

## Borders NHS Board



Meeting Date: 7 March 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 <b>note</b> the various committee minutes.	
<b>Approval Pathways:</b>	
This report has been prepared for the Board.	
<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: 06.12.18</li> <li>• Endowment Committee: 24.09.18</li> <li>• Public Governance Committee: 06.11.18</li> <li>• Clinical Governance Committee: 07.11.18</li> <li>• Health and Social Care Integration Joint Board: 17.12.18, 28.01.19</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 6 December 2018 at 10.00am in the Board Room, Newstead

**Present:**

- Mr J Raine, Chair
- Mrs K Hamilton, Vice Chair
- Dr S Mather, Non Executive
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mrs J Davidson, Chief Executive
- Dr C Sharp, Medical Director
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- Mr T Patterson, Joint Director of Public Health
- Mrs N Berry, Director of Nursing, Midwifery & Acute Services

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr J Cowie, Director of Workforce
- Dr J Bennison, Associate Medical Director
- Mrs J Stephen, Head of IM&T
- Ms K Maitland, Quality Improvement Facilitator – Person Centred Care
- Mr M Porteous, Chief Financial Officer, Health & Social Care
- K

## **1. Apologies and Announcements**

Apologies had been received from Mr Robert McCulloch-Graham, Chief Officer Health & Social Care, Dr Annabel Howell, Associate Medical Director, Dr Amanda Cotton, Associate Medical Director, Mrs Sheila MacDougall, Risk and Safety Manager.

The Chair welcomed Mrs Jackie Stephen, to the meeting.

The Chair welcomed Mrs Nicky Berry, Director of Nursing, Midwifery and Acute Services to her first meeting of the Committee.

The Chair welcomed K to the meeting.

The Chair advised that he was awaiting the draft feedback letter from the Scottish Government following the Annual Review held on Friday 16 November and that he had updated the Non Executive

members on the recruitment process for the Chief Executive. He was also awaiting confirmation of who would succeed him as Chair of the Board when he stood down at the end of March 2019.

## **2. Patient and Carers Stories**

K spoke about the case history of her son, the services that were coordinated to care for him and saw him as a person and both of their experiences of the services provided by NHS Borders.

A discussion took place which encompassed several views and points including: both experts and parents being listened to by each other; thoughts around bespoke services for those with continence needs; being mindful of person centred care when providing factual information; managing expectation differently would be helpful ie if the service advised the parent/patient that the budget had a cut off at a certain point then they could be better prepared for that; challenges for NHS Borders in that young people with complexities do have life limiting disorders, however, given the progress made in medicine and the interventions available these young people are surviving longer and now presenting as adults; public services struggle with the idea of equality particularly for vulnerable groups and we must listen to individuals; tailoring services as one size does not fit all and improve at recognising parents' concerns and ensuring correspondence is more person centred; the transition from child to adult had an impact on the availability of the provision of physiotherapy services and how they could be accessed.

Cllr David Parker enquired if the complaint was resolved. K advised she had received a response from Mrs Claire Pearce which had suggested she raise the matter with the Scottish Public Services Ombudsman (SPSO) if she remained dissatisfied. Mrs Jane Davidson commented that the matter should have been picked up at the complaints stage and she was surprised by the content of the letter. She committed to relooking at the matter and if the conclusion remained the same then that would be stated and the next option would be for K to approach the SPSO.

The Chair commented that hearing the story and others that came to the Committee kept the Board grounded and able to recognise the valuable contribution of carers to the NHS. He was encouraged to hear that M was now 21 and had a happy and full life; largely credited to the care he received from his parents.

He further thanked K for attending the Committee and commented that there was a proposal for an adult changing space within the Borders General Hospital that had been in the planning stage for some time and he committed to seeing if that could be accelerated. He further advised that as previously stated Mrs Davidson would relook at the formal complaint that had been made.

*K left the meeting.*

The Committee reflected on the discussion and made several observations including: potential of undermining the complaints process which had not concluded by hearing the story at the Committee; factual response and responsibility of clinicians to raise matters of concern with patients and carers; potential for skin breakdown and clinicians not being allowed to examine the patient; recommendation of alternative products and pads; supply of specific pads requested; assessment of continence products were scrutinized and nationally 4-5 products should cater for everyone's needs; colonic irrigation and toilet training being offered but refused; we should consider the expertise that parents and carers have; and it was important to hear people but not to be used as a forum to change decisions.

Mrs Davidson advised that she would look into what additional support was required, whether that be funding or team capacity, to progress the adult changing facility at Borders General Hospital.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the patient story.

### **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 4 October 2018 were amended at page 6, paragraph 4 to read “NHS Borders approach to achievement ..”approved.

### **5. Matters Arising**

**5.1 Action 13: Patient & Carers Stories:** Dr Cliff Sharp assured the Committee that care would be tailored to the needs of the individual in terms of bedroom setting, etc. The action was agreed as complete.

**5.2 Action 33: Laundering of Staff Uniforms:** Mrs Carol Gillie advised that the matter had been discussed at the Area Partnership Forum on 29 November 2018 and was therefore now complete for the action tracker.

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

### **6. Food Fluid and Nutrition**

Mrs Nicky Berry provided the Committee with an update of the outstanding points on the action plan, commenting that the following had been completed:

- Action 1.2 Deliver training on MUST – training had been rolled out to the BGH, Community and Mental Health. That action was now complete.
- Action 1.3 Prepare a plan for on-going update training – FFN Training was now included in induction and update training commenced. That was now complete.
- Action 1.7 Audit of compliance with FFN standards – develop a Person Centred Coaching Tool. The PCCT had been rolled out to areas in the BGH and community and a weekly update was sent to CNM, ADON and GM’s. That was complete.
- Action 2.1a Person Centred nutritional care plans – Training commenced in October 2017 and nutritional care planning was covered in MUST training. That was now complete
- Action 6.2 Oral nutritional supplements. Process implemented and that was now complete.
- Action 11.3 Policies and pathways – that was now complete
- Action 12.3 Add space for date/time in daily living section in the new AUPR – That had been added. The document had been sent to procurement for quotes for printing. It was expected to commence printing in January and then be rolled out.

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

## 7. Financial Recovery

Mrs Carol Gillie and Mrs Jane Davidson gave a presentation on the draft recovery plan that had been issued the previous day. They provided a recap on the discussions held at the 4 October Board Development session and then focused on the key points of the financial plan and timeline of events. The key issues highlighted included: pay, Barnett consequential, capital and revenue, contingency, support for transformation and next steps.

Discussion focused on: calculations for fully funding the pay award; provision of extra funding from the centre to those Boards who had let their waiting times slip; plans in place for demand management; continued investment in waiting times to keep the patient care focus over the years; capital to revenue; MRI scanner funding; recovery plan savings; workforce costs and models; business as usual savings; drugs benchmarking levels; reduction in drugs investments; clinical developments; improving position moving forward; 2018/19 £10.1m brokerage agreed for this year; an expectation that Boards will manage to the positions they have declared; and engagement and communications plan to support staff as the key messages are released.

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

## 8. Strategic Risk Register

Dr Tim Patterson gave an overview of the content of the report.

Discussion focused on several elements including: whether the escalation of the organisation from level 3 to 4 on the NHS Board performance escalation framework should be included on the strategic risk register and the consequences of the change in leadership; page 4, item 18 “use of the integrated care fund and social care fund”, revisit whether the item should be recorded on the NHS Borders strategic risk register given it was outwith the control of the Health Board; request for further information on page 8, risk 6, item 7 “improve training facilities in place in the Borders” to link post graduate education to that risk, to assist in attracting and keeping staff; and queries in regard to how risks were defined and included on the strategic risk register.

Dr Patterson advised that the risk management policy had been released for review and updating and the Board would undertake a development session on risk management in the new year. Mrs June Smyth reminded the Committee that the strategic risk register and its content had been formulated by the Board with facilitation from an external risk firm a few years previously.

Mrs Jane Davidson suggested that another facilitated workshop should be undertaken when the new members of the Board were appointed.

The **STRATEGY & PERFORMANCE COMMITTEE** requested that the Board Executive Team consider: inclusion of the risk implications of the organisation being elevated to level 4; expanding the commentary on Risk 6, Item 7 “Improve training facilities in place in the Borders”; and whether Risk 2, Item 18 “Use of the integrated care fund and social care fund” should be removed.

## 9. Road to Digital Progress Report

Mrs Jackie Stephen gave an overview of the content of the report.

Mr Malcolm Dickson sought assurance that the £1m of capital monies that were not used were still available. Mrs Carol Gillie advised that the £1m was being assumed to be available as a planning assumption, however that was not confirmed.

The Chair enquired about the status of the second resilience facility. Mrs Stephen advised that work had progressed and various locations had been considered, however that work had been inconclusive. The aim was now to undertake a stock-take, agree a baseline, and undertake a new option appraisal.

The Chair enquired about the level of risk. Mrs Stephen assured the Committee that the risk was low for a short period of time given improved air conditioning had been provided, and that would be reassessed as required.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress against the plan and improving position in relation to infrastructure risk.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that Scottish Government capital would not be used this year.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the proposed project approach to deliver a resilient facility.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the re-profiling of local capital this year to continue delivery of the plan as described.

## 10. Managing Our Performance 2018/19 Mid Year Report

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

Several points were raised during discussion including: potential to purchase capacity from other providers other than NHS Lothian; addressing the backlog in vasectomy operations; update on long term plan for ophthalmology services across the region; orthopaedics backlog is being addressed and will improve over time; aim by end of March 2019 to have 12 weeks for in patients and 12 weeks for out patients bar orthopaedics;

In regard to the Child and Adolescent Mental Health service (CAMHS), Dr Stephen Mather enquired if there was an opportunity to purchase services from other providers. Dr Cliff Sharp advised that services elsewhere tended to have longer waits than at present within NHS Borders and he explained the complexities around the assessments processes and subsequent data issues. He further advised that the waiting times of over 18 weeks were shortening.

Mrs Smyth commented that during the latest round of recruitment the mental health service had wished to over recruit by making savings elsewhere and had done a redesign of the service to create several training posts. Interviews were imminent and that additional staffing would help to address the capacity issues.

Mrs Jane Davidson assured the Committee that she had met with CAMHS to explore other options, such as commissioning Quarriers, further innovations around that and she was also in contact with the Scottish Government. She further advised that there was a workshop being led by Barnardos in February 2019 which would involve a range of stakeholders to look at how services for children might be provided in the future across a range of services and partners.

Dr Stephen Mather enquired the change in admissions to the Stroke Unit during May and June and suggested a small number of beds might be ring fenced to provide intensive treatment for a short period of time. Dr Janet Bennison advised that there were already beds ring fenced for the Stroke Unit to ensure patients with stroke were admitted to the unit and any boarding patients were be reallocated.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the 2018/19 Mid Year Managing Our Performance Report.

## **11. Performance Scorecard**

Dr Stephen Mather enquired if the referral rates to oral surgery had increased. Mrs June Smyth advised that the data was be analysed at present.

Dr Mather enquired if the departure of the Respiratory Medicine Consultant lead had been anticipated. Dr Cliff Sharp assured the Committee that recruitment was being looked at on a regional basis for such important posts.

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

## **12. Any Other Business**

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

**12.2 Neurosurgeon:** Dr Cliff Sharp updated the Committee in regard to the recent publicity concerning a Neurosurgeon in NHS Tayside. He commented that all Health Boards had been asked by the Scottish Government for assurance that such a situation could not occur. He had provided that assurance responding clearly in terms of our HR procedures, mechanisms for quality assurance, complaints process, SPSO responses, and surgical failure rates, etc. The Cabinet Secretary had requested that all Boards publish their responses. He further advised that Medical Directors across NHS Scotland had met to undertake a workshop around cultural issues of challenge.

**12.3 Zholia Alemi:** Dr Cliff Sharp updated the Committee in regard to the recent publicity concerning a bogus psychiatrist. He advised that NHS Borders had employed the Ms Alemi from September to October 2003. Dr Sharp advised that he had been concerned about her practice and had terminated her contract and written to her locum agency about his concerns. The General Medical Council (GMC) were aware as were the Mental Welfare Commission (MWC). Her patient notes were being reviewed to see if any patients she was involved with who may have been detained were detained illegally and treated illegally. Dr Sharp assured the Committee that NHS Borders psychiatric services worked in a dual way so that no-one was treated in an individual way, there were other staff present and several checks and balances built into the service provided.

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

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 7 February 2019 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 1.10pm.*

*Signature: .....*

*Chair*



Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 24<sup>th</sup> September 2018 @ 2 p.m. in the Board Room, Newstead.

**Present:** Mr M Dickson, Non Executive Director  
Mrs C Gillie, Director of Finance  
Dr S Mather, Non Executive Director (Chair)  
Dr C Sharp, Medical Director  
Mrs A Wilson, Non Executive Director

**In Attendance:** Mrs B Everitt, PA to Director of Finance (Minutes)  
Mrs C Oliver, Communications Manager  
Mr G Reid, Investment Advisor  
Mr B Renwick, Fundraising Officer  
Mrs J Smyth, Director of Strategic Change & Performance  
Mrs S Swan, Deputy Director of Finance

1. **Introduction, Apologies and Welcome**

Stephen Mather welcomed those present to the meeting. Apologies had been received from John Raine, Karen Hamilton, Jane Davidson, Claire Pearce, John McLaren and David Parker.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 6<sup>th</sup> June 2018**

Malcolm Dickson highlighted two typos on pages 2 and 4.

**The minutes were approved with the proviso that that the typos discussed be corrected.**

4. **Matters Arising**

*Action Tracker*

An update was requested on how the norovirus testing bid was being taken forward. This would be circulated around Trustees for information.

**The action tracker was noted.**

*Cost of Finance and Governance Services to the Endowment Fund*

Susan Swan spoke to this item. Susan reminded of the discussion at a previous meeting where it had been agreed that the administration cost of supporting the Endowment Fund would be brought back to Trustees for consideration. Susan referred to the table on page 2 which summarised the level of resources required in 2012 amounting to £30.5k per annum. Based on this information Susan explained that Trustees had at that time agreed an administrative fee equivalent to 1% of average fund balances, which in 2017/18 amounted to £24,182. It was noted that the Board due to vacancies in the finance team had not accessed all of the endowment funding over a number of years and had accumulated funds of £120k. It was now being proposed to utilise this funding to put in place further support due to the increasing workload linked to endowments. Susan highlighted page 3 where it detailed appointing a Band 7 post for a minimum of two years, the duties of which would include

actively pushing spend on Endowment Funds. Cliff Sharp asked for clarity if this post would be instead of or as well as the support currently in place. Susan advised that this would be in addition. Carol Gillie added that the Finance Department had managed to support the Board of Trustees without fully utilising all the resources available, however by using the accumulated resource and putting this additional post in place new systems and processes will be put in place.

**The Board of Trustees noted the report and the funds accumulated to cover the cost of increased governance and financial support for the next two financial years.**

**The Board of Trustees also noted going forward the requirements for infrastructure and implementation costs which will be included in all applications for funding made to the Board of Trustees.**

## 5. **Funds Management**

### 5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham advised that the portfolio value at 12<sup>th</sup> September 2018 was £3.7m and highlighted that there has been a poorer return in recent months due to volatility across the market not witnessed previously and was primarily due to political events relating to Brexit. Further volatility was envisaged going forward. Graham reminded Trustees of the decision made around 18 months ago to move more investments outwith the UK and it noted that many of the investments within the portfolio were within America and Europe. Graham explained that although the returns were modest in comparison to previous years they were still positive in the current climate. Graham confirmed that he was comfortable with the portfolio and return. Cliff Sharp enquired if the portfolio was sufficiently diversified. Graham confirmed that it was as there were sufficient investments overseas.

**The Board of Trustees noted the report.**

## 6. **Financial Report**

### 6.1 *External Audit Memorandum Report – Update on Recommendations*

Susan Swan spoke to this item which provided a status update on each of the recommendations following the Endowment Fund audit for 2017/18 undertaken by Geoghegans, the external auditor. Susan highlighted the point relating to the accrued costs for the Children's Centre where audit were recommending a decision be made around this. It was noted that Borders NHS Board had been asked for an update however a response is still outstanding. Carol Gillie agreed to pick this up with the Chief Executive. Susan also referred to the potential charity reorganisation recommendation and assured that this will be implemented when entering the new audit cycle.

**The Board of Trustees noted the report and the actions which were complete or currently in progress with target completion dates.**

### 6.2 *Primary Statement and Fund Balances*

Susan Swan spoke to this item which provided the financial report on Endowment Funds for the period to 31<sup>st</sup> July 2018. Susan highlighted that there had been an in

year net movement in funds utilised of £76,730 for the 4 month period to 31<sup>st</sup> July 2018. It was noted that there has been a steady stream of donations received during the period and the overall balance at the end of June for investments amounted to £5.3m. Susan advised that the level of cash held at bank as detailed on page 4 had reduced and this was due to the applications for funding approved at the previous meeting. Susan also referred to page 7 of the report which detailed what income from the investment portfolio was being spent on, namely equipment, furniture and fittings, staff and patient welfare, training and enhancement of the cancer centre. It was noted that a small amount of funds on page 11 were overspent but Susan assured that this was not a significant issue.

**The Board of Trustees noted the finance report to 31<sup>st</sup> July 2018.**

6.3 *Register of Legacies and Donations*

Susan Swan spoke to this item which provided an update on donations over £5,000 and all legacies to 31<sup>st</sup> July 2018. It was noted that there had been one legacy and two donations during this period.

**The Board of Trustees noted the report.**

7. **Borders Macmillan Centre Extension Project - Update**

Susan Swan spoke to this item which was an update on the planned retendering exercise. Susan explained that there would be no certainty around costs until after the retender process is completed. It was anticipated that the delay in this project would be approximately 10 months. Clare Oliver gave an update on the fundraising appeal where it was noted that the appeal target had been exceeded and it had been communicated through a press release that the appeal has now closed. It was noted that this had clearly stated that no fundraising money would be used for costs incurred due to the delay following the company going into liquidation. Carol Gillie was concerned and enquired how a potential increase in tender cost would be funded. Susan advised that the Board would be required to make a decision on how any increase would be paid. Clare added that it was clear from a fundraising perspective that no funds would be used for this. Stephen Mather asked for assurance that this will be managed with the public. Clare assured that at the time of the company going into liquidation this was clearly stated through the press statement released.

**The Board of Trustees noted the update report and the closure of Fund 102 at the end of September 2018.**

8. **Fundraising**

8.1 *Fundraising Update*

Clare Oliver spoke to this item which was a progress report on the Fundraising Plan presented at the last meeting. Clare confirmed that for the first objective the income stewarded by Fundraising was above the 30% trajectory. Clare referred to the support objective and advised that there had still been no written confirmation from Walk the Walk charity regarding the grant for the mammography refurbishment. In relation to partnership working it was noted that work continues to support Friends of the BGH. Clare referred to page 7 and the platinum grants awards scheme, linked to the 70<sup>th</sup> anniversary of the BGH, which Trustees had been asked to support earlier in the year. Clare advised that due to events since then there have been discussions

with the Chair and Chief Executive and it was being requested today not to progress this as previously planned. It was noted that the scheme had not been officially announced and that anyone can still apply for charitable funds in the usual way. Malcolm Dickson highlighted reference to a mail shot to all appeal donors planned for later in the year and enquired if this would be discussed with Trustees beforehand. Susan explained that they would need to ascertain how significant the funding gap is and would come back to Trustees and the Board before any decisions are made. Clare added that the mail shot was always planned and is not a financial ask on the back of the delay with the project. Stephen Mather referred to previous discussion on the grant from Walk the Walk charity and asked what would happen if this funding was not secured. Susan advised that this would have to be taken through the Board's normal capital planning process. Carol Gillie asked how this could be brought to a close and if any further action could be taken. Clare suggested discussing further outwith the meeting and agreed to give an update at the next meeting.

**The Board of Trustees noted the report.**

## 9. Any Other Business

### 9.1 *OSCR – Review of NHS Endowment Funds*

Susan Swan introduced this item which included communications received regarding the review being undertaken by OSCR following the issues within NHS Tayside. Susan confirmed that all information requested had been returned. Malcolm Dickson referred to the letter to the Chair which provided examples of good practice and asked how many of these we do. Susan confirmed that we publish the annual report and accounts, we do not give grants so not applicable and minutes of Trustees meeting are published within the Board papers on the website. Regarding holding Trustees meetings in public, Susan reminded of discussion at the previous meeting and the suggestion of holding an AGM which the public could attend. Carol Gillie referred to the presentation from OSCR and noted her concern as many donations are given for a specific purpose, often core NHS business, so there was a chance of losing money should the Board of Trustees be unable to accept funding for core business. It was noted that the feedback report from OSCR would be presented to Trustees with recommendations against any issues raised.

**The Board of Trustees noted the update and the correspondence circulated for information.**

### 9.2 *Endowment Trustees Development*

Susan Swan reminded Trustees of the session facilitated by Jane Ferguson, Foundation Director, NHS Lothian held on 14<sup>th</sup> June 2018. It was noted that a number of points had been highlighted, however it was planned to hold off any further action until feedback is received from OSCR and Scottish Government as there could potentially be a change in legislation.

**The Board of Trustees noted the update.**

### 9.3 *Internal Audit Report – Margaret Kerr Unit*

Susan Swan provided an update on the audit undertaken on donations made to the Margaret Kerr Unit. It was noted that the report would be presented to the Audit

Committee later in the week. Susan advised that there were a number of recommendations and these would come forward to Trustees in due course.

Clare Oliver reported that the trial on the alleged theft was due to take place the following day as there may be media coverage. Susan also updated on three enquiries received around further potential thefts and advised that the cash had been banked for two of these with the third being investigated further. A further enquiry regarding property rather than cash was also being looked into.

**The Board of Trustees noted the update.**

- 9.4      *70<sup>th</sup> Anniversary Grants Programme*  
This item was covered earlier in the meeting.

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

Monday, 14<sup>th</sup> January 2019 @ 2 p.m., Board Room, Newstead.

BE  
28.9.18

# PUBLIC GOVERNANCE COMMITTEE




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## Minutes of Public Governance Committee (PGC) Meeting held on Tuesday, 6<sup>th</sup> November 2018 from 2.00 – 4.00 p.m. in the BGH Committee Room

- Present:** Karen Hamilton (Chair & Non Executive Director)  
Lynn Gallacher (Centre Manager Borders Carers Centre)  
Shelagh Martin (Scottish Health Council Local Officer)  
Margaret Lawson (NHS Borders Public Member)  
Cllr David Parker (Non Executive Director)  
Fiona McQueen (Public Member)  
Margaret Simpson (Third Sector Representative)
- In Attendance:** Dr Cliff Sharp (NHS Borders Medical Director)  
John McLaren (Non Executive of NHS Borders)  
Susan Hogg (Public Governance Committee Secretariat & Public Involvement Officer)
- Topic Agenda Items:** Phillip Lunts (General Manager - Item 1)  
Peter Lerpiniere (Associate Director of Nursing for Mental Health, Learning Disability & Older People – Item 2)  
Diane Keddle (Lead Nurse Excellence in Care – Item 3)
1. **Welcome & Introductions**  
Karen welcomed everyone to the meeting.
  2. **Apologies & Announcements**  
Apologies were received from: Claire Pearce, Clare Malster, Nicky Berry, Nicky Hall, Karen Maitland, Elaine Cockburn and Tris Taylor
  3. **Minutes of Previous Meeting:**  
These were approved as a true record.
  4. **Matters Arising from Minutes & Action Tracker:**
    - 4.1 Action 27 – Adult Changing Facilities – Endowment Fund Board of Trustees have approved funding totalling £50k based on previous feasibility works, which identified a possible location and a specification of what is required. Once project management support has been identified through our Capital Planning team this work can progress to fully agree the specification, location of the facility and confirm the cost as quotes are sourced for the work. Karen H suggested it was timely to complete this action as all work from the PGC has progressed.

Action 34 – Review of PGC ToR and Work Plan – It was agreed that with the development of the IJB and its structures for engagement and involvement along with the Community Planning Partnership who have duties under the Community

Empowerment Act it was timely to review the terms of reference and the priorities for the PGC with reference to legislation, guidance and the changing landscape. It was agreed to meet with our Chief Executive and a small number of members from the PGC to review the current terms of reference and agree a way forward. **Action: SH**

Action 36 – Monitoring & Performance Management – Feedback & Complaints action plans – It was agreed to bring back to the next meeting and the Chair reminded the committee members anything they wish to see at the meeting regarding public governance.

#### 4.2 Matters Arising from Action Tracker:

Revision of terms of reference of PGC – Karen H gave an update on the meeting that was held on the 26<sup>th</sup> October. In attendance at the meeting was Karen Hamilton, Jane Davidson, Tris Taylor, Elaine Cockburn, Susan Hogg, Shelagh Martin and apologies received from Cllr David Parker and John McLaren. Karen H talked through the actions that came out of the meeting. Shelagh asked would the members of the Public Governance Committee be involved in the review of the ToR. A sub group to discuss, as noted above, would be formed and a proposal put forward but it is the full committee's responsibility to sign it off.

### 5. Topic Agenda Items:

#### 5.1 Communication & Engagement Plan – NHS Borders Financial Position

Phillip talked to the group about the open and honest conversation we need to have with staff and the people of the Borders. Karen asked Phillip what his thoughts were on how we can change the staff communication to relate to our patients and public. Phillip explained he is now at version 20 and this will be tested at our NHS Borders public engagement groups before it is spread out further.

Lynn explained that she supports carers and they are interested to hear what people are saying and what they want i.e. continuity of care.

As a patient commented Margaret S I would not like to be in hospital the NHS needs to work closer with the Older Peoples Housing Strategy Group, especially around the design of housing. Care at home is a great concept as long as carers are supported remarked Lynn but the choice and quality is just not there. Quality being the biggest issue it is really missing at the current time i.e. physiotherapy the treatment delivered is not the quality to make that recovery. We need to include all of the third sector commented Margaret S. As part of the engagement process your presentation needs to be directed in a broader sense remarked Karen H. We need to give control to our patients and carers and listen to them said Lynn.

There were suggestions made to Phillip by the members that we speak to groups not just an article in the press, individual members of the public, especially the seldom heard, use the public to identify the solution and there are positive actions and efficiency shared with the users.

#### 5.2 Communication with Patients & Families:

Peter talked to the group on the importance of communication within the health care setting with patients and their families. Fiona McQ commented on the dialysis passport and what it contains. This contains information on what particular things you must avoid replied Peter. What initiatives have you built in for the processes and

efficacy of it asked Karen H? We are looking at developing a working model for the ward clerk and the importance of welcome to ensure that people feel more satisfied with their experience. Margaret highlighted that communication among and between services really does need to be addressed. I would agree said Peter on so many levels it takes a simple misunderstanding or for the patient to experience an entirely dissatisfied discharge from hospital. It is the importance of listening. Margaret if it works it will be really effective. If we get our attitude right what we are hearing. From a carers perspective a lot of the time it is staff attitude and not listening commented Lynn. You have to support the carer for it to be a success. Karen asked Peter to come back and give an update in the future. **Action: SH**

### 5.3 Back to Basics – Falls:

Is there a huge difference between the number of falls in our acute hospital and our community hospitals? Diane explained that there are more patients in an acute hospital and the trend seems to be that the same patients have frequent falls. We have to be aware that we do not immobilise patients we need to encourage them to safely move around. What are the processes of encouraging patients to keep up their strengths whilst a patient in the wards asked Lynn? Diane explained the work of the physiotherapist within the department of medicine for the elderly (wards) and it has been agreed that every 20 minutes the patient will take 20 steps using their walking aid. In one of the bays in ward 14 a patient bed has been removed to allow the use of a dining table to encourage patients to move from their bed to the table to eat and socialise with other patients. What are hip protectors asked Karen H? These work like air bags on the hips of the patient but we have evidence to show that these are not fit for purpose and very expensive. Cliff commented on a study carried out by a team from a Newcastle Health Board with the support of health care support workers they visit a patient's home, before discharge, and declutter the patient's home with support from relatives. This helps to support a huge reduction in falls at home.

There are plans to extend the falls work out into the community and early conversations with Erica Reid regarding the hospital to home work is already being looked at. Margaret S asked if there were communication links with the Fire and Rescue and the Scottish Ambulance Services. The patient's home environment if over 65 are assessed and supports put in place to try and reduce falls at home and there is a strong public health message, which covers items such as replacing slippers with socks.

## 6. Any Other Business:

- 6.1 Equalities issues arising from the agenda - None
- 6.2 Risks identified from the agenda – The Carers Act

## 7. Future Meeting Dates 2019

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

26<sup>th</sup> February

7<sup>th</sup> May

30<sup>th</sup> July

5<sup>th</sup> November



## APPROVED



Minute of a meeting of the **Clinical Governance Committee** held on 7 November 2018 at 2.00pm in the Committee Room, BGH

Present:

Dr S Mather, Non Executive Director (Chair)  
Mrs F Sandford, Non Executive Director  
Mrs A Wilson, Non Executive Director

In Attendance:

Miss D Laing, Clinical Governance & Quality Project Officer (minute)  
Mrs J Davidson, Chief Executive  
Dr C Sharp, Medical Director  
Mrs C Pearce, Director of Nursing, Midwifery & Acute Services  
Mr S Whiting, Infection Control Manager  
Mrs E Cockburn, Head of Clinical Governance & Quality  
Dr A Howell, Associate Medical Director (Acute Services/Clinical Governance)  
Mrs N Berry, Associate Director of Nursing/Head of Midwifery  
Mrs E Reid, Associate Director of Nursing and AHPs/Chief Nurse Health and Social Care Partnership  
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities  
Mrs S MacDougall, Risk & Safety Manager  
Dr J Montgomery, Director of Medical Education (item 8.2)

### 1. **Apologies and Announcements**

The Chair noted that apologies had been received from:

Dr J Bennison, Associate Medical Director, BGH  
Mrs V Hubner, Head of Work & Wellbeing

The Chair welcomed those present and confirmed the meeting was quorate. The Chair informed the Committee that Dr Jane Montgomery would be attending for item 8.2

### 2. **Declarations of Interest**

There were no declarations of interest.

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

The minute of the previous meeting held on 12 September 2018 were approved as a true record.

#### 4. Matters Arising

Page 5 Item 7.4 Learning Disabilities report to outline costs associated with patients who are boarded out. Peter Lerpiniere reports the service is in discussion with Lothian regarding places for boarding patients but Lothian are pushing back and no agreement has been made, the issue is on risk register as a high level risk. Committee assured that this has not been forgotten. Placements are limited across Scotland, resolution could not be guaranteed before 2020. There are 19 extra beds available but this will not fully resolve the issue.

*Jane Davidson joined the meeting*

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

#### 5. PATIENT SAFETY

##### 5.1 Infection Control Report

Sam Whiting reported that Infection Control Team is running with a vacancy so are under pressure. NHS Glasgow is providing support until the end of January and there are ongoing conversations taking place with Lothian for support. Recruitment is proving difficult; Annabel Howell suggested using social media to encourage recruitment. Sam agreed to look into this option.

Jane Davidson commented that the report was very good. She enquired as to how our processes are progressing in relation to HEI inspections as we have not had one for some time now. Sam reports that we are behind schedule due to the aforementioned staffing issues but things are going well.

Cliff Sharp enquired as to why there appeared to be a spike in compliance on October 16<sup>th</sup> and if there was a particular reason for this. Sam agreed to investigate if there was a particular event that caused this. There was a discussion about the scale of graphs and how we could alter this to allow for more details. Sam commented that the detail is available and he will bring to the meeting as required.

Alison Wilson asked if the incidence of blood culture contamination is improving. Discussion revealed that there does not seem to be a particular cause for this and the numbers remain very small. Sam also commented that this will not have an effect on HEAT targets.

Discussion took place regarding the new work plan and how it differs from the last. Sam confirmed that the Workplan is updated yearly and this can be brought to the meeting for noting if there is an appetite for this. The only obvious addition to the new Workplan is education in infection control.

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

## 5.2 Quarterly Hospital Standardised Mortality Ratio update

Fourth quarter report shows NHS Borders coming back into the 'funnel plot', there was a marginal decrease in NHS Scotland. Figures have been embargoed until next week. The results have been reviewed and nothing in particular showing to explain changes. Different techniques have been explored on the use of a mortality tool, but there is a question as to whether there is any better value in reviewing mortality differently. The Committee discussed the importance of acting on information; one suggestion was to seek an external assessor to review to see if we are missing something Elaine Cockburn and Annabel Howell will discuss.

Jane Davidson asked if any harm had been recorded due to over treatment but Annabel stated that this was not the case. There was a discussion regarding the accuracy in reporting in the random sample group where no fault is found, Jane asked if this was accurate and did it feel correct? Copies of the trigger tools are kept and can be reviewed should this be required.

Morbidity and Mortality processes are being reviewed which could mean that teams appraise their own morbidity and mortality statistics; there would then be little benefit from wider morbidity reviews. The development of a team of reviewers from a wider range of disciplines and cross reviewing is being explored. Elaine pointed out that originally there was a large pool of reviewers but this has lessened and engaging with staff has been difficult. Discussions have taken place regarding rostering of the critical care team to take part in reviews. Nicky Berry, Elaine Cockburn and Annabel Howell will discuss.

**ACTION: Elaine Cockburn and Annabel Howell to meet and discuss if there is value in an external review into our mortality process.  
Elaine Cockburn, Annabel Howell and Nicky Berry to meet and discuss engaging staff in M&M reviews**

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

## 5.3 Very High Risk Management Report

The bi annual report shows movement within risk control. Section 1.4 Risks Affecting Corporate Objectives, shows that more risks are being detected in safe & effective care and high quality services. The Committee noted that although the risks are not high there is a need to be aware and keep in focus.

There have been three new risks added to register; one from mental health appears to be a list of wants that requires addressing. The Committee were assured that this will be discussed within the team and refined.

Car parking risk was raised in relation to the 'unofficial car park' at the back of Nursery. Estates are working on a planning case to turn into car park. Risk no 1177 has now been reduced to a medium risk.

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

## 5.4 Claims Update

There have been eight new claims since the previous report. The Medical claims are predominantly in acute services. The Committee were asked to note that the rise in financial liability was due to an obstetric claim.

Discussion took place regarding consent claim. Work is required on better recording of consent and informed consent. Clinicians need to be more mindful of explaining the risks and interventions, making sure patients fully understand what they are consenting too.

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

## 6. PERSON CENTRED

### 6.1 Scottish Public Ombudsman (SPSO) Report

Discussion took place regarding the case highlighting National Early Warning Scores (NEWS) assessment, clinical judgment and reaction to the NEWS scores. This does not seem to be a common theme of complaint and there is a high level of confidence that NEWS scores are not ignored. There is always education and learning from complaints and this case will be no different in that the importance of NEWS and reaction to scores will be highlighted.

If the Committee would like to read about the SPSO cases there is a link to SPSO cases in report.

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

### 6.2 Patient Feedback Report

There has been a higher than usual number of complaints since the last report, unsure why but this has started to reduce again. Communication with teams has begun to pay off, it is hoped that this will continue. Response time has increased due to staffing issues but this also is improving. Reporting structures have changed so data will be re-aligned to give a truer picture.

It has been agreed at Board that commendations are to be gathered and analysed. This is not done at present as this is difficult to quantify, reporting on the commendations is being considered and the team will look into how this can be assessed.

*Claire Pearce joined the meeting*

Peter Lerpiniere commented that there were 80% of complaints from four areas and this will be investigated; snap shot reviews are being done in Mental Health. It was suggested that Volunteers could ask particular questions but it is often difficult to get accurate reflection due to the vulnerability of patients undergoing care at the time.

Jane Davidson suggested that the template could be changed to highlight assurance to committee Elaine Cockburn and Diane Laing will discuss.

Fiona Sandford asked how easy it was to give a compliment; discussion took place regarding the various ways of giving a compliment including the Care Opinion which can be accessed on line. Some suggestions on how to gather compliments and analyse them more easily were put forward and Elaine Cockburn agreed to contact Fiona Sandford for more ideas.

**ACTION: Elaine Cockburn will circulate complaint handling process report.**

**Elaine Cockburn and Diane Laing will discuss changing report template**

**Elaine Cockburn will discuss collation and analysis of compliments with Fiona Sandford.**

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

## **7. CLINICAL EFFECTIVENESS**

### **7.1 Clinical Board Update (BGH)**

Pressure ulcer education has been provided for trained staff, training for the Healthcare Support Workers has been organised, pressure relieving cushions identified and purchased. A Tissue Viability awareness day has taken place launching the 'Zero Hero' Campaign which was well received.

Food Fluid & Nutrition meetings are taking place monthly. There is still work to do although we are in a much better position. The MUST learnpro module will be mandatory.

Falls target appears to be unachievable at present, risk assessments taking place and education delivered. Improvement is slow but we are beginning to see progress.

Patient Centred Coaching Tool (PCCT) compliance is improving, outliers identified and discussions taking place.

Significant Adverse Event Reviews (SAER) will be completed by end of month. Staff training for reviews is being rolled out beginning with a workshop next week.

Staff vacancies remains an issue but not any different from rest of NHS Scotland.

There was a discussion regarding where or if the staffing level issues are recorded, it was confirmed that these are recorded on Datix. The Committee would like to seek assurance that Staffing levels are recorded on Datix and the wards are all safe.

The Committee asks that following changes in structures the reporting reflects these changes.

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

## 7.2 Clinical Board Update (Primary and Community Services)

Nutritional Care MUST training will take place at Community Hospitals by end of November.

Trial of new cushions and mattresses too place in Kelso Community Hospital following equipment audit. A business case has been developed. Cushions and heel protectors have been ordered.

Mock inspections have been taking place; these are going well with no major issues or concerns raised. An ANP model of care is being tested in the Knoll.

Currently the Hospital at Home service is currently developing a policy around medicines administration. The policy will go through the P&CS Clinical Governance group once completed.

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

## 7.3 Clinical Board Update (Mental Health)

Patient Centred Coaching Tool (PCCT) is being rolled out across Mental Health with an adaptation for Community services.

There has been an incident of pressure ulcer in Cauldshiels. The team are working closely with Katharine Rolland (Tissue Viability Nurse) and there is a great improvement. Katharine's support throughout Mental Health units has been invaluable.

Unfortunately there has been a high incidence of suicide in summer; the organisation is facing external scrutiny as appropriate. New Suicide Prevention pathway 2014-2019 to be noted at the Committee. This will not change service fundamentally but the scrutiny and learning will change.

There was a discussion regarding Duty of Candour and the Committee have requested a short presentation at the next meeting should the agenda allow.

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

## 7.3 Clinical Board Update (Learning Disabilities Services)

The only issue highlighted in the report was the injury to a patient whilst in out of area placement. Sheila MacDougall and Peter Lerpiniere will discuss this out with meeting.

**ACTION: Sheila MacDougall and Peter Lerpiniere to meet to discuss patient in out of area placement.**

## 7.5 Research Governance Annual Report

There were no main issues to note

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

## 8. ASSURANCE

### 8.1 Clear Pathways Guidance Report

No one was present to talk to this report – it will be deferred to a later meeting.

**ACTION: Diane Laing will table paper at a later meeting as appropriate.**

### 8.2 Medical Education annual Update

There has been focus and improvement on obstetrics and Gynaecology GP training, Jane Montgomery noted that moving of ward 16 patients to ward 7 may pose a problem in terms of training but Nicky Berry assured her that this is being considered. The training Director of GPs wants to come and visit Jane Montgomery, she will report back if this takes place.

Rota changes remain a challenge; Medical Specialities are overstretched although willingness to train is there. There has been a slight issue with simulation not taking place in Education Centre although this is taking place in situ. Jane Davidson agreed to meet with Jane Montgomery to discuss the issues surrounding simulation. It was suggested that a group could be put together to discuss the issues relating to medical education and update the Committee at the end of the financial year.

IT availability poses a problem and the Library computers are not up to spec to support training. There have also been comments from the trainees that the accommodation for them in the Borders is poor. Fiona Sandford enquired as to whether this can be improved, at present it is not on the financial plan to do this. Several members of the committee have stayed in the accommodation and have not found it to be poor.

Stephen Mather asked if medical education has improved. Jane Montgomery reports in general there are improvements but there are still many challenging issues to be faced. Following a discussion it was agreed that the impact on Medical Education should be put on the risk register. It was also noted that the areas that were under less pressure have had positive feedback from the trainees in terms of their experiences here at NHS Borders.

Jane Montgomery wanted the Committee to acknowledge Bob Salmond for all his hard work. The Committee thanked her for her hard work also.

**ACTION: Jane Davidson, Annabel Howell, Cliff Sharp to meet with Jane Montgomery to discuss issues around medical education.  
Outcome of meeting to be tabled at end of financial year.**

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

*Jane Montgomery left the meeting*

### **8.3 COPH Care of Older People in Hospital (formerly OPAH) annual update**

This report was not discussed due to OPAH inspection taking place at time of meeting. There will be an update to this paper to follow at a later date once the inspection report has been released. There will be opportunity to interrogate the report then.

### **8.4 Suicide Annual Update**

This paper was not discussed due to time restraints and unannounced inspection.

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

## **9. Quality Improvement**

### **9.1 Back to Basics Quarterly Report**

Falls: NHS Borders are working towards reducing falls although we will not meet reduction target by end of year. The falls risk paperwork complex, this is being addressed.

Tissue Viability: The Committee were given assurance that training is taking place; the cushions that were identified as a requirement have now been purchased and distributed. The next step is the mattresses. The training for care homes was well attended training for care homes and the Healthcare Support Workers learning sessions are already making a difference.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

## **10. ITEMS FOR NOTING**

- P&CS Clinical Governance Minutes

The **CLINICAL GOVERNANCE COMMITTEE** noted the above paper.

*Claire Pearce, Nicky Berry, and Erica Reid left the meeting*

## **11. Any Other Business**

Due to inspection taking place there was no further business discussed

## **12. Date and Time of next Meeting**

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday 30 January 2018 at 2pm in BGH Committee Room.

*The meeting concluded at 16:25*





Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 17 December 2018 at 2.00pm in the Council Chamber, Scottish Borders Council.

<b>Present:</b>	(v) Cllr D Parker	(v) Dr S Mather (Chair)
	(v) Mrs K Hamilton	(v) Cllr T Weatherston
	(v) Mr M Dickson	(v) Cllr E Thornton-Nicol
	Dr A McVean	Mrs J Smith
	Mr D Bell	Mrs N Berry
	Mr J McLaren	Mr R McCulloch-Graham
	Mr M Porteous	Mrs L Gallagher
<b>In Attendance:</b>	Miss L Ramage	Mrs T Logan
	Mrs Y Chapple	Mrs C Gillie
	Mrs L McIntyre	Mrs S Bell
	Mr D Robertson	Mrs J Stacey

## 1. Apologies and Announcements

Apologies had been received from Cllr Shona Haslam, Mr Tris Taylor, Mr John Raine, Dr Cliff Sharp, Mr Stuart Easingwood, Cllr John Greenwell, Miss Iris Bishop and Mrs J Davidson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Nicky Berry, Interim Director of Nursing, Midwifery & Acute Services to the meeting.

The Chair advised of the now vacant Service User Representative position on the Integrated Joint Board. The position was previously held by Mr Colin McGrath, from the Public Participation Forum, and a new representative was being sought from the locality groups.

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.

Cllr Elaine Thornton-Nicol advised she was a patient at Eildon Medical Practice.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declaration of interest.

### 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 22 October 2018 were approved.

### 4. Matters Arising

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

Mrs Karen Hamilton sought assurance that actions which had extended deadlines were picked up and allocated in the 2019 Integrated Joint Board workplan. Mr Robert McCulloch-Graham advised the themes of many of those actions would be covered at the upcoming Integrated Joint Board Development Session, currently being arranged.

**4.1 Action 29:** Dr Angus McVean asked if the action could be rescheduled for March 2019 or April 2019 to take into account the Quality & Governance for the previous and forthcoming years. The Chair agreed the action should be amended and therefore added to the April 2019 agenda.

**4.2 Action 31:** The Chair advised the action could be closed.

**4.3 Action 32:** The Chair advised the action could be closed.

**4.4 Action 33:** The Chair advised the action could be closed.

### 5. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted the finalised agreement with Queen's House on the Murray House specialist dementia care beds; mental health Day of Care Audit Plus (DoCA Plus) results; Chief Officer conference and the proposed clinical productivity work through Meridian.

Mrs Karen Hamilton enquired in regard to the cost associated with the newly proposed clinical productivity projects. Mr Robert McCulloch-Graham advised the costs were covered in the existing three year contract with Meridian that NHS Borders held.

Mr John McLaren enquired in regard to the responsibility to ensure patients had the right level of clinical input and how assurance was secured on the care provided at Murray House. Mr Robert McCulloch-Graham advised that Queen's House retained ultimate responsibility to provide the standard of care required and NHS Borders retained the responsibility for selecting and placing the patients within appropriate care providers. Assurance on the quality of care was gained through the monitoring of Care Inspectorate reviews, staffing skill mixes and the continual review of patient's care.

Mr John McLaren raised concerns over the proposed Meridian clinical productivity projects, echoed by the Trade Unions, as it was felt a satisfactory level of engagement with Partnership had not yet been met. Additionally, Hospital to Home remained a project funded by the Integrated Joint Board and therefore discussions ensued around the potential distortion of the project with the involvement of Meridian. Mr Robert McCulloch-Graham advised of the

rationale for the inclusion of Hospital to Home, covering the essential support required to scale up the development of systems.

Mr Robert McCulloch-Graham assured the Board that engagement would continue and this was addressed with Scottish Borders Council Trade Unions on 13 December 2018.

Mrs Nicky Berry advised the Royal College of Nursing had been informed of the Meridian clinical productivity proposal. Mr John McLaren asked if Partnership could also be approached as early as possible.

Mrs Lynn Gallagher enquired in regard to the involvement of carers in the Meridian clinical productivity, due to their close links with SBCares staff. Mr Robert McCulloch-Graham advised the involvement of carers was not detailed in the scope of the project; however that element could be developed after the findings were issued in the initial weeks of the project.

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

## **6. Chairs Action – Social Care Fund Direction of Funding**

Mr Mike Porteous gave an overview of the report and the Chair advised that it had been circulated electronically for comment, following the cancellation of the November Integrated Joint Board meeting due to non quoracy. Therefore, through Chair's action, the Chair had approved the recommendations set out in the report.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of the remaining balance of £0.512m of Social Care funding.

## **7. Chairs Action – Integrated Care Fund Direction of Funding**

Mr Mike Porteous gave an overview of the report and the Chair advised that it had been circulated electronically for comment, following the cancellation of the November Integrated Joint Board meeting due non quoracy. Therefore, through Chair's action, the Chair had approved the recommendations set out in the report.

Mrs Karen Hamilton enquired in regard to the evidence of Garden View reducing delayed discharges. Mrs Nicky Berry advised that the information gathered on patient stays was now more robust with additional categories taken into account when reviewing the type of delay. The numbers of delayed discharges continued to vary, however reassurance was given that performance indicators were continually monitored to alert any pressure points and therefore the system was in a good state. Mrs Tracey Logan added the evidence from Garden View was compelling and a worthwhile project to continue.

Discussions ensued regarding the positive impact of Craw Wood last year; rationale of opening extra beds; and operational model of fluctuating SBCares and agency staffing.

Mr Mike Porteous advised an Integrated Care Fund update report would be brought to the Integrated Joint Board January meeting, giving an overview of all of the projects currently operating with Integrated Care funding.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the allocation of Integrated Care Funding to date, as detailed in the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of the sum of £100,000 to Scottish Borders Council from NHS Borders.

## 8. Scheme of Integration

Mr Rob McCulloch-Graham gave an overview of the report to highlight the two points which had been amended in the scheme of Integration; the inclusion of the Carers Scotland Act 2016 and the proposed extension of the Chair's term.

Given the upcoming year was crucial for the Integrated Joint Board to continue to evolve and mature, the collective view from the Chief Executives, NHS Borders Chairman and Council Convener was to maintain consistency of the Integrated Joint Board Chair and Vice Chair. Therefore, the proposed increase to a three year tenure for those positions was recommended.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the term of office extension.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the amendments to the Scheme of Integration in regard to the Carers Act 2016 and the term of office extension.

## 9. 2018/19 Financial Plan – Base Budget Approval

Mr Mike Porteous gave an overview of the content of the report and advised of the ongoing joint working between Scottish Borders Council and NHS Borders finance departments to progress this important piece of work.

Cllr Tom Weatherston asked for an amendment to be made in section 5.1 to ensure the commitment to fund additional expenditure should be done proportionately rather than equitably.

Mr Malcolm Dickson asked if any releasable savings had been identified from the Hospital to Home project. Mrs Carol Gillie advised NHS Borders Board had requested a business case to detail the Hospital to Home savings plan. Mr Robert McCulloch-Graham advised that the business case was being prepared, however a portion of releasable savings would only be realised by the reduction of investment in other service areas.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Financial Plan funding of £168.4m as the base budget for the Integrated Joint Board for 2018/19.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** delegated revenue resources of £45.829m to Scottish Borders Council and £122.528m (including Set Aside) to NHS Borders to deliver services in 2018/19 in line with the strategic plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any expenditure in excess of these delegated budgets in 2018/19 will be funded by additional contributions from the partners in line with the approved scheme of integration.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the commitment to producing a Financial Recovery Plan and the work being done to progress developments to deliver efficiency schemes.

## **10. Strategic Planning Group Terms of Reference**

The Chair asked for comments on the revised Terms of Reference as proposed by the Strategic Planning Group.

The Chair agreed to amend an expectation of the Strategic Planning Group members to 'Contribute to the ongoing development of the Strategic Plan' on page one of the document.

Mrs Karen Hamilton advised the appendix containing the group members would change quite frequently due to staff turnover and moving to different roles in the organisations. The Chair agreed the membership should be updated by the administration lead for the Strategic Planning Group whenever a change arose, to keep the document factually accurate.

The Chair also agreed for a second appendix to be added containing the contact details for each group member.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised Terms of Reference for the Strategic Planning Group, based on the above amendments.

## **11. Eildon Medical Practice**

Mr Robert McCulloch-Graham gave an overview of the report and highlighted the next steps to be carried out in the option appraisal process.

Dr Angus McVean advised he had spoken to the GPs at Eildon Medical Practice who had reviewed and agreed the report. It was advised the GPs were looking to withdraw from the practice by October 2019 and therefore a contingency plan for service level provision was required until a solution was in place.

Mrs Carol Gillie advised there were a number of contingency options being considered and Dr Cliff Sharp would be discussing those with the Eildon Medical Practice Partners on 18 December 2018.

Cllr Elaine Thornton-Nicol advised a petition from patients of Eildon Medical Practice had been presented to Dr Cliff Sharp following the Integrated Joint Board Meeting on 22 October 2018. The Chair advised the petition was technically received by NHS Borders and therefore should be noted as such.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work undertaken to date.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further development of the financial appraisal to determine a final preferred option.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted receipt of a Petition.

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

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

Dr Angus McVean asked for the term 'GP Prescribing' to be renamed to 'Prescribing'.

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** noted the progress in securing brokerage which provides assurance that in year overspends will be covered.

## **13. Strategic Planning Group Report**

Mr Robert McCulloch–Graham gave an overview of the content of the report and highlighted the proposal for Locality Working group administration support; Healthy Lives week and the Carer's Strategy.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Strategic Planning Group Report.

## **14. Any Other Business**

Cllr Tom Weatherston provided an update on the involvement of Integrated Joint Board members in the annual review 2018/19 of the Local Code of Corporate Governance, further to the discussion at the Integration Joint Board Audit Committee held that morning. That engagement could be tied in with a future Board Development Session.

Mr Malcolm Dickson provided an update on NHS Borders internal audit of unscheduled care flow, further to the discussion at the NHS Borders Audit Committee on 11 December 2018.

Mrs Jill Stacey advised a paper would be brought to a future Integration Joint Board meeting on the Accounts Commission Report November 2018: Health and Social Care Integration update on progress.

The Chair advised the Integration Joint Board Development Session was being rescheduled from November 2018, with the date of 14 January 2019 in mind but yet to be confirmed. Mr Robert McCulloch-Graham gave an overview of the intended aims of that session.

Mrs Carol Gillie advised that the NHS Borders Endowment Fund Board of Trustees meeting was scheduled for 14 January 2019 and therefore many NHS Borders representatives would be unable to attend. Dr Angus McVean also advised it would be difficult to ensure sufficient clinical and GP attendance on that date, due to the lack of notice and the busy period of time.

The Chair agreed that new dates in March 2019 should be sought for the development session and advised further information would be circulated in due course.

Mrs Karen Hamilton gave her apologies for the January Integration Joint Board meeting.

#### **15. Date and Time of next meeting**

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday **28 January 2019** at **2.00pm** in Committee Room 2, Scottish Borders Council.

The meeting concluded at 3.25pm.

Signature: .....  
Chair



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 28 January 2019 at 2.00pm in the Council Chamber, Scottish Borders Council.

<b>Present:</b>	(v) Cllr S Haslam	(v) Dr S Mather (Chair)
	(v) Cllr J Greenwell	(v) Mr D Davidson
	(v) Cllr T Weatherston	Mrs N Berry
	(v) Cllr E Thornton-Nicol	Mr J McLaren
	Mrs J Smith	Mr R McCulloch-Graham
	Mr D Bell	Dr A McVean
	Ms D Rutherford	Mr M Porteous

<b>In Attendance:</b>	Miss I Bishop	Mrs J Davidson
	Mrs J Stacey	Mrs C Gillie
	Mrs K Shakespeare	Mrs S Bell
	Mr G McMurdo	

### 1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Mr John Raine, Mrs Karen Hamilton, Mr Tris Taylor, Dr Cliff Sharp, Mrs Tracey Logan, Ms L Gallacher and Mr S Easingwood.

The Chair confirmed that the meeting was not quorate. It could therefore continue to discuss matters of business but was prohibited from making any decisions.

The Chair welcomed Mrs Debbie Rutherford to the meeting who was deputising for Ms Lynn Gallacher.

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.

Cllr Elaine Thornton-Nicoll wished to declare that at item 6.2 on the agenda she was a patient of the Eildon Medical Practice.

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

### 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 17 December 2018 were approved.



## 4. Matters Arising

**4.1 Action 34:** Mr Robert McCulloch-Graham advised that the report had been prepared, however it was commercially sensitive and would therefore require discussion in private. Given the meeting was not quorate it would be deferred to a future meeting.

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

## 5. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted several elements including: Queen's House capacity; Hawick Care Company; St Phillips care homes and a move in status from care home to enhanced care; appointment of Group Manager within Adult Social Care; regional work; winter pressures; and the five yearly review of the Scheme of Integration.

Mr John McLaren suggested it might be helpful for the Integration Joint Board members to understand the Cheviot model and its proposed roll out.

Further discussion focused on the content of the development day session scheduled for 4 March and difficulties with recruitment.

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

## 6. Integrated Care Fund Update

Mr Robert McCulloch-Graham gave an overview of the spend to date, as well as the finer details and recommendations regarding a number of projects including the Transitional care facility, Crawwood (Garden View) and the Matching unit.

Mr Mike Porteous emphasised that the request was for a 2 year period of funding to ensure continuity of recruitment and build on the resources in the community.

Further discussion ensued and the board requested the following:

- The need for future work to identify how to mainstream ICF projects;
- That future work should include admission avoidance as well as patient flow;
- It should include primary care, district nursing and social services;
- The ICF should support the shifting in the balance of care from acute to community, whilst considering the totality of primary care services.

There is a desire that a clear process for the evaluation of projects is in place for future deliberation of proposals and evaluation of schemes. This should also include publication of equalities impact assessments.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the current position of the Integrated Care Fund (ICF).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the projects which had either ended or were expected to run to the end of their funded duration and did not require further decision at that stage.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and supported the use of Chairs action to approve the recommendation to extend and fund 3 live projects to establish a Discharge Programme of work for future evaluation, with the Chairs action being ratified at the next meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and supported the use of Chairs action to approve the funding of the Community Outreach Team, with the Chairs action being ratified at the next meeting.

## **7. Eildon Medical Practice**

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted that it was an update on the current position with information on the financial costs of each option awaited.

The Chair suggested a further paper be submitted to the IJB to cover the next stage in the process and provide a report on all of the options considered and the final decision route to be taken.

Mr Malcolm Dickson enquired about the mention of a care village at Tweedbank in the report. Mr McCulloch-Graham commented that Council colleagues were looking into it and he could ask Mr Murray Leys to provide an update at a future meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work undertaken to date.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the requirement for IJB strategic direction to inform further development the top 3 ranked of the financial appraisal to determine a final preferred option for submission to the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the use of Chairs action to seek a report on the next stage in the process, a report on all of the options considered and the final decision route to be taken, with the Chairs action being ratified at the next meeting.

## **8. Strategic Risk Register**

Mrs Jill Stacey gave an overview of the content of the report. Mr Mike Porteous suggested the report be brought to the Board twice a year for scrutiny.

Cllr Tom Weatherston commented that as the Chair of the Integration Joint Board (IJB) Audit Committee he was content to support that as a way forward.

Mr Malcolm Dickson, as a member of the IJB Audit Committee also agreed with Cllr Weatherston that a 6 monthly review of the Strategic Risk Register should be undertaken by the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** scrutinized the IJB Strategic Risk Register to ensure it covered the key risks and mitigation actions of the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and supported the use of Chairs action to agree to receive a review of the IJB Strategic Risk Register on a six monthly basis, with the Chairs action being ratified at the next meeting.

## **9. Quarterly Performance Report**

Mr Robert McCulloch-Graham introduced the report and Mr Graeme McMurdo gave an overview of the content and explained the RAG status.

Discussion focused on: the merits of a blue status; reference to and showing the Scottish average as a comparison; use of upper and lower limits; restrict to 4 quarters and per 1000 as a comparable figure; see the direction of travel towards improvement; move to the 3 RAG status and change the narrative for amber; and screen for typographical errors.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the proposed changes to the performance report.

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

## **10. Monitoring and Forecast of the Health & Social Care Partnership Budget 2018/19 at 30 November 2018**

Mr Mike Porteous presented the financial report and highlighted the forecast position for the year to 31 March 2019. He advised that the position was based on information to 30 November 2018 and any over spend would be required to be funded from additional contributions from the partnership.

Discussion focused on: requests for the financial plan information to be brought to set meetings of the IJB in relation to the budget process; financial recovery plan for the IJB and potential delivery of savings over 3-5 years; NHS confident of £10.1m brokerage to reach breakeven for 2018/19; NHS pursuing a plan to move back to balance over 2-3 years and happy to report progress in July; IJB has a role and responsibility in how savings can be delivered in the delegated functions as it commissions services; and potential to make hospital to home permanent to release savings.

Cllr Tom Weatherston enquired given the amount of spending on agency staff if staff were offered extra shifts on their days off. Mrs Nicky Berry commented that the NHS ran a process whereby all staff were offered extra shifts before the nurse bank or agencies were contacted.

Mr John McLaren commented that there would inevitably be times when agency spend was unavoidable where there was a clinical skills shortage.

*Cllr Shona Haslam left the meeting.*

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast overspend of £7.55m for the partnership for the year to 31 March 2018/19 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any expenditure in excess of the delegated budgets in 2018/19 would require to be funded by additional contributions from the partners in line with the approved scheme of integration.

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

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

*Cllr John Greenhall left the meeting.*

#### **12. Any Other Business**

**Joint Staff Forum:** Mr John McLaren raised the issue of non quoracy at Joint Staff Forum meetings. He advised that it was difficult to get managers from both organisations at the meetings.

Mr Rob McCulloch-Graham suggested that management colleagues from both organisations look into the matter for their respective organisations and that Mr David Bell raise the matter at the next Health & Social Care Leadership Team meeting. He further requested a copy of the full year plan of Joint Staff meetings

#### **13. 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 25 February 2019 at 2.00pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 4.00pm.

Signature: .....  
Chair