

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: 03.05.18
- Audit Committee: 14.06.18
- Endowment Fund: 06.06.18
- Staff Governance Committee: 21.05.18
- Health & Social Care Integration Joint Board: 11.06.18, 20.08.18

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 3 May 2018 at 10.00am in the Board Room, Newstead

Present:

- Mr J Raine, Chairman
- Mrs K Hamilton, Vice Chair
- Dr S Mather, Non Executive
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mrs J Davidson, Chief Executive
- Mrs C Pearce, Director of Nursing, Midwifery & Acute Services
- Dr C Sharp, Medical Director

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Dr A Cotton, Associate Medical Director
- Mrs A McCollam, Associate Director of Public Health & Child Health Commissioner
- Mrs E Cockburn, Head of Clinical Governance & Quality
- Mr W Shaw, Head of Delivery Support
- Mrs S Cowe, Complaints Officer
- Ms K Maitland,
- Mr K Lakie, Senior Finance Manager
- Mr B Magowan
- Ms A Erskine
- Mrs C Oliver, Communications Manager
- D

1. Apologies and Announcements

Apologies had been received from Mrs Carol Gillie, Director of Finance, Procurement, Estates & Facilities, Dr Tim Patterson, Joint Director of Public Health, Mr Robert McCulloch-Graham, Chief Officer Health & Social Care, Mr John Cowie, Director of Workforce, Dr Janet Bennison, Associate Medical Director, Dr Nicola Lowdon, Associate Medical Director and Dr Annabel Howell, Associate Medical Director.

The Chair confirmed the meeting was quorate.

The Chair announced that Mrs Karen Hamilton had been formally appointed by the Cabinet Secretary as the Vice Chair of NHS Borders.

The Chair welcomed a range of attendees to the meeting.

2. Patient and Carer Stories

D shared her patient story with the Committee and spoke about her journey through the health care system. She spoke of her frustrations with inconsistent communication, inconsistent approaches to her care, traumatic experiences whilst in our care, mental health manifesting in physical ill health, drugs, World Health Organisation trials and her recovery journey and work with Survivors Unite.

Dr Amanda Cotton commended D for presenting her story to the Committee and accepted that there was learning to be provided to staff within the Accident & Emergency (A&E) service on how to understand how to approach people with complex trauma.

Discussion focused on: the interplay of mental health and physical health and how mental health patients are often treated differently in physical health front line services; more education and knowledge required in the field of mental and physical complex trauma; communication before presentation to health services; communication between shift staff; training for staff on how to handle a traumatic response; primary care interactions; provision of ACT cards; and supporting Survivors Unite.

The Chair thanked D on behalf of the Committee for sharing her story. He suggested she may like to consider speaking to health colleagues in the Mental Health service about the interplay of physical health and mental health and to speak at one of the Borders General Hospital Grand Round events where junior doctors and clinicians were present. He was also keen that she consider speaking to A&E staff to help them understand the person behind the label and remind them of basic humanity and not to judge based on a label. He recognised it would be a challenge to change behaviours in primary care but suggested the TiME sessions might be a useful avenue into that discussion.

Mr Malcolm Dickson commented that there were various fragmented elements to D's care and he enquired how a complex patient record of that sort would move between professionals. The Chair commented that D was a victim and a powerful resource for the organisation to learn from and improve the way it worked. He suggested kindness and understanding did not require resource as they were an attitude and NHS Borders should not employ people who could not demonstrate care, compassion and kindness.

Mr Tris Taylor commented that there was possibly an assumption by clinicians that before a patient presented in A&E they would have been adequately dealt with in the primary care setting and they therefore followed a pattern of desire to diagnose by excluding things. He further suggested there was a lack of quality GP performance data available which could inform a change in process.

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

3. Declarations of Interest

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

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

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 1 February 2018 were approved.

5. Matters Arising

5.1 Minute 8: Performance Scorecard: The Chair enquired if the Sir Harry Burns report had been received. Dr Cliff Sharp confirmed that it had been received and shared.

5.2 Action 29: Hawick Mobile Dental Unit: Mrs June Smyth was tasked with finding out from the Scottish Health Council if the Integration Joint Board was required to consult on service change in the same way as Health Boards were required to.

5.3 Action 30: Draft Winter Plan 2017/18: Mrs Fiona Sandford noted the target for staff vaccination was 50% and the staff sickness absence percentage for the winter period was quite high. She suggested the target for vaccination should be reviewed. Mrs Clare Pearce commented that the Occupational Health Lead was looking at a new campaign for flu vaccination and highlighted that it was not a mandatory requirement that staff undertook the vaccination. The Chair suggested, if the Board wished it, the Director of Workforce could write to the Scottish Government to ask them to consider a change in national policy to make flu vaccination for all health care staff mandatory each year.

5.4 Action 1: Patient & Carer Stories: Wilderness Therapy: The Chair noted the Wilderness Therapy Report attached to the action tracker sought formal Board support and ongoing funding arrangements for the programme. Dr Cliff Sharp commented that the service could continue to fund the programme which was a crucial element of the rehabilitation and support of young men with mental health issues. Dr Amanda Cotton commented that from a clinical perspective the programme was valued by staff and patients but was seen as low hanging fruit in terms of financial constraints. Mr Tris Taylor sought clarification that it would be for the Department to manage its budget. The **STRATEGY & PERFORMANCE COMMITTEE** noted the update.

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

6. Winter Plan 2018/19 Update

Mrs Claire Pearce gave an update on the winter plan and highlighted the intention to have a number of improvements in the Borders General Hospital to sharpen up on internal processes, especially in regard to delayed discharges and to appoint a team to ensure there was a consistent approach to both the site and capacity.

Discussion focused on: having the right number of beds; direction from the Integration Joint Board in regard to resources to address stranded people; finalising plans for 2018/19 winter period; creating a protected space for electives; reviewing the footprint; recommissioning a ward; avoiding readmissions; on-going work on respiratory and diagnostics with GPs; early decision making to aid early discharge; acute bed modeling exercise underway; evolving community capacity bath tub model; working with

the local authority on the provision of beds of care homes; and the relaunch of dynamic discharge from June.

Mr Tris Taylor enquired about using the previous year's data to model for the coming winter period. Mrs June Smyth confirmed that a number of previous year's data was used to inform the winter plan model for the coming winter period.

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

7. Logie Legacy

Dr Brian Magowan gave an informative presentation on the Logie Legacy and twinning partnership between NHS Borders and St Francis Hospital in Zambia.

Mr Malcolm Dickson enquired about the main advantages of the twinning partnership for NHS Borders staff. Dr Magowan advised that they were mainly personal development and learning for nurses, pharmacists, consultants and other groups of clinical staff.

Mrs Fiona Sandford commented on the learning that had been brought back in terms of systems and processes. Dr Magowan advised that the system for elective patients within NHS Borders was very complicated with a range of stages to it and those stages had been reduced to lead to a smoother system for both the patient and the staff, which had been learning brought back from watching how the system was managed in Zambia.

The Chair thanked Dr Magowan for his presentation and advised that he had been keen for the Board to hear of the Logie Legacy and the twinning arrangements between NHS Borders and St Francis Hospital.

Dr Cliff Sharp drew the Committee's attention to the Award recently won by the Obstetrics and Gynaecology Team as the Number 1 place in the UK to work in Obstetrics and Gynaecology.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and update on the NHS Borders Twinning and expressed their thanks and congratulations to Dr Magowan and his team.

8. Laundering of Staff Uniforms – Infection Control Considerations

Mrs Claire Pearce reminded the Committee of the previous discussion that had taken place in regard to laundering of staff uniforms and gave an overview of the content of the paper. She highlighted the advice received from Health Protection Scotland and the potential recurring savings and initial set up costs.

Several points were raised during discussion including: potential unintended consequences for local laundry services; cost of uniform replacement; staff turnover; infection control advice; patient safety; income generation through the laundry service; small savings achieved against potential reputational risk; restate the principles of washing at a high temperature; operational decision; engagement with staff; Staff Governance Committee ownership; comparison to other Health Boards; difficult decisions to be made; balancing risk; and good engagement and communications on why, when and the consequences.

Mrs Alison Wilson commented that whilst the Area Clinical Forum (ACF) were initially supportive of the proposal they were curious about how much income was generated by the service. Mrs June Smyth advised that the change would not impact on income generation and there was a plan in place to income generate further. Mrs Wilson advised that if income generation could still be achieved the ACF would be supportive of the proposal.

Mr Tris Taylor suggesting engaging with staff over what potentially would have to cease in order to achieve the full £15m savings target.

Cllr David Parker echoed Mr Taylor's comments and noted that the Board would be required to make unwelcome decisions for the greater good of the service in order to address the financial challenge.

Mr Warwick Shaw advised the Committee that the auto valet system was likely to come to its end of life in 2-5 years time and if not replaced, would provide an opportunity to utilise 75 sq metres of floor space within the Borders General Hospital site.

The **STRATEGY & PERFORMANCE COMMITTEE** delegated the matter to Operational Directors with a request that fuller engagement take place through the Area Partnership Forum who would be responsible for presenting the case to staff as operationally it was the most appropriate way forward.

9. Pharmaceutical Service cover on Public Holidays

Mrs Alison Wilson advised that at present NHS Borders did not have a provision to direct pharmacies to open on specific public holidays, and whilst it was generally not an issue, there were occasions when public holidays fell on weekends and pharmacies if open could alleviate pressures in the system. She was keen to have the provision to instruct some pharmacies to open on a rotational basis so that people could be encouraged to seek assistance from their pharmacy in the first instance for minor ailments or repeat prescriptions instead of presenting at their GP or the Borders Emergency Care service (BECs).

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to recommend the clarification of public holiday requirements on pharmaceutical services for approval by the Board.

10. Joint Older People's Services Inspection Action Plan Update

Mrs Karen Hamilton noted that some of the completion dates within the Action Plan had passed. Mr Warwick Shaw advised that progress continued and several actions had been completed.

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

11. NHS Borders Complaints Journey

Dr Cliff Sharp advised that there had been a complete overhaul of the complaints process on the back of Scottish Public Services Ombudsman (SPSO) advice. Improvements had been made in terms of more human contact, the quality of responses and moving away from the perception of being viewed as faceless bureaucracy.

Ms Karen Maitland commented that the change in process was contributing to the culture change in the organisation through service ownership and further learning from the nature of the complaints received.

Mrs Susan Cowe highlighted that it had not been an easy journey especially in regard to challenging people and coping with difficult reactions, however positive progress was being made.

Mr John McLaren enquired about communicating the changes to staff. Mrs Elaine Cockburn advised that work was on-going with Dorothy Armstrong of the SPSO and the senior team and Band 7s on duty of candour complaints and feedback and getting people to understand how to respond with compassion. Ms Maitland also advised that an action learning set was being undertaken with Directors to also support them through the process.

Mr Malcolm Dickson congratulated the team on the progress made and welcomed the openness in regard to redesign and challenging services to ensure change was made and sustained.

Mr Tris Taylor welcomed the report, highlighted the connection to governance processes and how collaboration between staff, patients and service users had lead to such a positive change for both complainants and staff. He suggested the use of improvement plan action trackers be used more widely as they were an essential performance management tool given data was vital to the improvement of services throughout the organisation. He enquired if the data within the report was inclusive of primary care. Dr Sharp advised that the data for GP practices was not included; however that data was expected to become available as the new General Medical Services contract was introduced.

The Chair commended the Team on the report and their work to date.

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

12. Efficiency Update for the year ended 31 March 2018

Mr Kirk Lakie presented the efficiency end of year report and summary. He advised that £8.3m of efficiencies had been delivered against a target of £15.7m. He drew the attention of the Committee to the recurring savings target of £12.9m of which £4.1m had been delivered recurrently; there was therefore an £8.8m deficit to be carried forward into 2018/19. That was an increase on the £4.9m carried forward for 2016/17 into 2017/18 and the third consecutive year the recurring savings target had not been fully achieved.

Mr Lakie further advised that progress was being made in planning for the current financial year with the exceptional savings target of £24.8m. Mrs Jane Davidson reminded the Committee that the targets were in the context of the balanced year end outturn for 2017/18, which was currently being audited.

Cllr David Parker advised that he was keen to understand where the difficulties lay with transformational change and what the barriers were. Mr Lakie commented that over the past 3 years there had been substantial and significant change in service delivery models and associated savings targets, and whilst some had delivered some savings, not all had been successful. Conversations were continuing with services to look at the tangible benefits and ability to release cash, as historically some schemes had improved services through efficiencies and quality but did not always release cash.

Mrs Davidson offered to meet with Cllr Parker outwith the meeting to discuss transformational change further.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 31 March 2018 and that £8.3m of savings had been delivered against a target of £15.7m.

13. Key Performance Indicator Scorecard

Mrs June Smyth gave a brief overview of the content of the report.

Dr Stephen Mather enquired about the increase in waiting times for Outpatients and Orthopaedics. Mrs Laura Jones advised that the increase had been a result of the changes to the Musculoskeletal (MSK) pathway and the sickness absence of one specialist, however to address the matter an additional locum had been appointed and an additional MSK post was due to commence later in May.

Dr Mather enquired given the difficulties of recruitment for the Ophthalmology service if it should be progressed on a regional basis. Mrs Smyth commented that it was within Phase 1 of the Better Borders programme and conversations were on-going in regard to how the region would work collectively, which services would be retained by Boards and which would be regionalised. Mrs Smyth advised that a Plan B for the Ophthalmology service would also be drawn up.

Dr Cliff Sharp commented that the difficulties with recruitment to the service had allowed for a creative solution whereby Associate Nurse Practitioners (ANPs) undertook a fuller role and Optometrists did follow up appointments. Mrs Jones also advised the Committee that NHS Lothian had agreed to partner NHS Borders on the On Call arrangements to make the roles more attractive. Mrs Davidson clarified that previously the On Call arrangements had been 1 in 2 but had moved to 1 in 4.

Dr Mather enquired about the plans to deal with the increase in MRI scans. Mrs Jones advised that a review of the MRI service was being undertaken along with evening slots for scans and the potential to outsource reporting. She further advised that the MRI equipment would come to its end of life in 2 years time and access to a second MRI was being pursued along with work around MRI modeling in other Health Boards.

Dr Mather enquired given the continued poor performance with length of stay in community hospitals, if control of those beds should be solely through the Care of the Elderly clinicians. Mrs Davidson suggested that community hospitals, home care provision and social care staff would all be looked at to inform a community model for the Scottish Borders.

Dr Mather sought sight of the Ann Hendry report into Community Hospitals and Mrs Davidson commented that she was happy to share the report and advised the Committee that it would not be looked at in isolation.

Mr John McLaren enquired how assured the Committee should be in regard to the Child Adolescent Mental Health service (CAMHS) waiting times data. Mrs Smyth advised that the delay in providing more recent data from the service was due to the Road to Digital programme of work that was being rolled out through the Mental Health service, who were the first tranche of services in that roll out programme. She assured the Committee that work was underway to support staff to capture and report data and reports were expected to be available shortly.

The Chair enquired if the performance reports were reviewed by the Clinical Executive Operational Group and what actions they took. Mrs Claire Pearce advised that a similar debate took place at the Group meetings with certain measures brought under the spotlight for future debate. Issues generally

tended to be in regard to staffing shortages and she assured the Committee that the Group were focused on bringing performance back into line as soon as possible.

The Chair enquired if the Clinical Executive Operational Group were looking at the Physiotherapy service. Mrs Davidson commented that the Physiotherapy service was scrutinised separately given the clinical productivity work that was undertaken in that service in addition to being reviewed by the Clinical Executive Operational Group.

The Chair recalled that previously the Physiotherapy service team had presented to the Board on improvements in the service, however that improvement did not appear to have been sustained. Mrs Smyth commented that several actions had been taken on the back of the clinical productivity programme including in terms of ensuring the MSK hub, which had recently been established, was functioning efficiently and effectively.

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

14. Any Other Business

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

15. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 4 October 2018 at 10am in the Board Room, Newstead.

The meeting concluded at 1.23pm.

Signature:
Chair



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Thursday, 14th June 2018 at 2 p.m. in the Board Room, Newstead.

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

In Attendance: 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 (Left meeting at 3.30 p.m.)
Mrs S MacDougall, Risk & Safety Manager (Item 6.2)
Mrs L Paterson, Resilience Manager (Item 6.1)
Mr J Steen, Senior Auditor, Audit Scotland
Ms S Swan, Deputy Director of Finance
Mrs G Woolman, Assistant Director, Audit Scotland

1. **Introduction, Apologies and Welcome**

Malcolm Dickson welcomed those present to the meeting. Apologies had been received from Fiona Sandford, Jane Davidson and George Bell.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meetings: 21st March 2018**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

It was noted that there will be an increased focus on risk and a section will be included within future agendas. The format of this is still being worked through. The Terms of Reference will be updated to reflect this as part of the annual review.

The Committee noted the action tracker.

5. **Fraud & Payment Verification**

5.1 *Fraud Liaison Officer Update*

Susan Swan provided an update where it was noted that CFS are co-ordinating an investigation to which NHS Borders are linked. At this point in time any potential financial impact has not yet been quantified. Updates will be provided at future meetings.

The Committee noted the update.

5.2 *Report on MKU Thefts*

Carol Gillie spoke to this report which was a summary of the events produced by the Fraud Liaison Officer and actions that had been taken on the alleged thefts within the Margaret Kerr Unit. It was noted that Internal Audit have been asked to undertake a review, with the focus being on processes for receiving cash, which was anticipated to commence w/c 18th June 2018. Carol advised that the Endowment Fund Board of Trustees had received an update at their meeting the previous week and the Audit Committee would receive the Internal Audit report with findings/recommendations in due course. The recommendations would also be fed back to Trustees with proposed actions against these.

The Committee noted the update.

6. Governance & Assurance

6.1 *Resilience Committee Workplan 2018/19 - Draft*

Lorna Paterson spoke to this item. Lorna advised that a large part of the plan would be implementing the recommendations arising from the Business Continuity audit. Lorna referred to the update of the Major Incident Plan and confirmed that the completed action cards had been presented to the Strategy Group earlier in the day and training would be rolled out to ensure people are aware of their responsibilities. Karen Hamilton referred to the NHS Scotland Resilience Standards as she felt it would have been helpful to have received a hyperlink to access these. Lorna agreed to send these around the Committee for information. Malcolm Dickson enquired if joint exercises are still undertaken on a regional basis. Lorna advised that regional working is being revisited, however a local inter-agency exercise was undertaken a few weeks ago and went on to provide an update from this.

Carol Gillie asked Audit Committee members if they still felt it was beneficial having sight of the Resilience Committee workplan as this followed a long standing arrangement. Following discussion it was agreed that it would be appropriate for the Audit Committee to continue to have sight of this on an annual basis to provide assurance.

The Committee noted the 2018/19 Resilience Committee draft workplan.

6.2 *Update on Very High Risks*

Sheila MacDougall spoke to this item which provided an update on the very high risks on the risk register. It was noted that the Clinical Executive Operational Group are charged with monitoring and reviewing these. Karen Hamilton referred to the very high risk regarding patients absconding from community hospitals which had been tolerated for a considerable time and asked if this was acceptable. Sheila confirmed that this should not be tolerated and that they should be looking to lower this to at least a high level risk. Malcolm Dickson asked members if it would be beneficial to receive a refresh on how the risk management process/system works. Following discussion it was agreed that it would be helpful to do this at a Board development session and Carol Gillie agreed to speak with the Board Secretary to arrange this.

The Committee noted the report.

7. **Internal Audit**

7.1 *Internal Audit Plan Progress Report*

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

The Committee noted the progress report.

7.2 *Internal Audit Report – Health & Social Care Integration – Risk Management*

Margaret Kerr introduced this item and advised that the report had an overall low risk rating. It was noted that there had been one medium risk finding arising from the audit, namely absence of risk identification, assessment and evaluation. Margaret confirmed that overall there are good processes in place. Stephen Mather was pleased to see this being taken forward, however did not expect to see a compiled risk register being presented to the Integrated Joint Board for quite some time. Margaret reminded that the audit had purely been undertaken from a Health perspective. Carol Gillie explained that NHS Borders have strategic risks which require to be reviewed now that the IJB is its own entity. It was noted that Robert McCulloch-Graham has work planned with his leadership team around this piece of work which would be helpful in moving forward. Stephen stressed the need for clear communication to ensure there is no duplication across the organisations.

The Committee noted the report

7.3 *Internal Audit Annual Report 2017/18*

Margaret Kerr spoke to this item and explained that the purpose of the report is to provide an opinion on work undertaken throughout the year on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. It was noted that audit's role is to look at areas of risk with an expectation that some improvements will be required. Margaret referred to previous discussion on the audits with an overall high risk rating, namely Business Continuity Management and Financial Efficiency Savings. Margaret confirmed that on a day to day basis there are generally satisfactory processes in place to provide an opinion of reasonable assurance that there are no major weaknesses in the system of internal control.

The Committee noted the report.

7.4 *Internal Audit Charter*

Margaret Kerr spoke to this item which provided clarification around the arrangements in place. It was noted that this is issued as good practice and there were no changes from the previous version seen by the Committee.

The Committee noted the Internal Audit Charter.

7.5 *Updated Draft Internal Audit Plan 2018/19*

Margaret Kerr spoke to this item and advised that the plan had been updated following discussion at the last Audit Committee meeting around prescribing. It was noted that this had been actioned following input from management and was the only substantive change made to the overall plan. Stephen Mather enquired if this would include the wider aspect of medical medicine costs. Margaret confirmed that they would not be looking at wider pharmaceutical pricing and would be concentrating on what is within NHS Borders' control. Karen Hamilton asked if the audit would cover the re-ordering of medicines with a view to ascertaining those ordered unnecessarily. Margaret confirmed that it would. Karen also asked if the complaint handling audit would pick up on improvements following the move to

the new system. Carol Gillie confirmed that the audit is being undertaken on the back of this move to see if there is any further potential for improvement. Margaret clarified that there would be an additional charge for the audit looking at processes for receiving cash as discussed under item 5.2 and she expected the findings from this to be presented at the September Audit Committee meeting.

The Committee approved the Internal Audit Plan for 2018/19.

8. Corporate Governance Framework

8.1 Review of Corporate Governance Framework

Susan Swan spoke to this item and explained that the covering report provided details on the changes made since the last version seen at the session on 28th May 2018. It was noted that this document provides support to the Chief Executive in signing the Governance Statement. Susan referred to the draft letter to Scottish Government, which would be signed by Malcolm Dickson as Chair of the Audit Committee, confirming there were no significant issues to report.

Gillian Woolman welcomed this document in assisting members of the Audit Committee. Gillian commented on two points of accuracy, namely that the Signed Independent Auditor's Report for 2017/18 referred to on page 10 would not be signed until the Board meeting on 28th June 2018 and the draft letter to Scottish Government on page 100 only made reference to medium rated reports received from Internal Audit, however Gillian recalled that there was one high risk report received during 2017/18. Susan Swan agreed to make the necessary amendments. The Committee appreciated the content of the report in its final form and noted their thanks for this.

The Committee noted the report and the changes made to the Corporate Governance Framework.

9. Annual Accounts 2017/18

9.1 Final Annual Report and Accounts 2017/18

Susan Swan spoke to this item and explained that the covering report provided details on the changes made since the last version seen at the session on 28th May 2018. Susan was pleased to report that an unqualified opinion had been received. Susan advised that since circulation there had been four presentational amendments made which she took the Committee through and agreed to circulate for completeness.

Stephen Mather proposed that the Audit Committee expressed thanks to Susan and the Finance Team in producing the annual accounts and this was readily agreed.

The Committee noted the report and the adjustments made in finalising the 2017/18 Annual Report and Accounts and approved them being put forward to the NHS Borders Board meeting on 28th June 2018 for approval following advice received from External Audit.

9.2 Final Endowment Fund Annual Accounts 2017/18

Susan Swan spoke to this item and advised that the accounts had received an unqualified opinion and had been approved by the Endowment Fund Board of Trustees at their meeting on 6th June 2018. It was noted that Trustees will receive an update against the recommendations within the memorandum at the September meeting.

Margaret Kerr enquired if any declaration was required in relation to the alleged thefts within the Margaret Kerr Unit. Susan advised that she had received confirmation from Geoghegans, the External Auditor, that this is not required as it is an ongoing investigation.

The Committee noted the final Endowment Fund Annual Accounts for 2017/18.

9.3 *Final Patient's Private Funds Annual Accounts 2017/18*

Susan Swan spoke to this item and advised that the accounts had received an unqualified opinion. Susan confirmed that there was nothing of significance to be brought to the Committee's attention.

The Committee noted the final Patient's Private Funds Annual Accounts for 2017/18 and approved them being put forward to the NHS Borders Board meeting on 28th June 2018 for approval.

10. **External Audit**

10.1 *2017/18 Annual Audit Report (including ISA 260 Requirement)*

Gillian Woolman spoke to this item and was pleased to confirm that an unqualified opinion would be given following receipt of a signed letter of representation and the revised annual report and accounts being fully checked and agreed. Gillian referred to the key messages within Appendix A of the covering letter, the proposed Independent Auditor's Report, which concluded that a satisfactory opinion had been received for all areas covered. Gillian advised that there were no concerns detailed within the Letter of Representation from the Accountable Officer at Appendix B. Gillian then took the Committee through the annual audit report and brought any key areas to the Committee's attention. Gillian highlighted that NHS Borders' financial statements give a true and fair view and noted her thanks to the Finance Team for the improved working papers supplied to the audit team. Gillian confirmed that all financial targets had been achieved during 2017/18. Gillian highlighted the huge financial challenge that lay ahead and the need to identify savings and noted that a Financial Plan paper was due to go to the Board meeting on 28th June 2018. Gillian referred to Appendix 1 of the report which detailed recommendations for improvement with agreed management action and timescales.

Malcolm Dickson referred to the evaluation of misstatements detailed on page 8 and asked members if they were content that these were considered to be immaterial. Audit Committee members confirmed that they were content. Malcolm also referred to workforce planning on page 17 as he felt it would be helpful to know if there would be any impact due to the differing amount of income tax being paid north and south of the border. Asif Haseeb advised that if the trend continues we could see moves in future however it is still too early to gauge this at the present time. Malcolm highlighted the good practice on page 28 relating to the 'Back to Basics' programme and asked that this be made known to the Director of Nursing, Midwifery & Acute Services.

Carol Gillie noted her thanks to Audit Scotland for the professional way they had undertaken the audit. It was noted that a review would be undertaken in September to see if any further improvements could be made.

The Committee noted the report and endorsed the Annual Report and Accounts for 2017/18 to be put forward to NHS Borders Board for approval following advice received from External Audit.

10.2 *Good Practice Note – Improving the Quality of NHS Annual Report and Accounts – Performance Report*

Susan Swan spoke to this item which was in response to Audit Scotland's Good Practice Note issued in November 2017. Susan confirmed that this had been considered as part of the process in producing the Annual Report and Accounts for 2017/18 and that the report highlighted action taken during this period and action planned for 2018/19. It was noted that the Audit Scotland checklist had also been completed and was included to provide added assurance. Gillian Woolman noted her thanks for this exercise having been undertaken.

The Committee noted the report and the improvements made during 2017/18 as well as those planned for 2018/19.

11. **Integration Joint Board**

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

Asif Haseeb referred to the vacant Chief Financial Officer post and enquired who would be producing the Annual Report and Accounts for the IJB. Carol Gillie confirmed that David Robertson would be leading on this and would sign off the accounts with Leslie Gill supporting.

12. **Items for Noting**

12.1 Information Governance Committee Minutes: 30th March 2018 (Draft)

Malcolm Dickson referred to the KPI report at item 4.3 which stated that GP's would be asked if they would like to have access to undertake the information governance training on LearnPro. Malcolm asked if this was to enable them to fulfil their information governance responsibilities in respect of NHS Borders information technology. Susan Swan explained that the offer would be to give them access to available modules for their own information technology rather than them having their own training packages. It was noted that NHS Borders would have no accountability as GP's are independent contractors.

The Committee noted the draft Information Governance Committee minutes.

12. **Any Other Competent Business**

None.

13. **Date of Next Meeting**

Wednesday, 26th September 2018 @ 10 a.m., Board Room, Newstead.

BE
20.06.18

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Wednesday, 6th June 2018 @ 10 a.m. in the Board Room, Newstead.

Present: Mrs J Davidson
Mr M Dickson
Mrs C Gillie
Mrs K Hamilton
Dr S Mather
Mr J McLaren
Cllr D Parker (left meeting at 11.50 a.m.)
Mr T Patterson (left meeting at 11.30 a.m.)
Mrs C Pearce
Mr J Raine (Chair)
Dr C Sharp (from 11.15 a.m.)
Mr T Taylor
Mrs A Wilson (left meeting at 11.40 a.m.)

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

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Fiona Sandford and June Smyth.

2. **Declaration of Interests**

Alison Wilson declared her professional interest in the funding application for automatic medicine cabinets.

3. **Minutes of Previous Meetings – 15th May 2018**

Accuracy around a number of items within the minutes was discussed and suggestions made.

Trustees approved the minutes as an accurate record with the proviso that the changes discussed are made.

4. **Matters Arising**

Action Tracker

The action tracker was noted.

Compliance with GDPR - Update

Clare Oliver provided Trustees with an update around compliance with GDPR in regard to Fundraising. Clare gave assurance that this is in line with regulations.

The Board of Trustees noted the update.

MKU Theft - Update

Carol Gillie introduced this item which was a summary of the events produced by the Fraud Liaison Officer and actions that had been taken. Carol advised that she contacted the donors involved and offered to meet with each of them. It was noted that Internal Audit have been asked to undertake a review, with the focus being on processes for receiving cash, which was anticipated to commence w/c 18th June 2018. The findings/recommendations from this would be reported to Borders NHS Board. Trustees discussed the proposal to notify OSCR and agreed that this was a notifiable event as per the guidance received at the last meeting.

The Board of Trustees noted the update and were concerned on the reputational consequences for the charity.

The Board of Trustees noted that Borders NHS Board would receive the findings and recommendations from Internal Audit.

The Board of Trustees agreed to notify OSCR as per guidance.

5. **Endowment Fund Annual Accounts 2017/18**

5.1 *Final 2017/18 Report from Trustees and Annual Accounts*

Susan Swan spoke to this item and referred to the covering report which detailed all the amendments made since the previous version seen by Trustees. Susan was pleased to report that an unqualified audit opinion has been received from Geoghegans, the External Auditor, and the accounts were being presented as final at today's meeting. Stephen Mather felt that it would be helpful to have more clarity on where to find items detailed in the narrative within the actual accounts. Susan took these comments on board and would try to make the read across clearer going forward. Jane Davidson referred to the MKU theft and asked if this should be reflected within the report as the accounts are not signed until the Board meeting on 28th June 2018. Susan advised that External Audit have confirmed that as this is an ongoing investigation it did not have to be included and agreed to ask for this in writing. David Parker commented that the accounts were very clear, transparent and informative. Jane asked Trustees whether or not they would wish to commission an easy read version of the accounts which could be used as part of an AGM should Trustees decide to proceed with this. It was agreed that this would be helpful. Jane advised that she could commission this as it would be within her delegated limits.

The Board of Trustees approved the 2017/18 Report from Trustees and Annual Accounts.

5.2 *External Audit Memorandum*

Susan Swan spoke to this item which provided details of the work undertaken and the findings. It was noted that Trustees would receive a report at the next meeting in September detailing progress made against each of the recommendations. John Raine noted a small typo on page 8 which Susan agreed to feed back. Both John Raine and Jane Davidson noted the professional advice from External Audit to allow them to sign the accounts.

The Board of Trustees noted the External Audit Memorandum and that they would receive a further update report in September.

6. Governance Framework

6.1 *Restricted Funds Reorganisation Exercise 2018/19*

Susan Swan spoke to this report which provided the process and timelines for undertaking this exercise which would include meeting with individual Fund Managers to try and make better benefit of funds. Susan gave assurance that OSCR guidance would be followed. It was felt that guidelines would be helpful to support staff when donations are being made and it was agreed that the documentation would also be reviewed. Updates would be provided at future meetings.

The Board of Trustees noted the initial high level review undertaken and the next steps and timeline for completion of this exercise.

6.2 *Cash Management Policy*

Susan Swan spoke to this item and explained that she had produced a Cash Management Policy to provide better parameters than those currently in place. It was noted that the Investment Advisor will help structure the portfolio as part of the exercise. Susan advised that she would be seeking guidance from Trustees to ensure there is maximum benefit of cash held in accounts. It was anticipated that this would be reviewed on an annual basis as a minimum. Alison Wilson felt this should be reviewed on a more regular basis until it is bedded in. Trustees agreed that there should be a target working balance of £400k to allow the level of commitment to be accommodated.

The Board of Trustees approved the Cash Management Policy and agreed a target working balance of £400k.

7. Endowment Advisory Group

7.1 *Minutes of Meeting on 3rd April 2018 (Draft)*

John McLaren spoke to this item. The process for applications going forward to the Endowment Advisory Group (EAG) was discussed and it was felt that it would be beneficial for all questions to be answered and reviewed prior to them coming forward to the Board of Trustees. It was also felt that completion of the applications should not be so reliant on the Finance Department as these are the responsibility of the service. A meeting to be arranged between John McLaren, John Raine, Jane Davidson, Carol Gillie and Susan Swan to look at the current process with a view to tightening this up.

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

7.2 *Endowment Fund Funding Applications – Recommendations from Endowment Advisory Group*

Susan Swan introduced this item and highlighted that the applications now included the further information requested by the EAG. Susan advised that all applications had been assessed and were rated as supported or unsupported. It was noted that Susan would work with the Investment Advisor to ensure approved applications could be supported, however this may have an impact on the funds held aside for the Children's Centre. Both Jane Davidson and Malcolm Dickson felt it would be useful to have the costs detailed against each bid and for this information to be available

when submitted to the EAG. Tris Taylor enquired how the bids were scored. Susan explained that the EAG review these primarily to ensure that they meet the criteria. It was noted that the bid for Healthcare Support Worker role development had risen to £92k to allow as many nurses as possible to be trained to safeguard the future workforce. Stephen Mather referred to the application for norovirus testing as he did not feel there was any additionality and did not support this. Jane Davidson agreed to get a clinician's view on this. Susan referred to the ReSpect application and advised that the full bid would be made against the general fund and not against restricted funds. Trustees agreed to approve all the bids supported by the EAG.

The Board of Trustees noted the recommendations made by the Endowment Advisory Group and approved these recommendations.

8. **Celebrating Success Staff Awards 2018 – Feedback Report**

Clare Oliver introduced the report which was self explanatory and highlighted the extremely positive feedback received from the event. John Raine referred to a letter he received from Claire Grieve who had won the Chairman's award which highlighted the positive effect these awards have. It was noted that there was limited input from patient's and carers and thought should be given on what can be done to encourage this in future. Trustees noted their thanks to the organisers of this event which goes from strength to strength each year. Clare agreed to feedback the comments received.

The Board of Trustees noted the report.

9. **Any Other Business**

Borders Macmillan Centre Extension

Susan Swan provided Trustees with an update following the voluntary liquidation of a company involved with the Macmillan Centre extension which has resulted in an immediate cessation of work on site. It was noted that a paper with recommendations would be put forward to the Chief Executive and Director of Finance to agree how to proceed. A small amount of remedial work would be undertaken in the meantime to ensure that the service have as much accommodation available as possible. It was noted that other than the money required for the remedial work there would be no further loss to the Board. John McLaren asked if the Board of Trustees would receive an update on this work. Carol Gillie confirmed that they would not as the contract was with Borders NHS Board. Karen Hamilton asked for confirmation that this situation was of no consequence of Borders NHS Board. Susan Swan gave assurance that it was not.

Finance Support

Jane Davidson highlighted that this had been an extremely difficult time for the Finance team in supporting Trustees with the three situations that have arisen during Annual Accounts and thanked them for the way they have taken these forward at an incredibly busy time.

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

Monday, 24th September 2018 @ 2 p.m., Board Room, Newstead

BE
13.06.18



STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Monday 21st May 2018 at 10am in the Committee Room, Borders General Hospital, Melrose.

Present: Karen Hamilton, Non Executive Director, Chair
John McLaren, Employee Director
David Parker, Non Executive

In attendance:

John Cowie, Director of Workforce and Planning
Bob Salmond, Assistant Director of Workforce
Edwina Cameron, HR Manager, OD Partner
Vikki McPherson, Partnership Chair (Ex Officio Member)
Yvonne Chapple, Staff side Chair of BGH Partnerships Forum (Ex Officio Member)
Shirley Burrell, Staff Side Chair of Mental Health and Learning Disability Partnership Forum (Ex Officio Member)
Karen Lawrie, Partnership Forum Member (Shadowing Shirley Burrell)
Hazel Hunter, HR Officer (Minutes)

1. Welcome, Introductions and Apologies

Mrs Hamilton welcomed everyone to the meeting, apologies were received from Alison Wilson.

2. Minutes of Previous Meeting held – Friday 9th March 2018

Agreed as an accurate record of the meeting.

Matters arising

The Action Notes produced for this meeting was accepted as a tool to use going forward.

Mrs Hamilton noted that Item 6 in the actions carried forward from the March 2018 meeting – Report on Nursing and Midwifery Workforce Planning and Workload Tools – Mrs Smith was asked to produce a paper for the full Health Board, was not on to the Action Plan. Mrs Cameron advised this is a work in progress and asked, as this paper is going to the Board for sign off, should it come to the Staff Governance Group first. It was agreed that if this would not cause a delay it should, but if it would cause a delay, Staff Governance Committee can say they agreed for it to go straight to the Board. Mrs Hamilton asked if there was likely to be anything in it we may

question, Mrs Cameron replied it is not known at this stage whether it would contain anything contentious. Mr McLaren added staff are still feeling staffing is an issue and it was important to recognise that although the process is going through the Government, local issues are not always captured. The Associate Director of Nursing Acute Services is running sessions to present the results of the tool. Mrs Cameron added concerns will go to APF and matters should come to this Group for noting only. All present confirmed they would be happy to receive the information electronically if there is not an arranged meeting between it going to the Board, an extraordinary meeting of the Staff Governance Committee could be called if there is anything significant which required discussion.

Mrs Hamilton referred to Item 9 – there was an expected visit from the Health and Safety Executive. Miss Chapple advised that although this had been expected it had not happened as yet.

Action Notes Carried Forward From 2017-18

Action 1 - On behalf of Mr Cowie, Mrs Cameron reported that there has been a huge amount of discussion at BET around the governance of occupational health and safety and the actions required. There is not an agreed action plan yet in a form that can be taken to the Committee but the Chief Exec and BET are fully sighted on the matter and will undertake to report at the next business meeting. Tim Paterson will assume responsibility as Lead Director from 4 June and he will be working with Sheila MacDougall and Warwick Shaw to monitor progress with the risk assessment catch up exercise currently being undertaken by various departments

Action 1 – complete

Action 2 - On behalf of Mr Cowie, Mrs Cameron reported it was Mr Cowie's recollection that we undertook to check whether there were any posters, leaflets etc that had not been distributed and to the best of his knowledge that was done.

Action 2 – complete

Actions 3 and 4 - To be discussed at APF in July.

Actions 3 and 4

(2017/18)– ongoing

Action 5 – To be discussed at September meeting

Action 5 (2017/18) –

ongoing

Action 6 – On today's Agenda - complete

3. Staff Governance Development Session

Mrs Cameron to share presentation electronically with the Group.

New Action – Mrs Cameron to arrange to hand out Staff Governance Standards leaflets at Induction

4. Staff Governance Standard Scottish Government National Annual Monitoring Return 2017 – 18

Mrs Cameron advised this has been included in the pack to be sent to the Government this month giving assurance that we are making good progress. Mr McLaren stated that the Staff Governance Committee own this so if there are concerns from the Committee about the way the report is perceived, comments should be made. It was acknowledged this has involved a huge amount of work for Mrs Cameron and all comments should have been sent to her by now. It was agreed that this is a work in progress, the Group was happy for it to go forward and improvements can be made for next year. Mrs Hamilton will send her comments to Mrs Cameron. Mr Salmond stated that Mrs Hamilton, Mr McLaren and Mrs Jane Davidson need to be assured the Return can be submitted. Mr McLaren said he was happy for it to go, Mr Cowie said he would update Mrs Davidson and Mrs Hamilton will then liaise with her.

5. Staff Governance Committee 2017/18 Report

Mr McLaren advised this has been through consultation and has been signed off formally by Mrs Hamilton.

6. Workforce Conference – initial feedback and lessons learned

Mrs Cameron apologised for only having a verbal feedback but advised this had been a successful event. Evaluation was being pulled together and a written report showing what has been achieved and next steps will be available at the September meeting when comments can then be made.

7. Item for noting

a) Staff Governance Action Plan 2017/18. May 2018 update

Mrs Cameron advised that the Government are not asking for an Action Plan. The 2017/18 Plan is being completed. However, Mrs Cameron has asked Leads to take actions not fully completed forward to the 2018/19 Action Plan which will be brought to the September meeting. Mrs Cameron stated we need to show what we did so we can tell staff.

8. Any other competent business

Mrs Hamilton asked Mrs Cameron arrange to a meeting with Mr Tris Taylor before the September meeting to update him on the development session.

Date of next meeting: Monday 17th September 2018 at 10am, Committee Room, BGH



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 11 June 2018 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:

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

In Attendance:

Miss I Bishop	Mrs J Davidson
Mrs J Stacey	Mrs C Gillie
Mr D Robertson	

1. Apologies and Announcements

Apologies had been received from Dr Cliff Sharp, Cllr Helen Laing and Mrs Tracey Logan.

The Chair confirmed the meeting was quorate.

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 28 May 2018 were amended at page 2, minute 6, paragraph 4, line one to include “that he believed where” and with that amendment the minutes were approved.

4. Matters Arising

4.1 Action 8: The Clinical Governance paper previously provided to the Integration Joint Board (IJB) by the Chief Social Work Officer and Director of Nursing & Midwifery to be brought back to the IJB to enable closure of the action.

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

5. Inspection Action Plan update

Mr Murray Leys gave an overview of the content of the report and advised that: the Carers Strategy was being updated; there had been good progress made on the action plan overall; and Mr Michael Murphy had been appointed to the position of Chief Officer for Adult Social Work.

Mr Tris Taylor enquired about the methodologies used for co-production. Mr Robert McCulloch-Graham advised that co-production had taken place through the input of representatives from various locality working groups, carers, users, Strategic Planning Group representatives to a range of strategies that had been formulated and then released for consultation. Mr Taylor suggested the consultation sessions may have been used as an example of assurance on co-production, and challenged that co-production and consultation were separate entities.

Mrs Lynn Gallacher commented that the Carers Strategy had been co-produced through the Carers Advisory Board which had carers amongst its membership. She advised that it had been formulated in true co-production as carers had been fully involved in the redesign and finalisation of the strategy for release for consultation.

Mr Leys further commented that the Physical Disability Strategy had been co-produced with carers, users and a range of other individuals before it had been finalised for release for consultation.

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

6. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted his attendance at the Scottish Parliament Health & Sport Committee which had focused on partnership performance and the determination of set aside budgets.

Mr Malcolm Dickson enquired in regard to technological solutions if as CGI was the strategic partner for the Local Authority, would the IJB be obliged to follow that strategic partner or could it direct to go to the open market. Mr McCulloch-Graham advised that whilst there was no requirement to stay with CGI there would be potential benefit in continuing with CGI in terms of the size of contract that the Council had with them. Mr Murray Leys commented that several of the care support systems operated were supported by CGI.

Mr John Raine enquired if Scottish Borders were an outlier in terms of delayed discharges as that had been the impression he had gleaned from Mr McCulloch-Graham's appearance before the Scottish Parliament Health & Sport Committee. Mr McCulloch-Graham advised that both Scottish Borders and Lothian were outliers, with the position fluctuating. He reminded the IJB that it had been a difficult winter period with extended winter pressures across the system and in addressing the situation the IJB had commissioned the introduction of a Discharge to Assess policy, Craw Wood and Hospital to Home.

Mr John McLaren sought assurance that the NHS Borders Information Management & Technology (IM&T) department were sighted on the position in regard to the CGI contract and potential for outsourcing. The Chair commented that the technological strategy should underpin the 3 aims within the Strategic Plan.

Mrs Karen Hamilton enquired about the community hubs and the potential for an evaluation of them in terms of efficacy, accessibility and publicity. Mr Leys advised that an evaluation had been carried out and he would make that available.

Cllr John Greenwell welcomed the prospect of virtual clinics and supported a move in that direction.

Cllr Tom Weatherston enquired why there wasn't a single system across the piece. Mr McCulloch-Graham advised that some systems operated across both organisations either through a portal or they had the ability to converse. Whilst the intention might be to move to a single system it would be piecemeal in its approach and he commented that Mr Raine's suggestion of taking 3 areas as pilot areas to test and make exemplars would be a preferable approach.

Mr Tris Taylor noted that the Learning Disability Service, whilst it had been integrated for some 8 years, the staff continued to have to work across 2 different business systems and he asked if they could be empowered to work with information technology services to effect change. Mr McCulloch-Graham commented that there was a willingness in the team to effect change and decisions needed to be made at the middle management level and he gave the example of "imatter" being rolled out across the learning disability service team covering both NHS and Local Authority staff.

Mrs Jane Davidson commented that the things that frustrated the teams were often the differences in health and safety and risk assessment processes. Whilst the separate employer situation would remain irresolvable, it was the other irritations that would be addressed.

Mr Raine commented that it was easier to reconcile differences of process in the partner organisations, but was difficult to deal with the impediment of different HR practices for staff across the health and social care partnership, especially differences in pay and terms and conditions. He suggested that there was nothing on the horizon to bring any comfort to bring people in integrated services closer and harmoniously together.

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

7. Health & Social Care Strategic Plan 2018-2021

Mr Robert McCulloch-Graham gave an overview of the content of the report and spoke of the five drivers for the review.

Mr Colin McGrath referred to page 8 of the plan and sought clarification on the identity of the services provided in locally based hubs. Mr McCulloch-Graham advised that all of the delegated services were listed in the appendices.

Further discussion focused on: the layout of the document; inclusion of hyperlinks in a paper based report; structure of Joint Staff Forum feeding into the IJB via the Strategic Planning Group; co-production; and use of [#yourpart](#).

Mr John McLaren on behalf of the Joint Staff Forum asked that an update be given to the Forum on Buurtzorg.

Mr Tris Taylor recalled a previous conversation in regard to the use of language around involvement of service users and how prescriptive it had been. He noted the revisions within the document were more laudable, however he felt the content remained paternalistic. He suggested the document undercut itself and had not been created in full co-production, although some areas of it had been co-produced. He suggested there appeared to be difficulties in pursuing citizen participation, and although Scottish Borders was a relatively healthy region in Scotland the vision in the Strategy did not demonstrate that and he remained concerned that the document was not consistent all the way through and he was unable to support it as a strategy.

Mr McCulloch-Graham disagreed with Mr Taylor's comments and commented that in order to manage the demand on services there was a need for a different relationship with citizens to set out what the services would provide and what the citizen was expected to do. He advised the population was being asked to engage on the strategy through the [#yourpart](#) campaign.

Mr Taylor suggested his point was that in the [#yourpart](#) campaign the missing link was the ability of the citizen to suggest a better way of utilizing buildings, delivering services and coming up with solutions for local and regional services to meet their health and wellbeing needs. He suggested such a change would lead to a more meaningful and better citizen participation experience.

Mr John Raine noted the Board was asked to ratify the refreshed Strategy and he was content to do that, however he noted that one of the key principles was to reduce health inequalities and he was unsure that the Plan detailed enough on how that would be achieved. The previous plan had set out actions for reducing health inequalities which had been fairly broad and if the IJB was to make a difference in tackling inequalities then it should have an element of target within the strategy. That would also enable the IJB to commission services to achieve greater equality and outcomes.

Cllr Shona Haslam commented that conversations were on going with local communities about health and wellbeing through the Area Partnerships of the Local Authority.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** delegated to the Chair and Chief Officer to review the reporting structure and agree whether a revised structure be included in the Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the refreshed version of the Strategic Plan subject to the potential revision of the reporting structure chart and with the dissent of one Board member.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the proposal to launch the plan as part of the SBC [#yourpart](#) campaign in August 2018.

8. Monitoring of the Health and Social Care Partnership Budget 2017/18 at 31 March 2018

Mrs Carol Gillie gave an overview of the content of the report and highlighted that the report was in line with the year end forecast of a breakeven position given substantial extra funding given to the IJB. She further advised that part of the 2018/19 Financial Plan would continue to pick up the pressures.

Cllr Shona Haslam commented that given the level of emphasis placed on the Learning Disability and Mental Health services she was concerned that the most vulnerable people within the community might suffer.

Mrs Jane Davidson commented that it was a point well made and the IJB had to be mindful of the disadvantaged when looking to commission services to provide the change required.

Mr John Raine noted that the overspend on the Older People's Service had been offset by underspends in other areas including the joint Learning Disability and Mental Health service and he enquired if that had been a fortuitous windfall.

Mr David Robertson commented that predominantly underspends in services were used to effect change and on that occasion it had been fortuitous to be able to manage the pressure in the Older People's Service and it would not set a precedent for the future.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the final outturn monitoring position on the partnership's 2017/18 revenue budget at 31 March 2018.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of permanent remedial savings to address the recurring resource gap experienced during both 2016/17 and 2017/18 which required additional contributions from partners at the financial year-end.

9. Deliverability of Health & Social Care Partnership Financial Plan Savings for Financial Year 2018/19

Mrs Carol Gillie gave an overview of the content of the report and highlighted that each savings scheme had an identified deliverability status attached to it. In summary there were £1.1m of schemes identified. Within the schemes was £5.2m of unidentified savings which the IJB had asked the NHS to report back on and given the NHS Board did not meet until the end of June she was unable to provide an update to the meeting.

Mr Tris Taylor enquired about the status of the IJB in regard to financial direction and accountability and enquired if the IJB could make directions about limiting the spending envelope. He further enquired if the IJB was accountable for overspending on the budget given the partner organisations were required to address any overspends.

Mr David Robertson confirmed that the partner organisations would be required to address any overspends. He commented that the IJB had a responsibility to achieve a financial outturn of balance or surplus.

Further discussion focused on: delegated budget; commissioning services; setting direction of travel; issuing directions; end of first quarter with no agreed budget in place; shifting the balance of care to the community and tackling demand; 53% of NHS budget including set aside; and the Scottish Government discussing the totality of the NHS budget and being cognisant of the IJB.

Cllr Shona Haslam enquired what level of detail both financial and non financial would be made available to the IJB in order for it to be assured that any decisions it made in regard to decommissioning services were made in the round and not solely on the basis of finance.

Mr McCulloch-Graham advised that savings proposals would have already been through the robust processes of each partner organisation.

Mrs Gillie enquired of the level of detail the IJB would wish to receive in order to be assured that the decisions it made were in line its strategic plan. Mr Robertson reminded the IJB that it commissioned the partner organisations to deliver a range of services on its behalf and the partner organisations in turn might put in place arrangements to commission services from care providers, the third sector, and voluntary sector.

Mrs Jane Davidson suggested that at present the IJB was unclear on the granularity of commissioning and as it matured it would be able to commission for change.

Cllr Haslam enquired how confident the officers were that the proposals brought to the IJB in the budget would produce a balanced budget, and if not what the consequences would be.

Mrs Gillie advised the IJB that NHS Borders was in discussion with the Scottish Government in regard to the financial position and financial sustainability moving forward.

Mr Taylor enquired why in the meantime the IJB 2018/19 budget and spending could not be determined on assumptions. Mr Robertson reminded the IJB that it had been concerned previously about potentially planning on assumptions and it had been determined that a paper would come to the IJB once the NHS position had been clarified.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report on the deliverability of 2018/19 savings and efficiencies that are required in order to deliver a balanced budget for the year to 2019.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of savings to address the resource gap in year and recurrently.

10. Integrated Care Fund Update

Mr Robert McCulloch-Graham gave an overview of the content of the report and reminded the Board that they had requested the paper. He highlighted the 3 projects that were to cease

and explained that due to the staffing of the projects they would not conclude until the end of September.

Cllr Shona Haslam noted that the Delivery of the Autism Strategy was to be mainstreamed and she enquired how the learning would be captured. Mr McCulloch-Graham advised that he would seek further information from the Coordinator in that regard.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the timescale for ending the Autism Strategy, ARBD Pathway and Stress and Distress Training projects.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the total Integrated Care funding being returned for redirection.

11. Interim Report on Community Capacity Building

Mr Robert McCulloch-Graham gave an overview of the content of the report and advised that he had visited several of the projects and heard at first hand from those accessing the services how those services were having a direct impact on peoples health.

The Chair commented that the Scottish Borders Community Capacity Building Team had recently won silver at the finals of the Improvement and Efficiency Social Enterprise Public Sector Transformation Awards 2018. The award recognised initiatives that do the most to engage with the local community and create greater resilience, better life chances and less dependency on public services.

Cllr Tom Weatherston commented that he had attended the Awards ceremony and that Tackling Poverty in Funeral Costs had won the overall award.

Mr Tris Taylor suggested the Chairman may wish to send a letter to the staff thanking them for their hard work and congratulating them on their achievement.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work of the Community Capacity Building Team to date.

12. 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.

13. Any Other Business

There were none.

14. 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 20 August 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 3.52pm.

Signature:
Chair



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 20 August 2018 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:

(v) Cllr S Haslam	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr D Davidson
(v) Cllr H Laing	(v) Mrs K Hamilton
Mrs J Smith	(v) Mr T Taylor
Mr M Porteous	(v) Mr J Raine
Ms L Gallacher	Dr A McVean
Mr D Bell	Mr J McLaren
Mr C McGrath	Mr R McCulloch-Graham

In Attendance:

Miss I Bishop	Mrs J Davidson
Mrs T Logan	Mrs J Stacey
Mrs C Gillie	Mr D Robertson
Mr G Clinkscale	Ms Z Trendell
Ms S Watters	Mrs J Robertson
Mr L Gill	Ms S Bell

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Cllr Tom Weatherston, Dr Cliff Sharp, Mrs Claire Pearce and Mr Murray Leys.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Mike Porteous, Interim Chief Financial Officer.

The Chair welcomed Mr Gareth Clinkscale, Ms Zena Trendell and Ms Sarah Watters to the meeting.

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 11 June 2018 were amended at page 3, first paragraph, line 3, to delete “for outsourcing”

and replace with “difficulties” and at page 4 paragraph 3, line 6, to read “participation, and remained concerned ...” and with those amendments the minutes were approved.

4. Matters Arising

4.1 Strategic Plan: Mr Tris Taylor noted that the second recommendation within the minute referred to the dissent of one Board member and he suggested that the individual was probably himself. He wished to advise that on reflection he fully accepted the consensus of opinion as part of a collective responsibility and supported the refreshed version of the strategic plan.

4.2 Chief Officer’s Report: Mrs Karen Hamilton asked for sight of the evaluation that had been carried out.

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 preparation of the primary care improvement plan; Day of Care Audit (DoCA) across all community hospitals and some of the wards within the Borders General Hospital; joint winter plan progress; regional work in regard to Diabetes; Child and Adolescent Mental Health Services (CAMHS) performance; older people’s inspection progress and Buurtzorg.

Mr John McLaren enquired if the impact of the CAMHS decision on the service was fully understood. Mr McCulloch-Graham advised that the drop in performance was unusual and had been attributed to a failure to recruit to key posts within such a small service. To address the situation interim appointments had been made, succession planning explored, isolated what the issues were and pushed forward with driving up the changes needed. In regard to the IT issue, additional help had been provided to ensure such a situation did not happen again.

Mr Tris Taylor enquired if the facility of an audit should be used more frequently as a driver for change. Mr McCulloch-Graham advised that the DoCA was a regular event involving multi disciplinary professionals which gave a rounded view of the patient, their pathway and destination and provided a springboard for change. Mr Taylor enquired if there were other areas where the initiative could be utilised. Mr McCulloch-Graham advised that there were already detailed areas identified under the 3 objectives within the Strategic Plan to undertake such an initiative.

Mr Taylor enquired about the status of CAMHS in regard to the Integration Joint Board (IJB). Mrs Tracey Logan advised that whilst CAMHS was not a delegated function to the IJB it was part of the mental health service and the performance was presented to the IJB for information. Mrs Jane Davidson commented that Mr McCulloch-Graham was the operational Director in charge of Mental Health services overall and an improvement plan had been put in place.

Mr Colin McGrath suggested that in his opinion the Locality Working Groups were set up under the 2014 Act which established the IJB. The Area Partnerships were set up under the

2015 Community Empowerment Act; two separate and different pieces of primary legislation. Any resulting community empowerment in Partnership arrangements must be reflected in the resulting combined interpretation of those two pieces of legislation and must retain the integrity of both. In his opinion that was not the case, one clear issue was the newly established Area Partnerships set up by SBC with little input from the Locality Working Groups of which he was a member, where there was a significant NHS presence and meaningful debate. He advised the IJB that he had been re-elected as the Chair of the Community Councils Network and attended both Locality Working Group and Area Partnership meetings.

Mr McCulloch-Graham refuted the suggestion that integration was not working and advised that Scottish Borders Council and NHS Borders worked together through the formation of locality working groups to formulate local plans that were then shared with the Area Partnerships. Cllr Shona Haslam commented that Mr McCulloch-Graham was a regular attendee at the Area Partnerships and took a lead role in discussions on health and wellbeing. She suggested if there were any concerns being raised by the localities then they would be fully explored in the next round of engagement.

The Chair enquired if the Professor John Bolton work would be revisited and Mr McCulloch-Graham confirmed that it would be.

The Chair enquired if it was an appropriate time to revisit Buurtzorg. Mr McCulloch-Graham commented that there had been a recent visit from the Scottish Government to the Berwickshire area as a pre-empt to a future visit by the Cabinet Secretary. Buurtzorg was in the early stages and the proposal before the IJB under the Integrated Care Fund paper later on the agenda was to extend the Hospital to Home initiative in order to mainstream the initiative and create more grip in the system.

Mr John McLaren suggested the model being formulated locally was not strictly the Buurtzorg model as not all of that model could be replicated and he suggested giving it a different name. Mrs Davidson commented that the principles of Buurtzorg went beyond what the Buurtzorg model could do with health and home care and a stock take of where the current project was needed to be taken, so that the IJB could see what the community model was. She advised that liaison was taking place with the new Cabinet Secretary's Office in regard to a future visit and in the meantime Health Improvement Scotland were filming a video to capture the work achieved to date.

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

6. Primary Care Improvement Plan (GMS Contract)

Mr Robert McCulloch-Graham gave an overview of the content of the report and advised that both Ms Zena Trendell and Dr Angus McVean had been heavily involved in the production of the final improvement plan. He spoke of the background to the plan and the anticipated outcomes of its introduction in line with the new contract for GPs. He explained that it was a 3 year plan and there was an expectation that it would continue to develop and evolve over that period. The plan had been approved by the GP Sub Committee and was presented to the IJB for approval prior to a Direction being issued to the Health Board to implement the plan.

Ms Trendell gave further background information and advised that the plan was linked to the new General Medical Services (GMS) contract. It was a requirement of the GMS contract that the plan focus on 6 key areas. Ms Trendell further advised that the plan would be revised on a 6 monthly basis.

Mr John Raine arrived.

Dr Angus McVean advised that there had been funds delegated for the formulation of the plan and about £600k had been allocated to provide best value for money and best service. The main driver of the contract was to move work from GPs in day time hours to other staff such as to pharmacists to help manage and run medication reviews. He assured the Board that GPs were keen to invest in the areas of greatest value for money in the first instance and that by the end of year 3 all of the identified areas would have been addressed.

A discussion ensued that highlighted: what will good look like in 3-5 years time; GP clusters designed to maintain quality across the region; creation of multi-disciplinary teams in clusters with GPs providing local clinical leadership; inclusion of support groups and community link workers; link efforts of Local Authority, GPs and Primary Care; dependence on ability to recruit pharmacists, physiotherapists, advance nurse practitioners and support staff to ensure GPs do the job the contract envisages them doing; whilst premises and IT sat outwith the plan, there was an initiative for Health Boards to undertake the purchase of all GP practices over a 20 year period; IT was centrally purchased and it was acknowledged that it was a critical function to assist in the integration of services; need to strengthen the role of carers; potential to review Primary Care Strategy Board membership to ensure representative of community services; and it was understood that it was a live document and would evolve as it developed.

Mrs Jane Davidson reminded the Board that the GP sub committee was a sub committee of the Health Board and the plan was about the GP element of primary care services. She wished to make the point on governance that it was a draft diagram and there was work to be done with the Health Board through that governance structure. In regard to the inclusion of social care, nursing, voluntary sector that would be important as things developed further.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the Primary Care Improvement Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to issue a direction to NHS Borders to implement the Primary Care Improvement Plan.

7. Direction – Primary Care Improvement Plan

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the issuing of a Direction to NHS Borders to implement the Primary Care Improvement Plan (PCIP) for 2018-21 (GMS Contract).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested NHS Borders to implement the Primary Care Improvement Plan for 2018-21 (GMS Contract) and the proposed funding allocations for 18/19, under this new “Direction”.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested highlight reports from NHS Borders on the progress and on-going development of the implementation of the PCIP (GMS Contract) every six months.

8. Integrated Care Fund Conditions

Mr Robert McCulloch-Graham gave an overview of the conditions attached to the transfer of the Integrated Care Fund from NHS Borders to the Integration Joint Board.

Mr Tris Taylor advised that he was concerned about accepting conditions for budgets from partners who the Integration Joint Board were then to commission services from.

Mrs Carol Gillie advised that from an NHS perspective, the Health Board received funding from the Scottish Government and then decided how much it would provide to the IJB aligned to the detail within the legislation. In regard to the Integrated Care Fund (ICF) that had been a 3 year fund that ended at the end of the last financial year and NHS Borders had agreed that it would ring fence funding to provide some additional resource to the IJB to do certain things and the conditions were what the Health Board wished the IJB to do, as well as accept that it was non recurring ring fenced funding. She advised that should the IJB accept the conditions then it should commission something in line with those conditions from health or other providers.

Mr John Raine suggested the conditions were reflective of the priorities of the IJB and should not be seen as setting a precedent.

Mrs Tracey Logan advised that from a Local Authority perspective she had concerns as she did not think they had the same interpretation of the transfer of monies as Mrs Gillie had set out. She suggested that whilst the partners might agree with the priorities for the IJB there could be other actions to be taken to support the desired outcome but where funding would need to be directed to actions not necessarily compliant with conditions 1 and 2.

Cllr Shona Haslam suggested amending the conditions.

The Chair reminded the IJB that it had made the view the previous year to make the main thrust of business to reduce Delayed Discharges and progress on that front was being made along those lines and the conditions reinforced that position, however he reflected that reducing delayed discharges may not be commensurate with reducing costs.

Karen Hamilton left the meeting.

Mrs Jenny Smith commented that the third sector would have welcomed the opportunity at an earlier stage to inform some the criteria as the conditions at points 1 and 2 would not necessarily lend themselves to the prevention work that the third sector was involved in.

Cllr Haslam commented that the discussion was about criteria and not conditions and it was semantics and in suggesting slight changes to make the conditions more generic did not suggest a focus would not be given to delayed discharges and occupied bed days as they would continue to be priority areas for the IJB.

Mrs Gillie reminded the IJB that it was a 1 year fund only.

Mrs Logan commented that by attaching specific conditions to the funding there would be an impact on the social work part of the budget, as when delayed discharges were reduced they were pushed to social work and the third sector end of the budget. She suggested the fund be about having more efficient outcomes and by making the conditions more generic no agencies would be penalised.

Mr McCulloch-Graham advised that the next set of ICF projects impacted on delayed discharges and if there was a delay in approval it would lead to further delays in action and he suggested to be pragmatic and did not disagree with any of the discussion. He suggested a decision required to be made to drive down the current pressures in the system and if we look at the changes suggested by Cllr Haslam he could provide reassurance that all the proposals did have an impact on delayed discharges and if there were changes made to the conditions then he would suggest accepting the conditions for that one year funding to see the IJB through the winter period and a renegotiation of conditions for any funding that might be supplied from the Health Board the following year.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** accepted the proposed conditions for the 4 projects to be discussed at the next agenda item.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** suggested Mr Robert McCulloch-Graham and Dr Stephen Mather find a form of words appropriate to asking the Health Board to reconsider the conditions for the remainder of the non recurring 1 year fund.

9. Integrated Care Fund

Mr Robert McCulloch-Graham gave an overview of the content of the report and explained each individual proposal.

Craw Wood

Mr John Raine enquired if 22% of patients who were readmitted was expected? Mr McCulloch-Graham advised that there would always be a readmission rate and that 22% was less than expected and when analysed it was an improvement.

Mrs Jenny Smith enquired about the identification of staff to support the project and capacity pressures on that team. Mr McCulloch-Graham advised that there was close working with the team and it was in a better position in comparison to the previous year.

The Chair noted the saving of 19.6 days which equated to a £200k saving with the average bed cost being £131 per bed and he queried that it appeared to be a low bed cost. If ISD stated out patient costs were £152 for one appointment, a day in hospital had to cost more. Mr Raine enquired if the figures took into account the readmission of patients.

Mrs Jane Davidson commented that it would be marginal costs in terms of savings. Mr Mike Porteous commented that the cost of savings was area based on direct costs of a service and did not include the overheads, so there would be a stepped element to the savings and it was based on the most recent information published.

Hospital to Home

Dr Angus McVean commented that there appeared to be no management structure in place. Mr McCulloch-Graham advised that the existing management team would be used to enable the release of as much resource as possible instead of starting from scratch, and he referred to the central process set out in Appendix 3.

Mrs Davidson assured the Board that the initiative had been proven in different areas and the change should just be made as there was evidence for the work and return on savings.

COPD

Mrs Alison Wilson introduced the project.

Dr Angus McVean queried the numbers and suggested they needed to be revisited.

Cllr Shona Haslam supported the project and commented that we were behind other areas in regard to COPD.

Jane Davidson left the meeting.

Tris Taylor left the meeting.

Mr Gareth Clinkscale advised that the paper had been written before the new Respiratory Consultant had commenced in post and he confirmed that the new Consultant was keen for the project to be agreed as there was clear evidence that it did reduce admissions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the ICF proposal which has already gained approval for the Strata Programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposals for IC funding to the end of March 2019 for: Craw Wood, Hospital to Home and COPD.

Cllr Shona Haslam left the meeting.

Mrs Tracey Logan left the meeting.

The meeting was declared inquorate.

10. Monitoring of the Integration Joint Budget 2017/18

As the meeting was inquorate the item was deferred to the next meeting.

11. Integrated Joint Board Local Code of Corporate Governance

As the meeting was inquorate the item was deferred to the next meeting.

12. Health & Social Care Partnership Communications Strategy

As the meeting was inquorate the item was deferred to the next meeting.

13. Strategic Planning Group Report

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

13. Quarterly Performance Report

The Chair suggested the Health Board performance figures be included in the report as they showed the waiting times for the various services and the action being taken to address areas of poor performance.

Mr Robert McCulloch-Graham advised that the report had been updated following feedback received and he anticipated that it would evolve further. He thanked the officers involved in producing the current iteration of the document.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved the changes to performance reporting subject to ratification by the IJB at its meeting to be held on 17 September.

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

13. Winter Plan 2018/19

Mr Gareth Clinkscale gave an informative presentation on winter plan preparation for 2018/19, the data gathered from the 2017/18 winter period and how that had been utilised to plan for 2018/19.

Mr Malcolm Dickson commented that some of the new initiatives seemed sensible and creative like the increased weekend discharge and reduction in delayed discharges and he enquired if they were successful would they be sustainable across the year and not just in the winter period. Mr Clinkscale confirmed that he expected them to be sustainable across the year as the benefit impact on improving patient flow would go beyond winter. He advised that other areas were also being looked at for the winter with an intention make them sustainable across the year including, increasing capacity to meet demand, hospital over the weekend, and length of stay targets.

Cllr John Greenwell enquired what Daily Dynamic Discharge was. Mr Clinkscale confirmed that Daily Dynamic Discharge was the national approach to the running of a ward around patient flow and was very prescriptive. He advised that a programme manager was in post and there was already benefit being seen in the turnover of patients at the weekend in Ward 4.

Mr John McLaren enquired about the use of community hospitals and Mr Robert McCulloch-Graham advised that there was an issue in regard to accessing community hospital beds for people who lived outwith that specific locality area. He was keen to free up the beds in the first instance and then have the discussion around them being available to all people and not just those in that locality area.

Cllr Greenwell enquired in relation to the daily dynamic discharge if there was a discussion with community transport to get patients home. Mr Clinkscale clarified that part of the approach was to look at requests for pharmacy, booking transport and making decisions as early as possible when the patient arrived on the ward, so that they would know what their stay would look and what they could expect. He advised that where it had been instigated clear benefit had been seen and it was now being targeted in other areas.

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

13. Audit Committee Minutes

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the approved minutes of the IJB Audit Committee held on 26.06.17, 25.09.17, 19.03.18.

14. Any Other Business

Mr Robert McCulloch-Graham reminded the Board of the proposed content for the forthcoming development session to be held on 19 November 2018:

- Look Back: Look Forward
- Public Protection Service
- 2019/20 Finance
- Strategic Plan

Mr Colin McGrath commented that he had been advised that 74.5% of the social care budget had been transferred to the IJB.

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 17 September 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.27pm.

Signature:
Chair