activities whilst providing initial short term funding to get them established and moving towards self sustainability. She commented that once the framework was properly joined up there would be scope to disinvest in the proposal and suggested the funding be agreed for a 12 month period and during that 12 month period, evidence of the impact on clinical services in secondary care and primary care could be gathered.

Mr John Raine commented that he could see the arguments from both sides and was supportive of Mrs Logan's suggestion to agree to fund the proposal for a further 12 months whilst looking at the potential to mainstream activities and to see if any clinical evidence could be brought forward.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to continue with the project for 12 months with the proviso that there was an evaluation by the partnership organisations on the projects listed within the document within 12 months and an interim update provided in 6 months time.

9. Discharge to Assess – Hospital to Home Pilot

Mr Robert McCulloch-Graham gave an overview of the content of the report and advised that since the last meeting he had engaged with other professionals across the region and he explained that the ethos of hospital to home was to focus on re-enablement of people in both the hospital and community settings. He commented that he was keen to appoint 5 healthcare workers to be led by District Nurses, to cover areas of particular concern in regard to delayed discharges and for an evaluation to take place after 4 months. He emphasised that the throughput of patients leaving hospital and going through re-ablement was based on a minimum of 3 patients per HCSW every 3 weeks. Over the period of 4 months it equated to offering capacity for 255 patients leaving hospital. The cost per patient would therefore be £680.

Mrs Karen Hamilton enquired if the 4 month evaluation would commence in January 2018. Mr McCulloch-Graham confirmed that it would.

Mrs Jenny Smith enquired what healthcare support worker progress would look like. Mrs Erica Reid advised that the model described had been tested and within 3 weeks reablement had been achieved together with clear outcomes.

Mrs Lynn Gallacher was supportive of the changed professional responsibility and was keen to strengthen and signpost to the carers support plan to gain a cultural shift and ensure family carers had support and intervention.

Mrs Jane Davidson suggested such a change could be incorporated now in the approach and Mrs Reid confirmed that that was the intention.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the extension of the "Hospital to Home" pilot across the Hawick, and Central localities in addition to the Berwickshire locality.

10. Scottish Borders Health & Social Care Winter Plan 2017/18

Mr Philip Lunts presented the joint winter plan presentation.

Mrs Lynn Gallacher enquired about the effect of readmission figures on length of stay. Mr Lunts commented that historically NHS Borders had higher readmission rates than other areas of NHS Scotland, however he was confident that it was a data issue and confirmed that changes had been made and there had been no increase in readmission rates as a consequence.

Mrs Jane Davidson suggested the next update on the winter plan should present by locality and capacity building plans going forward.

Cllr John Greenwell enquired about the level of flu vaccination uptake. Mr Lunts confirmed that the figures quoted were for NHS staff uptake and suggested that the public uptake level would be about 70%.

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

11. The Carers Act (Scotland) 2016

Mrs Debbie Rutherford presented the Carers Act (Scotland) 2016 presentation.

Mr Tris Taylor enquired if there were any areas of concern not being addressed by the new legislation. Mrs Lynn Gallacher advised that some national organisations had been keen to see the scope of the Act encompass more. She was aware that full guidance on eligibility criteria was still awaited and there remained some issues with regard to funding for the implementation of the Act. She further commented that there were areas of work to be progressed in regard to Learning Disabilities referrals and signposting for Dementia carers and it was anticipated that the Act would support that work in the Scottish Borders.

Mr Taylor enquired if it was confirmation of or extension to the eligibility criteria. Mrs Gallacher advised that it was still the responsibility of the professional regardless of the eligibility criteria.

Mr John Raine enquired if there was local discretion around eligibility criteria. Mrs Gallacher advised that it was a complicated area and explained that, if a carer had a support plan and the plan identified a high level need, then they might be entitled to a budget in their own right to meet that need, but only if the crucial need could not be met by the care support plan.

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

Ms Jenny Smith left the meeting.
Mrs Tracey Logan left the meeting.
Mrs Lynn Gallacher left the meeting.

12. Performance Report - Transformational Programme Tracker

Mr James Lamb gave an overview of the content of the report and highlighted: building base services; alcohol and drugs service co-location; integrated teams IT solutions; and efficiency and productivity gains.

Mrs Karen Hamilton observed that a great deal of discussion at the meeting had been around the community capacity building item and she suggested ensuring the "re-imagining" project be included in the data evaluation discussion to ensure both projects came together.

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

13. Monitoring of the Integration Joint Budget 2017/18

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

Cllr Shona Haslam enquired about the allocation of social care fund monies to Scottish Borders Council to cover a predicted overspend. Mrs Gillie advised that a request had been received by the partnership and further follow up information had been requested so that a fully informed recommendation could be made to the Integration Joint Board at its next meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2017/18 revenue budget at 30th September 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a recovery plan had been developed by the NHS which based on a number of assumptions and risks forecast a break even position on NHS budgets would be delivered.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted social care services were projecting a £130k overspend and work was ongoing to identify the issues and key actions to address the situation.

14. Any Other Business

Mr Robert McCulloch-Graham reminded the Board of the proposed content for the forthcoming development session to be held on 29 January 2018.

- 2018/19 Financial Plan Budget – Delegated Functions
- Financial Planning
- Draft Strategic Commissioning Plan Review

15. 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 12 February 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.07pm.

Signature: ……
Chair