

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: 01.02.18
- Audit Committee: 21.03.18
- Endowment Committee: 16.01.18, 21.03.18, 15.05.18
- Clinical Governance Committee: 31.01.18, 28.03.18
- Public Governance Committee: 13.02.18
- Staff Governance Committee: 11.12.17
- Area Clinical Forum: 16.01.18
- Health & Social Care Integration Joint Board: 12.02.18, 23.04.18, 28.05.18

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 1 February 2018 at 10.00am in the Board Room, Newstead

Present:	Mr D Davidson	Mrs J Davidson
	Mr M Dickson	Mrs C Gillie
	Dr S Mather	Mrs C Pearce
	Mrs K Hamilton	Dr C Sharp
	Mr T Taylor	Dr T Patterson
	Mrs A Wilson	Mrs J Smyth
	Cllr D Parker	Mr R McCulloch-Graham
		Mr J Cowie
		Mr W Shaw
In Attendance:	Miss I Bishop	Dr A Cotton
	Mr P Lunts	Ms L McIntyre

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Mr John McLaren, Dr Janet Bennison, Dr Annabel Howell and Dr Nicola Lowden.

The Vice Chair, Mr David Davidson, chaired the meeting.

The Chair advised that a revised agenda for the meeting had been circulated.

The Chair welcomed Mr Philip Lunts to the meeting who spoke to the festive report item on the agenda.

2. 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.

3. Minutes of Previous Meeting

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

4. Matters Arising

4.1 Action 1: Dr Cliff Sharp advised that he would circulate an SBAR update to close off the action.

4.1 Action 29: Mr Tris Taylor enquired about the consultation process to change services. Mr Robert McCulloch-Graham advised that he would provide an update on the situation and clarified that patients had been advised that the service was currently not being provided.

4.2 Action 30: Mr John Cowie advised that he had now received a legal opinion in regard to mandatory vaccination of staff. In brief he explained that the advice provided suggested it would be difficult to justify mandatory vaccination although there was nothing in employment law to prevent it. The Chair suggested that the Board Chief Executives should discuss a common approach to vaccination of staff across the whole health and care sector. Mrs Jane Davidson advised that she would raise the matter with Board Chief Executive colleagues, Mr John Cowie would raise the matter with Board Human Resources Directors, Dr Cliff Sharp would raise with Board Medical Directors and Mrs Claire Pearce would raise with Board Nursing Directors.

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

5. Festive Period 2017/18 Summary Report

Mr Philip Lunts advised that it had been the most challenging winter period since 2014/15. He explained that the main challenges were a culmination of more acutely ill patients within the Borders General Hospital and a 13% increase in attendances at Accident & Emergency. There had been a high number of respiratory ill patients admitted through the Borders Emergency Care service (BECs) and the Emergency Department (ED) had seen an increase in the number of patients admitted with flu. Discharge rates over the festive period had been low compared to previous years with delayed discharge figures higher than anticipated over the Christmas period. In terms of what had worked well during the period, he advised that there had been a reduction in vacancies with additional beds opened and staffed. The extra beds that were planned and the contingency bed plans had been utilised earlier than anticipated including social care provision and beds in the community. There had been better social work support over the New Year period compared to the previous year and the Mental Health service delayed discharges had reduced by half as the system moved into the Christmas period.

Mr Malcolm Dickson enquired about scheduling elective procedures during the winter period and the impact of cancellations at short notice on patients who would be psychologically ready for their operations. Mr Lunts commented that the service deliberated on whether it should or should not run electives during the winter period and had planned to increase its day case surgery during that period. He advised that he would feed into the service Mr Dickson's suggestion that elective patients be advised when their appointment was scheduled for the winter period that their operation might have to be cancelled at short notice to accommodate winter planning pressures.

Mrs Karen Hamilton noted that morning discharges during the festive period had improved compared to the previous year however they remained lower on the weekend periods. Mr Lunts advised that further scrutiny of that performance would take place.

Dr Stephen Mather noted that overall whilst there had been less admissions, as a result of the flu and more acutely ill patients, length of stay had increased and discharges had been slower and he enquired about the bed occupancy rate. Mr Lunts advised that it had been into the high 90% and over 100% on occasion. Mrs Jane Davidson commented that when you factored in the contingency plans and surge

beds occupancy had reached 120% which had culminated in people being bedded in the Emergency Department and a series of 12 hour breaches.

Dr Mather enquired if there was anything that would be done differently in planning for the following year. Mr Lunts advised that there would be no assumptions in regard to Christmas being a quiet period and consideration would again be given to whether any elective operations should be scheduled. Mrs Davidson advised that the challenges were a result of patient flow issues and she was hopeful that as the Craw wood facility, hospital to home initiative and community teams began to make an impact, patient flow would streamline to smooth out the pressures during the winter period.

Mr Tris Taylor enquired if there was a formal mechanism to ask the Integration Joint Board to support capacity for discharge given that a lack of capacity appeared to be a recurrent difficulty for services. Dr Cliff Sharp clarified that the flow of patients into the hospital setting and the rate of admissions were higher than the national average and in order to address that, investment was required into community services and the Integration Joint Board was already alive to and assisting with that.

Mrs Davidson advised that in terms of admissions the data required further scrutiny and in terms of reducing admissions the Acute Ambulatory Unit (AAU) was maturing and impacting on those figures. She commented that the Strategic Commissioning Plan would encompass the outcomes to prevent admissions and keep people in their home or a homely setting instead of an acute bed if there was no medical requirement.

Mrs Davidson further highlighted the work that the community services teams and the Mental Health service had done to keep their services on the road during periods of sickness and adverse weather over the festive and wider winter periods.

The Chair recorded the congratulations of the Committee to staff for their efforts over the festive period working under extreme pressures, both internal and external to the organisation.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the 2017/18 Festive Period Report, the performance of the system during this period and the outline recommendations for future winter planning.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that a full Winter Period Report would be brought to a future meeting of the Board.

6. Management of Occupational Health & Safety

Mr John Cowie gave an overview of the content of the report and advised that the purpose of the paper was to ensure that the Board was sighted on what the Staff Governance Committee had identified as a governance issue for the Board.

Mrs Karen Hamilton advised that the issue had been identified by an internal audit report initially. An extra ordinary meeting of the Committee had been held in November to scrutinise the matter and an open and free flowing discussion had taken place. The outcome had been the formulation of an action plan in relation to compliance, perceived lack of understanding, sign off of risks at a junior management level, mitigation of risks and making the whole subject matter more acceptable and meaningful to people's every day work.

Mr Warwick Shaw advised that he was involved in changing the culture associated with managers who were responsible for accepting risks on to the risk register. He advised that some managers were reluctant to accept risks without trying to improve them, but as long as there was nothing wrong with the assessments made then the risk had to be accepted on to the risk register and mitigating actions taken forward.

Mr Tris Taylor enquired what the findings would be if an unannounced audit were to take place. Mr Shaw commented that the findings would show that not all the risks carried by the organisation were audited and it could be a significant issue in terms of public perception. Mr John Cowie advised that the audit report referred to had been undertaken some 4-5 years ago and annual reports had continued to flag up the risk. Unfortunately other pressures such as clinical, financial and targets were upper most in managers minds compared to completing the risk register.

Mr Tris Taylor suggested the culture of the organisation had ignored exposure to risks around health and safety and made the staff who had not been able to escalate those risks very uneasy.

Further discussion focused on: responsibility for organisational risk; actions to reach resolution; operational creep into governance committees; risk reports to the Audit Committee; how assured was the Board: presentation to a future Board Development session on governance; occupational health and safety framework and forum; support to staff to be able to understand and address risk; leadership; whilst the training is good if the system is not used regularly then the knowledge learned in training becomes weak; and looking at the system being used and how it can be more user friendly as it seems to be perceived as too difficult.

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

The **STRATEGY & PERFORMANCE COMMITTEE** endorsed the approach being taken by the Staff Governance Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** indicated further information or progress reports it would wish to receive.

7. Efficiency Update as at 31 December 2017

Mrs Carol Gillie reported that the paper provided an update on the delivery of the 2017/18 efficiency programme against the target as at 31st December 2017. She was forecasting that £8.3m of savings would be delivered this year, which was a reduction from the last report to the committee of £0.4m and related to slippage on the efficiency prescribing savings programme and the clinical productivity workstream. The report provided a lot of detail about target and delivery by clinical board and she highlighted that only £4.1m was forecast to be delivered recurrently leaving a shortfall of £8.8m which would be carried forward into 2018/19. She was concerned that it was a further increase from the recurring deficit of £4.9m at the start of the financial year.

Discussion focused on several elements including: clinical productivity in the Allied Health Professionals (AHPs) service and past difficulties in being able to realise the savings identified due to leadership and behavioural challenges; leadership, culture and capacity to drive a reduction in physiotherapy waiting times; potential for a CNORIS type scheme for new higher price drug treatments; transformational change in conjunction with clinicians; increased access to end of life treatments that are not cost effective and ultra orphan medicines; lack of plans to deliver efficiency

targets; previous schemes that were expected to deliver failed to deliver; and robust interrogation of savings plans.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the forecast delivery of efficiency savings as at 31st December 2017 is £8.3m in year giving an estimated shortfall of £7.4m against NHS Borders overall savings target of £15.7m.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the reduction in the level of anticipated savings by net £0.4m since the last report to 31st October 2017.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the forecast that NHS Borders underlying recurring deficit will rise to £8.8m from £4.9m by the end of the year based on the current information.

8. Performance Scorecard

Mrs June Smyth gave an overview of the content of the report. She advised that there was a correction to page 32 and the access figures for October which should have been 71 and 45.2%.

The Chair sought an update in regard to mental health services waiting times. Dr Amanda Cotton advised that appointments to vacancies had been made however there was a time delay between appointments being made and people commencing in post. She advised that work had been done in regard to assessment and triage of those on the waiting list. The service had used Local Delivery Plan funding to increase capacity by utilising existing staff and to work extra hours and weekends and using 3 locum psychologists, over 200 patients had been assessed and triaged over the previous 2 week period. That had enabled patients to be identified who were ready for a psychology therapy referral. Further work had been undertaken in regard to demand and capacity and it had concluded that there was a higher demand than resource was available within clinical psychology.

Mrs June Smyth clarified that staff that were in post were working both productively and efficiently and above the original face to face targets to address the capacity issues within the service.

Mrs Smyth reminded the Committee that the mental health service had been the first area to undertake the clinical productivity programme which was now in year 2 of the programme.

Mrs Jane Davidson advised that she had met with NHS National Services Scotland (NSS) to pursue a number of initiatives including clinical productivity documentation with the intention of NSS taking it forward for roll out across NHS Scotland.

Dr Stephen Mather enquired how successful the initiative of using health care assistants to support discharge to home in Berwickshire had been. Mr Robert McCulloch-Graham advised that it was too early in the process to provide evidence of the impact on delayed discharges, however, he reminded the Committee that the Integration Joint Board had agreed to fund 15 health care support workers for 4 months to pursue reablement and work as part of a multi-disciplinary team in Berwickshire, central Borders and Hawick. Work continued with SB Cares to enable those who undertook the 6 week programme for reablement to move back to their home with a home care package and it was anticipated that packages of care should reduce by 50% over that 6 week period to enable capacity to be put back into the system.

Further discussion focused on: revising the risk assessment narrative on the cover paper; the outcome of Sir Harry Burns external review of national targets; potential for financial savings to equate to a slippage in performance; forecast slippage on waiting times targets by end of March; texting appointment reminders to patients to reduce Did Not Attend (DNA) rates; local annual campaign on DNAs; looking at NHS Borders performance in the round; clinical productivity enables appropriate resources to be redirected; and decisions remain yet to be made in regard to the potential of not achieving waiting times and other standards and targets given the financial environment.

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

9. Any Other Business

9.1 Financial Performance Group Minutes

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

9.2 Regional Issues: The Chair enquired about any updates in regard to regional matters. Mrs Jane Davidson commented that an East Region event had been held with Non Executives, Health and Local Authority Chief Executives and Local Authority Councillors who were members of Integration Joint Boards. The session had focused on the first step in bringing regional leaders together to set out the health perspective on regionalisation and the health and care delivery plan, work to date and challenges to be addressed. Scottish Borders were focused on a “Type 2 Diabetes” collaborative project and the audience had welcomed the ambition and drive behind the project that when eloquently presented by Cllr David Parker.

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

10. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 3 May 2018 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.00

Signature:

Chair



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Wednesday, 21st March 2018 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: Mr K Allan, Consultant in Public Health (Item 7.2)
Mr G Bell, Audit Manager, PWC
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
Mr T Patterson, Joint Director of Public Health (Item 7.2)
Mrs J Smyth, Director of Strategic Change and Performance
Mr J Steen, Senior Auditor, Audit Scotland
Mrs J Stephen, Head of IM&T (Item 4)
Ms S Swan, Deputy Director of Finance

1. **Introduction, Apologies and Welcome**

David Davidson welcomed those present to the meeting. Apologies had been received from Stephen Mather, Claire Pearce, Jane Davidson and Gillian Woolman.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meetings: 11th December 2017 and 30th January 2018 (Extraordinary)**

Jonny Steen referred to item 9.3 on the December minutes and advised that NHS Borders required to be compliant with the European General Data Protection Regulations by May 2018 rather than March as stated.

The minutes were approved as an accurate record with the proviso of the one change discussed being made.

4. **Matters Arising**

Action Trackers

The Committee noted the action trackers.

Cyber Security Internal Audit Report - Update

June Smyth introduced this item. June highlighted that the report provided a clearer picture on how the 'Road to Digital' investment plan maps to the recommendations within the Internal Audit report. June explained that the demands on IT teams are now much greater and need to be prioritised. June advised that a public sector action plan has now been issued and an assessment will require to be undertaken to ensure that staff have the sufficient skills and capacity. June confirmed that this is currently being mapped out to determine what this means for NHS Borders and findings will be presented to a future Board Development Session. Jackie Stephen confirmed that this is being assessed locally and job descriptions are being reviewed to recruit to. Jackie provided an update on regional work and it was noted that there is a first draft for Information Governance and IT Security which looks feasible, however timings may not be compatible. In regard to national work it was noted that a network is in place which generates alerts that local teams are required to respond to. Carol Gillie referred to the deadline for actions as she did not feel these were clear. Jackie explained that there is a further action plan which has this level of detail but requires more discussion with the team. It was noted that the complete action plan would be available for the Board Development Session. Margaret Kerr advised that this is less of an IT issue than it used to be and requires people with a broader skill set. Margaret highlighted that the people with the required skills are in high demand and this is a national issue. Asif Haseeb noted his agreement with these comments in regard to staffing. Malcolm Dickson enquired if there was any scope of linking with Borders College. June advised that there would be for some elements but not for all therefore it was not feasible to go down that route.

The Committee noted the update report.

5. **Fraud & Payment Verification**

5.1 *Countering Fraud Operational Group – Update*

Susan Swan spoke to this report which had been circulated to the Countering Fraud Operational Group by way of an update. Susan highlighted the section on gifts, gratuities and hospitality and confirmed that the relevant sections of the Code of Corporate Governance had been updated and included a complete refresh of the gifts and hospitality requirements. It was noted that a communication had gone out to all Line Managers for cascading to staff.

The Committee noted the update.

5.2 *NFI Update & Risk Assessment*

Susan Swan spoke to this report which provided an update on the 2016/17 National Fraud Initiative (NFI) exercise. It was noted that there had been a total of 1,655 matches with 1,640 being investigated and closed. Of the 15 outstanding, 12 related to "payroll to payroll" matches with staff being on two payrolls. Susan referred to "supplier" matches and confirmed that where duplicate payments had been made these have been recovered. Susan referred to the match relating to Companies House and advised that this had still to be investigated to ensure there was no conflict of interest. Karen Hamilton presumed that some issues were down to human error. Susan confirmed that they were and assured that electronic authorisation through PECOS has been progressed as much as possible to reduce paper authorising.

The Committee noted the update report and the risk information provided.

6. Governance & Assurance

6.1 *Audit Committee Terms of Reference*

Susan Swan spoke to this item and confirmed that she was not proposing any amendments. David Davidson advised that the Audit Committee Chairs for the NHS, SBC and IJB had agreed to circulate the Audit Committee minutes after approval by the appropriate body. It was agreed that this would be noted within the Terms of Reference. Asif Haseeb noted that he had some minor amendments which he would pass over at the end of the meeting.

The Committee reviewed and approved the Terms of Reference with the inclusion of the addition discussed and the amendments from External Audit.

6.2 *Audit Committee Work Plan 2018/19*

Susan Swan spoke to this item and advised that this assists with agenda planning and allows the Committee to see what will be coming forward. Asif Haseeb noted that he had some minor amendments which he would pass over at the end of the meeting.

The Committee discussed and approved the work plan for 2018/19 with the inclusion of the amendments from External Audit.

6.3 *Audit Follow Up Report*

Susan Swan spoke to this item. Susan referred to the outstanding high risk recommendations relating to the “Training of Junior Doctor – Simulation Training Facilities” and “Mandatory Staff Training” and advised that they are working with lead officers to revise the timelines. David Davidson noted that there were currently six External Audit recommendations outstanding. Susan explained that these all related to Finance and would be actioned during the Annual Accounts process. Jonny Steen assured that they would be following these up.

The Committee noted the audit follow up report.

6.4 *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 28th February 2018. Susan confirmed that contractual arrangements had been finalised with the preferred debt recovery agency who she would be meeting the following day to pass over details for debts to be recovered. Susan gave assurance that there would be no doorstep calling. It was noted that the company would receive 10% of any payments recovered which was in line with NHS Lothian arrangements.

The Committee noted the debtors write-off schedule.

6.5 *Update on Very High Risks*

As there was no-one in attendance to speak to this item the Committee agreed to defer to the June meeting and ask Sheila MacDougall to attend with an updated report. Malcolm Dickson highlighted that the responsibility around risk has increased over time and noted that a few Boards have an Audit & Risk Committee. Carol Gillie explained that Sheila MacDougall attends the Audit Committee twice a year to provide updates and agreed to revisit the agenda to see if there were any other risk areas that required to be covered.

The Committee agreed to receive an updated report at the June meeting.

7. Internal Audit

7.1 *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 advised that two reports had been finalised since the last meeting and were being presented today. It was noted that the “Health & Social Care Integration – Risk Management” audit report would come forward to the June Audit Committee meeting.

The Committee noted the progress report.

7.2 *Internal Audit Report – Business Continuity*

Margaret Kerr introduced this report and advised that the report had an overall high risk rating. It was noted that there were two high rated findings, one medium rated finding and one low rated finding. Margaret referred to the executive summary and highlighted that the NHS is a reactive organisation due to the nature of the business and relies on key people to respond in an ever changing environment. Margaret referred to the first high risk finding regarding the quality and maintenance of the business impact analysis and plans in place. Margaret explained that although these are in place the quality and level of detail underpinning them is of mixed quality. The second high risk finding related to how business continuity linked with IT disaster recovery. Margaret stressed that this is an organisational prioritisation issue and not just for IT. The third and fourth findings of medium rating related to the linkage between business continuity and risk management and business continuity training and monitoring of training records respectively. Tim Patterson welcomed this report and explained that there are ongoing pressures, however agreed that it does need to be made a key priority. It was noted that actions have been agreed with the Board Executive Team and these will be corporately owned. An action plan is being pulled together against the recommendations and this will be shared with key personnel. It was noted that the audit report would be going to the Resilience Committee to have oversight of progress. Tim provided the Committee with assurance that it is the intention to ensure every business continuity plan is updated this year with focus being given to the top critical priority areas, which would be reviewed every six months. It was noted that areas of lower priority would be reviewed every two years. Margaret highlighted that testing a plan is an extremely valuable exercise to undertake. David Davidson enquired about the timescale for the Committee receiving an update. It was agreed that an update would be provided at the September meeting. Malcolm Dickson referred to the management comments on page 7 regarding the integration of business continuity and disaster recovery and asked for assurance that this is the viewpoint from across the organisation. June Smyth advised that these comments followed the lessons learnt exercise after the cyber attack in 2017. Karen Hamilton noted caution and reminded that this needed to be looked at from a broader perspective rather than just IM&T, however appreciated that the lessons learnt from this should be taken into account. Carol Gillie, on behalf of Stephen Mather, asked for assurance on the actions being undertaken and suggested that an update be provided to the Committee in six months time. This had previously been agreed. Stephen had also suggested that one Director should be overall accountable. Carol felt that Tim would be the most appropriate Director to do this with the support of his Executive Team colleagues. Tim confirmed that he was happy to do this, however felt it important that the Director who directly manages the General Managers is also named.

The Committee noted the report and would receive an update on progress at the September meeting.

7.3 *Internal Audit Report – Financial Efficiency Savings*

George Bell introduced this report which had an overall medium risk rating. George advised that there had been one high rated finding and one low rated finding. George explained that the high rated finding related to the £3.8m savings shortfall and the lack of a plan to address this. The low risk finding was in regard to the Better Borders Programme where it was recommended that a record is maintained to ensure that projects that fail to qualify for inclusion in the programme can be revisited at a later date if appropriate to do so. George also noted that some budget holders do not formulate plans to achieve 3% savings and recommended that these are produced going forward and assessed to ensure they are fit for purpose. George referred to the management comments on page 14 where it was noted that NHS Borders will be developing a long term plan to identify when and how a breakeven position will be attained. It was also noted for the finding relating to the Better Borders Programme that management have agreed to amend the tracker with additional columns to record all projects submitted but had not qualified for inclusion. June Smyth assured that projects that did not qualify for inclusion in the programme this year would be looked at again in future years. Malcolm Dickson enquired about timescales to revisit the Better Borders programme. Carol Gillie suggested inclusion in the 2019/20 audit plan. This was felt to be acceptable. Carol welcomed the report and agreed with the findings. Carol highlighted that the goal to attain a break even position had not yet been achieved and advised that options for non recurring savings to the level now required was unachievable. It was noted that Scottish Government have been made aware of this and further discussion has been requested on working together to get some non-recurring support. Work is also being undertaken on financial plans on a regional basis as well as within individual Boards. Margaret Kerr stressed that this situation is becoming more serious across NHS Scotland with cost pressures constantly going up, some of which cannot be controlled. Margaret highlighted the importance of Board Members having transparency and scrutiny. Karen Hamilton asked what would be a realistic timescale to see the benefits from the Better Borders projects. June advised that Better Borders had been running from August 2017 and provided an overview of the work undertaken to date whilst providing a flavour of the challenges encountered. Carol, on behalf of Stephen Mather, noted that some areas cannot be controlled and requested all Executive Directors undertake an assessment of their areas of responsibility and propose potential options. Carol agreed to engage with colleagues on this proposal and incorporate this into the financial planning process. Carol also agreed to provide an update to the September meeting on the high risk finding.

The Committee noted the report.

7.4 *Internal Audit Plan 2018/19*

Margaret Kerr spoke to this item. Margaret highlighted that the approach to undertaking the risk assessment and preparing the Internal Audit Plan was detailed on page 4. Margaret took the Committee through the proposed audits to be undertaken during 2018/19. Carol noted the “Information Asset Register” audit in quarter 3 would be aligned with the requirements of the GDPR. Carol also mentioned the “Medicines Administration – Home Care Services” audit for quarter 4 as she was pleased to see something linked to prescribing due to the escalating costs. The Committee discussed the various options that could be covered under prescribing and Margaret agreed to scope something out which would have Cliff Sharp as the Executive Lead. Malcolm Dickson did not feel that the “Complaint Handling” audit was the most appropriate use of time to get leverage in acceptable clinical performance. June Smyth advised that she was keen for this audit to be undertaken as there is a direct impact on individual patient cases who have

noted dissatisfaction. Malcolm noted that emergency patient flow appeared on numerous occasions and stressed he would like to see this flow right through to discharge.

Carol confirmed that the Board Executive Team had discussed the draft plan and feedback had been provided to Margaret. Margaret referred to the request for a reduction in fees and advised that she had looked at an appropriate mix of work whilst reviewing a reduction in fee and proposed a 9% reduction. Carol confirmed that she was content with this offer and recommended it was accepted by the Audit Committee.

The Committee discussed and approved the Audit Plan and audit fee for 2018/19.

8. External Audit

8.1 *External Audit Interim Management Report 2017/18*

Asif Haseeb introduced this item. Asif highlighted that the report was in a slightly different format to previous years. The Committee welcomed this as it was well presented. Asif referred to exhibit 1 which summarised the key systems and controls tested during the interim audit and exhibit 2 which detailed the key findings and action plan for 2017/18. Jonny Steen reported that within the conclusion detailed on page 5 the audit had concluded that NHS Borders had adequate systems and internal controls in place as well as compliance with policies and procedures. Jonny advised that the Finance Team had made good progress in developing working papers to assist with the Annual Accounts process. Jonny highlighted the seven areas that had been reviewed and advised that one piece of work is yet to be finalised, namely attending the theatre stock count the following week. The findings from this would be included within the annual audit report presented at the June meeting. Jonny reminded that reliance is placed on the work of PricewaterHouseCoopers (PWC), Internal Auditors and an annual review is undertaken by the NHS Greater Glasgow & Clyde External Audit team to ensure their work is adequate and complies with standards. Jonny was pleased to report that the review had concluded that PWC are compliant, however as none of this year's audit reports related directly to financial systems no reliance had been placed on PWC for the audit of the financial statements. Jonny referred to the key findings starting on page 7 which also provided management comments and targets and took the Committee through these. Jonny highlighted item 3 relating to the NFI exercise and confirmed that the NFI database for the 2016/17 exercise has now been updated and conclusions recorded. Jonny also referred to item 4 regarding GDPR progress and advised that this had been discussed with George Ironside and a summary was provided on where urgent action was required. Jonny referred to "other matters" detailed on page 9 and advised that the issue around the authorisation of journals was an area of risk as these are not authorised by a second more senior member of staff until the end of the financial year. Jonny advised that out of the five prior year findings detailed from page 10 onwards, three points were still outstanding. It was noted that the first two related to debtor write offs and reminded of the earlier discussion about the debt recovery agency. David Davidson referred to the mention of staff resources within the Finance Department and asked if this was an issue. Carol Gillie explained that to employ more staff would require more financial resource therefore they were trying to balance tasks against the current staffing. Susan Swan added that although there will always be a certain degree of risk she was confident that the department were not outwith the parameters. Karen Hamilton referred to the May 2018 deadline for compliance with GDPR as she was concerned that NHS Borders may not meet this deadline. June Smyth advised that it was just being flagged as a potential risk and assured that work has been cascaded out with timescales well in advance of the deadline. It was noted that progress is being monitored by the Information Governance Committee.

The Committee noted the 2017/18 Interim Management Report.

9. **Integration Joint Board**

David Davidson advised that he had attended the IJB Audit Committee earlier in the week and provided feedback from this.

The Committee noted the link to the IJB Audit Committee papers.

10. **Annual Accounts 2017/18**

10.1 *Annual Accounts Timetable*

Susan Swan spoke to this item. Susan explained that the dates were set around the June Audit Committee and highlighted key dates for the various elements of work. Susan advised that the date for the IJB Annual Accounts coming forward for noting was indicative until a Chief Financial Officer is in post.

The Committee noted the key dates within the timetable for production of the 2017/18 Annual Accounts.

11. **Items for Noting**

11.1 Information Governance Committee Minutes: 11th December 2017 (Draft)

No issues were raised.

The Committee noted the draft Information Governance Committee minutes.

12. **Any Other Competent Business**

As this was David Davidson's last meeting Carol Gillie took the opportunity to record her thanks to David for his contribution over the last seven years on financial leadership as well as personal support and wished him well for the future.

David noted his thanks for the support received from the Finance Team as well as Internal and External Audit.

13. **Date of Next Meeting**

Thursday, 14th June 2018 @ 2 p.m., Board Room, Newstead.

BE
30.03.18

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Tuesday, 16th January 2018 @ 2 p.m. in the Board Room, Newstead.

Present: Mr M Dickson
Mrs C Gillie
Mrs K Hamilton
Dr S Mather
Mr J Raine (Chair)
Mrs A Wilson

In Attendance: Mrs B Everitt (Minutes)
Miss K Maitland (Item 4)
Mr G Reid
Mrs K Wilson

1. **Introduction, Apologies and Welcome**

Stephen Mather welcomed those present to the meeting. Apologies had been received from Jane Davidson, Claire Pearce, Susan Swan, Tim Patterson, David Davidson, John McLaren, June Smyth, David Parker, Cliff Sharp and Tris Taylor.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 2nd October 2017**

The minutes were approved as an accurate record.

John Raine arrived and took over chairmanship of the meeting.

4. **Matters Arising**

Action Tracker

The action tracker was noted.

Volunteer Co-Ordinator Post

Karen Maitland spoke to this item. Karen reminded Trustees that this post had been funded from Endowments until 31st March 2017 when it had then been funded temporarily by Clinical Governance causing an overspend on their current pay budgets. A paper had been presented to the Board Executive Team in September 2017 where it was suggested that a paper be brought to the Endowment Fund Board of Trustees to ask if they would reconsider funding this post from 1 April 2018 either on a fixed or permanent basis. Karen highlighted that prior to this post being in place there had been 66 volunteers within NHS Borders and as of October 2017 there were 266 volunteers, seeing an increase of 403%. Stephen Mather noted that volunteers are an additionality and asked how other Boards funded this post. Karen did not have the details of this but recalled this being a mix of funding across Boards who had a similar post. Karen Hamilton asked if Trustees had it within their gift to make this post permanent. Carol Gillie confirmed that they could. Stephen suggested funding the post for a fixed term period and review again at such a point in time. Malcolm Dickson supported this

proposal and felt that the post should be funded from Endowments. Carol Gillie agreed and confirmed that it met with the criteria.

The Board of Trustees approved the funding of this post for a period of five years and to the change in title to Voluntary Services Manager.

5. Fund Management

5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham reported that the portfolio value as at 29th December 2017 was £3.7m. It was noted that the uplift in capital terms over the year was £250k with a total return of just under 10.4%. Graham highlighted that over a three year period, in total return terms, the portfolio has delivered an uplift in value of 29.53% net of fees. This equated to just over £559k and was above the adopted WMA benchmark. Graham anticipated a yield of 3.05% over the next year should the market continue in this way. Graham referred to the global political situation and did not envisage any major changes for the foreseeable future. It was noted that there was still an appetite for risk asset equity investments due to the extremely poor return on cash investments. The Trustees thanked Graham for a clear report and the good performance of the portfolio.

The Board of Trustees noted the report.

6. Financial Report

6.1 *Primary Statements and Fund Balances*

6.2 *Register of Legacies & Donations*

Due to unforeseen circumstances these reports could not be circulated in time for the meeting and a Finance update would be circulated in due course.

7. Fundraising

7.1 *Fundraising Update*

Karen Wilson spoke to this item and took Trustees through the report which provided an update on Fundraising activity as per the objectives within the Fundraising Plan. Karen advised that the primary objective has been around the campaign to raise £210,000 for the Macmillan Cancer Centre extension. It was noted that the public appeal was launched in November 2017 and since then over £40,000 has been received. Karen explained that the Macmillan Centre have been extremely proactive and taken ownership making huge fundraising efforts. John Raine referred to the progress figures noted on page 3 and enquired how these compared with the previous year. Karen advised that the charity shop in Kelso had significantly boosted income. Karen referred to the Mammography Refurbishment and advised that she was still trying to secure the funding verbally agreed from Walk the Walk Charity and was still hopeful of receiving this. Karen updated on Friends of the BGH where it was noted that James Marjoribanks had taken over as Chair as well as two new members who were joint Vice Chairs. It was also noted that a meeting was being progressed with the RVS to discuss the next round of gifting. Karen referred to the objective relating to online donations and felt that being realistic this target would not be met as many donations are still made by cheque. Karen advised that for the stewardship objective a new donation process has been agreed to create a better donor experience

and improve the capturing of information by the Fundraising function. It was noted that the new donation envelopes have been put into use at appropriate events as well as being rolled out within some of the wards. Work has also taken place with the Admin Team to create new receipt books which will be put into use from this month. John reminded that the Staff Awards ceremony is a good event to try and secure new donors. Karen confirmed that there were plans to promote at that event.

The Board of Trustees noted the report.

7.2 *70th Anniversary of the NHS – Platinum Grants Programme Proposal*

Karen Wilson spoke to this item which was an objective within the Fundraising Plan. Karen explained that with having the Macmillan Centre extension appeal it was felt that having another fundraising drive would not be helpful at this time, therefore to mark this anniversary Trustees were being asked to release £70,000 of funding from the General Fund to run a short term grants programme during 2018 (£25,000 for the top award and 9 further awards of £5,000 each). These would be run over the summer months and would achieve 10 positive spending stories on how funds have helped with patient care. Karen confirmed that Fundraising would provide support. John Raine asked if there were sufficient funds available to do this. Karen confirmed that there was. Carol Gillie reminded that if Trustees agreed to the request this funding would not be available for other bids coming forward. Malcolm Dickson noted his support but questioned having a fixed sum. Karen Hamilton agreed but felt that it would still be helpful for those making bids to have a maximum figure. Malcolm also felt that Trustees should have sight of all applications that meet the criteria. Stephen Mather felt that awareness of the 70th anniversary could be raised in other ways and reminded that the Trustee's role is to encourage spend therefore suggestions could be sought on what individual funds could be spent on. Karen W explained that NHS Scotland are being encouraged to raise awareness of the 70th anniversary and having worked with clinicians, Friends and the Medical Equipment Committee she has found that it can prove difficult getting people to come up with a spending plan. Karen H appreciated that people needed to be encouraged to spend funds and felt that the split of 1 x £25,000 and 9 x £5,000 may prove difficult and suggested 7 pots of £10,000. Karen H also referred to the application template which she felt was easy to complete and suggested asking if any savings would be achieved as this would be looked on more favourably. Alison Wilson stressed the need to be clear on what funds can and cannot be used for. Stephen suggested that rather than having several stipulated amounts it be left open so that bids would be looked at on an individual basis open to competition. Karen W felt that the issue with this would be keeping it linked to the 70th anniversary, Carol Gillie, on behalf of David Davidson, noted his support and felt that a potential bid could be to brighten up the BGH staff dining room.

The Board of Trustees agreed to invite bids to the pot of £70,000 to link with the 70th anniversary of the NHS and have no limitations to the scale of the bids. Trustees would review bids and agree what is taken forward.

The Trustees agreed to the promotional budget of £500.

7.3 *Macmillan Cancer Centre Extension Project - Update*

Karen Wilson spoke to this item. Karen advised that the preferred contractor had been appointed and they were working with them to pull together a Construction Project Plan. It was noted that the Project Team were meeting on a monthly basis

and will include stakeholder engagement as appropriate, e.g. for interior design and landscaping. Karen highlighted that Macmillan Cancer Support has agreed, as part of the tender award process, to increase their grant agreement support to the project by £5,000. This increase had been matched by Endowment funding. Karen assured that the project is progressing on target and explained that the biggest challenge is keeping the Cancer Centre operational during the course of the work. Malcolm Dickson asked if they would have sight of any measurable outcomes. Carol Gillie confirmed that Judith Smith planned to do this. John Raine enquired about the visual change due to the extension. Karen explained that there won't be a huge amount of additional space, however the space will be much better utilised ensuring better scheduling and flow of patients and the quality of the environment would be much improved.

The Board of Trustees noted the update.

8. **Update on Retirement Event – 23rd November 2017**

Carol Gillie introduced this item. The Trustees were disappointed with the low turnout of retirees who attended on the day. It was felt that this could be due to the length of time some people had retired as some were up to a year. John Raine provided feedback on behalf of David Davidson who felt that the venue should be moved around the Borders. Karen Hamilton felt that the BGH Dining Room would be a more relevant location to hold this annual event. It was also suggested tying this in with another event such as the Tree of Light ceremony/carol service. Carol agreed to feedback these comments.

The Board of Trustees noted the update report.

9. **Any Other Business**

None.

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

Tuesday, 15th May 2018 @ 2 p.m., Board Room, Newstead

BE
24.01.18

Minutes of an Extraordinary Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Wednesday, 21st March 2018 @ 12.45 p.m. in the Board Room, Newstead.

Present: Mr D Davidson
Mr M Dickson
Mrs K Hamilton
Dr T Patterson
Mr J Raine (Chair)

In Attendance: Mrs B Everitt (Minutes)
Mrs S Swan

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Stephen Mather, Alison Wilson, Claire Pearce, John McLaren, David Parker, Cliff Sharp, Tris Taylor, Jane Davidson, June Smyth, Carol Gillie and Karen Wilson.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Matters Arising**

There were no matters arising.

4. **Governance Framework**

4.1 *Annual Review of Endowment Fund Charter, Guidance for Officers in the use of Endowment Funds and Financial Operating Procedure*

Susan Swan spoke to this item. Susan gave an overview of the purpose of each of the documents. The Trustees went through the Endowment Fund Charter and suggested various minor amendments which Susan agreed to action. Susan also agreed to check what other Boards do in relation to publishing Endowment papers on their website and noted she would feedback on information received.

The Board of Trustees noted the report and approved the Endowment Fund Governance Framework for 2018/19 with the proviso that the changes discussed be made.

4.2 *Investment Policy*

Susan Swan spoke to this item. Susan highlighted one addition following a request from Stephen Mather to include an additional objective to promote health and well being through investments where appropriate. Susan advised that she had spoken with Graham Reid, Investment Advisor and he was comfortable with the wording that had been added as the last bullet point on page 1, namely “..... investments will be sought which promote health and wellbeing activities where appropriate to do so”. Tim Patterson enquired if any work to contract regionally for investment management services had been undertaken. Susan advised that this was an area which may in future be progressed by the NHS Endowment Advisory Network, currently all Boards have their own contractual arrangements in place. Susan gave assurance that the Investment Advisor costs as secured through last year's market test exercise were noted as being extremely competitive based on the tender returns received and when compared to other Board's current arrangements.

The Board of Trustees reviewed and approved the Investment Policy.

4.3 *Work Plan 2018/19 - Draft*

Susan Swan spoke to this item which assists with the agenda planning for the Trustees meetings throughout the year. Susan advised that she had discussed with the Fundraising Manager and agreed that regular updates would be provided as part of the work plan on the Borders Macmillan Centre extension and refurbishment project until this work has been finalised.

The Board of Trustees approved the 2018/19 Work Plan.

5. **Report from Trustees and Annual Accounts 2017/18**

5.1 *Audit Planning Memorandum*

Susan Swan spoke to this item. Susan advised that the External Auditor, Geoghegans, had been on site the previous week and would be back in April to finalise their 2017/18 year end audit. It was noted that the memorandum provided an indication of the work that would be undertaken. Susan reminded Trustees that Geoghegans have offered to attend meetings if required.

The Board of Trustees noted the Audit Planning Arrangements Memorandum.

6. **Risk Strategy**

6.1 *Review of Risk Management Policy*

Susan Swan spoke to this item and advised that no changes were proposed.

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

6.2 *Risk Register Update*

Susan Swan spoke to this item. Susan highlighted the risk that had been added in regard to the Borders Macmillan Centre fundraising appeal. Susan reminded that there is a potential risk if there are insufficient funds raised and that Trustees had agreed to split any outstanding amount due for the project would be met on a 50/50 basis with the Cancer Services Endowment Fund.

Malcolm Dickson referred to a number of risks where the risk of the inappropriate use of funds is noted and asked that the risk impact is updated to include that if funds are used inappropriately then as a result reduced level of funds would be available to support the charity's activities.

The Board of Trustees agreed the register with the proviso that the additional risk impacts are included.

7. **Any Other Business**

Susan Swan referred to a recent email asking Trustees if they had any related party transactions and asked for any outstanding responses to be returned at the earliest convenience.

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

Tuesday, 15th May 2018 @ 2 p.m., Board Room, Newstead

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Tuesday, 15th May 2018 @ 2 p.m. in the Board Room, Newstead.

Present: Mrs J Davidson
Mr M Dickson
Dr S Mather
Mr J McLaren
Cllr D Parker
Mrs C Pearce
Mr J Raine (Chair)
Mrs F Sandford
Dr C Sharp
Mrs A Wilson

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

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Karen Hamilton, Tim Patterson, Carol Gillie, Tris Taylor and June Smyth.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 16th January 2018 and 21st March 2018 (Extraordinary)**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The action trackers were noted.

Publication of EFBoT Agenda, Papers and Minutes

Susan Swan spoke to this item which had arisen following an Ask the Board question on the transparency of the Endowment Fund Board of Trustees papers and minutes. Susan explained that she had asked other Boards about the publication of these papers which concluded that the majority of Boards only publish the Annual Report and Accounts on their website. Susan highlighted that the guidance from OSCR is clear around transparency and recommended that Endowment papers are made public with redaction of sensitive information as appropriate. Both Stephen Mather and Malcolm Dickson agreed with this recommendation. Trustees went on to discuss whether or not these meetings should also be open to the public. Stephen did not feel that this was appropriate as this would differentiate with the other Board Sub Committees. The Trustees agreed to consider the option of an Annual General Meeting (AGM).

The Board of Trustees unanimously agreed in principle to the Endowment Fund Board of Trustees agenda and papers being published on the website.

The Board of Trustees also agreed to look into holding an Annual General Meeting, or similar, to ascertain public interest.

5. Fund Management

5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham explained that the portfolio has performed consistently over the last two years, however due to the effects of various global events over the last year or so, this had led to a decline in the portfolio value as at 29th March 2018. Graham went on to report that as of today's date there had been an improvement and the value was back on track and included recovery of £125k in capital value since the end of March. Graham highlighted that there had also been changes to some of the asset elements within the portfolio where he anticipated seeing an increase in value. Graham still expected some volatility going forward however the defence to this is to ensure the portfolio is well diversified. Fiona Sandford enquired if a move from bonds to equity was anticipated. Graham explained that although in general bonds do not offer much value they do provide an element of insurance.

The Board of Trustees noted the report.

5.2 *Review of Investment Portfolio Benchmark*

Susan Swan spoke to this item and explained that the investment portfolio benchmark is reviewed on an annual basis as part of the work plan. Susan advised that she had worked with Graham Reid, Investment Advisor, in producing the report. Graham went on to explain about the inflexibility with the Wealth Management Association (WMA) benchmark which the portfolio performance is currently reported against on a quarterly basis. This benchmark reports the average performance of a 'balanced medium risk' investment portfolio which is similar to the NHS Borders Endowment Fund. Graham highlighted the benchmark review which had been undertaken, and having monitored this for some time, proposed moving to Strategic Asset Allocation (SAA) benchmark as this would provide a more accurate picture of how well the portfolio is performing. Jane Davidson asked for Susan's opinion on this proposed move. Susan confirmed that she agreed with the recommendation to move to the SAA benchmark.

The Board of Trustees noted the review that had been undertaken and agreed the change of benchmark from the WMA Balanced benchmark to the Strategic Asset Allocation benchmark to monitor performance of the Endowment Fund Investment Portfolio.

6. Financial Report

6.1 *2016/17 Annual Accounts Audit Memorandum Update*

Susan Swan spoke to this item and apologised for the delay in this coming forward to Trustees. It was noted that the report provided an update on completed/in progress recommendations from Geoghegans, the External Auditor, following the audit of the 2016/17 Endowment Annual Accounts. Susan referred to the two items still in

progress, namely relating to the charity website “The Difference” and the potential charity reorganisation. Karen Wilson updated on the first item and confirmed that the up-to-date HMRC process for gift aid has now been uploaded onto the website. Susan advised that for the second item this was still ongoing and that future reorganisation will be completed using the OSCR toolkit where this is appropriate. Malcolm Dickson enquired about reference on page 3 to the accumulated balance held within the Endowment Fund relating to costs incurred as part of the proposed Children’s Centre. Susan explained that this is shown as a charge within the accounts and will be transacted if the Children’s Centre is taken forward. John Raine added that this has been in the accounts for a long period of time and required a decision from NHS Borders Board on whether or not they wished to proceed. Jane Davidson agreed that clarification on their position/proposed timeline would be welcomed at this time.

The Board of Trustees noted the Audit Memorandum recommendations issued by Geoghegans and noted the completed actions and those currently in progress with target completion dates.

7. Endowment Fund Annual Accounts 2017/18

7.1 *Draft 2017/18 Report from Trustees and Annual Accounts*

Susan Swan spoke to this item. Susan advised that the accounts were in the same format as the previous two years with expansion on the level of detail given for fund expenditure to ensure clarity of use. Susan was pleased to report that no issues had been raised from Geoghegans, the External Auditor and the accounts were unqualified. Stephen Mather referred to page 12 as he noted he was not listed as a Trustee. Susan apologised for this oversight and agreed to amend this. Malcolm Dickson referred to page 4 and in particular the Borers Cancer Services and funding for the Evelyn Sutherland Clinical Nurse Specialist post. Susan Swan explained this post was funded by a living legacy agreement with the Evelyn Sutherland Trust with the post working specifically to support patients with gynaecological cancer. It was noted that this additional post allows more patients to be seen and the annual report on the benefits delivered by the post during 2017/18 is in production. Jane Davidson went on to provide background information and advised that an exit strategy is in place should the funds no longer be available. Stephen Mather stressed the need to ensure that there is clarity around the additionality of the post and as long as this is evident then the funds should continue to be accepted each year. John McLaren referred to page 14 and highlighted that there had been no Endowment Advisory Group meetings held between 1st April 2017 and 31st March 2018 and it stated one meeting had taken place on the 3rd April 2018 which was outwith this period. Susan agreed to provide more clarity within the narrative and to make any necessary amendments to the membership for this group. John Raine referred to the Space to Grow project as he felt that it should be clearer that this had began prior to 2017. Susan agreed to amend the wording to reflect this.

The Board of Trustees reviewed and commented on the Endowment Fund Annual Report and Accounts for 2017/18.

8. Governance Framework

8.1 *Review of Fund Managers & Authorised Signatories*

Susan Swan spoke to this item which had arisen following a previous recommendation from External Audit. Susan highlighted that some funds have small level balances and have been dormant for a number of years. Susan confirmed that the intention is to drill down to the purpose of the fund and then meet with Fund Managers to discuss what can be done to provide benefit to patients and staff. Stephen Mather agreed with this principal as it made logical sense to review these with the intention of reducing the number of restricted funds held. Susan advised work has taken place within Mental Health to reduce the number of restricted funds and anticipated community hospitals/community nursing would be looked at next with the aim of making these more manageable.

The Board of Trustees noted that a Restricted Funds reorganisation exercise was planned for the summer of 2018 which would follow OSCR guidance.

8.2 *Administration Fee Update*

Susan Swan spoke to this item which provided assurance that the level of charge is on average with Boards across Scotland. Malcolm Dickson felt that it should be for the Board to agree this level of charge. Jane Davidson agreed that it would be appropriate for Trustees to recommend a 1% charge and put forward to the Board for approval. David Parker commented that a 1% admin charge was extremely fair. Jane queried why this just applied to restricted funds rather than the endowment fund in its entirety. Stephen Mather suggested that the Board of Trustees ask the Board to present a report at the next Endowment Fund Board of Trustees meeting which provides details of the actual resource utilised to deliver the governance and financial support to the Endowment Fund, the Trustees can then consider the level of admin fee to be set within the context of the actual resource requirement. This was agreed. Susan also agreed to check if other Boards charge only against restricted funds or the whole endowment fund.

The Board of Trustees agreed to review the level of admin charge to be set within the context of the actual resources utilised to deliver the governance and financial input to the Endowment Fund. The Trustees agreed that a report is presented at the next Endowment Fund Board of Trustees meeting with the actual level of resource required information.

9. Risk Strategy

9.1 *Risk Register Update – New Risk*

Susan Swan apologised that the wrong cover paper had been circulated for this item. Susan referred to the Risk Register which had been reviewed at the March meeting and highlighted the new risk that had been added relating to the “Use of NHS Scotland Endowment Funds” which was rated as a medium risk. Jane Davidson reminded that risks can be mitigated in various ways and this would be covered at the governance session arranged for Trustees on the 14th June 2018.

The Board of Trustees noted the updated Risk Register.

10. **Endowment Fund Update – May 2018 – Linked to Issues Highlighted in NHS Tayside**

Susan Swan spoke to this item and advised that an internal review had been undertaken to provide further assurance. Trustees agreed that a copy of the report should also be sent to Paul Gray.

The Board of Trustees noted the update on the management and governance arrangements of funds in light of the recent issues in NHS Tayside.

11. **Endowment Advisory Group**

11.1 *Minutes of Meeting: 3rd April 2018 (Draft)*
This item was deferred to the next meeting.

12. **Fundraising**

12.1 *Update on Borders Macmillan Extension Project*

Susan Swan introduced this report which provided detail on the level of spend for the project. Karen Wilson went on to give an update on the fundraising appeal which had proved incredibly successful and had achieved the fundraising target well ahead of schedule. Susan reminded that Trustees had previously agreed to underwrite any shortfall on a 50:50 basis with the Cancer Services Endowment Fund and confirmed that this would no longer be required. Susan also noted to Trustees that as the receipt of fundraised monies is ahead of target the requirement for support to the cash flow for the projects by the Endowment Fund is also not required. Susan took Trustees through the three main risks listed and confirmed that the project at this stage remains on target to complete in November.

The Board of Trustees noted the update.

12.2 *End of Year Fundraising Report 2017/18*

Karen Wilson spoke to this item and took Trustees through the report which provided an update on Fundraising activity as per the objectives within the Fundraising Plan for 2017/18. Karen was pleased to report that just over £1.2m had been received into Borders Health Board Endowment Fund during 2017/18, with £455k of this being stewarded by Fundraising. Karen highlighted that this was just short of the 40% target they were aiming for. Karen advised that the voluntary income had significantly increased and the target had been achieved ahead of schedule. It was noted that the overall aim is to increase this year on year. Karen explained that the legacy campaign had not quite met its target, however it was felt that this had been quite ambitious and should be moved as a longer term strategy. It was noted that the Fundraising function still continue to promote and build on this. Karen advised that the Macmillan Cancer Centre extension had been the main focus during 2017/18 and this had proved extremely successful particularly around the public's response which meant that they did not have to utilise corporate contacts. Karen referred to the Celebrating Excellence Staff Awards where it was noted that Fundraising had successfully secured sponsors for six of the twelve award categories raising £3k towards the cost of the event with a raffle on the evening raising a further £800. Karen advised that for the partnership objective they continue to build relationships with other organisations linked to fundraising. It was noted that there had been

several personnel changes within the Friends of the BGH and this has led to improved co-operation and joint working. It was noted that there had not been an increase in donations made online and it was felt that this was due to the wide choice of donation methods available. Karen advised that new donations envelopes had been introduced to help improve the donor experience as well as new receipt books being introduced within Admin. Karen referred to the last page of the report which provided a benchmark of financial performance against all Scottish Boards and she was pleased to report that Borders were now in second place. John Raine referred to the recent Celebrating Excellence Staff Awards and stated that this was again an excellent evening, particularly with the entertainment from NHS Borders' Harmony Choir. John advised that he had been approached on the evening in regard to a contribution towards transport costs for the choir which would come forward as a future bid. Susan Swan advised that a previous application had been made with money being allocated from the Staff Lottery Fund and was aware a further bid was being submitted.

The Board of Trustees noted the report.

12.3 *Fundraising Plan 2018/19*

Karen Wilson spoke to this item which outlined the Fundraising Plan for 2018/19. Karen advised that she would be finishing the following day to go on maternity leave and following recent interviews an appointment for maternity cover had not been made. It was noted that the Communications Manager, who had previously held the post, would assist the Fundraising Officer in the meantime and Trustees would be updated on the situation as necessary. Karen explained that the objectives for 2018/19 were primarily a follow on from the previous year and provided Trustees with a brief update on any additions. Karen highlighted the 70th anniversary of the NHS and that the grants scheme, as discussed at a previous meeting, had a revised timescale and would now be launched in June to celebrate this. Karen advised that the implications of the GDPR would be monitored and reviewed to ensure full compliance. Jane Davidson suggested that Clare Oliver provide an update position on this at the June meeting. This was agreed.

The Board of Trustees approved the Fundraising Plan for 2018/19.

13. **Any Other Business**

13.1 *OSCR Online: Safeguarding*

Susan Swan spoke to this item and the guidance which had been issued for awareness. Susan highlighted the recommendations and advised that she would review this and bring anything of relevance back to Trustees.

The Board of Trustees noted the report and guidance.

13.2 *OSCR Notifiable Events*

Susan Swan spoke to this item and the guidance from OSCR which had been circulated for awareness. Susan advised that all notifiable events would be alerted to the Trustees and OSCR as required by the guidance.

The Board of Trustees noted the report and guidance.

13.3 *Authorisations for Gamma Camera and Orthopaedic Ultrasound*

Susan Swan advised that all appropriate approvals were in place for this expenditure except for the final step of Trustees' approval. Stephen Mather referred to previous discussion at an NHS Borders Board meeting on the Gamma Camera and asked what additionality there would be to meet the requirements of using endowment funding. Susan confirmed that an extra CT level of scanning had been added to ensure there is a full back up service.

The Board of Trustees unanimously agreed respectively to the request for approval.

13.4 *MKU Theft - Update*

Susan Swan provided Trustees with the details of 3 thefts of donated monies at the Margaret Kerr Unit (MKU). Jane Davidson noted to Trustees that the degree and extent of any theft is unknown at this point. Susan advised that a police report had been submitted to the Procurator Fiscal and a member of staff had been charged with one of the thefts. Discussions are progressing with the member of staff, who is currently suspended, in line with the Health Board's Managing Employee Conduct Policy. Susan explained that thefts had taken place between January and March 2017 and that the police had been contacted as soon as this had been alerted. Susan advised the member of staff had only been charged with the theft that had taken place in March 2017. It was noted an instruction was given at the time of the thefts that cash donations were not to be accepted within the MKU. Susan confirmed that meetings are being arranged with the three donors involved and Carol Gillie and Clare Oliver will attend these. Susan advised that discussions have also taken place with Internal Audit who are recommending an audit be undertaken to provide recommendations on the process for accepting donations. Jane added that she and the Chair of the Board of Trustees are reviewing the options to ensure the charitable funds suffer no detriment as a result of the thefts.

The Board of Trustees noted the update.

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

Wednesday, 6th June 2018 @ 10 a.m., Board Room, Newstead

8th June 2018

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 31st January 2018 at 2pm in the BGH Committee Room.

Present: Dr Stephen Mather (Chair) David Davidson
 Alison Wilson (arrived 14.50) Malcolm Dickson

In Attendance: Claire Pearce Sam Whiting
 Peter Lerpiniere Ros Gray
 Sheila Macdougall Dr Janet Bennison
 Erica Reid Warwick Shaw (item 8.4)

1. **APOLOGIES AND ANNOUNCEMENTS**

The Chair noted apologies had been received from Jane Davidson, Dr Cliff Sharp, Dr David Love, Dr Keith Allan and Philip Lunts. The Chair confirmed the meeting was quorate.

The Chair welcomed everyone to the meeting.

2. **DECLARATIONS OF INTEREST**

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

3. **Minutes of the Previous Meeting**

The minutes of the previous meeting of the Clinical Governance Committee held on the 29th November 2017 were 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 spoke to the Infection Control report and informed the Committee that there were four areas where he was able to provide an update. As part of the review of the SAB cases, a protocol on nephrostomy care in the community has been developed. For colorectal surgical site infections (SSIs), across Scotland surveillance became mandatory from April 2017. The Infection Control team have been reviewing methodology and processes in relation to colorectal SSIs and have identified scope for different interpretation and the team are liaising with Health Protection Scotland around this. Sam was able to provide the

Committee with assurance that in relation to the audits carried out in ward 9 and the eleven outstanding issues, the ward has since been re-audited on these areas and only one issue of minor importance remains. With regard to outbreaks, flu was present within the BGH in January however there are currently no cases. Norovirus is present within the hospital which has resulted in closed bays within wards 4, 9, 16.

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

5.2 Hospital Standard Mortality Rate (HSMR) Update

Ros Gray noted that BGH had reported a spike in crude, unadjusted mortality in November. Immediate management action was to undertake a review of each death and the approach taken and subsequent intelligence gained was reported to Healthcare Improvement Scotland (HIS). Ros explained that crude mortality, while unadjusted for demographics and co-morbidities does tend to mirror HSMR at a higher level, so it acts as a trigger and therefore raised crude mortality is likely to reflect a raised HSMR but some months ahead due to the delay in that adjusted data being released. Ros assured the Committee that feedback from HIS has been supportive and they had been assured by NHS Borders actions and the outcomes. The Board has requested that HSMR is reported to them rather than crude mortality. Ros reported that a spike in data has been repeated twice in the last 2 weeks showing mortality out with our control limits. A review, following the same process for the spike in November, has commenced with Ronnie Dornan looking at each death. So far five reviews have been carried out which shows that all deaths were expected due to the nature of the patient disease. A piece of work with the Associate Medical Directors is required to look at the process of undertaking the reviews.

Claire Pearce asked whether there was a general feeling that every death should be investigated. Janet Bennison added that there could be a degree of duplication with the death reviews but Ronnie's review process may be timelier. Janet also added that there is not standard process for carrying out M&M reviews and that information from these reviews is fed into Clinical Governance group meetings, with each department having its own action tracker. David Davidson felt that if there was a standard system that each area used, then the Committee could be assured that only the things required to be flagged to the Committee are highlighted. Janet explained that the process differs between specialities; for example, anaesthetics will have a different process to reviewing deaths than to Medicine for the Elderly, where there is a higher expectation that patients will die.

David stressed that the Committee must be assured that everything is vetted prior to coming to this committee. It was agreed that Janet, Ros and David Love would meet to consider the process and how it can be standardised. David added that the Chief Executive and the Director of Finance were in the middle of a review of governance and so this was an opportunity to minimise the amount of time the Committee spends on looking at these areas with the knowledge and comfort that the right things are being brought to the Committee. Malcolm Dickson queried whether the spike in deaths would have been related to the winter pressures experienced within the system. Ros answered that HSMR is only one indicator of quality so it would be difficult to confirm, however she would go into this in more detail at the Board Development session tomorrow.

Malcolm had recently met with Cliff Sharp and David Love to discuss the reporting of deaths to the Procurator Fiscal. He also had a suggestion around communication with bereaved families. Malcolm felt that we need to give families more information other than the current leaflet describing the Fiscals role, so they know how they can get more information or who they can get in touch with should they require additional information. Ros added that this will also be discussed further at the session tomorrow. Peter Lerpiniere is aware that some conversations don't filter through when people are recently bereaved and noted that opportunities to do more effective communication with families are being sought. It was agreed that Janet would discuss the structure of the mortality reviews with Cliff Sharp.

ACTION: Janet Bennison to discuss the structure of mortality reviews with Cliff Sharp

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

5.2 Adverse Event Overview and Thematic Report

Ros Gray informed the Committee that the report is a work in progress and that there have been some updates to the format of the report. Ros noted that it was interesting that over the busier period, reporting of adverse events are stable or lower, but acknowledged that this could be due to events not being reported appropriately and that reporting needs to be encouraged. Ros also pointed out that improvement activity related to falls has started today. David Davidson highlighted the data relating to aggression and violence and added that these incidents could be seen as out with our control unless a more robust security system is introduced. David also noted that the falls data is something he always finds worrying and asked if there were any protocol to prevent patients falling from beds. Claire Pearce confirmed that the 'finding on the floor' incidents are un-witnessed falls. It was noted that there had been minimal improvement around falls in the last 3 years; however the Committee noted that a programme of improvement is beginning today. David added that the Fire Service go out to talk to the community about keeping well in the home and queried this was something we should be thinking about. Claire confirmed her reassurance to the Committee that this is being taken seriously and that message was delivered to the 25 falls champion that were in attendance at the learning event this morning. Peter Lerpiniere also noted that the Adults with Incapacity Act states that the least restrictive options regarding falls must be used. Sheila MacDougall added that she has raw data on falls and is in the process of undertaking yearly comparisons that will be included in the annual report. Sheila also pointed out that the highest number of falls did not occur in the BGH and focus should be on preventing harm if we are unable to completely prevent falls. Malcolm Dickson asked if any work had taken place to find out what has worked well in other Boards and Claire confirmed that this had taken place. Diane Keddie had undertaken a focussed piece of improvement work in the Medical Assessment Unit and for 18 weeks there were no incidents of falls with harm, however when Diane moved her focus to another area, incidents started to occur. This learning will be fed into the improvement work.

Peter added that there was a considerable amount of work that could be done to address the levels of aggression from inpatients and this could be discussed with Sue Kean.

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

8.2 Joint Older People's Inspection Action Plan

Warwick Shaw informed the Committee that the version of the action plan that was circulated was now slightly out of date due to this being a living document. The action plan was developed following the joint inspection that took place from October 2016 to February 2017. Warwick added that work is still underway with the Care Inspectorate and Healthcare Improvement Scotland (HIS) to sign off our action plan. There have been many lessons learned and these types of joint inspections are no longer taking place in the same format. Warwick noted disappointment that the good work undertaken by staff was not highlighted and assertions rather than supportive conclusions were in the report. With regard to the actions not yet complete, Warwick noted that this is due to difficulties with capacity and complex governance arrangements that require liaison and links between different groups. Peter Lerpiniere pointed out that there are further actions that are now complete but not detailed on the action plan that has been circulated. Information on updated actions is communicated back to the Care Inspectorate and Peter felt that another visit to NHS Borders would probably take place within the next 12 months. It was agreed to defer the action to provide the Committee with an update to May 2018.

ACTION: Amie to update the action tracker with the deferred date

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

6.1 SPSO Update

Ros Gray informed that Committee that the new complaints process, which came into effect from April 2017, doesn't allow for reopening of complaints cases therefore the SPSO are expecting to see a rise in cases submitted. As a result of this, we are likely to see more cases go to the SPSO but this doesn't necessarily mean they will be upheld or that our local process has failed. This also means that complainants will get a faster resolution. Malcolm Dickson noted that each of the summary cases has a risk to board reputation level and queried whether this influences the way we respond to the SPSO judgement. It was noted that we always apologise for failings, however we try to make an assessment of the issues raised and learn from the feedback.

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

6.2 Patient Feedback

Ros Gray presented that Patient Feedback report and noted that there is more detail within this update than the Board report. Patient feedback is another indicator of level of activity around the winter period. Ros explained that we are working on a revised process of management of complaints with Cliff Sharp and Claire Pearce signing off the majority of complaints, which has resulted in our response times within 20 days improving significantly. Ros also noted that there have been a few more critical stories posted on Care Opinion recently with a lot of these being related to cancellations. Malcolm Dickson asked whether we should consider communicating the potential pressures to those patients coming in electively in advance for next winter. Claire Pearce agreed that this is a good idea and it would be considered. Janet Bennison added that we usually try to minimise elective cases over the

festive period. The steady increase in complaints related to attitudes and behaviours and clinical treatment was noted and queried. Janet thought that this may be a result of the new complaints process as we are recording more issues as complaints at stage 1 instead of just dealing with concerns without recording them as complaints. Stephen Mather asked if it would be possible to get this information to do a comparison. Ros added that the stage 1 complaints are relatively small in number and we are looking to have 'days since last complaint' information displayed at service level. Malcolm pointed out that most of these are still within the control limits and that staff should be commended for meeting the tight targets. David Davidson thought it was interesting that the peaks are in the June/July holiday season.

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

7.1 Clinical Board Update (BGH)

Ros Gray spoke to the BGH Clinical Board update report. Attempts have been made to bring the clinical board reports together but this remains a work in progress. Stephen Mather noted that 4 years ago there were no reports from clinical boards and by introducing these more information is being reported to the Committee; however Stephen agreed that these reports are still a work in progress. It was acknowledged that the whole being of governance is being reviewed by the Chief Executive and the Director of Finance and as an assurance Committee, facts need to be presented and not opinions. It was noted that the clinical board reports were lacking in facts, however they were moving in the right direction. It was agreed that the basis of the reports should follow the 5 themes plus anything else of interest or requirement to report on. Data should be presented over time so that change can be seen from one month to the next. Malcolm Dickson felt that the reports did not provide the Committee with assurance and noted the lack of data included in the Primary & Community Services report. Alison Wilson added that some of the information provided in the clinical board reports also appears in other papers. Sheila MacDougall felt that the reports should continue to follow the measuring and monitoring safety framework. It was agreed not to review the other clinical board reports individually, unless anyone had any specific questions, with the agreement that Ros, Erica Reid and Peter Lerpiniere to take the action to agree a new template for the next meeting. There were no further questions on the Primary & Community Services, Mental Health or Learning Disability report.

ACTION: Erica Reid, Ros Gray and Peter Lerpiniere to agree a new template for the Clinical Board updates

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

8.3 Food, Fluid and Nutrition Action Plan

Claire Pearce informed the Committee that an updated action plan had been submitted to HIS ahead of the deadline. Claire invited the Inspection team down to the BGH to meet with key staff and felt that this had gone well and they had been impressed with our efforts. HIS agreed to work with NHS Borders with an opportunity to be the exemplars for Food, Fluid and Nutrition.

Claire felt that there had been undue focus on how many people had been trained in the Malnutrition Universal Screening Tool (MUST) and had originally thought that this was the answer to how we achieve an improvement, however now feels that this is not necessarily correct. As a result, Claire and her team have gone back to the quality improvement approach, which involves getting staff together and seeking their views. Stephen Mather queried how we monitor progress. It was noted that the action plan is a work in progress and there are still 3-4 actions not yet completed. Due to the pressures within the hospital and the 18% absence rate in some areas, the priority has not been on the action plan during the past couple of weeks as safety of patients and flow has been our priority. David Davidson noted that what has been achieved by staff on top of the pressures experienced has been a gold star achievement and staff have done a miraculous job getting us through the last 6 weeks. The Committee understands the issues and pressures experienced over the last few weeks. Malcolm Dickson said that it was good to note the continuing relationship and dialogue with HIS.

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

9.1 Back to Basics Update

Claire Pearce provided a verbal update on the Back to Basics programme and informed the Committee that the first learning session is taking place today on falls and Claire is hopeful that positive things will come out of this. Leads have been identified for each of the five work streams. Erica Reid noted that there should be a balance between improvement work and systems to ensure accountability. Claire agreed to provide a further update to the Committee in March.

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

8.1 Clinical Documentation Annual Update

Ros Gray informed the Committee of the struggle with ensuring our clinical policy documents are kept up to date and that this has been raised by internal auditors as a risk. The auditors had noted that the Clinical Governance Strategy has been out of date since 2010. Ros suggested there needs to be a radical rethink of how we need to do the policy review and asked to come back to Committee in May with a new approach. David Davidson queried whether additional support would be required for this task. Ros confirmed that as a significant number of Consultants own policies clinical input is required. Malcolm Dickson felt that ownership of a document shouldn't be a named person but a post holder, however it was explained that in some instances a Consultant has a specific interest or expertise in a topic so it would be person specific.

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
- Public Governance Committee Minutes
- BGH Clinical Governance Minutes
- Primary and Community Services Clinical Governance
- LD Clinical Governance Minutes
- Mental Health Clinical Governance Minutes
- Public Health Governance Minutes
- Joint Executive Team Minutes
- NHS Borders Blood Transfusion Letter
- Blood Transfusion Summary Report
- Blood Transfusion Detailed Report
- HSMR Letter
- 2018/19 Meeting Timetable
- Research Governance Committee Minutes

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

11 ANY OTHER BUSINESS

There was no other business noted.

12 DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 28th March at 2pm in the Lecture Theatre, within the Education Centre.

The meeting concluded at 16.00

APPROVED



Minutes of a meeting of the **Clinical Governance Committee** held on 28th March 2018 at 2pm in the Education Centre Committee Room.

Present:	Dr Stephen Mather (Chair) Alison Wilson	David Davidson
In Attendance	Sam Whiting Peter Lerpiniere Nicky Berry Laura Jones Dr Imogen Hayward (item 4) Elaine Cockburn	Dr Cliff Sharp Ros Gray Dr Annabel Howell Dr Jane Montgomery (item 4) Fiona Doig Pippa Walls (item 8.5)

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Jane Davidson, Dr David Love, Dr Keith Allan, Dr Janet Bennison, Claire Pearce, Malcolm Dickson, Erica Reid, Irene Bonnar and Sheila MacDougall

The Chair confirmed the meeting was quorate.

The Chair welcomed everyone to the meeting and announced that it would be the last meeting for David Davidson, Ros Gray and Amie Blackaby. The Chair welcomed Elaine Cockburn, who will be taking over the role of Head of Quality and Clinical Governance to the Committee. It was also noted that Annabel Howell will be taking on the Associate Medical Director for Clinical Governance role for a 3 month interim period.

2. DECLARATIONS OF INTEREST

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

3. Minutes of the Previous Meeting

The minutes of the previous meeting of the Clinical Governance Committee held on the 29th November 2017 were approved as a true record.

4. MATTERS ARISING

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

Blood Transfusion update

Imogen was pleased to report some good news to the Committee, which included handing over Chairmanship of the Blood Transfusion Committee to Dr John Bonnar who has significant experience in managing haemorrhage. Imogen also highlighted progress regarding nursing training which is now sitting at 77% and noted that Jamie Thomson, Clinical Nurse Manager, had been very proactive in helping to achieve this. Medical training requires more work as this is currently sitting at 72%; however the new Clinical Directors are receiving information around training on a monthly basis. Imogen also noted that the new electronic blood ordering system is making excellent progress and IM&T have this factored into their programme to commence in May. The new system will reduce lab resource and improve blood traceability. There will be a reduction in transfusion practitioner support; however we are hoping to ensure one day per week at BGH instead of having an on demand system with Lothian and Fife. This is still out for consultation at the moment, but Imogen is reassured that the picture is more positive than first thought and contingency plans are in place. Imogen thanked the committee for their support and the Chair returned his thanks to Imogen for all her hard work around blood transfusion.

Medical Education update

Jane Montgomery noted that she had been reflecting over her 3 years in post and felt that greater support was required for this agenda moving forward. Jane informed the group that she had met with the senior management team and finance this week and some positive actions have been agreed to help move this year's priorities forward. Jane discussed 4 key areas of priority including simulation training, GPST training, ACT monies and succession planning for medical leadership for education. There is a new anaesthetist in post with experience in simulation training and the potential for funding to remodel classroom 2 is being explored. Jane noted that there are 3 areas of concern around GPST training in orthopaedics, obstetrics and gynaecology and medicine, however with the work undertaken to develop clinical development fellow posts in medicine in the last 2 years significant improvements have been made noted by the follow up deanery visit. There have also been revisions to the orthopaedic GPST training which has made improvements and there is some further work to be done in this area to release GPSTs from ward based work into clinics across orthopaedics and other aligned specialities to enhance their training. Some concerns remain around obstetrics and gynaecology and a deanery visit is taking place on the BGH site today. Jane highlighted that the main area of concern here is that the gynaecology ward accommodates a significant number of medical boarding patients particularly at times of increased demand in the hospital and this means that the trainees have less time directly with gynaecology patients. Laura highlighted that in November we trialled a new model of working across surgery and gynaecology to develop a surgical assessment function and feedback from the GPSTs was very positive, they were able to cover surgical/gynaecology assessment in the morning and attend clinic in the afternoon. This is the model that is planned for the future and it is hoped this will take steps to improving the ward based aspect of their role and training. Following feedback from today's deanery visit a plan will be developed further.

Jane also highlighted to the Committee that as funds in the ACT budget have historically been delegated to individual departmental budgets to support the training contribution they each make with a proportion of the budget held in a central budget. It is therefore difficult to track

this specifically. Jane highlighted a future risk with this in that GPST training will be transferring to GPs and funding will be required to transfer. Jane indicated she had discussed this at her meeting earlier this week and this could become a cost pressure for the organisation as funds are now built into medical sessions within consultant posts and other associated roles in nursing and pharmacy that support medical training. David Davidson queried whether the internal audit report on medical education picked up this issue as it had not been highlighted to the Audit Committee. Laura added that before we had Jane in post, funding for education was devolved out into medical budgets to support training, rigorous job planning is now in place across all specialities and this give a clear view on the contribution each area makes to medical education and Laura suggested this is complied to demonstrate how funding is distrusted and the return on this to medical education. Alison added that she would be keen for Pharmacy to be included in these plans.

Jane highlighted that anaesthetics budget currently supports increased hours for the Director of Medical Education, without these increased hours Jane would be unable to represent NHS Borders at critical meetings which could have an impact on our ability to get trainees in the future. Cliff agreed to look at this with Jane to ensure time was committed from medical education funds to plan for her retirement from this role. Cliff also highlighted that Jane is working to develop others as a succession plan for her role.

Stephen Mather suggested an update be brought back in 6 months against these key priority areas. The Committee agreed that NHS Borders mustn't lose the positive reputation it has as an excellent place to work and asked that Jane prepare a report for the committee on these areas in 6 months time.

ACTION: Jane Montgomery to provide a Medical Education report to the Committee and come back in 6 months to report on progress

5.1 Infection Control report

Sam Whiting informed the Committee of the escalation process within the programme of audits that allows for immediate feedback to be given to the areas and a follow up action plan devised. It was recently agreed to involve the General Managers at the escalation stage and since then significant improvements have been seen with regard to the action plans. David Davidson asked for an update on the concerns surrounding the temporary reduction in team capacity. Sam confirmed that interviews for a Senior Infection Control Nurse are taking place on the 30th April. There are currently 1.8wte nurses covering with BGH and the community hospital but after the Senior Infection Control Nurse post has been recruited to this will increase to 2.8wte. Sam added that the support staff establishment remains unchanged however they are looking at how resources can be better utilised. Sam noted that from 1st April there has been a move from full surveillance to light surveillance in surgical site infections for arthroplasties and the team now only collects the in-depth data in specific cases.

Alison Wilson queried the learning points on page 4; not sure if these are learning points and wanted to know what happened as a result. Sam confirmed that reviews are led by Ed James, who then liaises with clinicians and the learning goes to each governance group so the learning can be shared. Sam agreed to have a conversation with Ed regarding closing

the loop to ensure any learning is disseminated to the right people. Stephen Mather noted that we never seem to get where we want to be regarding SABs and it would be helpful with reassuring the Committee to include in the narrative the cases that are out with our control. Laura Jones noted that it would be useful to look at the data along with the increased pressure on activity and extra beds being open as this demonstrates the pressure on the system. Sam also noted that the team have gone back to look at compliance with pvc bundles and are reviewing systems and processes to ensure these are being followed.

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

5.2 Hospital Standard Mortality Rate (HSMR) update

Ros Gray suggested HSMR is picked up during the BGH Clinical Board paper as there is reference to crude mortality in this paper.

6.1 SPSO update

Ros Gray reminded the Committee that the complaints process has changed with the aim to stop the back and forth between complainants and Boards and this has meant an increase in referrals to SPSO. It is taking the SPSO longer to deal with these cases and this is the experience of other boards in Scotland. Cliff added that there has been some activity around the Duty of Candour Act although no health board is ready for this. Work is underway to update Datix reporting, review the SAER policy and awareness raising around the organisation, not just the BGH. Cliff was able to update the Committee on the case highlighted under new cases, which has not been upheld and is now closed. David asked whether patients are given clear notice that they are only allowed one interaction with NHS Borders for their complaint. Ros replied that they were however we try to be a little more generous.

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

7.1 Clinical Board update (BGH)

Nicky Berry highlighted the new style of reporting and that this was still a work in progress. Nicky felt that there was too much detail on complaints within this report and thought that future reports may focus on one area. Ros informed the Committee that our crude mortality is at a higher level. A review has commenced and so far no unexpected deaths have been identified and we are still under the Scottish national rate. We have since had another spike, Ronnie Dornan will be undertaking a review but no intelligence around this has been gained yet. Ros assured the Committee that our process to responding to these triggers is rapid, however the delay in obtaining the case notes remains the biggest challenge.

David Davidson didn't agree that there was too much info, he liked the new style of the report and felt they were easy to read. David queried the 11 overdue SAERs and asked what the issue was. Nicky replied that identifying who is going to lead the review remains a challenge and as this now being discussed at JET, this also causes a slight delay. Reviews are due to

be completed within 3 months but in some cases it can be nearer 6 months. Cliff Sharp added that the SAER policy is being reviewed along with looking at how we close the loop, and timescales and mechanisms for ensuring the learning points have been actioned as these are learning points for the entire organisation. David asked whether there was an IT solution available to ensure loops are closed. Cliff felt that the Datix system was not good enough for this. Ros added that NHS Lanarkshire had developed Lanquip and NHS Borders adopted this to collect QI data. Lanarkshire are now on version 31 and we are still on version 6. Negotiations are taking place at the moment to secure this updated system as it has immense potential as well as being good value for money.

Stephen Mather asked whether any patterns had been identified in the increase in complaints. Nicky said the specific themes were the usual ones we would expect. Stephen felt charts were required for each section, including a run chart to show the difference over time as the Committee would like to see the changes. Stephen also asked Nicky how nutritional care was going to be measured on an ongoing basis. Nicky was pleased to report that there are only 4 members of day shift staff left to train in BGH and 43 nurses to train on night duty. Dieticians have been supporting in the community and have extended this support for a further month. Nicky is confident that by the middle of April all staff will be training in MUST. Nicky highlighted ongoing concerns in the quality of nursing within the BGH, after a recent SAER provided us with negative information. Documentation has been extremely poor as well as delivery of care. The person centred coaching tool has been implemented in every ward in the BGH and Nicky has sight of this every week. Inspections are taking place once a fortnight with the Infection Control team, General Managers and Clinical Nurse Managers. Any action plans created as a result of an inspection are expected back within a week. Themes highlighted have been the same, poor documentation and lack of attention to detail with risk assessments. Some focussed pieces of work, are underway with the involvement of Partnership.

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

7.2 Clinical Board update (Primary & Community Services)

In the absence of Erica Reid, Ros Gray mentioned that all Clinical Board reports follow the same format across all areas. It was noted from the pressure damage chart that one patient had acquired a pressure ulcer and an investigation is underway to look at this data point. David Davidson thought it would be helpful to know where the 2 that were inherited came from.

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

7.3 Clinical Board update (Mental Health)

Peter Lerpiniere noted a correction on his report, the 2nd bullet point, should read May, not April. With regard to the new report format, Peter will factor in the issues around falls etc however patient safety and patient harm are more significant to Mental Health. Peter informed the Committee that the service is trialling a management review on drug related

deaths where learning would be fed back to drug death review group. Discussion took place surrounding the SAER in Mental Health that is currently underway. David Davidson asked whether NHS Borders had a protocol on patient transport. Laura Jones stated that there was a review carried out by the Scottish Ambulance Service after a previous SAER but she was unsure whether the acute service has a policy. Peter felt that we needed to develop a policy and ensure that each patient should have a risk assessment carried out prior to transportation. Peter also added that a patient transport SOP has been drafted by Mental Health.

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

7.4 Clinical Board Update (Learning Disabilities)

David Davidson asked Peter Lerpiniere for some assurance around Streets Ahead. Peter confirmed that the specific problems had been resolved. Stephen Mather recognised that the new report format is not an exact fit for Mental Health and Learning Disabilities and asked that the reports be as near as possible to the format. Stephen also suggested that a section around challenges faced in each Clinical Board be reported to the Committee and asked that Nicky, Peter and Erica meet to see how this could be developed.

ACTION: Erica Reid, Nicky Berry and Peter Lerpiniere to meet to develop the report template

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

8.1 Clinical Governance Committee work plan, annual report, terms of reference and self assessment

The annual statements are now required to be prepared and submitted. Cliff Sharp noted that he was happy with the work plan, which will continue to evolve. Stephen Mather asked for one amendment to be made to the terms of reference, that the Chair of NHS Borders Board should appoint the Vice Chair, not the Chair of the Clinical Governance Committee. David Davidson added that none of the Committees have a formally appointed Vice Chair and this has been raised with the Chairman. Stephen offered to raise this again. David also offered to raise this at the next meeting of the Code of Corporate Governance Steering Group. Stephen can now sign the documents and Amie can submit the papers to the Audit Committee.

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

8.4 Maternity Services update

Nicky Berry noted that the annual update includes figures since 2012-2017 and noted that the MBRRACE-UK report data is always 2 years behind. Nicky felt it was important to note that there had been 462 days without a stillbirth, however there had been 5 stillbirths in 2017. The data shows a similar pattern but there is nothing we can pinpoint. Every stillbirth is reviewed

and a perinatal multi disciplinary group had been implemented. Nicky is waiting on advice from Scottish Government as to what triggers an SAER. There had been one neonatal death in 2017 and an external review into this was held which noted that care delivery did not contribute to the outcome. Stephen Mather queried whether any theme had been identified with regard to the stillbirths and Nicky felt that reduced foetal movement was the only theme that could be drawn. An information leaflet from NHS Tayside focussing on reduced foetal movement is being adapted for use in NHS Borders. Cliff Sharp asked whether we were still below the national average to which Nicky replied that we were. It was agreed that Nicky would include the national funnel plot chart on her next report so the Committee can see where we sit within the rest of Scotland.

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

8.5 Health Promoting Health Service (HPHS) update

Fiona Doig and Pippa Walls brought back a short report to give the Committee an update on progress made since September. The HPHS report was submitted in September 2017; however feedback was only received this year. Recommendations for improvement are based around monitoring the difference the programme is making. Pippa's involvement in the Back to Basics programme has been a positive step in gaining further knowledge to support the programme. The next draft report should be ready by the end of July. Fiona added that they can only include information that is available to Public Health and some of the information discussed today would be useful to include. David Davidson felt that there was a lot of work going on within the Health Board and staff need to feel supported, Fiona added that they were not asking staff to do anything extra. It was agreed to add Fiona and Pippa to the distribution list for the Committee and for Fiona to liaise with Elaine Cockburn as interim Head of Clinical Governance.

ACTION: Amie to add Pippa and Fiona to the distribution list

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

8.6 BFI update

Nicky Berry informed the Committee that there was a new Infant Feeding Lead now in post. It was noted that a chart would be helpful in this report. There has been improvement from previous years and the new maternity electronic record which provides lots of data. David Davidson asked whether it was known how many women are still smoking in their pregnancy. Nicky said that she would be able to get this data and added that we have a Midwife who supports smoking cessation.

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

10 ITEMS FOR NOTING

10.1 Minutes and Papers

The following minutes and papers were noted:

- Child Protection Committee Minutes
- Adult Protection Committee Minutes
- Public Governance Committee Minutes
- BGH Clinical Governance Minutes
- Primary and Community Services Clinical Governance
- LD Clinical Governance Minutes
- Internal Audit Report
- Public Health Screening Report

Stephen Mather queried the internal audit report action plan. Cliff Sharp noted that some of the actions relatively straightforward and these are underway. Historically clinical policies were able to be uploaded on to the intranet with no process for approval. There is now a process on place to ensure all policies are approved first.

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

11 ANY OTHER BUSINESS

There was no other business noted.

12 DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 30th May at 2pm in the BGH Committee Room

The meeting concluded at 16.00

PUBLIC GOVERNANCE COMMITTEE



**Minutes of Public Governance Committee (PGC) Meeting
held on Tuesday, 13th February 2018 from 2.00 – 4.00 p.m.
in the BGH Committee Room**

Present: Karen Hamilton (Chair), Cllr David Parker, Allyson McCollam, Ros Gray, Fiona McQueen, Tris Taylor, Shelagh Martin, Karen Maitland.

In Attendance: Susan Hogg

1. Welcome & Introductions

Karen welcomed everyone to the meeting.

2. Apologies & Announcements

Apologies were received from: Nicky Hall, Clare Malster, Cliff Sharp, Margaret Simpson & Margaret Lawson

3. Minutes of Previous Meeting:

These were approved as a true record.

As the meeting on the 21st November 2017 was not quorate the minutes were circulated to the group members for comment.

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. Susan to contact Iris Bishop for this information. **Action: SH**

Action No. 27 - Adult Changing Facilities - Ros has not received an update and will contact Karen Wilson again. **Action: RG**

Action No. 30 – Appointment of Chaplain has taken place and they will be taking up their post in March.

5. PGC Business Items:

5.1 Quality Improvement Approach – Back to Basics:

Ros talked to the group about the approach as an organisation we are aiming for. We have come to realise that we have been auditing performances for a long time against clinical standards but what we were not seeing was improvement. We have taken the next step to look at areas to improve them. Staff are applying this knowledge to the Back to Basics programme starting with falls. They are looking at how this work will support a reduction in falls for our patients and have a huge impact on their working lives and the lives of our patients.

Altogether there are five themed areas which are:

Food, Fluid & Nutrition
 Falls
 Pressure Damage
 Communication with patients and families
 Deteriorating Patient

Diane Keddie to be invited to a future meeting to give an update. **Action: SH**

Karen asked Ros do you have any examples at the moment of how this methodology has worked. Ros commented that Diane Keddie has started improvement work in the medical assessment unit (MAU). This will be for a period of three to four months. Reliably implementing the bundle she aims to eliminate falls with harm from these patients. Christine Proudfoot is working in ward 10 delivering a new care planning tool and the need for 1:1 nursing. Falls and other aspects of patient care have improved.

Ros was asked if we are expecting individuals to come up with ideas themselves. We are engaging with staff to generate thinking and if there is something that has worked well in one area it can be applied in another.

Tris asked Karen H as Chair of the group to explain the purpose of this committee. Can you reassure us as a committee that the organisation is using the tools and models to improve the quality of care that we provide to the patients? What dialogue has taken place and how all the existing tools have been used and how resources around patient and public involvement are scrutinised? Ros explained that setting out the approach we are going to take in every work stream, engagement and public involvement is crucial right to the point of testing. How we engage with the patients and their families is going to be very instrumental in what we have found in the Better Borders programme. With the service change not only did we get a better outcome of service delivery model we got an outcome that none of us professionals would have thought of. If Phillip Lunts was here he would say that that work stream needs to be engaged across all other work streams. Engaging with families and patients is key. Tris raised his concerns that there is no involvement in the improvement methodology and Ros agreed to take this back and ensure that it is in the work stream. **Action: RG**

With regard to communication with patients and families Allyson asked is there an opportunity for this committee to hear more about this work? This particular work stream seems to be the foundation for that and I would be interested to hear more. Ros explained that there is public representation on each of the work streams and she will take back to the steering group later this week. **Action: RG**

5.2 Draft Annual Report 2017 – 2018:

Tris queried the format and layout of the annual report and it was agreed to revert back to the previous format of reporting. Once completed Susan to send round the group for any comments and then to finance. **Action: SH**

5.3 Operational Report:

It was agreed that due to the amount of information contained within the report this should be noted at the Public Partnership Forum.

Tris asked why items such as fund raising came to this group? Karen replied as we no longer have a fund raising committee.

6. **Monitoring & Performance Management:**

6.1 **Scottish Health Council Update:**

Shelagh talked to her paper, which included the latest update on Our Voice. There has been work done nationally gathering the views of this work over the whole of Scotland on different projects. The Scottish Government has asked that this included views on audiology services. A report will be fed back to the Scottish Government within the next few months.

A series of workshops around the Firestarter Festival and collaborative learning in public services was carried out in various locations. In Borders we would like to showcase this work to gauge what interest there would be from health and social care staff.

Tris asked would this just be for staff. Shelagh explained that it includes health & social care staff, partnership working and members of the public. Enabling those they care for to have a voice in social care and sharing the tools. We shall also include the voice of the young person and adapting the Voices material for young people and pilot in various locations across Scotland. Our local office is looking at ways in which we can work closer with the younger person.

Allyson remarked that this is very timely because we have a duty to report on children's rights from 2019 and we have agreed that NHS Borders will work alongside the council and the committee who have a responsibility for children and child health. We shall link with the officer in the council who has already done a lot of work with young people to look at the Young People's Rights strategy and connect these areas of work together.

7. **For noting:**

7.1 PGC Work Plan – The group requested a short presentation and development session on Care Opinion.

7.2 Karen Feed Back and Complaints annual report should come to this group.

7.3 Audit Committee Minutes noted.

7.4 Clinical Governance Minutes noted.

7.5 Public Partnership Forum Minutes noted.

8. **Any Other Business:**

8.1 Equalities issues arising from agenda – None.

8.2 Risks identified from the agenda – None.

8.3 Karen asked the group members to think about any future items they would like brought to the group for discussion. .

7. **Future Meeting Dates 2018**

8th May

31st July

6th November - All from 2.00 – 4.00 p.m. in the BGH Committee Room

Consultations

Scottish Fire and Rescue Service (SFRS) Transformation – Deadline 14th May 2018

Enterprise Agency for the South of Scotland – Deadline 14th May 2018

Scottish Fire and Rescue Service (SFRS) Transformation - To contribute to collective Health Boards response – Deadline 14th May 2018



STAFF GOVERNANCE COMMITTEE

Notes of the meeting to be held on Monday 11th December 2017 at 10am in the Committee Room, BGH

Present: Karen Hamilton, Non Executive, Co Chair
Tris Taylor, Non Executive
Alison Wilson, Director of Pharmacy
Shirley Burrell, Chair of Mental Health Partnership Forum
Yvonne Chapple, Chair of BGH Partnership Forum
Irene Bonnar, Occupational Health Manager
Edwina Cameron, Workforce Project & Resourcing Lead
Sue Kean, PMAV Trainer
Bob Salmond, Head of Workforce
Robin Brydon, Risk & Safety
Peter Lerpiniere, Associate Director of Mental Health
Claire Smith, Workforce Manager

1. Welcome, Introduction & Apologies.

Apologies were received from John McLaren, Jane Davidson, June Smyth, Irene Trench, John Cowie and David Parker

2. Minutes of Previous Meeting held

18th September 2017 - An accurate record of the minutes were given.

13th November 2017 – An accurate record of the extraordinary meeting was given.

Action Tracker

Action 41 - Cover Paper - An update to be given at the next meeting. – In progress.

3 Staff Governance Action Plan (SGAP)

Edwina Cameron spoke to the Plan advising the SGAP provides evidence to each of the standards, reassurance in the submitted to Scottish Government in annual monitoring return. The Government expect continuous improvement in compliance with the standards. The SGAP is updated every quarter to ensure the Committee receives robust and timeous updates.

Action 1 – Corporate Action – ‘this action is linked to ‘I Matter’ the employee engagement tool for the NHS in Scotland. It was noted that Jennifer Boyle is setting up an ‘I Matter Steering group

Action 2 - Standard 1 – ‘Well Informed’. Mrs Cameron reported that the implementation of this action has been problematic. The working group will prepare a refreshed action, to improve two way communication and ensure staff receive the “right message” and can engage in feedback. A Communication Plan will be audited by review of previous appraisals and PDPs. It is hoped a detailed and satisfactory update about progress with Standard 1 will be given at the next meeting.

Action 3 -Standard 2 – ‘Appropriately Trained and Developed’ Kim Smith is the lead for this action. Yvonne Chapple asked for a progress report on the Course Booking System (CBS). Mrs Cameron suggested an evaluation would be carried out between March and May 2018.

Action 4 - Standard 3 ‘Involved in Decisions’ – This item has been reported with an amber rating. A brief discussion took place regarding the external review being carried out on Partnership Working within NHS Borders. It was noted that it is essential to receive this report to enable the process to move forward. Responding to the review may form part of a Staff Governance Action Plan commitment for standard 3.

Action 5 – Standard 4 - Treated Fairly & Consistently’ . Bob Salmond reported on the development of guidance for the Whistle-blowing policy and raising concerns within NHS Borders. Staff survey results and I Matter output suggested staff needed reassurance that it was safe to speak up and report their concerns. There will be a new NHS Advice and Alert Line Service (AALS) operated by the charity Public Concern at Work (PCAW) available to staff enabling them to seek confidential advice about their concern from legally trained advisors. A communication plan publicising the new service will be implemented in the New Year. . Karen Hamilton reported she has taken up the role of Whistleblowing Champion for NHS Borders.

A brief discussion took place regarding protected disclosures in the public interest and that whistleblowers have legal protection.

A discussion took place regarding signposting and identifying whistle-blowing as opposed to grievances or tackling bullying and harassment claims. Mrs Cameron informed that there is a flowchart available on the Staff Governance Intranet Site which outlines a step by step approach.

Action 6 - Standard 5 – ‘Provided with a continuously improving and safe working environment’ Irene Bonnar reported that she will meet with Sheila MacDougall to consider the work related reports in support of this action

Mrs Cameron circulated the paper ‘Everyone Matters 2020 Workforce Vision’ and the corresponding Implementation Plan. She highlighted the assurance that we are already considering all of the required actions for health boards in 2018 including progress with ‘Healthy Organisational Culture’.

Mrs Bonnar informed that there is a requirement for senior leadership on the 'I Matter' Steering group. It is necessary to promote and progress 'I Matter' as an organisational priority. Mrs Hamilton asked if there is anything the Committee can do to help. Mrs Bonnar replied that line managers need to engage with the I Matter process with their teams. She added planning is underway and the I Matter questionnaire will go live on the 12th March 2018. Communications require to be sent out to encourage staff to participate. In the recent Dignity at Work survey 33% of staff within NHS Borders completed the survey. Whilst this is a disappointing return we are aware that there is a problem linked to the development and delivery of the local action plans, and this will be addressed. Peter Lerpiniere spoke about the Health & Social Care Partnership informing they will be participating in 'I Matter'. He agreed to ensure that leadership was in place for delivery of I Matter outcomes within the joint staff group.

Action: Mrs Hamilton to ask the Director of Workforce to speak to the BET on behalf of the Staff Governance Committee asking them to ensure leadership commitment to 'I Matter'.

The Staff Governance Committee noted the Staff Governance Action Plan.

4. Staff Governance Monitoring Framework

Mrs Cameron informed the Committee that the completed national Staff Governance Monitoring Framework will be submitted to the Committee on the 21st May 2018 for approval prior to onward submission to the Scottish Government. This will report our performance against the Staff Governance Standard. The information will also be used to inform the Board annual review in Autumn 2018.

5 Workforce Systems Update (TURAS)

Claire Smith spoke to the paper on TURAS. The new system will be the new appraisal platform and replace the existing eKSF system. As the system is very intuitive it is anticipated that there will not be a significant training requirement. Drop in sessions / demonstrations will be provided. The HR team are ensuring that information required for the system is updated. An update communication has been sent out to all managers and staff within NHS Borders. A paper was considered at the Clinical Executive Operational group and Area Partnership Forum highlighting three options for this year's PDP/Appraisals given the replacement of eKSF. Both groups recommended that managers and staff work to an amended timeline for completing PDRs on eKSF. It was agreed that where possible all Appraisals and PDP's should be completed prior to the eKSF system being discontinued at the end of January 2018 Mrs Cameron reported that the new system will be a more meaningful system for staff.

The Staff Governance Committee noted the paper.

6. Extraordinary Meeting Report – Risk Management Annual Report

Mrs Hamilton asked Bob Salmond to update on this item on behalf of John Cowie and he duly provided a summary-

Mr Cowie and the Director of Nursing, Acute Services and Midwifery were to collaborate on a paper for the Health Board covering the Committee's concerns on the overall Health and Safety management process and risk management in particular. In Mr Cowie's view there were adequate systems which are demonstrably fit for purpose to monitor and report on risks but the system cannot compensate for lack of action by responsible individuals or groups.

Mr Cowie was concerned about the lack of clarity in some parts of the organisation as to where ownership of and more importantly, accountability for Risk, Health & Safety matters lies. He was also concerned that key actions for compliance had been effectively "de-prioritised" in the face of competing clinical and/or financial pressures.

He suggested that the Staff Governance Committee should adopt the premise that it expects risk assessments to be carried out, recorded and reviewed without exception and it should request an action plan from the accountable management to provide assurance that this will be achieved. He described this as an important governance issue which should only be brought to the Health Board's attention after the appropriate Governance Committee was satisfied that other approaches had been exhausted.

There was discussion and opinion expressed by members and attendees that the Board should be notified of the Committee's concerns in a shorter timescale. To await further actions plans may create a potential six-month delay in informing the Health Board of health & safety compliance failure and the consequent strategic risk. Non Executives felt they had a responsibility to report system failures to the Board to ensure their governance role.

Mrs Bonnar referred to concerns about PMAV and Moving & Handling in this context which she felt the Health Board required to be sighted on. Sue Kean added the requirement for every ward to carry out a PMAV risk assessment was not being addressed.

Yvonne Chapple advised, on behalf of the staff side, that the organisation may be failing our patients and staff in the non compliance with health & safety standards. Trade Union colleagues are keen to work with the Board to move forward to a satisfactory resolution.

Mrs Hamilton concluded the discussion and informed the meeting that she is content that a report is to be submitted to the Health Board and in fact a verbal report had already been provided. If appropriate Mrs Hamilton and Mr Cowie would be asked to give an update on the report to the Health Board to the next meeting.

Action: Elizabeth McKay to circulate the email from Mr Cowie to the committee.

The Staff Governance Committee noted the update.

6. Items for Noting

a) Risk & Safety Quarterly Report

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

b) Occupational Health Quarterly Report

Mrs Bonnar gave an update on the activities within Occupational Health: -

She reported on the Flu Vaccine uptake and that 48% of staff have received the vaccination.

On the Dignity at Work Survey, a return rate of 33% of staff completing the survey had been reported.

c) Audit Scotland Report – NHS Workforce Planning

Mr Salmond advised the Committee on the various recommendations of the Audit Scotland report and how these would inform workforce planning at a national, regional and local level. Part 2 of the National Workforce Framework, which focuses on workforce planning in Health & Social Care, would be issued later in the month. The themes will link closely with Part 1 of the National Workforce Framework (which focused on the NHS secondary care workforce) and include developing integrated workforce data, national and local labour market and workforce analysis, promoting health and social care settings more widely as a positive career. Part 3 of the National Workforce Framework, which focuses on the Primary Care workforce will be issued in the spring 2018, and taking account of the G.P. contract negotiations.

Mr Salmond explained that NHS Borders is working with Scottish Borders Council on the development of the first Health & Social Care Integration workforce plan by 31 March 2018, which will incorporate some of the data recommendations of Part 2.

He added that along with colleagues in the East Region, we are currently working on the next iteration of our regional workforce plan, which will be also published by 31 March 2018. The regional workforce plan will highlight key workforce themes, challenges and risks for each NHS Board in the East Region, as well as some of the joint ongoing initiatives.

d) Appropriate Access to other Committee Minutes: -

Area Partnership Forum –

The Staff Governance Committee noted the minutes

Mandatory & Statutory Training Working Group –
The Staff Governance Committee noted the minutes.

7. Date of Next Meeting

Friday 9th March 2018 at 10am in the Committee Room, BGH.

NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 16th January 2018 – 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)
 April Quigley (Consultant Clinical Psychologist) (AQ)

In Attendance: Kate Warner, Minute Secretary (KW)
 Philip Lunts, General Manager (PL)

Not Present: Chairperson (Area Dental Advisory Committee) (JT)
 Austin Ramage (Medical Scientists) (AR)
 Dr Tim Young (GP) (TY)
 Dr Nicola Lowdon (Area Medical Committee) (NL)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from John McLaren (Employee Director) (JMCL); Alice Millar (Principal Dentist, Duns Dental Practice) (AM); Pamela Gordon (Allied Health Professionals) (PG); Dr Cliff Sharp (Medical Director) (CS).

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest expressed.

2 DRAFT MINUTE OF PREVIOUS MEETING 24.10.17

The Minute of the previous meeting, held on 24th October 2017, was read and approved with the following change – spelling of Lerpiniere. No meeting was held on 5th December 2017 due to the number of apologies received.

3 MATTERS ARISING/ACTION TRACKER

Action Tracker updates:-

#28 AW to attend Professional Advisory group meetings - On-going (AW)
 #38 Add request to email Brief for Speakers to Dr C Richard (KW) COMPLETE
 All completed actions to be archived.

4. UPDATE – ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE

As there has been no ACF National Chair meeting, it was agreed that AW would bring the update on Achieving Excellence in Pharmaceutical Care to the next ACF meeting in February.

ACF noted this update.

ACTION: Include update on Achieving Excellence in Pharmaceutical Care in the February Agenda (KW).

5 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

There had been no meeting to provide feedback from. The next meeting will be held on 31st January 2018.

6 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

Neither NH nor JMcL had been able to attend the recent Public Governance Committee meeting and the minutes had not been made available. PL had attended the meeting to give an update on the Action Plan from the Joint Older Peoples inspection.

7 NATIONAL ACF: FEEDBACK

No update was available as the meeting held on 6th December 2017 was cancelled. The next meeting will be held on 7th March 2018. Minute and papers of ACF National meetings are available in \Committees\ACF folder.

8 PRESENTATION – NHS BORDERS WINTER PLAN

Phillip Lunts, General Manager, presented an update to the NHS Borders Winter Plan; to review if the plan had delivered, what had gone well and lessons learned. The aim of the Winter Plan was to maintain normal delivery of services with no disruptions; to work within footprint of existing bed resources and minimise delayed discharges; to make transformational changes; and have flexibility to manage peaks in demand. Of the 75 actions planned, 55 are complete.

PL updated ACF on the festive period. BECs were very busy with a 12% increase; NHS24 expectations were 60% less than actual. Flu and increase in home visits contributed to this. ED and AAU saw a 16% increase on previous year; PL reported an incremental increase over months leading to festive period. There has been a marked deterioration in performance with breaches related mostly to no bed availability and first assessment by doctor which may be the effect from no bed availability. NHS Borders performance sits in the middle of other Boards – 7 out of 14. We may be able to learn from other Boards who have done better this year. There was a 6% fall in emergency admissions however the length of stay per patient was longer; indicating that BGH is getting better at turning patients around at the front door. There was an increase in boarding patients in December. Medical admissions same as previous year, surgical admissions reduced. In last two months there has been over 100% bed occupancy and the use of surge beds reflects that. Morning discharges 13% (target 40%) and weekend discharges 18% (target 28%). PL reported that better results were achieved last weekend with additional staff, including Pharmacy, in hospital showing that only a 7 day service could discharge at weekend.

PL reported on the additional beds available in hospital and in community – Craw Wood, Knoll and Haylodge and the impact this had. Boarding patients in community locations, who are clinically fit but waiting for completion, resulted in the patients improving more quickly as a result of better environment for sleep and assessment. PL explained why this had been a challenging time for the hospital. There are usually empty beds available before Christmas and empty beds over the festive period but this did not happen this year with loss of 44 beds. A lesson learned is to put as much emphasis on Christmas as New Year period in future. As length of stay had increased, there were more breaches – 23 were over 12 hours with delayed discharges (15% of Borders bed base) part of the reason for this – people waiting to go home not onward to another hospital. ACF discussed the discharge process including the difficulties with guardianship and 13ZA. PL gave an update on flu vaccinations – with staff higher than last year at 44% in December but the community uptake lower than last year although higher than the Scottish average.

PL commented that the relationship with Social Work and Scottish Borders Council had worked well this year and that the integrated plan had resulted in a different and more positive approach to services, compared to last year. An area for improvement was to work more with community based services to prevent admission.

ACF thanked PL for his presentation, commenting that it was an interesting update and that a commendable amount of work had gone into the plan.

ACF noted the presentation on the Winter Plan.

ACTION:

9 NHS BOARD PAPERS: DISCUSSION

ACF had no feedback to be taken to the NHS Borders Board meeting. It was agreed that the Road to Digital update would be welcomed with the forthcoming funding being made available from Scottish Government to update and modernise IM&T.

10 PROFESSIONAL ADVISORY COMMITTEES

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

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

11(c) Area Medical Committee (NL) – no update available.

11(d) Area Ophthalmic Committee (NH) reported that Shared Care had been discussed and a sub-committee has been formed to enhance the service between the Ophthalmologists and BGH. The group are benefiting from the experiences of a new Independent Prescriber Optometrist contact from Aberdeen bringing new ideas of how this works elsewhere and can be progressed here. The sub-committee are putting together pathways and processes; to discuss with BGH Eye Department what is possible for Optometrists to take on in the community.

11(e) Area Pharmaceutical Committee (AW) reported that the next meeting would be held on Tuesday 23rd January 2018. The Pharmaceutical Care Services Plan (PCSP) will be tabled for approval at that meeting. The plan allows NHS Borders to anticipate any gaps in pharmaceutical care; if new applications for Community Pharmacies are lodged the plan helps to inform the decision on approval or rejection. There is currently an application in the early stages for a Pharmacy in Tweedbank; this is on hold as premises are not confirmed. Both Tweedbank, with its growing population, and Stow, which has a dispensing practice, may be able to support new Pharmacies. The plan also informs any commissioning decisions if community pharmacies are to be provided for in the Health & Social Care plan. The PCSP is updated annually, is tabled at various Committees and finally approved at the NHS Board meeting in April.

11(f) BANMAC (PL) reported that the Claire Pearce, Director of Nursing, had attended to give a presentation on “Back to Basics” nursing. The Group agreed that it was refreshing to have a different voice for nurses and there was enthusiasm from BANMAC for this initiative. Another item discussed was looking at ways to promote attendance to BANMAC meetings.

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

11 (h) Psychology (AQ) reported on the recent triaging of two thirds of the mental health waiting list which has resulted in 25% reduction in the waiting list numbers. Triage allowed the team to review cases, look at how urgent some case were and remove those that do not need/wish to be

seen; some may not have been good referrals in the first place. Saturday clinics and staff working extra hours allowed this work to be completed. There are not currently enough Psychologists to deal with the waiting list and they are using funding to employ locums. Other pathways also need input from Psychiatry for example respiratory and pain. Nationally there is a shortage of consultants, NHS Borders struggles to recruit and fixed term posts is one of the reasons for this.

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

ACTION: Include the Pharmaceutical Care Services Plan in February Agenda.

11 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

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

1. ACF received an update to the Winter Plan.
2. ACF support the Back to Basics work led by Claire Pearce, Director of Nursing.
3. ACF were encouraged by the positive impact on Psychiatry waiting list that the recent triaging work had made.
4. From AOB, feedback from iMatter group.

ACTION: Take feedback to NHS Borders Board meeting 18.01.2018 (AW) Forward ACF Minute to NHS Borders Board February meeting (KW)

12 ANY OTHER BUSINESS

1. PL attended a recent an iMatter group and brought a request to ACF to support this and ensure buy in from the Board and executive sponsorship. In future, iMatter will be the only platform for employees to discuss, improve and work on working conditions within their own areas. Points made were:-

- Managers will receive an email on/around 12 February 2018 asking them to log on to iMatter to confirm their team members. Within the iMatter system, there will be a list of staff we believe to be working within their team and they should respond to this email by 9 March 2018, confirming who is / is not a member of their team.
- Team members will then be sent a link by Webropol on the 12 March 2018 asking them to complete and return the questionnaire which should take about 10 minutes. Paper copies can be printed for staff if required - reply paid envelopes will be supplied. This is a completely confidential process.
- The questionnaire will close on 2 April 2018. Whilst the survey is live, managers should gently encourage their staff to complete the questionnaire, highlighting that this is their chance to directly influence positive change within their own team.
- The responses will be collated by Webropol and a report produced for the team (provided 60% of the team complete the questionnaire or 100% if there are 4 or fewer in the team). This report will be sent to the Team Manager and all team members around 16 April 2018. The team should then work together to develop an action plan, based on the feedback from the report.
- If anyone would like additional information or an iMatter presentation for their team, please ask them to contact Jennifer Boyle, Training & Professional Development.

16 DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 27th February 2018 at 17:00 in the BGH Committee Room.



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 12 February 2018 at 2.00pm in the Committee Room 2, Scottish Borders Council.

Present:

(v) Cllr D Parker	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr D Davidson
(v) Cllr T Weatherston	(v) Mrs K Hamilton
(v) Cllr H Laing	(v) Mr T Taylor
Mrs J Smith	Dr C Sharp
Mr D Bell	Mrs C Pearce
Mr M Leys	Mr R McCulloch-Graham
Mr C McGrath	

In Attendance:

Miss I Bishop	Ms S Bell
Mrs J Stacey	Mr D Robertson
Mr P Barr	Ms D Rutherford

1. Apologies and Announcements

Apologies had been received from Cllr Shona Haslam, Mr John Raine, Dr Angus McVean, Ms Lynn Gallacher, Ms Susan Swan, Mrs Jane Davidson, Mrs Tracey Logan, Mrs Carol Gillie and Mr John McLaren.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Debbie Rutherford who was deputising for Mrs Lynn Gallacher and Mr Philip Barr who was deputising for Mrs Tracey Logan.

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 18 December 2017 were amended at page 5, paragraph 4, line 2, delete "(set up by acute and primary care colleagues)" and replace with "by the partnership organisations", and with that amendment the minutes were approved.

4. Matters Arising

4.1 Minute 7: Appointment of Chief Financial Officer: Mrs Karen Hamilton enquired of the outcome of the Chair's consideration of writing to the Cabinet Secretary. The Chair advised that he had considered the matter and had decided given an internal resolution was underway he would not be writing to the Cabinet Secretary.

4.2 Minute 6: Inspection: Joint Older People's Services Report: The Chair noted that there was an expectation that the Joint Older People's Services Report was likely to change. Mr Murray Leys confirmed that a meeting with the Care Inspectorate had been held and they were currently reviewing the improvement plan that had been submitted. Work continued to progress on the improvement plan even though formal feedback was awaited. Mr Colin McGrath sought a copy of the full improvement plan and evidence of progress. Mr Leys and Mr Robert McCulloch-Graham confirmed that the Board had previously received the full improvement plan which contained all the evidence gathered and the intention was to bring a final report to the Board once formal feedback from the Care Inspectorate had been received. They also confirmed that the documentation was available in the public domain.

4.3 Action Tracker: It was agreed that historic scheduling dates should be included in the progress box on the action tracker.

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 pressures on systems over the winter period; the opening of the Craw Wood facility and the turnover of patients within the facility and potential expansion of that facility; progress with hospital to home across the region; difficulties with private guardianship orders; piloting the opening of some GP surgeries over 4 weekends; regional work; GP Quality clusters; Strategic Plan; Leadership Team training; performance/finance group progress and a delay with the recruitment to the Chief Financial Officer post.

Cllr John Greenwell enquired if there would be an opportunity to look at the Andrew Lang Unit under the Mental Health Transformation programme. Dr Cliff Sharp confirmed that the unit required consideration in terms of the estate as well as a potential possibility of a co-location of all childrens services, both health and social care, into one place.

Cllr David Parker enquired why the GP Saturday surgeries pilot had not encompassed the central Borders area. Mr McCulloch-Graham advised that it had been an optional pilot for GP practices. Dr Cliff Sharp confirmed that a similar pilot had been tried in Lanarkshire and had worked successfully, and from the feedback received there had been lessons learned locally. He commented that in preparation for next year the initiative would be planned further ahead with specific Saturdays identified and potentially GP surgeries targeted for opening.

Mr Tris Taylor wished to pass on thanks to the staff involved in progressing the Craw Wood initiative.

Cllr Helen Laing enquired if there was an opportunity to include welfare rights within the GP surgeries. Mr McCulloch-Graham confirmed that welfare rights was offered in the community hubs and GPs could make referrals to the hubs.

Further discussion highlighted: role of GPs in moving to locality hub models; Quality Cluster leads; refresh of the strategic plan; provision of 10 reablement step down beds within Waverley for a maximum of 6 week periods; impact of Craw Wood and Waverley on reducing the need for surge beds in the acute setting; and resolution to the delay in advertising the Chief Financial Officer post.

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

6. Inspections Update

Mr Murray Leys advised the Board that all of the recommendations within the Joint Older People's Services report had been responded to. In regard to adult protection services, he had been tasked by the Critical Services Oversight Group (CSOG) to deliver a public protection service across the whole of Scottish Borders to ensure similar processes and procedures across systems were in place and to ensure the most vulnerable across the Borders were secure and safe. Work was currently underway to formulate a public protection service and overarching governance group with current representation from the Integration Joint Board via the Chief Officer.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and agreed to receive a presentation on the Public Protection Service at a Development session later in the year.

7. The Integration Joint Budget 2017/18

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

Mr David Davidson enquired about the potential to review the continuation or withdrawal of funding and grants to various charitable bodies and whether there was likely to be any further national funding made available.

Mr McCulloch-Graham clarified that there were a number of projects within the Integrated Care Fund that were due to conclude at the end of March, except for the Community Capacity Team project that the Board agreed to extend the funding for at the last meeting. There was an intention to review the projects at the Development session to be held on 19 March. He further advised that the Integration Care Fund had now been included as part of the NHS funding allocation uplift. Mr David Robertson advised that £66m had been added to Local Authority funding settlements for Health & Social Care Integration.

Mr Tris Taylor asked for a copy of the Risk Management Strategy.

Mr Tris Taylor sought clarification on ring fenced resources and any consideration attached to the budget. Mr Robertson confirmed that the Integrated Care Fund was made up of £6.3m in total allocated over 3 years to be used as a lever for change. Mr McCulloch-Graham clarified

that it was to support integration and each partnership in conjunction with the third sector, health and local authority were to use the funding to develop integrated projects.

Further discussion focused on: the intricacies of budget setting in regard to targets and forecasting, financial estimates, assumptions and managing risks; stratified information available to be able to provide oversight; measuring the activity set against the provision and cost of resource to enable effective commissioning; lobbying government for additional funding to deal with pressures; urgency to review integration care fund projects; no designation around the integration care fund monies within the NHS allocation; funding sought to offset costs against increased bed numbers in care home, increased carer hours; potential to utilise some of the £407k balance of the Older People's Change Fund; potential for future funding for a mental health older adult outreach service into care homes; financial budget for 2018/19; and confirmation that the transformation programme would be responsible for all of the required savings to be achieved in 2018/19.

Mrs Jenny Smith raised a concern that the monies allocated by the Scottish Government for the implementation of the Carers Act, within the Social Care Fund might be allocated elsewhere. Mr Robertson advised that the bulk of the £7.4m had been allocated to date on various issues associated with the Carers Act, such as the living wage. Mrs Smith enquired if the £40k had been protected. Mr Robertson advised that he would investigate and provide clarification.

Mr Robertson advised that in the current financial year there had been £7.54m given to Scottish Borders Council on a recurrent basis and in the current year Scottish Borders Council had not required to utilise all of that funding and had left £1m with the Integration Joint Board who had allocated it to NHS Borders to assist with the surge bed pressures experienced throughout the year. For the following year Scottish Borders Council would again receive £7.54m and expected £1m to be made available to the Integration Joint Board to redirect. He clarified that the intention was that Scottish Borders Council were building a budget for services such as Craw Wood for next year. In addition he further reiterated that £66m was being made available nationally to Local Authorities for health and social care to enable the implementation of various initiatives including the living wage and Carers Act. He envisaged that across both areas there would be £2.5m unallocated to bring to the Integration Joint Board for delegation in the next financial year. Mr David Davidson welcomed the clarification.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2017/18 revenue budget at 31st December 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the request in principle for the direction of the balance of social care funding of £127k to Scottish Borders Council to address the pressures in social care.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the request in principle for the direction of £443k of Integrated Care Fund to Scottish Borders Council to address the pressures in social care. The Chief Officer would make enquiries about the state of the Older Peoples' Change Fund and the Social Care Fund to see if the balance could be taken from those sources. The voting members instructed the Chair and Chief Officer to use

their discretion as to where those monies would be taken from. It was recorded that Mr Tris Taylor had expressed reservations not to support the decision.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested a full and detailed report on the Integrated Care Fund projects to be presented at an Extra Ordinary meeting.

8. Transformational Programme Update

Mr Robert McCulloch-Graham gave an overview of the content of the report and advised that it would be updated in terms of savings.

Cllr Helen Laing enquired about the 2018/19 provision of funding for dementia services. Mr McCulloch-Graham advised of the projected 60% increase in the over 65s over the next 10 years and that SB Cares were required to deliver against that as well as a number of beds and hours. On the acute side the sum of £4.8m capital had been agreed and would be put towards developing dementia resources and buildings and conversations with private providers and he was hopeful that Scottish Borders Council might be able to increase capacity, however he was not sure at this stage of the impact on revenue.

Cllr Laing enquired if existing buildings would be converted. Mr Philip Barr commented that SB Cares were currently exploring a strategic plan on what the future need would be for adult social care, care homes and dementia care. Discussions were taking place to look at what was required and how it would be delivered, with commissioning helping to inform the strategic decisions and broad strategic proposals.

Further discussion focused on: further information was required in regard to items 4 and 6; provision of an equality impact assessment; request for an updated project Gantt chart; failure of delivery against the plan with no recovery plans for projects; deadlines to measure against; and format to be revised and include milestones, financial savings and any mitigating actions.

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

9. Festive Period Report

Mr Rob McCulloch-Graham gave an overview of the content of the report and highlighted, more people attending the Borders Emergency Care Services; increase in attendances at the Emergency Department mainly due to respiratory conditions; reduction in admissions however those admitted were more acutely ill; lower discharges across the festive period (24-26 December); access to Craw Wood and Waverley throughout the period; mainstream care homes unavailable; and cancellation of elective procedures increased.

Mr David Davidson noted that during the festive period nobody had waited longer than 20 minutes to be triaged.

Mr Davidson further suggested the Chair might consider sending a letter to the partnerships involved to thank them for their support over the festive period.

Mr Tris Taylor noted that despite the increase in the acuity of patients admissions continued to be avoided and he suggested the same performance might be achieved throughout the year to reduce admissions.

Ms Debbie Rutherford noted that carers were not mentioned in the report and asked that the carers national helpline be mentioned in the final winter period report.

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

10. Strategic Planning Group Report

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

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

11. Any Other Business

11.1 Borders Alarms: The Chair advised Mr Colin McGrath that any issues with Border Alarms would be a matter for Scottish Borders Council and not the Integration Joint Board.

11.2 Melrose Health Centre: The Chair advised Mr Colin McGrath that any issues in regard to the Melrose Health Centre would be a matter for NHS Borders and not the Integration Joint Board.

11.3 Development Session: Mr Robert McCulloch-Graham reminded the Board of the proposed content for the forthcoming development session to be held on 19 March 2018.

11.4 Extra Ordinary Meeting: The Chair advised that an Extra Ordinary meeting would be held to discuss the Integration Care Fund projects and 2018/19 Budget.

11.5 Performance: The Chair advised that he would write to the partnerships in regard to performance over the winter period.

12. 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 23 April 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.10pm.

Signature:
Chair



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 23 April 2018 at 2.00pm in the Committee Room 2, Scottish Borders Council.

Present:

(v) Cllr D Parker	(v) Dr S Mather (Chair)
(v) Cllr H Laing	(v) Mr M Dickson
(v) Cllr S Haslam	(v) Mrs K Hamilton
(v) Cllr T Weatherston	(v) Mr T Taylor
Mrs J Smith	Mr R McCulloch-Graham
Mr D Bell	Mrs C Pearce
Mrs Y Chapple	Mr S Easingwood
Ms L Gallacher	Dr A McVean
Mr C McGrath	

In Attendance:

Miss I Bishop	Mrs J Davidson
Mrs T Logan	Mrs J Stacey
Mrs C Gillie	Mr D Robertson
Mrs S Bell	Mrs S Holmes
Mrs J Robertson	Mr L Gill
Ms V MacPherson	Ms K Lawrie

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Cllr John Greenwell, Dr Cliff Sharp, Mr Murray Leys and Mr John McLaren.

The Chair confirmed the meeting would not be quorate until Mr Tris Taylor or Mrs Karen Hamilton arrived.

The Chair welcomed Mr Malcolm Dickson (Non Executive, NHS Borders) as a voting member of the Integration Joint Board (IJB). Mr Dickson had been approved by Borders NHS Board on 5 April as a voting member of the IJB to replace Mr David Davidson who had now concluded his term of office as a Non Executive of NHS Borders.

The Chair welcomed Mr Stuart Easingwood, Interim Chief Officer Public Protection to the meeting who was deputising for Mr Murray Leys.

The Chair welcomed Ms Yvonne Chapple to the meeting who was deputising for Mr John McLaren.

The Chair welcomed Ms Vicky MacPherson and Ms Karen Lawrie from the NHS Borders Partnership Office who were shadowing Mrs Yvonne Chapple.

The Chair welcomed members of the public to the meeting.

2. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted increased activity in the secondary care sector, delayed discharges, financial pressures, the protection of individuals and regional activities.

Mr Tris Taylor arrived.

Mr Tris Taylor enquired about the Chief Financial Officer position. Mr McCulloch-Graham recorded his thanks to those who had covered the Chief Financial Officer post on an interim basis to date. He advised that there had not been enough interest received in the post and he was now intending to re-advertise the position. He confirmed that he was also in contact with the Scottish Government in regard to interim arrangements. He assured the Board that measures were in place to ensure financial governance through the support of Mr David Robertson, Mrs Carol Gillie, Mr Leslie Gill and Mrs Susan Swan. He assured the Board the appointment remained a priority.

Mr David Robertson suggested the Board may wish to consider and agree who would sign off the partnership annual accounts for 2017/18 given the current position in regard to a vacancy for the Chief Financial Officer position.

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

The Chair confirmed the meeting was quorate.

3. Declarations of Interest

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Register of Interests.

Mrs Karen Hamilton arrived.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 19 March 2018 were amended at page 3, minute 6.1, line 3, to read "...funding. However it was agreed that it be included ..." and with that amendment the minutes were approved.

5. Matters Arising

5.1 Action 22: Joint Older People's Services Report: Mr Robert McCulloch-Graham advised that he still awaited formal feedback from the Care Inspectorate on the revised Action Plan that had been submitted. He assured the Board that regular contact was maintained with the link inspector. The Chair voiced his frustrations at the lack of engagement from the Care Inspectorate and Mrs Tracey Logan suggested she could raise the matter with Scottish Government colleagues.

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

6. Scottish Borders Health & Social Care Partnership Financial Plan 2018/19

Mr Robert McCulloch-Graham introduced the Financial Plan presentation.

Mr David Robertson provided an informative presentation that was intended to reflect the paper. During the presentation Mr Robertson covered the full range of financial elements, including: strategic context; flow of funds; achievements the partnership had made; operational context; budget movement; Integrated Care Fund; Social Care Fund; efficiency savings and pressures for 2018/19.

Cllr David Parker sought confirmation that conditions around the implementation of the living wage and Carers Act were calls that would be directed to be fulfilled through social care funding.

Mr Tris Taylor enquired about the split of funding when resourcing joint services, such as a 1.5% increase in funding for the Mental Health Service given the 2018/19 budget was smaller than the 2017/18 budget. Mr Robertson advised that there was an expectation that NHS resources would stay the same. Mrs Carol Gillie confirmed that in moving forward there was a commitment in the NHS allocation letter baseline for 2017/18 compared to 2018/19. Some efficiencies had been delivered in the Mental Health Service which had enabled the 1.5% uplift from the NHS, which Mrs Gillie advised was in effect an allocation rather than an actual.

Mr Colin McGrath enquired of the overall proportion of the NHS budget in the partnership. Mrs Gillie advised that 52% of the NHS budget was transferred to the partnership. Mr Robertson also advised that 100% of the social services budget for all adult services was allocated to the partnership.

Mr Taylor enquired about the ring fenced funding received from the Scottish Government. Mr Robertson advised that ring fenced funding had been received based on future projections which had been estimated in good faith, however the funding did not fully cover the costings and there were therefore pressures to be addressed.

Ms Lynn Gallacher commented that she was aware that the Carers Action Plan implementation monies had been allocated around the various areas and she enquired where the Carers Information Strategy funding currently sat given it was not new money. Mr Robertson advised that there was a proposal to be put before the Strategic Board and a recommendation would be submitted to the Integration Joint Board meeting in June for decision.

Cllr David Parker commented that he understood some funding for the Carers Act payable to the Borders Carers Centre and was already mainstreamed, and he was aware that there were some things requiring payment as they involved salaries for people. Mr Robertson suggested if the Board were not minded to set the budget that day then it would be appropriate for the Board to take the decision to continue to fund certain areas at the discretion of the Chief Officer in conjunction with the Chair and Vice Chair of the Integration Joint Board.

In regard to efficiency savings, Mr McGrath enquired if services were given direction on where to make savings. Mrs Tracey Logan commented that services were made aware of the challenges and pressures within the Council and were asked to formulate proposals for savings. Proposals were assessed corporately and all dependencies were looked at through a fully rounded process before any recommendations were made. She stated that far more proposals were rejected than taken forward.

Mrs Claire Pearce noted that there had been a 30% occupancy rate at Craw Wood given the acuity of people had made them unsuitable to transfer to the facility from the acute sector and she enquired if 15 beds was an appropriate number. Mr McCulloch-Graham commented that funding had been agreed for 15 beds in total and the most used at any one point in time had been 14 over the winter period. He anticipated that demand would reduce during the summer and was mindful that a reduction in beds over that period might be appropriate, however he was keen to ensure the full compliment were maintained for the winter period. Mrs Pearce noted the high cost of maintaining 15 beds when only 5 were occupied. Mr McCulloch-Graham suggested retaining the resource allocated and keeping the number of beds under review with an ability to flex them as and when necessary.

Mrs Jane Davidson suggested the crucial point was to maintain flexibility throughout the year.

Cllr Helen Laing enquired if the right criteria were in place for Craw Wood. Mrs Logan reminded the Board that Craw Wood was a temporary unit and was restricted in terms of its use and she would support a reduction in beds when appropriate.

Mr Taylor sought clarification on the status of the financial plan. Mr McCulloch-Graham commented that the report was requesting that the Board note the financial gap and request a paper be brought back in June on how that gap would be addressed.

The Chair sought confirmation that the resource allocations were actual. Mrs Gillie confirmed that they were.

Cllr Parker sought clarification that certain business as usual activity would still progress such as the carers issue, staffing costs and looked for reassurance from Mr Robertson that those things would not be suspended until a decision was made by the Board in June. Mrs Logan confirmed that business as usual activity would continue.

Cllr Parker challenged if the Integration Joint Board was allowed to agree a budget that was not fully funded. Mr Robertson clarified that the Board could accept the report and on the recommendation of the Chief Officer ask for a future report to be brought before the Board in terms of the budget. He recommended that the Board accept the report, note the deficit in the budget and ask for a report from NHS Borders in June to detail how the funding gap would be bridged before final approval of the budget.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** accepted the report on the 2018/19 Health and Social Care Financial Plan and asked that a report be brought to the June 2018 meeting with details of how the unidentified savings requirement would be addressed, recognising that plans to deliver £5.2m of savings remain unidentified.

7. Integrated Care Fund Review of Projects 2015-18

Mr Robert McCulloch-Graham gave an overview of the content of the report and reminded the Board of the decisions agreed at the last meeting. He then drew the attention of the Board to table 4 page 6 and the recommendation suggested for each project.

Mr Tris Taylor declared a potential conflict of interest in the autism item due to a close relationship with someone who may have autism.

7.1 Delivery of the Autism Strategy: Mr Tris Taylor sought assurance that the action plan would not be compromised by disinvestment in the project. Mrs Tracey Logan assured the Board that mainstreaming of the project and outcomes to be achieved would be appropriate, it was more of a matter of thinking differently about how that was achieved.

Mrs Jenny Smith was mindful of autism in terms of public perception, press, education and working with partners. She accepted that the project was not delivering and wished to be assured on how the agenda around autism would be supported.

Cllr Shona Haslam accepted the inefficient use of resources, however she could not agree to disinvest in the project based on an outcome of too few individuals benefitting from the project, given there was no original objective in regard to numbers of people to benefit from the project.

Mrs Jane Davidson recollected that the Autism Strategy was about the reshaping of services, how the strategy could be mainstreamed and she commented that some of the strategy itself had been aspirational.

The Chair advised of the proposed recommendation within the paper.

Cllr Haslam proposed: funding the project for a further 6 months with a view to mainstreaming into other services; ensuring the autism strategy and action plan were delivered in the mainstream services; and identification of succession planning.

Cllr David Parker seconded the proposal.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposal to fund the project for a further 6 months with a view to mainstreaming into other services; ensure the autism strategy and action plan were delivered in the mainstream services; and for succession planning to be identified.

7.2 Delivery of the Alcohol Related Brain Damage (ARBD) Pathway: Both Cllr Shona Haslam and Cllr David Parker raised concerns in regard to the limited evidence and progress with the project. Cllr Tom Weatherston commented that it was a difficult group of people to assist, however he recognised the limited evidence available.

The Chair advised of the proposed recommendation within the paper.

Cllr David Parker proposed to cease the project as soon as practicable.

Cllr Shona Haslam seconded the proposal.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposal to cease with the project as soon as practicable.

7.3 Stress & Distress Training: Mr Tris Taylor enquired if the project was integrated with the general scheme of activities around executing the statutory duty required of Health Boards to look after the wellbeing of their staff. Mr Robert McCulloch-Graham advised that the project was focused on pump priming an effective training programme to enable people to deal with difficult behaviours.

The Chair advised of the proposed recommendation within the paper.

Cllr David Parker proposed to cease the project as soon as practicable and suggested mainstreaming be considered within the training programme.

Mrs Karen Hamilton seconded the proposal.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposal to cease with the project as soon as practicable.

7.4 Transitions: The Chair advised of the proposed recommendation within the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the carry forward of funding.

7.5 Transitional Care Facility – Waverley Care Home: The Chair advised of the proposed recommendation within the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the carry forward of funding with a view to mainstreaming the service at the project end.

7.6 Pharmacy Input: Cllr David Parker was fully supportive of the project and recognised the potential for savings to be achieved.

The Chair advised of the proposed recommendation within the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the carry forward of funding with a view to mainstreaming the service at the project end.

7.7 GP Clusters Project: Cllr Shona Haslam commented that it was vital to progress with the project along with regular reporting and evaluation of the project as she was keen to see the demonstrative impact on health outcomes. Mr Robert McCulloch-Graham advised that it would form part of the primary care improvement plan.

Dr Angus McVean welcomed Cllr Haslam's comments and advised that the Primary Care Improvement Plan would contain the detail of what the Cluster Leads would be doing. He

also suggested there might be a move from 4 to 5 clusters or into 1 single cluster. He advised that the plan would be brought to a future meeting of the Board.

The Chair advised of the proposed recommendation within the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the carry forward of funding.

7.8 Domestic Violence Pathway: The Chair advised of the proposed recommendation within the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the carry forward of funding with a view to mainstreaming as part of the Public Protection Review.

7.9 Buurtzorg Project Management: Cllr David Parker recalled that the Board had been fully supportive of the project in the past as it believed it could deliver the fundamentals of integration, however progress had been slow. He supported the project but wished to see some momentum behind it.

Mr Tris Taylor enquired of the options on merging with Hospital to Home. Mrs Jane Davidson recognised that progress had been slow. The project was being led by community nurses and workers in the community. She suggested there were challenges around getting 3 organisations to work together namely, SB Cares, NHS Borders and Scottish Borders Council, and staff had been working through what they could and could not do together. She accepted that the project required some pace around it and commented that it did link to Hospital to Home.

The Chair advised of the proposed recommendation within the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the carry forward of funding with a further update on progress.

7.10 Craw Wood: The Chair advised of the proposed recommendation within the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the carry forward of funding with a review of the staffing rota.

7.11 Hospital to Home: The Chair advised of the proposed recommendation within the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the carry forward of funding.

Cllr David Parker requested that an indication be provided to the next meeting on the impact of the decisions made, updated timescales and projects to be mainstreamed.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive an update on the impact of the decisions made, updated timescales and projects to be mainstreamed.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the review of ICF projects due to carry over funding in the financial period 2018-19.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** decided as above, which projects should have continued investment or disinvestment.

8. Integration Joint Board Meeting Cycle

The Chair gave an overview of the content of the paper and the rationale for amending the meeting cycle.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the increase from 6 formal meetings to 8 per year and a reduction from 5 Development sessions to 3 per year.

9. Scottish Borders Health and Social Care Partnership 2017/18 Winter Period Evaluation Report

Mrs Claire Pearce, outlined to the Board the effects on hospital capacity and staffing levels of a difficult winter period in terms of weather, acuity of patients and staff sickness. She emphasised that the effects manifested on people and gave the example of people having to wait in the Emergency Department in excess of 8 hours. Mrs Pearce enquired if the Board would find it helpful if she brought a quality and governance report on the effects of winter.

Dr Angus McVean suggested the report also involve primary care and welcomed the opportunity to work on a joint report with Mrs Pearce.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the learning and improvement opportunities for next year which would be taken forward by the Winter Planning Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** welcomed the opportunity to receive a report at a future meeting on Quality and Governance from Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services and Dr Angus McVean, GP Clinical Lead.

Cllr Helen Laing left the meeting.

10. Strategic Planning Group Report

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

Mrs Jenny Smith commented that the Strategic Planning Group (SPG) had been focused on the review of the Strategic Plan and she suggested it should also have more of an eye on performance and be able to provide the Board with an overview of performance. Mr McCulloch-Graham commented that he was also keen for the SPG to monitor performance against the Strategic Plan and then advise the Board accordingly.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key issues and actions arising via the Strategic Planning Group, in particular progress being made in relation to the refresh of the Partnership's Strategic Plan.

11. Inspections Update

Mr Stuart Easingwood advised that in regards to the Joint Older People's inspection the interface between the services and the Care Inspectorate was not ideally where he would like it to be. However, there was progress being made in line with the action plan and within those timescales. He assured the Board that there were no matters outwith the timescales planned, and a further meeting with the Care Inspectorate was awaited.

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

12. Quarterly Performance Report

Mr Tris Taylor commented that it did not feel like an adequate set of indicators to monitor against. He suggested that the measures evolved out of policy and in terms of performance against what he would perceive the public would wish to see they would fall short.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the additional/amended measures for reporting.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** did not advise of any further measures to be considered for inclusion in future quarterly performance reports.

13. Equality Mainstreaming Progress Report

Mr Malcolm Dickson enquired if the Integration Joint Board participated in Equality and Diversity week.

Mrs Jane Davidson suggested the Board may wish to direct the Chief Officer to participate in it. She commented that the week had been a success and had been lead by the Joint Public Health Team across NHS Borders and Scottish Borders Council and welcomed the involvement of the Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Equality Mainstream Report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the draft Progress Report for publication.

14. Any Other Business

14.1 Social Isolation & Loneliness: Mr Colin McGrath commented that at a recent Locality meeting the Scottish Government document on Social Isolation and Loneliness had been mentioned and he suggested the Board may wish to respond to the document. Mr Robert McCulloch-Graham advised that he would discuss the matter with Mr McGrath outwith the meeting.

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 28 May at 9.30am in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.20pm.

Signature:
Chair



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 28 May 2018 at 9.30am in the Council Chamber, Scottish Borders Council.

Present:

(v) Cllr D Parker	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr D Davidson
(v) Cllr S Haslam	(v) Mrs K Hamilton
(v) Cllr T Weatherston	(v) Mr J Raine
Mrs J Smith	(v) Mr T Taylor
Ms L Jackson	Dr C Sharp
Mr M Leys	Mr J McLaren
Dr A McVean	Mr R McCulloch-Graham
Mr C McGrath	

In Attendance:

Miss I Bishop	Mrs J Davidson
Mrs T Logan	Mrs J Stacey
Mrs C Gillie	Mr L Gill
Mrs J Robertson	Mrs S Bell

1. Apologies and Announcements

Apologies had been received from Cllr Helen Laing, Mrs Claire Pearce, Ms L Gallagher, Mr David Bell and Mr David Robertson

The Chair confirmed the meeting was quorate.

The Chair welcomed Ms Linda Jackson who was deputising for Mrs Lynn Gallagher.

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. Authorisation to Sign Off Annual Accounts 2017/18

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered and agreed that Mr David Robertson as Chief Financial Officer of Scottish Borders Council should sign off the

Integration Joint Board (IJB) Annual Accounts 2017/18 in the current absence of a Section 95 Officer for the IJB.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 23 April 2018 were amended at page 5 to read “Mr Tris Taylor declared a potential conflict of interest in the autism item due to a close relationship with someone who may have autism” and at page 7, item 7.9, paragraph 2, line 2, to read “... slow. The project ...” and with those amendments the minutes were approved.

5. Matters Arising

5.1 Minute 6: Scottish Borders Health & Social Care Partnership Financial Plan 2018/19: Mr Colin McGrath noted that 100% of the social services budget for adult services was allocated to the partnership and he enquired what percentage that was of the total social services budget. Mr Robert McCulloch-Graham advised that he would pick up the matter with Mr McGrath outwith the meeting.

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

6. Chief Officer’s Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted several elements including: continued pressures on the Borders General Hospital and Community Hospitals; utilisation of the Craw wood facility; external auditors review of inspection action plan; Scottish Parliament Health and Sport Committee review of partnerships; appointment of an Adult Social Care Chief Officer; update on regional work; and on going work on the primary care improvement plan.

Discussion focused on: usage of Craw wood and the set criteria for the facility; 10 days average length of stay at Craw wood; presentation on population demographics to a future Development session; analysis of care home beds and care hours; future provision of specialist dementia beds; 6 inspections of adult support and protection services currently underway across Scotland; and commonality across partnerships in regard to set aside.

Mr Murray Leys confirmed he would be happy to provide a presentation to a future development session on demographics and the empirical number of beds and care hours to be commissioned in the future along with a rationale as to how such numbers were identified and if the numbers were unaffordable some suggested options to worked through.

Mr John Raine commented that where there was a coterminous Local Authority and Health Board there was no need for a set aside budget and he was keen to have that point clarified for both the Integration Joint Board and the Health Board.

Mr McCulloch-Graham also highlighted the formation of the primary care improvement plan.

Mr John McLaren commented that he was aware that the GPs had been involved in the early formulation of the plan and he enquired how and when the organisations would have the

opportunity to input to the plan. Mr McCulloch-Graham advised that there was a timetable of various meetings and groups that the plan would be presented to.

Dr Angus McVean advised that an awayday had been held the previous week with those likely to be impacted by the proposed changes. Views had been expressed at the event in regard to how to take the plan forward, how to match the money to the plan, and an engagement strategy with stakeholders.

Mrs Jane Davidson reminded the Board that the formation of the plan was a joint responsibility between the partnership and the Health Board with a need for a joined up planning approach as the aim of the plan should be to direct change in how primary care and community services might be provided moving forward.

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

Mrs Tracey Logan arrived.

7. Refresh of Health & Social Care Strategic Plan 2018-2021- Update on Progress

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted the work of the strategic planning group in producing the refreshed draft and the revision of objectives from 9 to 3.

Discussion focused on: language; shared objectives; inclusion of hyperlinks; unclear on what we are asking the audience; seek more information on the detail of the governance structure and how it works; be clear in Appendix 2 that all services listed have been delegated to the partnership; what has been removed from the original strategy and why; what are the fundamental changes between the 2 documents; is it a yearly refresh or a final strategy for the next 3 years; work to be done on co-production with stakeholders; are we listening to the local population and doing what they want or are we telling them what they can have; spending diagram is paternalistic and does not show any funding/commissioning going to the third sector; difficulties of commissioning in remote and rural areas; meaningful engagement in shaping our services for the future; marrying up initiatives with the provision of services instead of promoting something and then removing the funding; language around being a carer; and providing a realistic strategy for the future; and to help the public make realistic choices, provide them with the choices and ask them to prioritise them.

Mr Malcolm Dickson welcomed the easy read format, commented that parent bodies should be changed to partnership bodies and noted several of the timescales had already passed. He suggested inclusion of the results of the actions that had been completed and sought assurance that exit strategies and mainstreaming plans had been instigated accordingly.

Mrs Jane Davidson welcomed sight of the early draft and highlighted the importance of setting out the partnership ambition.

Mr John Raine welcomed the strategy and enquired when the move would be made from being aspirational to measuring success, against targets, resources and timescales.

The Chair thanked the Board for a valuable discussion and in summary suggested the document provided a good sign post of where the partnership had been and its aspirations for the future. He commented that over the past 3 years the partnership had continued to mature and evolve. He further reminded the Board that the Strategic Plan was a live document that should be reviewed annually and it was apparent that demographic changes were already impacting earlier than forecast.

The Chair acknowledged the wide range of comments that had been made and advised that they would be taken on board and the document revised to better reflect co-production and meaningful language for the public.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made on refreshing the Strategic Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** commented on the content and format of the refreshed Strategic Plan.

8. Annual Performance Report 2017/18 – Update

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted that the Board had issued directions in regard to Hospital to Home and Discharge to Assess.

Mrs Jenny Smith commented that the wording around the matching unit was unclear as it suggested the unit would not be subject to the usual integrated care fund evaluation process. Mr McCulloch-Graham acknowledge the need to revise the wording and commented that the intention was to mainstream the matching unit funding.

Mr John Raine suggested as the contribution of volunteers was included and quantified the contribution of carers should also be included and quantified.

Mr Tris Taylor enquired of the intended audience of the document. Mr McCulloch-Graham advised that the audience would be the public, staff and Scottish Government.

Mr Taylor commented on several elements of the document including: inconsistent numbers and percentages; no page numbers; inconsistent indicators; lack of assurance on performance data; inconsistent measures; no comparators; no underlying logic or indicators to measure against; quality of evidence was missing; and being opaque by omission.

Mr Taylor further sought evidence that public involvement was routinely sought.

Mr McCulloch-Graham welcomed the scrutiny provided and suggested meeting with Mr Taylor outwith the meeting to explore those comments in greater depth.

Mr John McLaren suggested an explanation of generic services also be included in the document.

Ms Linda Jackson advised that she had already fed back comments however she highlighted that the spot lights were on Scottish Borders Council and NHS Borders and she would welcome the inclusion of a spotlight on the Third Sector.

The Chair welcomed the scrutiny provided to the document and the comments received. He reminded the Board of the directions that it had made over the past year and commented that at a recent national meeting of Integration Joint Board (IJB) Chairs he had been surprised to find out that several other IJBs had yet to make any directions. He observed that the Board should remember that it had achieved progress and would continue to strive to achieve more.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted progress made on the development of a draft Annual Performance Report and Summary Report.

Cllr David Parker suggested given the timescale for approval of the report was end of July and the Board did not meet in July, authority to approve the report for publication be delegated to the Chair and Chief Officer. The motion was seconded by Mrs Karen Hamilton.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the Chair and Chief Officer be delegated authority on behalf of the Board to approve the report for publication by the end of July.

9. Any Other Business

9.1 Update on the Finance Officer: Mr Robert McCulloch-Graham advised the Board that there would be a readvertisement of the position and support would also be utilised from employment agencies.

10. 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 11 June 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 11.00am.

Signature:
Chair