

## Borders NHS Board



Meeting Date: 17 January 2019

<b>Approved by:</b>	Jane Davidson, Chief Executive
<b>Author:</b>	Iris Bishop, Board Secretary
<b>STATUTORY AND OTHER COMMITTEE MINUTES</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to raise the awareness of the Board on the range of matters being discussed by various statutory and other committees.	
<b>Recommendations:</b>	
The Board is asked to note the various committee minutes.	
<b>Approval Pathways:</b>	
<i>This report has been reviewed by the Board Executive Team.</i>	
<b>Executive Summary:</b>	
The Board receives the approved minutes from a range of governance and partnership committees.	
Appended to this report are the following approved minutes:-	
<ul style="list-style-type: none"> <li>• Strategy &amp; Performance Committee: 04.10.18</li> <li>• Audit Committee: 26.09.18</li> <li>• Staff Governance Committee: 10.09.18</li> <li>• Public Governance Committee: 31.07.18</li> <li>• Clinical Governance Committee: 12.09.18</li> <li>• Health and Social Care Integration Joint Board: 22.10.18</li> <li>• Area Clinical Forum: 31.07.18</li> </ul>	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	As detailed within the individual minutes.
<b>Patient Safety/Clinical Impact</b>	As detailed within the individual minutes.
<b>Staffing/Workforce</b>	As detailed within the individual minutes.
<b>Finance/Resources</b>	As detailed within the individual minutes.
<b>Risk Implications</b>	As detailed within the individual minutes.
<b>Equality and Diversity</b>	Compliant with Board policy requirements.
<b>Consultation</b>	Not applicable.
<b>Glossary</b>	As detailed within the individual minutes.

**Borders NHS Board**



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 4 October 2018 at 10.00am in the Board Room, Newstead

**Present:**

- 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
- Mrs J Davidson, Chief Executive
- Dr C Sharp, Medical Director
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mr R McCulloch-Graham, Chief Officer, Health & Social Care
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr J Cowie, Director of Workforce
- Mrs N Berry, Interim Director of Nursing, Midwifery & Acute Services
- Mr K Allan, Public Health Consultant
- Dr A Cotton, Associate Medical Director
- Mrs E Cockburn, Head of Clinical Governance & Quality
- Mrs C Oliver, Communications Manager
- Mrs A
- Mr A

**1. Apologies and Announcements**

Apologies had been received from Mr John Raine, Chairman, Cllr David Parker, Non Executive, Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services, Dr Tim Patterson, Joint Director of Public Health and Dr Janet Bennison, Associate Medical Director.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Nicky Berry, Interim Director of Nursing, Midwifery & Acute Services to the meeting who was deputising for Mrs Claire Pearce.

The Chair welcomed Mr Keith Allan, Public Health Consultant to the meeting who was deputising for Dr Tim Patterson.

The Chair welcomed Mrs A and Mr A.

## 2. Patient and Carers Stories

Mrs A shared her patient story with the Committee and spoke of her frustrations with a poor attitude from a consultant who appeared dismissive in regard to seeing her husband who was in much pain and had only a short time left to live. It had been a traumatic experience for her and her son who wished the Committee to be aware of their experience. They spoke of the care and compassion afforded her husband by the nursing staff and the junior doctor who had attended them and the stark contrast with the attitude they received from a consultant which had heightened their anxieties and frustrations. Mrs A was concerned that such an attitude should not be felt by other families who were concerned to see their loved ones in pain and what appeared to be a delay in being seen by a consultant due to non prioritisation of patients needs. Mr A further shared with the Committee a private discussion regarding his father that had taken place with the Consultant in an open corridor with people walking past, which he later realized was an inappropriate venue for such a discussion.

Both Mrs A and her son were keen for the Committee to recognise the positive aspects of their experience in that the nursing care had been superb and the young junior doctor who had seen them had explained things in full and been very attentive and it was shame that the whole experience had been marred by the attitude of the consultant involved.

A discussion took place which recognised: the delay in being seen by a consultant; the good care provided by nursing staff and the junior doctor; the poor attitude of the consultant; reminding all doctors of manners, attitude and treating people and conversations with dignity and respect; the tremendous personal emotional effort to take forward a complaint; quite often legitimate concerns only surface after the event; the annual appraisal process for all staff and systems in place to address any constant complaints about individuals; and the role of family and friends and ensuring they are heard.

Mrs Jane Davidson thanked Mrs A and her son for attending the Committee and sharing their experience. She apologised for the experience they had encountered and assured them that work was ongoing throughout the organisation in regard to how we communicate with patients, families, carers and each other and she would ensure the experience and how it felt was fed into that work. She commented that the Junior Doctors and Nursing staff were the future of the organisation and working with families and carers was critical to ensuring good patient care and experiences. She advised that there was a growing momentum to make things better and again she both thanked and apologised Mrs A and her son.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient's story and acknowledged that working in partnership with service users in an innovative and creative way could lead to positive outcomes.

## 3. Declarations of Interest

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

There were none.

## 4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 3 May 2018 were approved.

## **5. Matters Arising**

**5.1 Minute 13: Performance Scorecard:** Dr Stephen Mather sought sight of the Ann Hendry report into Community Hospitals. Mr Robert McCulloch-Graham advised that he would ensure the report was shared with Dr Mather.

**5.2 Action 13: Patient & Carers Stories:** Dr Cliff Sharp advised that information had been gathered to ensure the follow up report to K's story would be available for the December meeting.

**5.3 Action 33: Laundering of Staff Uniforms:** Mrs Carol Gillie advised that a small operational group had been set up and a report would be submitted to the Area Partnership Forum in due course.

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

## **6. Efficiency Update for period ended 31 July 2018**

Mrs Carol Gillie provided the Board with an update on the efficiency programme as at the end of July. She advised of the plans that were in place to deliver £15.5m of savings which had been a significant achievement however there had been slippage in a number of areas including: within the Integration Joint Board (IJB) directed services where some of the schemes put forward by the business units had not been implemented; for example the decommissioning of the incinerator; and the implementation of revisions to the leased car scheme and the business as usual savings in the Planning & Performance and Information Management & Technology Departments.

Mrs Gillie further advised that in addition, linked to the ring fenced funding of £2.1m allocated to the IJB (equivalent to the old Integrated Care Fund (ICF)) there had been no corresponding cost reduction in the NHS which was one of the conditions that the Board had agreed in providing the resource to the IJB.

Mrs Alison Wilson enquired if the Leased Car Scheme had been suspended. Mrs Gillie advised that the issue had been in regard to the new national contract being negotiated and in the meantime all lease car users had had their leases extended.

Mr Robert McCulloch-Graham commented on the slippage in the primary and community services savings and the other areas being considered. In regard to the £2.1m transferred to the IJB to direct, he advised that there was a balance of £700k left to be allocated. He was unclear on the requirement for the IJB to provide savings back to the NHS in the sum of £2.1m.

Mrs Gillie acknowledged that savings from the IJB would not be achieved in full, however she expected to see a reduction in costs this financial year. It was suggested that both Mrs Gillie and Mr McCulloch-Graham pick up the finer details outwith the meeting.

Mr Tris Taylor challenged the adequacy of the savings plan as it was uncomfortable reading and he enquired if it was time to produce a reconfiguration plan. Mrs Gillie commented that some of the plan had been high risk, and whilst there was slippage, delivery against the initial plan had been positive.

Excluding the £2.1m to the IJB, there had been slippage in only a couple of areas, which she expected to deliver once further scrutiny had taken place.

Mr McCulloch-Graham outlined to the Committee the progress made to date with savings in the Mental Health and Primary and Community Services and the longer term plan of making services more efficient to drive down delayed discharges, length of stay and ultimately costs in the future.

Mrs June Smyth commented that it was challenging to make further recurring savings within small departments that hosted things centrally such as the costs of legal services, as well as looking at individual roles that are required. She advised that staffing costs within departments and invest to save initiatives were also being explored.

Mrs Jane Davidson advised that it was anticipated that the financial year end would be with a circa £10m overspend. The forecast had been a £13m overspend. Such a figure would then fall to brokerage arrangements with the Scottish Government.

Mrs Fiona Sandford commented that it was clear that the organisation would need brokerage and she enquired if there should be a refocus of discussions from finance to resources in order to not lose sight of quality. The organisations resources were in effect its staff. She accepted that finance was the measureable for the Committee but reiterated that quality should not be forgotten.

Dr Stephen Mather was reassured that the Committee had an understanding that there were no more significant savings to be achieved. He wished to see a business plan for recovery and echoed Mrs Sandford's comment that the plan was not just about money it needed to be about quality as well, as once the quality was lost, various elements would disappear, such as teaching facilities and clinical rota cover, which in turn would lead to an unsustainable organisation.

Mrs Gillie advised the Committee that at the next Development session there would be a further discussion on the implications of the financial plan, recovery plan and discussions with the Scottish Government.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the efficiency update as at 31 July 2018.

## **7. NHS Borders Performance Scorecard**

Mrs June Smyth gave an overview of the Performance Scorecard to the end of June. She drew the attention of the Committee to the change in reporting methodology and consideration of how future reports might look against the new outcome measures being published.

Mr John McLaren enquired about the EMIS system not providing the data that was required in regard to waiting times. Mrs Smyth advised that there was always going to be a time lag in the data available given the main issue was about the quality of the input data from the service. She commented that there had only been a small resource team available to support EMIS however that had now been expanded to support the staff with data entry and she expected performance to improve.

Mr McLaren enquired when real time data would be seen by the Committee and Mrs Smyth advised that it was unlikely real time data would be available to the Committee as part of the performance reporting framework, but anticipated more timely data becoming available in due course.

Mr McLaren enquired if there was something missing from the charts in regard to supplementary spend as it looked like there were consistent staffing gaps. Mrs Nicky Berry commented that she would be happy to be involved in updating the narrative as she was aware that 88% of shifts on the nurse bank were filled and staff were planning and rostering well in advance in anticipation of enhanced requirements for patients. She further commented that there had been a £50k reduction in agency spend for the first quarter of the financial year.

Dr Stephen Mather enquired about several elements of the report including: oral surgery and capacity issues; Orthopaedics capacity; Allied Health Professionals (AHP) waiting times performance; Diagnostic waiting times; and community hospitals length of stay and high levels of occupancy during the winter period.

Mrs Smyth advised that in regard to the AHP services they had undertaken the clinical productivity programme and were currently within a leadership review. Once the leadership review was concluded the service would be on a firmer footing to take forward further improvements.

Mrs Jane Davidson advised that in regard to diagnostic waiting times, given the lack of radiologists nationally, artificial intelligence was being tested in order to interpret scan images. She reminded the Committee that NHS Borders had been successful in recruiting to a vacant radiologist post from New Zealand and that NHS Borders supported NHS Western Isle with radiology requirements.

Mr Robert McCulloch-Graham assured the Committee that the Hospital to Home initiative would assist in reducing length of stay in community hospitals over the winter period, as well as a further initiative being undertaken at the Knoll Community Hospital in regard to discharge decision making and admissions and the intention to roll it out across the other Community Hospitals.

Mr Malcolm Dickson noted there were many time lags within the report as well as a volatility of sickness absence rates. Mr John Cowie advised that significant volatility in sickness absence rates would be seen in a single department and he advised that where departments were small, percentages of sickness absence would be high.

The Chair noted that whilst there were time lags within the report, she was aware that a lots of work had taken place over the summer period. Mrs Smyth suggested revisiting the timeline and reminded the Committee that the validation of data to the report was an intensive manual process.

Mrs Sandford suggested it might be more useful for the Committee to have a more high level, short and punchy report of the top critical things to consider in a more timely fashion. Mrs Smyth advised that she would relook at the possibilities of redesigning the report, however it would require resource.

Mrs Davidson enquired if the Committee would like the report to be reworked to list only the top 10 issues. Mrs Sandford asked that the Committee receive a full granularity report twice a year, with a more frequent focused top 10 issues report being made available at other times.

Mr Tris Taylor commented on several points including the contextualisation of information for the Committee for the purposes of assurance and meeting the staff governance standard in regard to sickness absence and supporting staff. Mrs Berry advised that Return to Work forms for nursing had been scrutinised to ensure staff were being supported appropriately. The main factor in nursing sickness absence appeared to be stress and Musculoskeletal issues. She further advised that many

Boards were introducing pet therapy for their staff and she had commissioned a piece of work to look into that for the whole organisation.

Mr Taylor enquired in regard to waiting times if there were incidents of delays in treatment caused by managerial not clinical issues. Dr Cliff Sharp advised that any mishandling of waiting times was a serious matter and he assured the Committee that there was no manipulation of waiting times. He further assured the Committee that there were no managerial priorities given precedence over clinical urgency. Dr Amanda Cotton also commented that the mental health and learning disability managers would never ask clinicians to put managerial priorities above clinical priorities.

Mrs Berry further confirmed that in the Borders General Hospital clinicians and managers worked together and would not compromise each other's integrity.

Mr Taylor was assured of NHS Borders approach to the achievement of waiting times.

Mrs Davidson commented that NHS Borders worked in line with the rules and followed a treat in turn process. She did think however that the organisation might consider giving more notice of cancellations, however, she was aware of the huge effort that went in to ensuring as many elected operations went ahead as possible and they were only cancelled when absolutely necessary.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the June 2018 Performance Scorecard.

**8. Any Other Business**

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

**9. Date and Time of next meeting**

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 6 December 2018 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 11.51am*

Signature: .....  
Chair



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Wednesday, 26<sup>th</sup> September 2018 @ 10 a.m. in the Board Room, Newstead.

**Present:** Mr M Dickson, Non Executive Director (Chair)  
Mrs K Hamilton, Non Executive Director  
Dr S Mather, Non Executive Director

**In Attendance:** Mrs L Clark, Operations Manager (MH & LD Service) (Item 8.2)  
Mrs J Davidson, Chief Executive (Arrived at 11.15 a.m.)  
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)  
Mrs C Gillie, Director of Finance  
Mr A Haseeb, Senior Audit Manager, Audit Scotland  
Mrs M Kerr, Director, PWC  
Mrs S MacDougall, Risk & Safety Manager (Items 6.1 and 7.1)  
Dr J Montgomery, Director of Medical Education (Item 6.1)  
Ms S Swan, Deputy Director of Finance  
Dr C Sharp, Medical Director (Items 6.1 and 8.2)  
Mr W Shaw, Head of Delivery Support (Items 4 and 6.1)

1. **Introduction, Apologies and Welcome**

Malcolm Dickson welcomed those present to the meeting. Apologies had been received from Tim Patterson, George Bell, Gillian Woolman and Jonny Steen.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 14<sup>th</sup> June 2018**

Margaret Kerr referred to item 7.1 (Internal Audit Plan Progress Update) and advised that the update was against the 2017/18 plan rather than the 2018/19 plan.

**The minutes were approved as an accurate record with the proviso that the change discussed is made.**

4. **Matters Arising**

*Action Tracker*

Karen Hamilton enquired if it had been confirmed which Board Development session the Risk Management process would be discussed. Carol Gillie agreed to check this with the Board Secretary.

**The Committee noted the action tracker.**



*Business Continuity Internal Audit Report – Update*

Warwick Shaw spoke to this item. Warwick advised that the report provided an update against each of the recommendations. Warwick explained that the expectation was to move to an IT based system to modernise the way business continuity is approached within NHS Borders and was pleased to report that they now have agreement from IT to provide the resource to take this forward. It was noted that it was hoped to have the software installed before the end of the calendar year. Margaret Kerr referred to the recommendation relating to the integration of business continuity and IT disaster recovery and stressed that IT should not be developing business continuity plans in isolation. Warwick gave assurance that this would not be the case. Malcolm Dickson commented that he would liked to have seen action taken earlier but appreciated the constraints encountered. Malcolm asked, on behalf of the Audit Committee, that it be fed back this now be actioned as a matter of urgency and to ensure there is linkage between the organisation's business continuity planning and IT's disaster recovery plan. Susan Swan provided an update on the Road to Digital project where it was noted that IT will work to the plan that is prioritised and approved by NHS Borders to bring systems up-to-date and fit for purpose.

**The Audit Committee noted the update.***Finance Efficiency Savings Internal Audit Report – Update on High Risk Finding*

Carol Gillie spoke to this item which provided an update on the recommendations noted under the high risk finding. Carol gave assurance that work continues to produce a balanced financial plan and this is progressing in the right direction. Carol was unable to confirm the action as complete at the present time, however Board members are aware of the financial deficit and the challenges faced. Karen Hamilton referred to the second bullet point on page 2 regarding engagement with the public and advised that this had been removed from the agenda for the next Public Governance Committee as the paper was not complete, however June Smyth has now been asked to attend to provide a verbal update. Malcolm Dickson was pleased to see there was a benefits realisation plan for the overall programme to monitor delivery and stressed it was important that this is both realistic and achievable. Karen Hamilton referred to the update relating to budget holder's savings plans and asked if they were being given support to achieve this. Carol advised that she and June Smyth were holding a series of meetings across the organisation to ensure there is clarity on delivery of business as usual savings and break even on operational budgets. Margaret Kerr asked about the two external reviews that were being undertaken as she would be keen to see the finalised reports. Carol advised that the external review on the Financial Plan papers has now been finalised and is currently with the Chief Executive for circulation in due course. Carol was not aware of the progress on the other external review report. Margaret asked External Audit about the implications in terms of reporting for the Board in regard to brokerage having not been in this position before. Asif Haseeb advised that there would be increased reporting and scrutiny by the Parliamentary Committee. Susan Swan added that there is a scheduled meeting with External Audit in October where brokerage and the impact of this will be the main item for discussion. Malcolm Dickson felt it would be helpful to discuss in more detail to gain an understanding and receive feedback on the discussions with Audit Scotland. Carol suggested that this could be added to the first agenda for the Finance & Resources Committee. This was agreed. Malcolm also felt it would be beneficial to have sight of the timetable from Scottish Government to see exactly what is expected by what deadline. Carol agreed to feed this back to the Chair and Chief Executive as they have been in dialogue with Scottish Government to date.

**The Audit Committee noted the update.**

## 5. Fraud & Payment Verification

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

Susan Swan spoke to this item. It was noted that the update presented had been circulated to the Countering Fraud Operational Group, which has good representation across the organisation, to raise awareness and to detect and defer fraud.

**The Committee noted the update.**

### 5.2 *NFI Update*

Susan Swan spoke to this item which was the Audit Scotland report produced following the National Fraud Initiative in Scotland exercise for 2016/17. It was noted that the process for 2018/19 would be commencing shortly with matches being issued in January 2019. It was noted that the Committee would receive an initial assessment for undertaking this exercise. Malcolm Dickson noted on page 11 that proportionately Scotland were lower for NFI outcomes than the rest of the UK. Carol Gillie enquired if the self assessment checklist is completed. Susan confirmed that this is undertaken to ensure best practice. Malcolm highlighted the NHS Lanarkshire case study on page 17 regarding duplicate payments and asked if this was relevant for NHS Borders. Susan advised that five duplicate payments had been identified as part of the process, two of which had already been picked up but not the other three. Carol enquired if Lanarkshire had implemented anything on the back of these findings. Susan agreed to check this and take forward as appropriate. Stephen Mather noted that there were no recommendations made within the report and asked if there is assurance that NHS Borders are complying with the regulations. Susan gave assurance that everything that is received from Counter Fraud Services (CFS) is risk assessed and actioned within existing resources. Carol reminded that an annual review is also undertaken with CFS and they are content with the engagement from NHS Borders and have not raised any issues of concern.

**The Committee noted the Audit Scotland report following the 2016/17 NFI exercise.**

## 6. Governance & Assurance

### 6.1 *Audit Follow Up Report*

Susan Swan spoke to this item. Susan explained that the follow up process entails monitoring implementation of each audit recommendation and if this exceeds the deadline by three months managers are asked to attend the Audit Committee to provide an update on progress. Susan went on to provide an update on both Internal and External Audit recommendations which were summarised within the report.

**The Committee noted the report.**

### *Property Transactions – Property Leases Internal Audit Report – Update*

Warwick Shaw spoke to this item which was an update on the recommendations within the Property Transactions – Property Leases Internal Audit Report. Warwick apologised that he had not progressed this timeously. Warwick went on to explain that he had experienced difficulties getting GP engagement due to competing priorities and provided an update on the areas of specific concern. Warwick felt that the current draft lease is acceptable and this will be discussed at the next GP Sub Committee meeting. It

was noted that visits will be made to GP practices during October and November with the intention of getting GP's to sign the lease by the end of January 2019 at the latest. Stephen Mather asked for assurance that there is genuine dialogue between NHS Borders and the GP's and there is give and take on both sides. Warwick confirmed that there was to a degree. Carol Gillie assured that action is being taken in line with the property transaction manual, however it had proved to be much more challenging than first anticipated.

**The Committee noted the update and approved the work plan and revised target date of January 2019.**

*Training of Junior Medical Staff Internal Audit Report – Update*

Jane Montgomery spoke to this item which was split into two categories, namely Simulation and Staffing.

- *Simulation*

Jane Montgomery was pleased to report that this has moved forward greatly. Jane explained that currently 2 hours per week are designated to this training, however the likelihood is this will need to be increased in the future as the requirement for simulation training is increasing with each iteration of the specialty curriculum. Jane also updated on plans to accommodate this training within the Education Centre, however due to competing demands this has not been progressed. Stephen Mather noted his disappointment around the accommodation issue as he had previously written to the Chief Executive asking for this to be looked at as a matter of urgency and had been assured that it would be. Carol Gillie confirmed that the accommodation alterations will be taken forward when the extra resources required are secured. Stephen highlighted that this may also be an opportunity for income generation for NHS Borders.

**The Committee noted the update and supported the further development of simulation training.**

- *Staffing*

Jane Montgomery advised of the challenges with the current Medical Education Department staffing establishment. It was also hoped to secure one designated office, rather than being spread over three offices, to give visibility where trainees can seek information and support. Cliff Sharp agreed that this would be extremely beneficial and ideally would be located near the Training Department. Margaret Kerr enquired what impact extra days would have. Jane advised that this would allow commitments to be fulfilled both regionally and nationally as if NHS Borders are unable to provide a quality service then trainees will go elsewhere. Cliff advised that Jane, as Director of Medical Education, does not have enough time currently to fulfil the requirements from the GMC. Malcolm Dickson suggested that the audit recommendations are revisited to ensure a service fit for purpose. Cliff agreed to do this and would provide an update for circulation electronically around the Committee.

**The Committee noted the update and the plans to progress the ongoing issues.**

*Risk Management Internal Audit Report - Update*

Sheila MacDougall spoke to this item which provided an update on the two recommendations arising from the Risk Management Internal Audit report which was now under the remit of the Joint Director of Public Health. These recommendations related to the review and approval of new risks held in the “awaiting final approval” category and the review of existing risks already on the register on an annual basis as a minimum. Sheila confirmed that action has been taken against both of these recommendations and progress is reported quarterly to the Clinical Executive Operational Group. It was noted that this will be ongoing.

**The Committee noted the update.**

*Clinical Governance Internal Audit Report - Update*

Cliff Sharp spoke to this item which provided an update on the two recommendations within the Clinical Governance Internal Audit report. Cliff confirmed that there is a draft Clinical Governance Strategy which now requires to be taken through the consultation/approval process. Regarding the clinical policies held by Clinical Governance & Quality it was noted that from a total of 260 policies the number out of date has reduced from 200 to 75 and liaison with clinicians, as the owners of these policies, is ongoing. It is hoped that this exercise will be completed in the next two months. Going forward an approvals process will be put in place prior to anything being added to the Intranet.

**The Committee noted the update.**

6.2 *Debtors Write-Off Schedule*

Susan Swan spoke to this item and was pleased to report that there was no request for debtor write offs to date. Susan advised that the debt recovery agency is now in place and she was satisfied with the recovery action taken so far. It was noted that action is taken via phone or email and there is no doorstep calling. Malcolm Dickson noted the marked improvement in dental debts. Susan explained that they had worked in liaison with the dental service to undertake recovery planning which had been extremely successful.

**The Committee noted the report.**

7. **Risk Management**7.1 *Update on Very High Risks*

Sheila MacDougall spoke to this item. Sheila apologised that the Annual Risk Management report had not been included as part of today’s update. It was agreed that this should be added to the agenda for the December meeting. Sheila went on to provide an update on the very high risk register where it was noted that movement is encouraging as new risks are being added. Sheila highlighted that although it looked like no risks had been removed from the register it was noted that they had been and these would be detailed within the next report. Sheila took the Committee through the report highlighting the two new risks added. Carol Gillie provided an update on the risk regarding the equipment within ASDU which has broken down and advised that the capital plan had been reviewed to allow replacement equipment to be ordered so this would be coming off in due course. Stephen Mather referred to page 7 and the risk relating to absconding patients due to being unable to lock the main hospital doors as he

was unsure from the detail provided how this could be lowered from very high to high risk. Sheila advised that action will be taken forward within the remit of the Security Policy. Stephen also referred to page 11 and the risk regarding the safe evacuation of the IM&T server room. Sheila advised that this will be further reviewed now there is a Fire Officer in post and this has been discussed with him. Stephen highlighted the risk on page 15 about accommodation for people with severe challenging behaviour and commented that this is a managed risk which is accepted. Sheila advised that in terms of the current risk appetite this has breached and a way forward is being discussed with other partner organisations. Cliff Sharp updated on regional plans for a low security unit at Gogarburn which NHS Borders would be part of. Margaret Kerr noted concern around the safe evacuation of the IM&T server room as the deadline was due in four days and as this had been identified a year ago it was not clear how this could be completed within the timescale. Sheila explained that it was hoped to have resolved this sooner however due to resource and time issues this had not been possible. Malcolm Dickson, on behalf to the Audit Committee, asked that this be expedited. Jane Davidson asked if risks were being mitigated meantime. Sheila felt that there could be increased mitigation. Sheila agreed to provide the Audit Committee with a virtual update by the end of October at the latest on this issue.

**The Committee noted the update report.**

## 8. Internal Audit

### 8.1 *Internal Audit Plan Progress Report*

Margaret Kerr confirmed that progress is on course against the plan for 2018/19.

**The Committee noted the progress report.**

### 8.2 *Internal Audit Report – Mental Health – Staff and Patient Safety*

Margaret Kerr introduced this item and advised that the report had an overall high risk rating. It was noted that there was one high risk rated finding, two medium rated findings and two low rated findings. Margaret advised that the review was initially intended to look at Huntlyburn and was pleased to report that action had been taken immediately against some of the recommendations. Margaret referred to the high risk finding regarding the risk assessment and safety planning process where a number of issues had been found such as incorrect documentation, incomplete admission checklists and patient safety care plans not being reviewed on a daily basis. It was noted that management had provided a response within the action plan for each of the contributing elements with a target date of 1 November 2018. In regard to the outstanding staff training (medium risk) and the patient safety climate tool being substituted for a non-standardised patient feedback questionnaire (medium risk) it was noted that actions against these are now complete. Margaret also highlighted the two lower risk findings relating to the outdated Occupational Health and Safety policy and Datix entries not being fully completed. Margaret explained that it was the first three findings which drove the overall high risk rating. Cliff Sharp advised that he had discussed the overall rating with George Bell, however he appreciated that this was a snapshot in time and took comfort that recommendations were being taken on board. Lisa Clark provided an update on the action taken on the high risk finding and advised that this was on track for completion by the 1<sup>st</sup> November 2018 target date. Lisa advised that the Occupational Health and Safety policy was currently being reviewed and this would also be completed by the target date. Regarding some Datix entries being incomplete Lisa advised that a reminder email has now been issued to staff and she has also asked Sheila

MacDougall if the box not being checked can be a mandatory field on the system. Karen Hamilton asked how effective it is emailing staff a reminder to do this. Lisa advised that it was also discussed at team meetings and feedback is provided for staff who are unable to attend. It was noted that progress would be monitored through the audit follow-up process.

**The Committee noted the report.**

8.3 *Internal Audit Report – MKU Donations*

Margaret Kerr introduced this item and advised that the report had an overall medium risk rating. Margaret advised that the audit had been undertaken at the request of management due to an ongoing police case. Carol Gillie advised that the court case for the alleged fraud had taken place the previous day and the member of staff had been found guilty with sentencing taking place on 18<sup>th</sup> October. Margaret explained that the audit had highlighted a number of areas for improvement with practical ways of tightening up current systems in place being suggested. It was noted that these would be of low cost to implement. Margaret advised that there are procedures in place however these are not always being followed in practice. There is also a lack of clarity around people's roles. Carol Gillie confirmed that the control environment will be improved upon and updated on the medium risk finding regarding receipts not always being signed by two members of staff. It was noted that the Administration staff have now been moved and there is additional staffing to support this going forward. Stephen Mather stressed that processes needs to be as simple as possible for people donating and asked if contactless payment could be accepted. Carol confirmed that this would be possible, however a chip and pin machine would require to be installed and there would still be an issue when a cash donation is made. Jane Davidson highlighted that the report provides ideas but the organisation needed to be mindful that it is not just the MKU affected, there are other departments within the BGH as well as the Community Hospitals. Jane suggested letting the staff involved produce a workable system. Carol added that although mitigating actions will be undertaken to reduce the risk it was unlikely that it could ever be fully eliminated.

**The Committee noted the report.**

9. **Integration Joint Board**

9.1 *Audited IJB Annual Accounts 2017/19*

Carol Gillie advised that David Robertson had been unable to attend today's meeting and explained that the accounts were being brought for information. Due to a timing issue it was noted that the accounts had now been signed and an unqualified audit opinion had been received. Carol advised that Mike Porteous, Chief Finance Officer was now in post as a secondment from NHS Lothian and would be leading on this going forward.

**The Committee noted the audited IJB Annual Accounts for 2017/18.**

10. **Items for Noting**

10.1 *Information Governance Committee Minutes: 28<sup>th</sup> June 2018 (Draft)*

Malcolm Dickson highlighted page 2 about the potential impact GDPR could have on staff resources. Carol Gillie advised that she was not aware of there being any request for additional resources. Malcolm also asked about item 6 regarding ICO enforcement

and asked if there was an update regarding the local incident reported to the ICO. Carol Gillie agreed to ask George Ironside for an update.

**The Committee noted the draft Information Governance Committee minutes.**

11. **Any Other Competent Business**

Malcolm Dickson suggested that the agenda be re-numbered in future to allow more focus on particular items. This was agreed.

Malcolm reminded External Audit and Internal Audit that they always have the opportunity to meet with the Audit Committee Chair and members in private.

12. **Date of Next Meeting**

Tuesday, 11<sup>th</sup> December 2018 @ 2 p.m., Board Room, Newstead.

BE  
02.10.18



## **STAFF GOVERNANCE COMMITTEE**

Minutes of the meeting held on Monday 10<sup>th</sup> September 2018 at 10am in the Committee Room, Borders General Hospital, Melrose.

Present: Mrs K Hamilton, Chair  
Mr J McLaren  
Cllr D Parker

In attendance: Mrs J Davidson, Chief Executive  
Mr J Cowie, Director of Workforce  
Mr B Salmond, Associate Director of Workforce  
Mrs C Smith, HR Manager / Business Partner  
Ms V McPherson, Partnership Lead (Ex Officio Member)  
Ms Y Chapple, Partnership Lead (Ex Officio Member)  
Ms S Burrell, Partnership Lead (Ex Officio Member)  
Mrs K Lawrie, Area Partnership Forum Member (Shadowing Shirley Burrell)  
Mrs H Hunter, HR Officer (Minutes)

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

Mrs Hamilton welcomed everyone to the meeting.

Apologies were received from Mr T Taylor and Mrs A Wilson.

### **2. Minutes of Previous Meeting held – Monday 21<sup>st</sup> May 2018**

Agreed as an accurate record of the meeting.

#### **Matters arising**

Mrs Hamilton advised that she had met with Mr McLaren to discuss the action tracker and she hoped that some earlier confusion with the wording had now been resolved.

There were no other matters arising that were not on the action tracker or agenda...

#### **Action Tracker**

Page 1, Action 2 (relating to data available to evidence Staff Governance performance). Mr McLaren stated that various people appeared to be producing similar or overlapping data which didn't necessarily relate to the headings in the Staff Governance Action Plan.

It was agreed to retain this item on the Action Tracker and to address it later in the planning cycle.

The Committee was content with the status of 'completed' items.



### **3. Workforce Data and Statistics Presentation**

Mrs Smith presented an overview of recent workforce data focussing on recruitment, retention and a detailed analysis of sickness absence.

She reported favourable outcomes in recruitment to medical vacancies across all grades. The change over in August 2018 had been the most successful in recruiting training grade Doctors since the inception of Modernising Medical Careers in 2007. All vacancies had been filled including temporary posts for maternity leave cover, something which no other health board had achieved. The Committee noted that from August 2018, new Doctors in Training had been employed by NHS Lothian as the single employer, representing a significant change following extensive regional collaboration. Mrs Hamilton asked for it be noted that the Committee recognised the success of this piece of work.

All health boards had reported increasing difficulties in recruiting registered general nurses and registered mental health nurses. This was being addressed in Borders through a skill mix exercise involving the creation and assessment of 14 new Band 4 Assistant Practitioner posts and through the “Hospital to Home,” initiative which would establish 18 wte community-based Health Care Support Workers.

The Nursing & Midwifery absence rate had been increasing in recent years with the highest reported reason for absence being anxiety/stress/depression, overtaking musculoskeletal and/or back problems. Mr McLaren gave the view from staff side that under-staffing in clinical areas was contributing to higher absence rates. Mrs Smith referred to the nursing and midwifery workload and workforce planning tools which allowed for a 4% sickness absence rate on staff establishments and suggested that the increasing absence rate above 4% might explain the perception.

Nurse Bank usage had shown a steadily increasing trend but Medical Locum Agency costs had reduced by 70% to under £1 million, well exceeding the SGHD target of a 25% year on year reduction.

Mrs Smith referred the Committee to the ISD dashboard statistics. She advised that future local workforce reports would be in a similar dashboard format and that forthcoming Tableau software would allow managers to log in to review information on their vacancies, recruitment activity and sickness absence rates.

The Chair said that a Workforce dashboard presentation would be helpful. Members agreed to consider which workforce metrics might assist the Committee in discharging its governance role if reported on a regular basis and to convey their thoughts to Mrs Hunter.

### **4. iMatter update**

Mr Salmond gave a presentation on iMatter, the employee engagement methodology for NHS Scotland which links the Staff Governance Standard to NHS Borders Values.

He referred to the academic evidence, produced by Professor Michael West which demonstrated a clear link between staff engagement and improved patient outcomes including reduced mortality rates.

Recent iMatter results had shown that the experience for individuals and teams was very positive. The results for staff experience with NHS Borders were strikingly different and there was evidence of negativity. BET would be addressing these aspects of organisational level iMatter results in a forthcoming proposal for an Organisational Development (O.D.) programme.

Of 247 teams within NHS Borders and integrated services, 189 had uploaded their action plan and storyboards. A 77% return was very credible and compared favourably with other health boards. It was noted that teams control their own iMatter Action Plans which is an empowering feature of iMatter. One iMatter Storyboard from NHS Borders had been published on the iMatter website as an example of good practice. Mr Salmond pointed out that iMatter performance would feature in the Health Board's ministerial annual review in the autumn.

Mr Salmond advised that Professor Michael West, an acknowledged expert in the field of employee engagement, would be visiting NHS Borders in January 2019. Mrs Hamilton added that he is a very impressive speaker and it was important to cascade the benefits of his visit. Ms Davidson said that the event would be tailored to ensure maximum benefit.

The Committee noted the position in relation to implementation of iMatter and directed that it should be kept fully informed of developments.

#### **5. Draft Staff Governance Action Plan (SGAP)**

Mr Salmond updated the Committee on progress in developing the Staff Governance Action Plan. He highlighted the overarching corporate action on iMatter implementation and the supporting actions relating to each of the five elements of the Staff Governance Standard. It was noted that each action has an executive sponsor and lead manager and that the Plan is a rolling document, updated quarterly and approved by the APF.

The Committee noted the latest version of the SGAP and agreed to receive further updates.

#### **6. Workforce Conference Feedback**

Mrs Smith presented the paper, reviewing the Partnership Workforce Conference held on 27 April 2018. The main themes had been the NHS 70<sup>th</sup> anniversary, a keynote speech from the Board Chair, regional collaboration, integrated services, the "ultimate staff story," through iMatter engagement and positive psychology in the workplace.

Mr Salmond thanked staff side colleagues for their contributions towards the NHS 70<sup>th</sup> birthday celebrations and made particular mention of Ms McPherson for her expertise.

Mr Cowie undertook to discuss the scheduling of future Workforce Conferences with the Director of Nursing to avoid a clash of dates with the Nursing & Midwifery Conference or the annual staff awards.

The Committee was pleased to note the general consensus that the event had been successful.

## **7. NHS Borders HR Policies and PIN Policies**

Mr Salmond reminded the Committee that the HR Policy Group, as a sub group of the APF; ensures that employment policies are fit for purpose, developed, reviewed, implemented and monitored in line with Partnership Information Network (PIN) Policies and that the APF approves new employment policies or variations to existing policies.

He confirmed that, with the exception of two employment policies, all NHS Borders policies are currently compliant with prevailing PIN policy. The Secondment Policy was being reviewed to address complications relating to VAT recovery and the Redeployment Policy was being reviewed at regional level.

Mr Salmond outlined how PIN guidelines had moved from best practice and voluntary guides to policies constituting minimum standards and contractual entitlements for staff working in the NHSiS. It was noted that whilst there was some continuing variation in employment policies and practice across health boards, the Once for Scotland project would now be pursuing an 18 month programme of Scotland wide standard employment policies to be implemented in full by each health board.

There was a general discussion on some of the issues likely to emerge from the Once for Scotland project. The Committee agreed that consistency across health boards was desirable but was of the view that uniformity at national level was not realistic as there would always be a need for some degree of interpretation to reflect local circumstances.

## **8. Assessment of SGC Meeting and Agreement on Future Agenda**

The Chair asked for the views of members on the revised format for Committee meetings. Mr McLaren felt it was too early to comment but believed that the forthcoming development sessions would be helpful. Ms Burrell felt that the meetings were more structured than before and Ms Chapple believed that the Committee was now receiving more appropriate information to discharge its role. Members agreed to consider further the content and format of meetings at a future session.

## **9. Items for noting**

### **a) Area Partnership Forum Working in Partnership – Local Partnership Forums Terms of Reference**

Mr McLaren advised there had been difficulties in establishing the Support Services Local Partnership Forum (LPF) but that these had now been addressed and he hoped to be able to report to the next Staff Governance Committee Meeting that all LPFs had been established.

#### **Role of Partnership Office**

Mr McLaren advised that a paper on this matter had gone to the APF in light of comments in the external partnership review suggesting a lack of clarity.

**b) EU Withdrawal (Brexit)**

Mr Cowie outlined planning arrangements for the NHS staff nationality survey and informed the Committee that the operational readiness questionnaire for public bodies in Scotland had been completed on behalf of the board by the Brexit Working Group. Cllr Parker confirmed that Scottish Borders Council had recently submitted the questionnaire to the relevant Scottish Government Department.

It was agreed that the Staff Governance Committee should review Brexit workforce submissions and this should be a standing item on future agenda.

**10. Any other competent business**

Mrs Hamilton advised that the Staff Governance Committee would be consulted on the Health Promoting Health Service (HPHS) Annual Report due to be taken to Clinical Executive Operational Group on 27 September 2018 before submission to the Scottish Government. The HPHS Draft Report 2015-18 was circulated for comments which should be emailed directly to Mr Cowie by **Friday 21<sup>st</sup> September 2018**.

**11. Date of next meeting:**

**Monday 12<sup>th</sup> November 2018 from 10am – 12 noon, BGH Committee Room, BGH**

This meeting will be an externally facilitated development session on Whistle-blowing.

Mrs Hamilton added that a short staff governance business meeting would take place from 12 noon – 12.30 pm on that day. It was confirmed that an invitation would be extended to BET members for the facilitated development session.

Mrs Hamilton thanked everyone for their attendance and the meeting then closed.

# PUBLIC GOVERNANCE COMMITTEE




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## Minutes of Public Governance Committee (PGC) Meeting held on Tuesday, 31<sup>st</sup> July 2018 from 2.00 – 4.00 p.m. in the BGH Committee Room

**Present:** Karen Hamilton (Chair & Non Executive Director)  
 Karen Maitland, Quality Improvement Facilitator – Person Centered Care  
 Tris Taylor, Non Executive Director  
 Debbie Rutherford, Information & Training Officer Borders Carers Centre  
 Lynn Gallacher, Centre Manager Borders Carers Centre  
 Elaine Cockburn, Head of Clinical Governance & Quality  
 Allyson McCollam, Associate Director of Public Health  
 John McLaren, Employee Director and Non Executive  
 Margaret Lawson, Public Member

**In Attendance:** Susan Hogg, Public Involvement Officer  
 Nicky Berry, Associate Director of Nursing / Head of Midwifery  
 Jane Robertson, Development Manager – Adult Services (SBC)  
 Michael Murphy, Interim Chief Officer – Adult Services

### 1. **Welcome & Introductions**

Karen welcomed everyone to the meeting.

### 2. **Apologies & Announcements**

Apologies were received from: Shelagh Martin, Clare Malster, Michael Scouler, Claire Pearce, Fiona McQueen & Annabel Howell

### 3. **Minutes of Previous Meeting:**

These were approved as a true record.

It was agreed that under the list of those present the member's role would be noted.

### 4. **Matters Arising from Minutes & Action Tracker:**

4.1 Action No. 27 – Karen H informed the group that funding for an adult changing facility within the BGH has been approved by the Board of Trustees and is now with the Capital Planning Group to identify a location. An update to be requested from Susan Swan before the next meeting. Action: SH

Action No. 31 – Quality Improvement Approach – Back to Basics. The group would like to invite Diane Keddie, Lead Nurse for Excellence in Care to a future meeting to present on the falls project. Action: SH

Action No. 32 – Tris raised his concerns that there does not appear to be public involvement within the improvement methodology aspect. Elaine commented that she is involved in the Back to Basics programme and would raise this with Clare Pearce, Director of Nursing, Midwifery & Acute Services and Erica Reid, lead nurse for community. The background of methodology was explained and noted that there is no patient representative on any of the sub groups. This is not clear in the presentation remarked Tris. Elaine recommended that this was noted in the terms of reference. Tris requested a copy of the methodology that applies to this piece of work. Action: EC

Action No. 33 – Quality Improvement Approach – Communication with patients and families. The committee would like to hear more about this work. Peter Lerpiniere, Associate Director of Nursing for Mental Health, Learning Disability & Older People has been invited to the November meeting. Complete.

## 5. **Public Governance Business Items:**

### 5.1 Review of ToR & PGC Work Plan:

Karen H commented that we are the only Board that has a Public Governance Committee who formally report to our Board of Directors. Attendance at this group has not been great of late. The current format is two business meetings and two topic meetings per year. It was agreed that the topic meetings are helpful and informative but not the same value as the business meetings are to the committee. Karen H agreed to organise a meeting out with this meeting to discuss the terms of reference. The meeting will include the members of the committee plus others who are in attendance and they will be invited to look at the standards and what we are required to adhere to.

We need to be working with the Integrated Joint Board (IJB) and the Community Planning Partnership (CPP) remarked Allyson and engaging with the public on what matters to them. There is a need to ensure that we are not duplicating the work that we do but it is specific to NHS Borders. Allyson will send suggestions to Karen H. Tris stressed that this is a governance committee, the operational work to stay with the operational committees. Action. AMcC

### 5.2 Food Fluid & Nutritional Care Strategy – 2017 - 2022:

Nicky Berry, Associate Director of Nursing / Head of Midwifery commented that areas that required improvement on have certainly come a long way from last year. The Food Fluid & Nutritional Care Strategy is part of the recommendations policy, which comes with its own challenges. However, the recommendations and action plan have been highlighted.

Karen H remarked that this is due to be refreshed at the end of the year are there any areas of the strategy that will stay the same or will it be a huge different document. The feedback that we have received is that the strategy is fit for purpose commented Elaine. The FF&NC Strategy has been to the Clinical Executives Operational Committee and it was agreed to note a short review date on the document. The feedback from the dietician involved is that we are on the right track. It is positive to see so many people have gone through the training in such a short time commented Karen H. Our aim of joined up working together has proven very positive remarked Nicky.

Tris asked do we know the public's opinion on the menus and the food that we deliver. The public have been involved in sampling some of the menus commented Nicky. Colleagues from our Public Health dept. are active members of the steering

group informed Allyson. How does the patient know what they should be getting asked Tris? Every patient that is admitted on to a ward is weighed and we do a risk assessment i.e. MUST and their care plan is shared with the patient remarked Nicky. If it is required the patient can be referred to a dietician and advice given on the meals they should be eating i.e. high in nutrition food charts are in the wards and support is also given to relatives and carers of the patient. There is a robust communication and care plan audit before the MUST training and again post MUST training and increased care planning. Are carers and relatives given information and advice on how important it is that the patient is eating well when the patient is admitted asked Cliff? It was agreed that the strategy may need to be refreshed to reflect carer involvement.

### 5.3 Integrated Joint Board (IJB) Update – Engaging & Involving the Public:

Jane Robertson, Development Manager for SBC Social Work Adult Services presented to the group on how we engage and involve the public. Karen M spoke about the link with the Public Partnership Forum (PPF) and the IJB. The Terms of Reference for the PPF still require to be signed off by the IJB and Jane offered to speak to Robert McCulloch Graham. It is very much a work in progress remarked Karen H and still under debate. We need to examine the terms of reference of all the groups that link into the IJB.

Tris asked what criteria are you using to see if you are engaging with the public? Within the strategy there is information on the methods that we use but I do think there is room for improvement remarked Jane. There are public representatives on the IJB, Strategic Planning Group (SPG) and the PPF they represent the views of the public and their communities. Is regular training and support given to the public members asked Tris? Once a year the PPF holds a development day for public members and they can also raise direct concerns with the Chair of the PPF. The forum meetings are in different venues to make them easily accessible to members of the public in various localities.

### 5.4 Joint Older Peoples Inspection (JOPI) Action Plan:

Michael Murphy, Interim Chief Officer, Adult Services and Susan Henderson, Social Work Planning Manager for Adults attended the meeting. Michael spoke to the group about the areas of improvement and the work plan. We are proposing a set of indicators but there is debate around participation. One of the things we are looking at is longer term indicators of health and services Karen H commented that significant progress has been made but some areas still need work. Karen H suggested that the PGC look at our work plan and identify a sensible point to invite you back or whenever this work is completed.

### 5.5 Operational Report:

This does not give us the indicators that you would get from a more stable framework. We should be reporting against the indicators around the legislative framework i.e. measuring the demographics and one or two others remarked Tris. One thing we have to be aware of is that we do not duplicate commented Karen M. Is the data available and if so can it be reported at this committee asked Tris. We need to be assuring ourselves and set the terms against the areas where they are required to report. It is better used across the organisation and for the information that is coming to be relevant and measurable and to show signs of improvement.

Cliff asked with regards to diabetes prevention and partnership working with the public how do we support people. For example to reduce their weight and how are we engaging with the public to reduce this. We need to learn from the engagement said Karen H and focus on a work plan.

5.6 Care Opinion:  
Due to lack of time it was agreed to defer this item to another meeting.

5.7 Model Complaints Handling Procedure:

The new process on how we handle complaints was presented to the group. Is a concern the same as a stage one asked John? It is the procedure has changed remarked Karen M we no longer have the "concern" option.

## **6. Monitoring & Performance Management:**

6.1 Feedback & Complaints - How assured are we that every complaint comes through us asked John? We cannot be assured that they do replied Karen M as some may be dealt with on a day to day basis within the area relating to the complaint. Concern was raised around the support given to staff when a complaint has been made against them. The line manager of the staff member has a discussion with them and they are fully supported through the complaint process. Evidence is gathered and recorded so we can see that a conversation has taken place between the staff member and their manager. It would be good to see examples commented Cliff so we can explore them. Action: JMcL and CS to meet out with the group.

Tris suggested that this committee monitor action plans and take a regular sample of complaints partially upheld and held. Look at the actions against the improvement plans and as a committee see that an action plan has been developed but not necessarily that action will be taken. Karen M asked the PGC to identify the drilling down that we need to do. Action: PGC

There is all different types of report remarked Karen M what we need is one report that is multipurpose said Cliff and can be shared with the Clinical Governance Committee, the Board and PGC. We need to decide what information we are reporting on and at what level of Committee or Board needs that level of reporting commented Elaine. As an example there appears to be an upturn of complaints particularly in the BGH remarked Karen H. A separate piece of work to analyse the particular areas and to identify top areas between medical and nursing staff and when we see a trend or a shift in the data we can drill down further and see why.

## **7. For Noting:**

7.1 Audit Committee Minutes 11.12.17, 21.03.18 & 30.01.18

7.2 Clinical Governance Minutes: 29.11.17, 31.01.18 & 28.03.18

7.3 Public Partnership Forum Minutes: 06.02.18 & 10.04.18

7.4 Carers Advisory Board Minutes: 09.02.18, 04.06.18 & 12.04.18

## **8. Any Other Business:**

8.1 Equalities issues arising from the agenda - None

8.2 Risks identified from the agenda - None



**9. Future Meeting Dates 2018:**

6<sup>th</sup> November from 2.00 to 4.00p.m. in the BGH Committee Room

**APPROVED**

Minutes of a meeting of the **Clinical Governance Committee** held on 12 September 2018 at 2pm in the Committee Room, BGH

Present: Dr S Mather, Non Executive Director (Chair)  
Mrs A Wilson, Non Executive Director

In Attendance: Miss D Laing, (minute)  
Dr C Sharp, Medical Director  
Dr N Lowdon, Associate Medical Director, P&CS  
Mr P Lerpiniere, Associate Director of Nursing for MH, LD & Older People  
Mrs E Reid, Lead Nurse for Community  
Ms C Wylie, Clinical Risk Facilitator (item 5.2)  
Dr E James, Consultant Microbiologist (item 5.1) phone  
Ms S Finch, Clinical Manager, Women & Children (item 7.1)  
Ms P Walls, Programme & Communications Manager (item 7.5)  
Ms V Hubner, Acting Head of Work & Wellbeing (item 8.2)  
Dr V Dobie, Associate Specialist (item 8.4)  
Dr Imogen Hayward, Consultant Anaesthetist (item 8.5)

## 1. Apologies and Announcements

The Chair noted that apologies had been received from:

Mrs J Davidson, Chief Executive  
Mrs C Pearce, Director of Nursing, Midwifery & Acute Services  
Mr S Whiting, Infection Control Manager  
Mrs E Cockburn, Head of Clinical Governance & Quality  
Mrs N Berry, Associate Director of Nursing & Midwifery  
Dr A Howell, Associate Medical Director, BGH  
Dr J Bennison, Associate Medical Director, BGH  
Mrs S MacDougall, Risk & Safety Manager

The Chair welcomed those present; Dr James will be calling it for item 5.1 when available.

The Chair noted the meeting was quorate.

## 2. Declarations of Interest

There were no declarations of interest.

### 3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 18<sup>th</sup> July 2018 were approved as a true record following amendments made to grammar on:

page 4 item 7.1

page 7 item 9.1

### 4. Matters Arising

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

### 5. Patient Safety

#### 5.1 Dr James will call in to the meeting when available.

#### 5.2 Adverse Event Overview & Thematic report

There is little change in reporting since last report to committee. Slips trips and falls remain the highest, there has also been an increase in infection control and absconding/self harming events. Drug related deaths in Mental Health have increased and appear disproportionate, however this is being reported nationally, Peter Lerpiniere informed the Committee that there is a new method of reviewing these events which may explain the increase.

There are a large number of overdue events still to be agreed and allocated on the system. A review into how Significant Adverse Event Reviews (SAERs) are being carried out is taking place with a view to handing back responsibility to the service for review. Caroline Wylie is compiling an outcome report and will share with Committee once completed.

The Committee asked that reporting should state the monthly time period covered rather than quarters, this will make the data more readable.

Stephen Mather commented that the run charts show no shift and questioned if stability is an acceptable position. He asked how we communicate to organisation that we are looking for change. It is hoped that the focus on reduction of falls may well decrease the number falls reported. Cliff Sharp reported that there has been some evidence that pressure ulcer and falls reporting are decreasing and we will see evidence of this in subsequent reports. The Committee agree that SAER report comparisons on run charts rather than the bar chart would be more useful to inform the Committee.

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

*Dr James telephoned in to the meeting.*

#### 5.1 Infection Control Report

Dr James reported that there is a new member of the team so data was missing from this month's report but this issue is now sorted out and data will be included in next report.

Discussion took place regarding the issue of winter planning. The worry going forward is the provision for isolation during winter illnesses, NHS Borders facilities are inadequate and there are real concerns regarding sharing of toilet facilities within existing bays particularly in the Borders General Hospital. Report from integrated board indicates there is a planned increase in beds but it is not clear if this will mitigate concerns.

Stephen Mather highlighted the Staphylococcus aureus bacteremia (AB) chest drain insertion incident on page 5 of the report and asked what actions are being taken. The chest drain insertion & management policy is out of date and despite reminders at Governance Group meetings this remains an issue. It was recognised that there needs to be a policy/protocol developed at nursing level for care of chest drains. Dr James agreed to discuss this with Sam Whiting and inform the Committee of out come.

*Dr James left the meeting.*

**ACTION: Dr James will discuss chest drain management policy with Sam Whiting and feedback to Committee.**

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

## **6 Person Centred**

### **6.1 Scottish Public Service Ombudsman (SPSO) update**

No one was available to speak to SPSO paper. This will be picked up at November's Clinical Governance Committee meeting

## **7 Effectiveness**

### **7.1 Clinical Board update (Borders General Hospital)**

Fundamentals of care inspections continue they have introduced Senior Charge Nurse into team and this is proving to be helpful. Patient feedback has been positive, addressing issues at time and feedback daily. Reporting to Senior Charge Nurse to support this.

Tissue Viability Learning session on 5<sup>th</sup> July went well. There are gaps in learning for Healthcare Support Workers and a half day session is being organised to cover this. Stephen Mather inquired into the mindset of prevention of pressure ulcers and a discussion took place regarding NHS Borders zero tolerance approach and their commitment to prevention, awareness sessions are being arranged for the future. As an organisation we are outlying compared to national figures, the introduction of the new Tissue Viability Nurse has made a big difference but is still a work in progress as she is covering the whole of NHS Borders and training is on going. Each area now must be able to demonstrate that there are measures in place to prevent pressure damage. The Back to Basics update in November will show how this is progressing.

Culture shifts are taking place in some areas and the focus is to spread this. In particular Kelso Community Hospital and Mental Health areas. Mental Health has identified a need to take a more holistic approach and look at wider health issues and not just focus on the mental health. A move away from a presumption that certain groups are not susceptible and an acceptance that anyone could be vulnerable to pressure damage.

*Pippa Walls joined the meeting*

Malnutrition Universal Screening Tool (MUST) training is complete in BGH, and the Community and Mental Health areas are due to be complete soon. Food Fluid and Nutrition policy & strategies are available, benchmarking being delivered by Jane Gordon. Feedback to staff is taking place following walkrounds which is invaluable. Falls working groups & strategy meetings are taking place including a Friday drop in session, there is also a learning session planned for 24 October. Person Centred Coaching Tool (PCCT) improvements are being reported in some areas. Maternity and Paediatric units have developed tools for use in their areas, these tools are still in early stages but working well. Complaints continue to come in but the teams are working hard to address the issues. Care opinion feedback tends to be positive and the wards report that they appreciate this feedback.

Stephen Mather commented that improvements on PCCT are slow and would like this fed back to those who are undertaking this piece of work.

*Shona Finch left the meeting*

## **7.2 Clinical Board update (Primary & Community Services)**

The P&CS report is predominantly nurse specific, this will evolve over time to include AHP reporting to give a better overall picture. There is an error in the percentage of staff trained on use of MUST and Erica Reid will correct this and update the report.

The falls with significant harm reported are all being investigated through the SAER process. The overdue SAER is being addressed and P&CS are liaising with Scottish Ambulance Service to address this incident.

There are routine unannounced mock inspections taking place in the Community Hospitals which is providing peer review learning opportunities.

Stephen Mather asked if there is improvement or not. Erica Reid commented that things are not getting worse and there are small pockets of improvement. Discussion took place regarding sustaining not always being a good thing but Nicola Lowden commented that sustaining against the tide can be seen as a positive.

**ACTION: Erica Reid will update the report with correct figures**

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

*Vikki Hubner joined the meeting*

### **7.3 Clinical Board – Mental Health report**

The issues highlighted in the above report are the MUST training, this will be rolled out at the end of September. There has been some slack due to staff sickness but this is improving. The increase in falls is a concern and requires greater scrutiny, Peter will take this up and report back to the Committee.

Stephen Mather commented that this is a good clear iteration of report. There was discussion about the narrative that was absent from the SAERs but it was agreed that the specifics could lead to identifiable information and it was agreed that this detail should be omitted. Peter asked that the Committee be assured that the appropriate investigations, actions and learning have been taken.

The workload graph indicated that there has been an increase in staff sickness in some areas and measures are being taken to support staff back to work.

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

### **7.4 Clinical Board – Learning Disabilities report**

Peter Lerpiniere asked the Committee to note that LD report does not fit with standard reporting, the Committee accepted this. Peter also gave a background explanation regarding the Adult Protection Garvald investigation and agreed to keep the Committee informed of the outcome.

The Committee discussed the possibility of investment into the service to enable patients to be treated closer to home. This is always something that is looked at and Borders are in ongoing discussions with Lothian although to date these discussions have not been fruitful. Peter will discuss this issue with Simon Burt and report back to Committee. There was also some concern about our patients who are boarded out with the area being forgotten, Peter assured the Committee that this is not the case and that we still keep regular contact with our patients no matter where they are.

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

### **7.5 Health Promoting Health Services (HPS)**

Pippa Walls reported that although they report annually to the Committee, this report has combined the last 3 years of the programme to enable them to tidy up existing framework before moving into a new framework. There has been good improvement and engagement over all. There has been improvement in Mental Health but the challenges remain the same.

Recommendations in the report ask that the Clinical Governance Committee agree to participate in developing baseline for embedding HPS approach into Clinical Strategy. Stephen reminded Pippa that the Committee are an assurance group and that this request should be taken to CEOPS. Pippa agreed to do this and amend the wording in the recommendations for the purpose of this Committee.

Impressive work gone into report and the Committee thanked Pippa Walls and her team for this.

There was some discussion in the group regarding various health improvement initiatives.

**ACTION: Pippa Walls will update the report with correct wording of recommendations.**

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

## **8 ASSURANCE**

### **8.1 Adult protection Annual update**

Adult Protection update for the Committee is slightly out of sync with the Annual Report, the full Adult Protection Annual report has not yet been published.

Referrals have increased by 25% in particular referrals from NHS Borders staff have increased from the previous year. There will be a move to Public Protection Unit (PPU) within the next year, this will enable consolidation of expertise. The Unit will sit within the council offices, it currently is based in Langlee. Public Protection agenda more in focus than has been previously, the development of Public Protection model over next year will bring both challenges and opportunities. Erica Reid added that integration has helped support the move toward PPU.

Stephen Mather asked if safeguarding for adults is improving, Peter Lerpiniere reports that it is, although difficult to quantify but increasing number of people reporting that they feel safer. Peter Lerpiniere agreed he will supply bi-annual reports for noting to the Committee.

**ACTION: Diane Laing will include Adult Protection updates for noting on subsequent agendas.**

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

### **8.2 Occupational Health Annual update**

There are similarities to last year with a 4% increase in activity. The year has proved to be challenging due to changes in staffing levels. Staff movements are not always being highlighted to Occupational Health. All staff should have Occupational Health checks before commencing employment, regardless if they are new to organisation or changing posts. The issue needs to be addressed, the Committee discussed how this can be avoided and highlighted to the Executive Team. Cliff Sharp asked Vikki Hubner to discuss with HR and put together a communication to staff regarding the movement of staff and inclusion/ importance of Occupational Health checks.

Moving & handling training will move to Training & Professional Development so the stats on staff trained will not be reported by Occupational Health going forward. A paper is being

prepared for Clinical Executive Operational Group (CEOP) regarding support and counselling for anxiety/stress disorders. Managing Mental Wellbeing at work and preventing stress and promoting resilience will also be highlighted.

NHS Borders are going use a new approach to the flu vaccinations this year, by trialling the model being used in England which has shown an increase in uptake there. The use of peer vaccinators has been suggested again and after discussion it was agreed that support for staff concerns should be included rather than a blanket you will be vaccinated or else approach.

The only other highlight on the update are the needle stick injuries, these remain the same despite the introduction of needle safe equipment. Support for staff and re-education and training taking place to minimise risks.

Needle stick injuries – still remains the same despite introduction of needle safe – re-education taking place, support for staff to minimise risks.

**ACTION: Vikki Hubner to discuss putting together a communication to staff regarding notifying Occupation Health when changing employment**

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

### **8.3 Pharmacy Annual update**

There were no particular areas of concern except medication incidents but these are all reported on DATIX (incident reporting tool) and to the relevant Pharmacy Clinical Governance Committee, actions are noted and shared with staff. All are included within current discussions

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

*Imogen Hayward joined the meeting*

### **8.4 Medical Appraisal Annual update**

All doctors are required to revalidate every five years in order to maintain their licence to practice. The responsibility for appraisal of NHS Borders Primary Care Doctors is taken by the Primary Care Appraisal Lead in Lothian, and primary care appraisals are administered by the NHS Lothian Primary Care Contractors Organisation. Appraisal for Secondary Care doctors working in NHS Borders is the responsibility of the Secondary Care Appraisal Lead and is administered by the Medical Director's PA.

In April 2018 NHS Borders introduced Dental Appraisal for all Dental Practitioners using the same online system, Scottish Online Appraisal Resource (SOAR), as doctors which is supported by a dedicated dental administrator.

Previous slippage in appraisals had been reported this has now been addressed.



There have been challenges particularly in secondary care, administration resources have not been adequate, it is hoped that this will improve in the current year. There are not enough appraisers to cover secondary care, recruitment of appraisers is an ongoing process. Medical Director is aware and differing strategies are being approached.

Appraisal is now provided for locum doctors who work in the Borders for over three months and for doctors in non-training posts such as Clinical Development Fellows, this has required additional appraisal resource.

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

*Vicky Hubner left meeting*

*Vee Dobie left the meeting*

## **8.5 Blood Transfusion update**

The Better Blood Transfusion (BBT) review was done some time ago; due to other commitments the report for the Committee had been deferred. Committee is asked to note the annual report and the update of 4 September 2018.

The hospital transfusion team have been struggling to meet regularly. A new chair has been appointed and engagement has improved.

Wrong blood events and platelet loss incidents have decreased, specimen rejection remains the same. Training has increased from 63% to 71% aiming for a target of 93%, areas of concern are being targeted. Overall units transfused have decreased. Performance and sustainability has continued to prove challenging, resourcing remains an issue. The outcome of the Better Blood Transfusion workforce review will impact on key deliverables locally.

Cliff Sharp commented that changes in national service would lead to reduction in support and asks how we address this and to ensure we keep support we have.

Stephen Mather noted that the report is more positive than previously and we need to use our current resources effectively. It is important that we keep the issues in focus. How can the Clinical Governance Committee do to move this forward?

Blood Transfusion update should go to CEOPS to highlight issues with a request for funding should this be required. Elaine Cockburn and Anne-Marie Carr will meet to discuss and identify risks which at present remain unacceptable.

**ACTION: Elaine Cockburn and Anne-Marie Carr to meet regarding BBT risks**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and subsequent update.

*Dr Hayward left the meeting*

## 9 Quality Improvement

### 9.1 Back to Basics report (verbal)

Senior Inspector from Healthcare Improvement Scotland (HIS) visited to undertake a scrutiny peer review. They reported that there was nothing obviously being overlooked. Scottish Patient Safety Fellow is working with Erica Reid on a Quality Improvement approach to Back to Basics Programme, with a particular focus on developing a quality management position to support Food Fluid and Nutrition which remains a concern.

## 10 Items for Noting

### 10.1 The following minutes and papers were noted:

- Learning Disability Clinical Governance Minute
- Child Protection Committee Minute
- Adult Protection Committee Minute

## 11 Any other Business

Peter Lerpiniere: Older People in Acute Hospital (OPAH) paper was presented at the Board, Peter proposed that the a Care of Old People report should be added to items for noting on a bi monthly basis at the Clinical Governance Committee. Group agreed.

**ACTION: Diane Laing will add this to the agenda going forward and approach Peter Lerpiniere for the report as appropriate.**

## 12 Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday, 7th November 2018 at 2pm in BGH Committee Room.

*There was no further competent business and the meeting concluded at 16:20*



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 22 October 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 M Dickson
(v) Cllr T Weatherston	(v) Mrs K Hamilton
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor
Mr S Easingwood	Dr C Sharp
Mr M Porteous	Mrs C Pearce
Mr C McGrath	Mr R McCulloch-Graham
Mrs V McPherson	

**In Attendance:**

Miss I Bishop	Mrs J Davidson
Dr T Patterson	Mrs S Watters
Mrs S Holmes	Mr E Jackson
Mrs S Elliot	

## 1. Apologies and Announcements

Apologies had been received from Mr John Raine, Cllr David Parker, Mr David Bell, Mr John McLaren, Mrs Jenny Smith, Mrs Lynn Gallacher, Dr Angus McVean, Mrs Carol Gillie, Mr David Robertson, Mrs Tracey Logan and Mrs Jill Stacey.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Ewan Jackson, Chief Executive Officer, LIVE Borders, Mrs Sarah Watters, Dr Tim Patterson and Ms Sue Elliot to the meeting who would be presenting various items on the agenda.

The Chair welcomed Mrs Vikki MacPherson to the meeting who was deputising for Mr John McLaren.

The Chair welcomed members of the public to the meeting.

## 2. Declarations of Interest

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

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

### 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 17 September 2018 were amended at Item 7, paragraph 2, to read “A robust discussion ensued which included the NHS voting member Mr T Taylor indicating his dissent. Other members joined in the debate, including Mr C McGrath on behalf of the Public Partnership Forum supporting his contention that there was not sufficient time to look at this matter in depth and further discussions needed to take place...” and at paragraph 3, to read “Various points were raised including: purpose of the document; legislative requirements...” and insertion of a new paragraph 4, “During the robust debate in response to Mr Taylor, Mr McCulloch Graham stated that he saw two types of situations, one where the IJB was led by the community and where the IJB could lead public opinion on health. Mr McGrath immediately interjected stating his opposition to that view as it was against the IJB Corporate Governance and the law.” and at paragraph 5 to read “The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to defer a decision until further discussion had taken place.” and at Item 11 insert new paragraph 2 to read “Mr McCulloch-Graham raised the Strategic Plan. Mr McGrath advised the IJB that at their latest meeting in August the Public Partnership Forum did not accept the Strategic Plan as it related to the PPF.” and with those amendments the minutes were approved.

### 4. Matters Arising

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

### 5. LIVE BORDERS

Mr Ewan Jackson gave a presentation and introduced LIVE Borders to the Integration Joint Board and spoke about its vision, mission and remit. During his presentation he highlighted several key elements including: targeted outcomes; funding streams and financial commitments; provision of opportunities for children and young people to have healthier futures through physical activity as well as education; monitoring data for active schools; collaborative working with partner agencies; Diabetes classes; developing health and wellbeing; charitable status and a reinvestment of all funds raised.

Various points were raised during discussion including: input of the NHS and Local Councillors at Board level; diabetes outcome figures were attained through interviews held by LIVE Borders; discretionary prices for children as well as benchmarking across the country to ensure the pricing point was as good as it could be; bundling opportunities together to create a more competitive price; use of mosaic profiling and concentrating on promotion and benefit of activity; partnerships with education on activity in schools; welcome any contributions to help scale up for chronic illnesses more quickly; and aspiration to look at cooking and nutrition for all age groups in the future.

The Chair thanked Mr Jackson for his presentation.

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

## 6. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted: Hospital to Home recruitment; potential need to increase Crawwood bed provision; recruitment to the Chief Officer for Adult Social Care position; the appointment of the new Care Inspectorate Link Inspector; the appointment of Mr Stuart Easingwood as the new Chief Social Work Officer; the report also discussed the Housing contribution to the partnership.

Various points were raised during discussion including: succession planning; and recruitment to hospital to home and the potential for job shares.

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

## 7. 2017/18 Integration Joint Board Annual Audit Report 2017/18

Mr Mike Porteous gave an overview of the content of the report and highlighted the key messages from the annual audit report, specifically that the 2017/18 Annual Accounts had been given an unqualified report by the auditors.

*Cllr Shona Haslam left the meeting.*

Various points were raised during discussion including: use of the word maturing; using phrases such as “under performing” instead of “in progress”; the degree to which an external audit can be considered as an effective judgment of governance arrangements; feedback from COSLA event where a presentation by Jeane Freeman MSP on IJBs was given; engagement with the public participation forum; and the risk register.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the independent auditor's 2017/18 Annual Report and the key messages it presented.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the audited Annual Accounts for 2017/18.

## 8. Alcohol and Drug Partnership Investment Plan 2018 – 2021

Dr Tim Patterson gave an overview of the content of the report and highlighted the £358k investment plan.

Various points were raised during discussion including: working collaboratively through a multi agency approach to assist children living in hidden poverty with drug and alcohol implications; need for further detailed costings and the potential for slippage in the first year; direction of travel in line with the national strategy and planned actions meet the investment criteria; early identification of vulnerable children and proactive interventions; reinvigorated arrest referral scheme and brief interventions being delivered by custody officers; activity of brief interventions matches costs; high level investment plan with proposals still in development and owned by the Alcohol and Drug Partnership (ADP); support for approval in principle as the plan was still being developed.

The IJB had previously funded the ADP when national funding had been removed and was aware of the value of the work of the ADP.

*Mrs Jane Davidson left the meeting.*

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the plan in principle and sought an update report in January 2019 with more detail and evidence of funding levels being adequate to fund a redesign of services.

## **9. Integration Joint Board Business Cycle and Meeting Dates 2019**

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed meeting dates and business cycle for 2019.

## **10. Quarterly Performance Report**

Mrs Sarah Watters gave an overview of the content of the report and the changes that had been previously agreed to the format of the report.

Various points were raised during discussion including: the revised format and that it was easy to scan it for information; a request was made to move to a red, yellow, green rag rating for future reports with arrows inside the colour to denote if there had been movement within that category; presently appears NHS focused; potential for an end of financial year comparator; and measures were in place to ensure people were discharged when they were medically fit and ready to ensure readmissions were minimised.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved the move to a Red, Yellow and Green RAG status for the Performance Report.

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

## **11. Strategic Planning Group Report**

Mr Robert McCulloch–Graham gave an overview of the content of the report and highlighted progress against the inspection; overview of the primary care improvement plan and the communications strategy; and carer involvement.

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

## **12. Monitoring and Forecast of the Health and Social Care Partnership Budget 2018/19 at 31 August 2018**

Mr Mike Porteous gave an overview of the content of the report and highlighted the forecast year end position.

Various points were raised during discussion including: potential for Health Boards and Integration Joint Boards to achieve a 3 year breakeven position within a variance of 1%; suggested that NHS Scotland were directing 45% of the budget to Health & Social Care; the IJB had delegated the monitoring of the risk register to the audit committee to monitor and to report to the IJB on an annual basis; and it was felt there was a need for the report to be clearer for the public to understand.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast financial position for the Partnership for the year to 31 March 2018/19 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the Chief Officer and Chief Finance Officer of the IJB in compiling and agreeing a recovery plan with the Directors of Finance for NHS Borders and Scottish Borders Council.

### 13. Any Other Business

- **Health & Social Care Integration Joint Board Development Session:** 19 November 2018: This is likely to be an all day event.
- **Scottish Government Medium Term Health and Social Care Financial Framework:** Mr Mike Porteous gave a brief update on the item.
- **Director of Nursing, Midwifery & Acute Services:** On behalf of the Board the Chair noted that it was the final meeting of the IJB for Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services who had been successfully appointed to the role of Director of Care Quality and Strategic Development at the Scottish Ambulance Service. The Chair thanked her for her attendance and input to the Board meetings as well as her work behind the scenes.

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

The meeting concluded at 4.15pm.

Signature: .....  
Chair

## NHS Borders - Area Clinical Forum



### MINUTE of meeting held on

Tuesday 31<sup>st</sup> July 2018 – 17:00-18:00

BGH Committee Room, Borders General Hospital

**Present:** Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)  
 Nicky Hall (Area Ophthalmic Committee) (NH)  
 April Quigley (Consultant Clinical Psychologist) (AQ)  
 Peter Lerpiniere (Mental Health & Learning Disability; BANMAC) (PL)  
 Morag McQuade (Area Dental Advisory Committee) (MMcQ)  
 Pamela Gordon (Podiatry Lead, Allied Health Professionals) (PG)  
 John McLaren (Employee Director) (JMCL)

**In Attendance:** Kate Warner, Minute Secretary (KW)  
 Gareth Clinkscale (General Manager) (GC)

**Not Present:** Dr Tim Young (GP) (TY); Dr Cliff Sharp (Medical Director) (CS)

## 1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from Dr Nicola Lowdon (Area Medical Committee) (NL); Alice Millar (Principal Dentist, Duns Dental Practice) (AM); Jackie Scott (Medical Scientists) (JS). Introductions were made and ACF welcomed Gareth Clinkscale, General Manager Unscheduled Care.

### 1.1 DECLARATIONS OF INTEREST

There were no declarations of interest expressed.

## 2 DRAFT MINUTE OF PREVIOUS MEETING 03.04.2018 & MATTERS ARISING

The Minute of the previous meeting, held on 3<sup>rd</sup> April 2018, was read and approved as an accurate representation of the meeting with no changes. The meeting scheduled for 26<sup>th</sup> June 2018 had been cancelled due to the number of apologies. There were no matters arising from the April meeting.

## 3 ACTION TRACKER

Action Tracker updates:-

- #28 AW to attend Professional Advisory group meetings - On-going (AW)
- #57 Add an action to follow up with other groups to find attendees/meeting dates (KW)
- #58 Disseminate Duty of Candour email/link from CS (KW) COMPLETED
- #59 Forward NHS Fife realistic medicine information to Dr A Howell (AW) COMPLETED
- #60 Annual Operational Plan / WorkPlan to be emailed to ACF members (AW/KW)
- #61 Invite GC to return to update ACF at the start of 2019.
- #62 Add EU Withdrawal to the ACF Agenda (KW)
- #63 Invite Kenny Mitchell / Rob McCulloch-Graham to future ACF meeting to present Primary Care Improvement Plan (KW);
- #64 Update ACF on Potential for Change discussion (CS).



#### 4. PRESENTATION – WINTER PLAN 2018/19

Gareth Clinkscale presented the Draft Winter Plan for 2018/19; reviewing lessons learned from 2017/18 and the plans for 2018/19 winter. Staff and patient experiences had been correlated and key performance measures were reviewed; GC went through slides showing the issues with delayed discharges, boarding bed days increase and surge beds being utilised. Electives were cancelled and recovery was slow and difficult from pressures of winter. Positive plans are in place for forthcoming winter to enable meeting demand for services, better patient flow, less delays, safer services and staff resilience. GC reviewed these areas in detail. Ideas and plans in summary as follows - 7 day RAD service utilising funding from IJB; senior medical cover to be enhanced; Pharmacy looking for funding to enable weekend discharges; there is support for a trial of a Hospital at Weekend team; more consistent care home packages being worked on through IJB; more surge beds; elective cessation plan; emergency department twilight shift to ease higher attendances in evening; increase in public holiday cover – BECS; increase AHP capacity to increase discharge; enhanced ambulatory care (day hospital services, for example urgent care patients – DVTs, PE and so on); new site capacity team to improve patient flow – managing site across 7 days for 12 months period; managing flow and working with nurses from different wards to share experiences and methods; shifting the balance of care where appropriate to community hospital, hospital to home – Kenny Mitchell is reviewing this area. A national tool, previously developed by Dr S Watkin, maps the ward and services that can support patients – day of care audit. Staff wellbeing being considered in full with new ways to support staff and enable them to take breaks to relieve stress; there will be a dedicated lead for staff wellbeing work.

AW commented on the changes and asked how the Professional Advisory Groups and ACF can support. GC talked about the risk around discharge – ensuring patient safety and that expectations are met – a discharge policy update has come to CE Ops Group this month for approval. Mind set of patients and family being supported at home needs to change and that hospital is for acute cases not long term. There are challenging times ahead but new methods and funding may relieve some of the pressure. Discussion on ambulatory care (day hospital, AAU services) – patients may have rapid follow up appointments when they are discharged from hospital more quickly and come back in to be assessed soon after discharge; phone calls following up patients are also being discussed. Patients will have to have confidence in the discharge and be reassured by the changes. ACF thanked CG for the comprehensive presentation and there was appetite for a follow up, updated presentation at the start of 2019.

**ACTION:** Invite GC to return to update ACF at the start of 2019.

#### 5 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

AW provided feedback from the Clinical Governance Committee meeting held on 18<sup>th</sup> July 2018. Discussion for Infection Control focused on catheter associated urinary infections and the target to reduce those by 10%. Work is ongoing particularly in DME ward. There was a spike in the mortality rate (HSMR) in December and another earlier this year. All cases have been reviewed and there were no issues. Walkrounds, adverse events review process and use of MUST the screen tool for nutritional assessments were all discussed. Mental Health update included a positive Mental Health Commission visit to East Briggs; new charge nurse; new dementia nurse but also focus on the pressures within community mental health services (CMHS). In Learning Disabilities update the committee congratulated Alan Lawson, LD Liaison Nurse, for winning the Unsung Hero Award at the Scottish LD Nursing Network Conference. ACF noted this update.

## 6 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

JMcL provided feedback from the Public Governance Committee meeting held on 31<sup>st</sup> July 2018. The committee discussed the fluid and nutrition strategy; the development of an action plan after a Joint Older Peoples inspection; presentation on engagement and involving the public through Integrated Joint Board update; and the model complaints handling procedure which is being reviewed in the light of increased complaints this year. ACF noted this update.

## 7 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW provided feedback from the National ACF Chairs meeting held on 6<sup>th</sup> June 2018 reporting that changing Chairs from various Boards means that there are regularly new members of the committee. A new Chair of the Chair's has been selected: Steven Johnston, Senior Dental Officer (Oral Surgery and Special Care), from NHS Orkney. Regional planning was discussed at the June meeting along with the relationship between Area Clinical Forums and Integrated Joint Boards. In feedback from Boards it was agreed that ACFs have less influence as annual reviews are not ministerial reviews. The new Chair of ACF Chairs will be meeting with the Scottish Government again after a change in Cabinet had resulted in a lapse in those meetings. ACF noted this update.

**ACTION:** Forward National ACF Chairs' meeting minute to ACF when available (KW).

## 8 NHS BOARD PAPERS: DISCUSSION

Items from Board papers discussed by ACF:-

1. EU Withdrawal – the implications and potential risks of Brexit. The Director of Workforce & Planning has set up a Short Life Working Group to review with members from key areas of NHS Borders to discuss the potential impact.
2. Primary Care Improvement Plan – to be presented to ACF at a future meeting.
3. Potential for Change – CS will be leading this discussion around savings and plans; to update ACF at next meeting.
4. Unacceptable Actions Policy – alongside an increasing number of complaints JMcL reported that this policy will set out, for staff and patients, what level of behaviour is unacceptable from a complainant. Policy is at the Board meeting for approval and has been out for consultation on the Intranet. The policy supports people's right to complain but also protect staff from unacceptable behaviour directed towards them. ACF welcomed and supported this policy.

**ACTION:** Add EU Withdrawal to the ACF Agenda (KW); Invite Kenny Mitchell / Rob McCulloch-Graham to future ACF meeting to present Primary Care Improvement Plan (KW); Update ACF on Potential for Change discussion (CS).

## 9 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (PG) – the committee is currently not meeting. There has been an AHP Management review and a session to decide the potential structure is planned for the beginning of September which will be led by Kenny Mitchell.

11(b) Area Dental Advisory Committee (MMcQ) – secretary of the ADAC committee is retiring; contact for minutes will change. MMcQ reported ongoing recruitment and retention issues in all areas of clinical dentistry in the Borders. This issue is nationwide and continues to cause concern, particularly in rural areas.

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

11(d) Area Ophthalmic Committee (NH) – the May meeting continued discussions around enhanced services and how they are developing; no changes with BGH Eye Centre. National changes to enhanced training will enable opticians to be the first port of call for eye problems rather than GP or hospital eye centre/emergency department. Opticians to triage; in Ophthalmic terms – “emergency” may mean not governed by usual tests.

11(e) Area Pharmaceutical Committee (AW) – the July meeting discussed Community Pharmacy winter contingency planning and the lessons learned from 2017/18; re-launch planned for September of CMS and serial prescriptions from GPs; the new Pharmacotherapy service will be part of the GP contract, creating unified prescribing across the Borders; working through timescales for changes to the current system of repeat prescriptions. Efficiency projects are to have a 12 month plan communicated to all pharmacies through the Prescribing Bulletin to enable them to manage changes and alleviate stock issues. Pharmacy application in Tweedbank is now in progress with the Pharmacy Practices Committee set up to review when the preliminary meeting and consultation have finished. Tiered Services – discussion around the dispensing of specialist treatments in secondary care moving to community pharmacy – this will be a phased approach.

11(f) BANMAC (PL) – have met twice since the last ACF meeting and report good attendance with approximately 10 nurses from different disciplines attending. Discussions focus on the Pride in Nursing conference which had positive feedback and will become an annual event. It was felt that with all the pressures of winter and recruitment issues the inspiration conference was well timed. Adult and child protection to be brought under one service as a public protection unit; representation from Health colleagues will be required as health to play larger role in adult protection. Second meeting covered safe staffing; legislations; recruitment; EU staffing and the impact of Brexit; and a separate register. Losing nurses is currently a cause for concern.

11(g) Medical Scientists (JS) – no update available, Jackie Scott planning to attend next ACF meeting.

11 (h) Psychology (AQ) – the focus remains on the Psychotherapy HEAT target which, although improving is not being met. Target is 90% in 18 weeks and in June 79% was achieved. This time last year was 60s% and hoping to continue to maintain the progress. AQ is stepping down as Head of Psychology and when the new recruit has started it will be known if she or they will continue to attend ACF meetings – depending on days worked/meeting date. AQ will not be attending the September meeting and AW thanked her for attending and for updating them. AW commented that the inclusion of Psychology updates have been very useful at ACF.

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

## 10 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

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

1. No specific items to feedback, AW will take reflections and updates from this meeting for her update to the Board.

**ACTION:** Take feedback to NHS Borders Board meeting 02.08.2018 (AW) Forward ACF Minute to NHS Borders Board meeting (KW)

## **11 ANY OTHER BUSINESS**

There was no other business raised for discussion.

## **DATE OF NEXT MEETING**

The next Area Clinical Forum meeting is scheduled for Tuesday 4<sup>th</sup> September 2018 at 17:00 in the BGH Committee Room. The presentation will be “Realistic Medicine”; speaker Dr Annabel Howell. (Changed after meeting to be Primary Care Improvement Plan presentation from Kenny Mitchell)

All members of the professional advisory groups are welcome to attend the presentation – please contact [kate.warner@borders.scot.nhs.uk](mailto:kate.warner@borders.scot.nhs.uk) to confirm numbers.