

Borders NHS Board



Meeting Date: 4 April 2019

Approved by:	Jane Davidson, Chief Executive
Author:	Iris Bishop, Board Secretary
STATUTORY AND OTHER COMMITTEE MINUTES	
Purpose of Report:	
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.	
Recommendations:	
The Board is asked to note the various committee minutes.	
Approval Pathways:	
This report has been prepared for the Board.	
Executive Summary:	
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"> • Audit Committee: 11.12.18 • Clinical Governance Committee: 30.01.19 • Finance & Resources Committee: 19.12.18 • Area Clinical Forum: 30.10.18, 15.01.19 	
Impact of item/issues on:	
Strategic Context	As detailed within the individual minutes.
Patient Safety/Clinical Impact	As detailed within the individual minutes.
Staffing/Workforce	As detailed within the individual minutes.
Finance/Resources	As detailed within the individual minutes.
Risk Implications	As detailed within the individual minutes.
Equality and Diversity	Compliant with Board policy requirements.
Consultation	Not applicable.
Glossary	As detailed within the individual minutes.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Tuesday, 11th December 2018 @ 2 p.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
Mrs F Sandford, Non Executive Director

In Attendance: Mr G Bell, Audit Manager, PWC (Left meeting at 4 p.m.)
Mr Robin Brydon, Safety Adviser (Item 10.1)
Mr G Clinkscale, Head of Clinical Governance & Quality (Item 6.3)
Mrs E Cockburn, General Manager (Unscheduled Care) (Item 6.2)
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)
Mrs C Gillie, Director of Finance
Mr A Haseeb, Senior Audit Manager, Audit Scotland
Mr G Ironside, Senior Health Information Manager (Item 5.3)
Mrs M Kerr, Director, PWC (Left meeting at 3.40 p.m.)
Mrs S MacDougall, Risk & Safety Manager
Mr J Steen, Senior Auditor, Audit Scotland
Ms S Swan, Deputy Director of Finance
Mrs G Woolman, Assistant Director, Audit Scotland

1. **Introduction, Apologies and Welcome**

Malcolm Dickson welcomed those present to the meeting. Apologies had been received from Tim Patterson and Jane Davidson.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 26th September 2018**

Minor amendments were requested.

The minutes were approved as an accurate record with the proviso that the amendments discussed are made.

4. **Matters Arising**

Malcolm Dickson referred to the second item on page 2 of the minutes which made reference to the finalised reports following the two external reviews. Malcolm was aware that the report from the Director of Finance at NHS Lanarkshire had been circulated but could not recall having seen the other and asked if it would be possible to have sight of this. Carol Gillie advised that this had been requested and had to be cleared by the Director of Finance at Scottish Government. Carol agreed to raise this again at the meeting the following day. Malcolm also felt that it would be helpful to have sight of the timetable Scottish Government are working to. Karen Hamilton

asked for an update on the recommendations arising from the Internal Audit on the process for donations made to the Margaret Kerr Unit. Susan Swan advised that these are being taken forward with the General Manager (Unscheduled Care) and his team and the report, with updates on the recommendations, will be presented to the Endowment Fund Board of Trustees meeting in January. Gareth Clinkscale gave assurance that the new process is being followed and cash donations are no longer accepted.

Action Tracker

The Committee noted the action tracker.

5. **Governance & Assurance**

5.1 *Audit Follow Up Report*

Susan Swan spoke to this item. Susan advised that the report included an update on the status of recommendations from both Internal and External Audit. Stephen Mather commented that he found the format of the report difficult to understand, particularly the tables. Following discussion Susan agreed to look at how this can be reported to make it more meaningful in future. Asif Haseeb offered assistance to look at this with Susan and the team. Carol Gillie highlighted that the key message being reported is that recommendations are moving forward. Gillian Woolman added that it is good to see this report as it provides a live progress update and gives assurance to the Committee. Malcolm Dickson referred to the first item on page 2 relating to Non Executive member's training and development as he noted that within the 'Audit Scotland: NHS in Scotland 2018' report it stated that Board members require to have an appropriate level of knowledge, skills and expertise to undertake their role effectively. Malcolm advised that he was due to attend SBC and another Board's Audit Committee meetings for an insight into how they conduct their meetings.

The Committee noted the report.

5.2 *Debtors Write-Off Schedule*

Susan Swan spoke to this item and explained the report provides details of the level of doubtful debt which is in the latter stages of debt recovery as well as information from previous years to provide a comparison. Susan advised that a recommendation to write off debtors to the value of £48,302.08 had been made to the Director of Finance as they span back a number of years and the debt recovery agency has confirmed it is unable to recover these monies. This would be discussed in detail with the Director of Finance and if in agreement she would use her delegated authority to write off this debt. Susan reminded the Committee that the current contract with the external debt recovery agency did not include doorstep calling, however the agency have suggested building a further service into the contract, to issue court orders and wages arrestments to individuals as this would further improve the recovery of debts. The Audit Committee supported this additional service being provided. Stephen Mather enquired if the debtors information relating to English and Welsh Health Authorities was correct. Susan confirmed that it was and further information is awaited from Scottish Government in regard to this.

The Committee noted the report.

5.3 *Mid Year Update – Information Governance*

George Ironside spoke to this item and was pleased to report that the actions relating to GDPR were now 98% complete. It was noted that due to this being such a labour intensive task there was currently an estimated £14k cost pressure. Stephen Mather asked

if this would be reimbursed from Scottish Government. George confirmed that there had been no indication of this. Carol Gillie added that Scottish Government have been made fully aware of the pressures faced but there is nothing forthcoming. George updated on the Data Protection Officer for GP practices where it has since been confirmed this role will be supplied by the Health Board and funding will be made available. George went on to explain that the Information Governance work plan is currently being reviewed, due to a significant gap in resources, to see what elements can be reprioritised or deferred. Malcolm Dickson enquired if there were any opportunities for regional working. George advised that there were some common areas and this would continue to be explored, particularly around the increased demands of GDPR. George also provided an update on the internal phishing exercises undertaken where it was noted that for the most recent phishing email the number of recipients who went on to enter data had dropped to 1%.

The Committee noted the update.

6. Internal Audit

6.1 *Internal Audit Plan Progress Report*

George Bell confirmed that progress is on course against the plan for 2018/19 and highlighted the two final reports that were on today's agenda. George gave a status update on the three remaining audits where the reports were due to come to the March Audit Committee meeting.

The Committee noted the progress report.

6.2 *Internal Audit Report – Complaints Handling*

George Bell introduced this item and advised that the report had an overall low risk rating. George referred to the executive summary where it was noted that comprehensive complaint handling processes and procedures were found to be in place and complied with. It was noted that several areas of good practice were identified with effective reporting and follow-up. George referred to the one low risk rated recommendation, namely there is no formal process for recording or approving the classification of complaints when discussion is required between the complaint handling team to assign a stage if they do not obviously fall into stage 1 or stage 2 categories. Elaine Cockburn welcomed the review and was pleased with the emerging report. Elaine advised that internal work has been undertaken to make the process more robust in regard to the recommendation and this had been actioned on the 5th November 2018. Malcolm Dickson suggested that Clinical Governance consider how to monitor trends and then act on them, reporting to the Clinical Governance Committee. Stephen Mather noted that this was an excellent report and the Complaints Team should be congratulated given this new system had only recently been implemented and asked Elaine to relay this back to staff on behalf of the Audit Committee.

The Committee noted the report.

6.3 *Internal Audit Report – Unscheduled Care – Emergency Patient Flow Management*

George Bell introduced this item and advised that the report had an overall medium risk rating. George confirmed that there are policies and procedures in place and that these are followed, however staff with access to TrakCare have the ability to make amendments to any fields, including registration and discharge date. George highlighted that no evidence had been identified of staff attempting to make inappropriate changes. George referred to the high risk recommendation relating to staff with access to TrakCare being able to amend fields which could lead to inaccurate breach data being reported and there being no

controls in place to ensure the validity of such changes. It was noted that management have agreed that a daily breach timing report from TrakCare will be reviewed by the clinical management team at the daily breach review meeting to identify and approve cases where a breach needs to be amended to a non breach. The system will then be updated with the rationale for changing a discharge time and approved by the Clinical Nurse Manager or deputy with evidence being retained. Period audits would also be undertaken on samples of historic changes in order to ensure controls are being applied on a continual basis. Gareth Clinkscale confirmed that this would provide an extra level of assurance. Gareth also reported on feedback from medical colleagues which concluded that they do not update notes and that they have now been asked if this can be actioned going forward. Stephen Mather felt that this was a useful report which highlights potential issues and was pleased to hear there was no evidence of inappropriate use of the system. Gareth went on to provide the Committee with an update on patient flow which has seen increased weekend discharges. Malcolm Dickson congratulated the staff involved in this work.

The Committee noted the report.

6.4 *Internal Audit Arrangements*

Internal Audit were not present for this item

Carol Gillie advised that the current contract with PricewaterhouseCoopers (PWC) was due to come to an end in March 2019. It was noted that, including the slightly different arrangement in the beginning, they had provided an Internal Audit services for almost five years. Carol confirmed that there are ongoing discussions with colleagues at the East Region Directors of Finance meeting as she was aware the Audit Committee were keen for an East Region solution. Carol advised that there had not been as much progress on this as she had hoped and proposed doing a paper detailing the available options for virtual approval by Audit Committee members. Stephen Mather asked if the Committee were receiving good reports that were fit for purpose as he felt they were. Karen Hamilton referred to the recent escalation to level 4. Carol felt that there may be challenge for not tendering to get value for money, however questioned if it would be worthwhile diverting resources for the sum of money that would be achieved. Karen appreciated this and highlighted the good working relationship and continuity should the contract with PWC be extended. Fiona Sandford agreed that the quality of reports from PWC is excellent, however felt NHS Borders may be held to account by not undertaking a tendering exercise to ensure we are getting value for money. Following discussion Carol agreed to circulate a paper detailing the various options for the next 12 months for virtual agreement by Audit Committee members. Gillian Woolman added that there may be opportunities for other joining up arrangements as she was aware some Boards also had contracts ending on the 31st March 2019.

The Committee noted the update

7. **External Audit**

7.1 *External Audit Annual Audit Plan 2018/19*

Gillian Woolman spoke to this item and advised that she had met with the Chief Executive the previous week to go through the annual plan in detail. Gillian referred to the risk and planned work on page 4 and drew the Committee's attention to exhibit 1 where it was noted that the risks detailed at items 1 and 2 were standard and the remaining risks were more specific to NHS Borders. Gillian went on to take the Committee through these. The timescales for expected audit outputs were detailed on page 7 along with the responsibilities of NHS Borders and the Appointed Auditor. Gillian referred to the

timetable for completion of the Annual Accounts which confirmed a final submission date of 28 June 2019. Gillian advised that they work closely with Internal Audit to capture areas where reliance can be placed. It was noted that an annual assessment is undertaken on the Internal Audit function to ensure it operates in accordance with the Public Sector Internal Audit Standards. Gillian highlighted the audit dimensions detailed on page 11 which provided detail on the nature of the work that will be undertaken to provide assurance. The financial pressures NHS Borders are facing were listed on page 12 and the two external reviews undertaken were detailed on page 13. In regard to the bullet point regarding additional scrutiny, Gillian was confident that discussions are ongoing with Scottish Government. Gillian referred to the best value section on page 14 where it noted that this year's audit will focus on the Board's arrangements for demonstrating best value in 'Effective Partnerships' which will reflect on arrangements with key partners such as the Borders IJB and Scottish Borders Council. It was noted that the final two sections on page 15 provided assurance that there were no conflicts of interest. Malcolm Dickson felt that the most pressing issue is brokerage and noted that this is mentioned within the plan. Malcolm added that Non Executive Directors can receive mixed messages and would appreciate an indication around the level of scrutiny there will be. Gillian explained that Statutory reports, also known as Section 22 reports, are an additional paper to the accounts laid before the Scottish Parliament which draws their attention to key areas of concern. It was noted that these reports are very brief and it is for the Scottish Parliament's Audit Committee to decide if they wish anyone from the Board to attend for questioning. Carol Gillie confirmed that she had received verbal agreement that NHS Borders will receive brokerage this year, however we do not currently have a balanced financial plan. It was also noted that due to being on the ladder of escalation the flexibility to underspend/overspend by up to 1% of the annual resource budgets was not applicable to NHS Borders. Again only verbal confirmation had been received regarding this. Carol confirmed that a paper providing clarification on a Section 22 report would be going to the Finance & Resources Committee the following week. Malcolm Dickson enquired about item 4 on page 5 regarding accounting for IJB set aside. Gillian advised that there will be an opportunity for interim arrangements to be put in place and that they would stay up-to-date and sighted on this. Stephen Mather, as Chair of the Borders IJB, advised that there has been dialogue with Scottish Government who have intimated they will be working on this in the new financial year. Malcolm highlighted the section on IM&T on page 10 and in particular reference to co-located data centres as this was not an ideal situation. It was noted that this had been raised at the Strategy & Performance Committee the previous week and assurance had been given from the Head of IM&T that they will be looking for a second location in January. Malcolm also highlighted paragraph 49 which made reference to the EU Withdrawal Working Group as he felt it might be beneficial for the Audit Committee to receive an update at the March meeting if appropriate. Carol was aware that returns have been submitted to Scottish Government and it may be useful for the Committee to have sight of these meantime.

The Committee noted the External Audit Annual Plan for 2018/19.

7.2 *Audit Scotland Report: NHS in Scotland 2018*

Malcolm Dickson felt that there was some assurance from this report and highlighted that for performance NHS Borders were significantly better than other mainland Boards. The report also highlighted issues which would need to be addressed. Carol Gillie advised that Audit Scotland have offered to come and speak to Boards about the report if this would be helpful. Malcolm agreed to discuss this further with the Chair and other Non Executive Directors.

The Committee noted the report.

8. Integration Joint Board

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

9. Fraud & Payment Verification

9.1 *Countering Fraud Operational Group - Feedback*

Susan Swan spoke to this item. It was noted that the update presented had been circulated around the Countering Fraud Operational Group, which has good representation across the organisation as well as from CFS and SBC, to raise awareness and to detect and defer fraud. Susan highlighted the interview techniques workshop which would be taking place later in the week, facilitated by CFS.

Malcolm Dickson noted that the last two meetings had been cancelled due to the number of apologies and stressed that this did not give a reflection on the work undertaken by the Fraud Liaison Officer. Malcolm suggested that the importance of this meeting be relayed on behalf of the Audit Committee. Susan explained that there was also capacity issues within the Finance Department and gave assurance that there is ongoing dialogue in this area.

The Committee noted the update.

9.2 *NFI Update*

Susan Swan spoke to this item where it was noted that the timetable for the 2018/19 exercise was on track and any recommended matches would be notified on the 31st January 2019. A report on these would be presented to the March Audit Committee meeting. Susan advised the 2016/17 outcomes report has been received and this would be circulated around the Committee for information.

The Committee noted the update.

10. Risk Management

10.1 *Annual Risk Management Report*

Sheila MacDougall spoke to this item. Sheila reminded of the update provided at the last meeting which should have been supported by the Risk Management and Health & Safety Annual Reports for 2017/18 and apologised for these not being submitted. From a risk management perspective Sheila gave assurance that a risk management framework is in place. Sheila advised that due to capacity issues within the team there has been agreement that staff will have input around risks within their own areas, however appreciated that risk owners have competing priorities and as these change this may not be seen as a priority. Sheila advised that there may be an opportunity to undertake a remodelling exercise of the department in 2019/20 which could help support risk owners. It was noted that a succession paper was due to go to the Board Executive Team in the near future. Karen Hamilton stressed the need to ensure that ownership is not taken away from risk owners. Malcolm Dickson reminded that risk management is scheduled to come forward to a Board Development Session where he expected this would be touched upon. Malcolm emphasised the need for the Board to be engaged with the risk appetite for the organisation. Sheila advised that the Risk Management Policy was currently out for consultation and this included the risk appetite. This would go to the Clinical Executive Operational Group and the Board Executive Team for review prior to final sign off. Sheila acknowledged that within the appetite there must be some opportunity risk as this can be of benefit to the organisation. Robin Brydon referred to the Health & Safety

Annual Report which highlighted that health and safety procedures are not consistently being applied which can leave the Board vulnerable. Sheila added that shared registers are being looked into to narrow down and capture risk relating to health and safety. Robin referred to the improvement plan which complements the Health & Safety Annual Report as this will ultimately drive compliance higher. Malcolm Dickson noted that there was a decrease in RIDDOR reports and asked how we know if any events are going unreported. Robin explained that the Health & Safety Team are the RIDDOR reporting officers to ensure consistency. Sheila gave assurance that every incident is checked by one of the Health & Safety Team as well as liaison with Occupational Health and Payroll to ensure nothing is missed. Stephen Mather highlighted reference to foul and infected linen within the Risk Management Annual Report as he was not aware of this being raised at the Clinical Governance Committee. Sheila confirmed that this is reported through the Infection Control Committee. It was noted that there is now a tolerance rating in place and anything above this is reported to the Infection Control Committee. Margaret Kerr referred to the HSE inspections to ensure there was clarity on the escalation process. Sheila gave assurance that there is a process in place. Malcolm reminded officers that the Audit Committee could be advised of any areas of serious concern outwith the normal reporting timetable.

The Committee noted the report.

11. **Annual Accounts 2018/19**

11.1 *Mid Year Accounts 2018/19*

Susan Swan spoke to this item. Susan explained that the report provided the Committee with details of the process undertaken for producing the 2018/19 annual accounts. Susan went on to take the Committee through the report and highlighted that the Annual Accounts Sub Group, with representatives from each area of the Finance Department, have started meeting on a fortnightly basis. Fiona Sandford noted that there were some significant variations against cash and cash equivalents between 2017/18 and 2018/19. Susan confirmed that this was not an area of concern as it was primarily due to timing differences.

The Committee noted the mid year accounts for 2018/19.

12. **Items for Noting**

12.1 *Information Governance Committee Minutes: 25th October 2018 (Draft)*

No issues were raised.

The Committee noted the draft Information Governance Committee minutes.

13. **Any Other Competent Business**

None.

14. **Date of Next Meeting**

Wednesday, 20th March 2019 @ 2 p.m., Board Room, Newstead.

APPROVED



Minute of a meeting of the **Clinical Governance Committee** held on 30 January 2019 at 2pm 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
Mrs Nicky Berry, Interim 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 S MacDougall, Risk & Safety Manager
Mrs Katie Morris, General Manager Planned Care & Commissioning (item 7.1)
Dr Keith Allan, Public Health Consultant

1. Announcements & Apologies

The Chair noted that apologies had been received from:

Dr C Sharp, Medical Director
Dr Tim Patterson, Director of Public Health
Dr Janet Bennison, Associate Medical Director (Acute Services)
Ms Sarah Horan, Interim Associate Director of Nursing/Head of Midwifery
Peter Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Vicky Hubner, Head of Work & Wellbeing

Stephen would like to have noted that he is very disappointed with lack of engagement with the Committee and the attendance at the meetings.

2. Declaration of Interest

There were no declarations of interest.

3. Minute of the Previous Meeting

The minute of the previous meeting held on the 7 November 2018 were approved.

4. Matters Arising

Action tracker was discussed

Hospital Standardised Mortality Ratio Update

Annabel and Elaine have arranged meeting regarding external review into hospital mortality process. Clinical staff to be engaged in process although how this will happen is unclear.

There is a National document which is also being considered.

Sam Whiting joined the meeting

Annabel Howell joined the meeting - removed from apologies

There was a discussion as to why the clinical teams don't do their own reviews, this will be considered. As will including morbidity and mortality reviews during medical education afternoons. It was agreed that if we tighten up our local process it may well be that an external review is not required.

Further discussion to be tabled at a future meeting.

Jane Davidson joined the meeting

There was a request that we change the heading for the Clinical Board update for BGH to update for Acute Services. Diane will alter future papers as appropriate.

COPH Annual update

This paper has been included for noting.

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

5. PATIENT SAFETY

5.1 Infection control report

Report to include comparable data with other boards. The Audit at Briggs mentioned on P18 is showing as over due but this is due for completion tomorrow. There was some discussion regarding the reports regarding deaths due to Pigeons, NHS Borders are looking at own facilities to double check that this is not an issue here.

SSI group is being reinvigorated; this will be chaired by Martin Berlansky and will take place in the next couple of weeks. Norovirus testing is happening now, as is cleanliness monitoring

with NHS Borders being above the national average. The committee asked if we can be assured that the monitoring is in both clinical and non clinical areas. Sam stated that everything is being done to ensure that all vermin prone areas are checked and issue arising are dealt with. We are on high level reporting at present with NHS Borders monitoring being successful.

Discussion took place regarding catheter associated infections and if there is a differentiation between self catheterisation and others, Sam assured the committee that when there is a reported issue the cause is investigated.

The two vacancies in the infection control team have been advertised and there has been interest in both.

NHS Borders have breached their HEAT target for SAB infections between April and December last year. Sam will keep us updated on the progress of addressing this issue. The committee commented that the mean on the SABs data chart has remained static since 2015, does this need to be revisited and adjusted? Sam will look into this and adjust accordingly.

The case in the Knoll was discussed regarding the appropriateness of antibiotic prescribed. Sam will check if this was the correct antibiotic and report back to committee. Annabel is happy for this to be feedback at local level.

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

**ACTION: Sam Whiting will revisit the mean on the SABs data chart and adjust accordingly.
Sam Whiting to check appropriateness of antibiotic prescribed to patient in Knoll and report back to committee**

5.2 Adverse Event Overview and Thematic Report

Overall there has been a downward trend in events; we appear to be back to baseline now. Staffing levels remain an issue. Sheila MacDougall commented that we should check the Q2 dates with Caroline Wylie as they don't appear to be correct. Analysis on staffing and duty of candour would be useful. Keith Allan asked what was driving the figures, are there themes? Elaine will discuss the wording of section of report on page 5 with Caroline Wylie at the request of Sheila.

SAER policy is being reviewed and Stephen suggested a Board development session on the policy. Stephen will discuss with Iris Bishop.

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

**ACTION: Elaine Cockburn will discuss wording in report with Caroline Wylie
Stephen Mather will discuss SAER development session at Board with Iris Bishop.**

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) Update

Discussion took place regarding the report. The committee was assured that action plans are in place. Alison Wilson asked if it felt like there were more SPSO cases than normal. Elaine Cockburn stated that this was difficult to say as the numbers are always variable and no rationale as to clusters.

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

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board Update (Acute Services)

Katie Morris attended to talk to the Acute Service report. She reports that tissue viability continues to show a significant decrease in tissue viability issues. This has been helped by the introduction of appropriate pressure relieving care and better engagement from the staff. Falls reduction didn't achieve target but there is a lot of work ongoing and improvement in this area is still progressing.

Lead in Excellence and Care for NHS Borders is supporting the introduction of Senior Charge Nurses buddy inspections of clinical areas to further enhance their ownership of the fundamentals of care and the PCCTs. The outcomes will be fed back to SCNs on the ward for them to discuss within their teams this will provide an opportunity for learning and better engagement from staff.

Fiona commented that ward 12 appeared to be an outlier and asked if there was a reason for this. Katie agreed to check and feedback to the committee.

Sheila queried falls with harm figures as it is unclear what level these falls were reported at and what the outcomes were, numbers and breakdown would be useful.

Jane commented that it was a well set out report and shows how much hard work is taking place. Duty of candour should be reflected in the report.

There was a request to have a look at the Board paper template for use as cover paper for reports at the committee. Diane will contact Iris Bishop for a copy of this and will be discussed at the March meeting. Again the measures in helping reduce pressure ulcers were discussed, the proof will be over time but initial findings are good.

Discussion around quantifying improvement took place and it was agreed that evidence on progress and improvement would be useful. There is good evidence in OPAH report but work could be done on how we can show consequential impact.

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

ACTION **Katie Morris agreed to check why ward 12 appears to be outlying in figures and feedback to the committee**
Diane Laing will contact Irish Bishop for Board report template.

Katie Morris left the meeting

7.2 Clinical Board Update (Primary & Community Services)

There was no one available to talk to this report, however there was discussion that reporting over time would be more useful and some narrative on staffing.

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

7.3 Clinical Board Update (Mental Health)

There was no one available to talk to this report. There was discussion however about the reference to duty of candour within the report and that it would be good to have this included in all the clinical board updates for the committee.

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

7.4 Clinical Board Update (Learning Disabilities)

There was no one available to talk to this report.

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

8. ASSURANCE

8.1 Clear Pathways (deferred from Nov 2018)

The report was only briefly discussed. Committee asked that can be assured that there is the same level of scrutiny around recruitment of volunteers through organisations affiliated to NHS Borders as there is within the organisation. Report to be sent to staff governance committee.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

8.2 MBRRACE (Mother and Babies Reducing Risk through Audits and Confidential Enquiries across the UK)

Report was discussed, the committee were asked to note that there is a slight amount of lag time in the reporting. The perinatal review tool has been developed and NHS Borders are the first Board to be involved. Keith asked if all perinatal periods are covered, Nicky acknowledged that this is the case.

Committee asked for assurance that Feeling Baby Move Leaflet could be available to all, Nicky discuss this with Sarah Horan.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

8.3 Internal Audit Report of Complaint Handling

Pricewaterhouse Coopers (PwC) found several areas of good practice with only one area of low risk for improvement within their audit. They commented on the audit being one of the best they had undertaken. We always welcome an external view of our systems and processes. Our complaint handling was reviewed extensively in recent years and this report demonstrates the improvements made which benefit patients, families and staff.

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

9. Quality Improvement

9.1 Back to Basics

There was no one available to give a verbal report at the meeting.

10. ITEMS FOR NOTING

10 care actions/COPH - annual report
P&CS Clinical Governance Minutes
Public Health Governance Minutes
LD Clinical Governance Minutes

11. Any Other Business

The OPAH report today highlighted four areas of good practice and nine areas of concern. This is an improvement from the last inspection with good engagement from the organisation and learning from feedback. This will be shared with the organisation and review and action plan will come to a future committee meeting.

12. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee will be held on Wednesday, 27 March at 2pm in BGH Committee Room.

The meeting concluded at 15:39

Finance and Resources Committee



Minutes of a meeting of the **Finance and Resources Committee** held on Wednesday 19 December 2018 at 3.00pm in the Board Room, Newstead.

Present: Mr M Dickson, Non Executive (Chair)
Mrs K Hamilton, Vice Chair

In Attendance: Miss I Bishop, Board Secretary
Mr R McCulloch-Graham, Chief Officer, Health & Social Care
Mrs S Swan, Deputy Director of Finance
Mrs J Davidson, Chief Executive
Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
Dr C Sharp, Medical Director
Mrs A Wilson, Director of Pharmacy
Mr John Raine, Chairman

1. Apologies and Announcements

Mr Malcolm Dickson welcomed members of the Committee to the first meeting of the Finance & Resources Committee which had succeeded the Financial Performance Group.

Apologies had been received from Cllr David Parker, Mrs Fiona Sandford, Mrs Nicky Berry.

The Chair welcomed Mrs Alison Wilson, Director of Pharmacy to the meeting who was attending to present the Drugs Outlook item on the agenda.

The Chair confirmed the meeting was quorate.

2. Declarations of Interest

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

The **FINANCE & RESOURCES COMMITTEE** noted there were none.

3. Terms of Reference

Mrs Carol Gillie presented the Terms of Reference to the Committee for review ahead of submission to the Board for formal ratification. She confirmed that it was a governance committee accountable to the Board and therefore the minutes of the Committee would be made public with the membership being the Non Executive members of the Board.

Mr Robert McCulloch-Graham asked if he could bring Mr Mike Porteous, Chief Financial Officer for the Health & Social Care Integration Joint Board with him to future meetings as and when required. The Chair agreed that if Mr McCulloch-Graham felt the presence of Mr Porteous at the meetings would provide more support to the Committee it was a reasonable request that he be invited as and when required.

Ms Susan Swan clarified that the Committee was to provide assurance to the Board around the additional detail on the management of the resources of the organisation and it was not an approval group.

Mrs Karen Hamilton sought clarification as to why the drug and prescribing budgets were specifically mentioned in the Terms of Reference. Mrs Gillie confirmed that it was specified given the huge volume of costs involved and significant area of investment. She further commented that it was also highlighted in the Finance Committee terms of reference in other Health Boards.

During discussion several amendments were suggested to the draft Terms of Reference including: revising the membership to remove the Chair of the Board who may attend as and when they desire and include a further Non Executive; to include the Director of Strategic Change & Performance in the attendees list; section 1:3:1 to read “..accountability and assurance to..”; section 1:3:2 to read “Arrangement for Securing Best Value”; section 1:3:3 to read “... in support of the Integration Joint Board Strategic Plan, Local ...”

The **FINANCE & RESOURCES COMMITTEE** agreed the amendments to the Terms of Reference as discussed.

The **FINANCE & RESOURCES COMMITTEE** agreed to review the Terms of Reference in six months’ time.

The **FINANCE & RESOURCES COMMITTEE** agreed to submit the revised Terms of Reference to the Borders NHS Board for approval.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Financial Performance Group held on 6 November 2018 were amended at page 2, paragraph 4, line 2 to read “April 2019.” and with that amendment the minutes were approved.

5. Matters Arising

5.1 Action 71: Mr Robert McCulloch-Graham advised that any surplus/deficit in SB Cares would be the responsibility of Scottish Borders Council, given the Integration Joint Board commissioned the service from Scottish Borders Council, who contracted it to SBCares. He advised that he was happy to share a copy of the SBCares contract with the Committee for information. He further advised that an SBCares Governance Group was being formulated and Meridian would be working with SBCares around systems and efficiencies.

Ms Susan Swan commented that the NHS Borders Financial Plan should be aligned so that the level of resource to be transferred to the Integration Joint Board (IJB) could be agreed.

Mr McCulloch-Graham commented that the IJB contained delegated functions from both NHS Borders and Scottish Borders Council and it had a requirement to prove it was in receipt of value for money when it commissioned services. It was therefore able to commission services from elsewhere and was not tied into historically inherited agreements.

Mr McCulloch-Graham agreed to provide the Committee with a copy of the SBCares contract and the Scheme of Integration highlighting the relevant sections to provide clarity on the surplus/deficit requirements and commissioning ability of the IJB.

The **FINANCE & RESOURCES COMMITTEE** agreed that the outstanding Financial Performance Group actions should be included on the Finance & Resources Committee action tracker.

The **FINANCE & RESOURCES COMMITTEE** agreed to receive a copy of the SBCares contract and Scheme of Integration from Mr McCulloch-Graham.

6. 2018/19 Year End Forecast

Ms Susan Swan gave an overview of the content of the report and highlighted the forecast year end outturn position as at 31 October 2018. She further highlighted the required level of brokerage from Scottish Government at £10.1m which had been consistently reported to Borders NHS Board.

The Chair noted that there were some slippages and some cost pressures and it appeared to be a slightly better position than had been anticipated. Ms Swan agreed the position had slightly improved however she cautioned that there were additional cost pressures being encountered which were being offset.

Mr John Raine enquired on the status of waiting times funding. Mrs Carol Gillie advised that for 2018/19 the organisation had received £1m earlier in the year and had been advised that there was a further £998k to be allocated to NHS Borders with further pots of money becoming available to bid for. She commented that apart from Orthopaedics the organisation was on course to deliver on the 12 weeks waiting times target for inpatients.

The **FINANCE & RESOURCES COMMITTEE** noted the contents of the report and the projected 2018/19 year end outturn.

The **FINANCE & RESOURCES COMMITTEE** noted the continued requirement for brokerage funding of £10.1m from the Scottish Government to achieve the Board's financial targets in 2018/19.

7. Efficiency Business as Usual 2019/20

Mrs Carol Gillie gave an overview of the content of the report and highlighted the inclusion of a RAG status for each of the schemes. She advised that she was confident 1% Business as Usual savings would be delivered in 2019/20 and caveated the statement by advising that there was more work to be done.

The Chair enquired about the recurring savings schemes and Mrs Gillie commented that most were low level savings through skill mix and business as usual and not big ticket transformational savings.

The Chair commented that Primary and Community Services (PACS) & Allied Health Professionals (AHPs) had not identified any recurring savings. Mrs Gillie advised that there was a nervousness about

turning non recurrent savings into recurrent savings and there was work to do to build up confidence levels to enable services to accomplish that.

Mr McCulloch-Graham advised that currently there were issues in PACS around AHPs and the longer term plan was to look at the management structure with the intention of recurrent savings being found.

The **FINANCE & RESOURCES COMMITTEE** noted the update on 2019/20 Business as Usual savings.

8. External Review of NHS Borders Financial Plan papers, report and key actions

Mrs Carol Gillie highlighted the key actions from the report and the deadlines for taking those actions forward.

Mr John Raine commented that some interesting points had been made in the report in that the organisation were not treated fairly under NRAC and did not receive additional funding linked to remoteness and rurality. In terms of delayed discharges, NHS Borders delayed discharges had increased by 84% locally against the whole of Scotland decrease of 14% and he enquired how much the organisation would have saved if it were at the scottish average.

The Chair commented that delayed discharges had to be a priority and that they seemed to be a bottleneck for other things and he enquired if there were enough resources available.

Mr Robert McCulloch-Graham commented that in terms of having enough resources there was not enough care home provision. He further advised that the resource provided to the IJB was tight and support had been requested from Better Borders in NHS Borders and a similar provision in Scottish Borders Council and he clarified that both the Board Executive Team in NHS Borders and the Corporate Management Team in Scottish Borders Council were sighted on the matter.

Mrs Karen Hamilton commented that she was surprised that an action plan was not already in place. Mr McCulloch-Graham advised that all actions undertaken had been within the winter plan which included looking at how to increase patient flow, end points, destinations, capacity provision, introduction of Hospital to Home, step down facilities and a number of other factors were also taken into account. .

Mrs Jane Davidson commented that it was crucial to bottom out the business case for Hospital to Home at the Executive Management Team as that should see a direct impact on delayed discharges and should have a profound effect in January. She suggested the winter plan was only estimating a third of what it should deliver and the business case for Hospital to Home would be about its financial ability.

Mrs Davidson commented that in terms of resources there was a thought that home care was an issue, care home beds had reduced and hospital beds had remained the same, so the shift to the community was difficult and it would be useful to seek other intelligence on what Borders looked like in terms of delayed discharges and capacity.

The Chair enquired if the organisation was doing all it could to learn and move out of the current situation. Mr McCulloch-Graham advised that the IJB would be undertaking a development session early in the New Year to focus on the levers it had at its disposal to impact on delayed discharges, such as focusing on the patient flow to make sure assessments were done efficiently, admission avoidance,

periods of reablement prior to discharge, what is purchased that could be provided in-house, and putting the right investment in the right place. In regard to mental health services he advised that a day of care audit (DOCA) had been undertaken in August and had identified 6 individuals for placement. He anticipated that more patients would be identified for placements outwith the acute setting which would enable a positive dialogue with care homes.

Further discussion focused on the movement of NHS Borders from level 3 to level 4 on the NHS Board Performance Escalation Framework and the scrutiny and understanding that such a move would bring.

The **FINANCE & RESOURCES COMMITTEE** considered the report by the Director of Finance NHS Lanarkshire on NHS Borders financial plan papers and the subsequent action plan.

9. Hire of Equipment

Mrs Janice Cockburn gave an overview of the content of the report and highlighted the clinical reasons to progress with the test of concept.

Mrs Karen Hamilton enquired if 2 years was the normal life of a mattress. Mrs Cockburn confirmed that 2 years was the worst case scenario.

The Chair sought confirmation that the figure quoted was the maximum spend. Mrs Cockburn confirmed that it was.

The **FINANCE & RESOURCES COMMITTEE** noted the proposed way forward for the purchase of mattresses. The BGH management team would continue to review other areas of hired equipment using the same methodology.

10. Supplies Charging

Mrs Janice Cockburn gave an overview of the content of the report and highlighted hearing aids, wigs and expenditure and the requirement to enforce the established criteria. It was anticipated that small savings would be made and the organization would continue to follow national policy on the supply of wigs to patients. There was very little else that could be done to make any further savings.

The **FINANCE & RESOURCES COMMITTEE** noted the proposed way forward on charging linked to wigs and audiology supplies.

11. Update on Scottish Parliament Budget

Mrs Carol Gillie gave an informative presentation on the Scottish Parliament Budget announcement of 12 December 2018 and highlighted that it remained a draft budget. She highlighted that: Capital remained unchanged from 2018/19; there was a 2.5% uplift (which included funding for pay awards); a pro rata share of the uplift to the NHS was to go to the IJB; and a reduction in variation in set aside budgets.

Discussion focused on: trauma centres and trauma networks; national boards received small uplifts and were required to make savings; territorial boards received uplifts and have to manage their own savings; next financial plan was due end of February; and pursuing a share of the Barnett consequential.

The **FINANCE & RESOURCES COMMITTEE** noted the presentation.

12. Drugs Outlook

Mrs Alison Wilson presented the drugs outlook to the Committee and highlighted several key elements including: primary care prescribing costs per head of population; number of items on a prescription per head of population; benchmarking; areas to explore including cardiology and nutrition and blood; respiratory disease practices and inhaled corticosteroids; polypharmacy related prescribing; savings through biosimilars; realistic prescribing; and what we need to support the recovery plan around prescribing.

Discussion focused on: variation in prescribing; positive impact on GPs of people seeking assistance from pharmacists first; drugs being a major stream in terms of savings; and senior medical staff asking for a drugs target and what that would look like.

The **FINANCE & RESOURCES COMMITTEE** noted the presentation.

13. Any Other Business

13.1 Section 22 Report: The Chair commented that the Audit Committee had requested sight of an Audit Scotland explanatory paper on that body's requirement to produce a Section 22 Report to the Scottish Parliament on Health Boards on level 4 of special measures, and he suggested the Committee might find it a useful paper to be aware of. Mrs Karen Hamilton commented that it was a good paper to have for reference. Mrs Carol Gillie commented that the organisations external auditors were keen for the Board to understand what could happen if a Section 22 Report were issued.

The **FINANCE & RESOURCES COMMITTEE** noted the report.

13.2 Future Meetings: The Chair suggested the Committee reflect at the end of each meeting on what it wished to have placed on future meeting agendas to see if it felt right, given the Committee's assurance role to the Borders NHS Board.

The **FINANCE & RESOURCES COMMITTEE** noted the suggestion.

13.3 External Review: The Chair clarified that the Board Executive Team would monitor progress on the NHS Lanarkshire, Director of Finance Report and sought confirmation that an update would be provided to the next meeting. Mrs Jane Davidson suggested the Committee should request an update at each meeting which would assist the Executives to remain focused and hold them to account in a supportive way.

The **FINANCE & RESOURCES COMMITTEE** noted the update.

14. Date and Time of next meeting

The Chair confirmed that the next meeting of Finance and Resources Committee had been scheduled for Thursday 24 January 2019, however that was no longer possible and a new date would be sought.

The meeting concluded at 5.15pm

Signature:
Chair

NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 30th October 2018 – 17:00-18:20

BGH Committee Room, Borders General Hospital

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
 Nicky Hall (Area Ophthalmic Committee) (NH)
 Peter Lerpiniere (Mental Health & Learning Disability; BANMAC) (PL)
 Morag McQuade (Area Dental Advisory Committee) (MMcQ)
 John McLaren (Employee Director) (JMcl)
 Dr Cliff Sharp (Medical Director) (CS)

In Attendance: Kate Warner, Minute Secretary (KW)
 Zena Trendell, Primary Care Contracting Manager (ZT)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from Alice Miller (Principal Dentist, Duns Dental Practice) (AM); Pamela Gordon (Podiatry Lead, Allied Health Professionals) (PG); Jackie Scott (Medical Scientists) (JS). April Quigley will no longer be attending ACF; ACF thanked her for her contribution to the forum and will request nomination from the New Head of Psychology. Alice Miller has resigned from her post as DPA and has requested to be removed from ACF circulation.

Area Medical Committee has a new Chair, Dr Angus McVean and new Vice Chair, Dr Graeme Eunson, Consultant Paediatrician, who will hopefully be able to attend ACF meeting in January and will be added to the circulation list.

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 31st July 2018, was read and approved as an accurate representation of the meeting with no changes. The meeting scheduled for 4th September 2018 had been cancelled due to the number of apologies.

Matter Arising - CS summarised Potential for Change for ACF, explaining that although Scottish Government recently announced write off of existing loans there is still a great deal of work to be done in balancing finances and addressing overspend. The Potential for Change recognises the good work being done: for example, Pharmacy work with prescribing budget; BGH in making savings and in the reconfiguration of services which improve services and benefit patients but can also provide efficiencies. CS commented that more needs to be done – some more radical decisions which require governance approval to progress with. Three year planning, instead of current one year, will enable us to plan changes more effectively.

3 ACTION TRACKER

Action Tracker updates:-

#28 AW to attend Professional Advisory group meetings - On-going (KW to arrange final dates)

#57 COMPLETED; #58 COMPLETED; #59 COMPLETED

#60 Annual Operational Plan / WorkPlan to be emailed to ACF members (AW/KW)

#61 COMPLETED; #62 COMPLETED; #63 COMPLETED; #64 COMPLETED

#65 Forward Partnership Presentation to ACF (JMcl/KW)

4 PRESENTATION – PRIMARY CARE IMPROVEMENT PLAN 2018/19

Zena Trendell, NHS Borders Primary Care Contracting Manager, presented the Primary Care Improvement Plan for 2018/19. ZT gave a brief overview of the process involved in updating the new GP Contract. The contract was published in November 2017 with approval (GP Sub Group, NHS Borders and Integrated Joint Board) in January 2018. There are 3 areas – premises, funding and transformation service redesign. Premises – GP will not have to own or rent premises in future. In the Borders there are only two practices (Eildon and O’Connell St) and one private rented facility in Chirnside, Duns that this affects. Eildon Surgery is currently under discussion; others would be offered suitable accommodation not necessarily purchase of premises. This is not an immediate issue as leases are still to run. The potential increase in cost to the Board was discussed but is not anticipated to be a major issue for NHS Borders. Funding – the Scottish allocation formula is changing with GP income protected for a period of three years to ensure consistent financial balance; out of hours has been removed. Scottish Government will move this forward. Overall, there is a decrease in the Scottish Borders and this is a concern for GPs. In working on the new formula, it appears there was no recognition for rurality and this is to be reviewed along with practices with cross border patients. Using national statistics, city practices are different in terms of deprivation and poverty and are awarded higher funding. Deprivation in rural areas was commented on and ACF asked if Deloitte had picked up on the issue of rurality? ZT replied that Deloitte had updated the formula as requested. A short life working group has been set up to look at issues raised in time of the change to allocation formula. Concern was raised about recruitment opportunities for rural areas.

The Primary Care Improvement Plan will be changed and updated; funding was discussed and ACF agreed that transformation that is being requested outweighs the funding allocated to achieve. Service Redesign – links into the plan and is over three years. One of biggest areas of change is vaccine transformation with Health Board taking over vaccination programme currently done by GPs. At this time, it is unknown how this will work. Workforce plan is in place to achieve the Pharmacotherapy Service in the first year. More direction is required on treatment room plans – for example in emergency care and MSK physiotherapy. PL commented on the work of mental health CPNs which is more specific than the plan acknowledges. There are concerns around non clinically trained advisors and reservations about the scale of referrals along with cover in all areas. JMcl added that transformational programme must be cohesive and PL confirmed that the links are in place; the Improvement Plan and GP contract tie into other strategies that are in place to create a multi-disciplinary team and reduce GP workload with community workers/lifestyle advisors offering services such as finance, weight loss, smoking cessation. ZT advised that a review plan is in place, with regular visits from Scottish Government and a GP Practice has been selected for a cabinet visit. Other services, such as Ophthalmology and Dental, will be included at a later date.

AW asked if a risk assessment had been done to identify workforce recruitment and retention. ZT replied that a workforce plan will be created. AW will highlight this to the Board as it is a concern for all the professional advisory groups. ACF thanked ZT for the presentation.

5 EU WITHDRAWAL

An NHS Borders Brexit Working Group has been set up with multi-disciplinary input to respond to questions from Scottish Government to all Health Boards on plans for EU withdrawal. AW is part of the working group but did not have any updates for ACF at this time; any questions can be directed to AW. This item will remain on the agenda for future updates.

6 ACF ANNUAL REPORT 2017-18

The Area Clinical Forum Annual Report 2017-18 was approved with one change – to remove the “Mental Health Services” member as this is duplicated under Psychology/Mental Health.

ACTION: Update and save Annual Report; forward to NHS Borders Board Secretary; update microsite (KW).

7 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

No minute/update was available from the September meeting of Clinical Governance Committee.

8 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

There has been no recent Public Governance Committee meeting to report on.

9 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW provided feedback from the National ACF Chairs meeting held on 5th September 2018. An interesting presentation was given on Realistic Medicine and the development session featured a paper from NHS Fife on Clinical Care and Engagement and the role of ACF to act as a multi-professional reference group on proposals brought forward through the strategic planning/redesign process. ACF noted this update.

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

10 NHS BOARD PAPERS: DISCUSSION

AW brought the following items from Board papers to the attention of ACF. These will be discussed at NHS Borders Board meeting 1st November 2018.

1. Eildon Medical Practice – an options appraisal and consultation is underway. CS worked through some of the options but financially this is still unclear and decisions cannot be made at this time.
2. Finance – reporting at the end of August 2018: overspend for revenue of £6.6million with capital remaining on budget.
3. Children's and Young People's Plans – engaging and listening; working to strength relationships.
4. Public Protection report – future potential changes from adult/child protection to public protection could be significant and ACF will monitor updates.

11 PROFESSIONAL ADVISORY COMMITTEES

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

11(b) Area Dental Advisory Committee (MMcQ) reported the appointment of a new secretary to the Committee; Adelle McElrath.

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

11(d) Area Ophthalmic Committee (NH) reported a successful training evening took place in August; that Ophthalmologists will no longer be on call and this will be managed by A&E; and a change of contracts at the beginning of October has made changes to claims and to how often patients can be seen.

11(e) Area Pharmaceutical Committee (AW) listed the items which will be taken to the Board meeting on 1st November as feedback from APC: Falsified medicines; Financial impact on scanning medicines – added pressure pharmacy; Brexit and medicine supply update; Highlight staffing challenges to deliver services across the Board; Changes in GPs affecting and impacting physiotherapists for musculoskeletal; Discouraging double prescriptions (impact on shortages and costs) with a request for Communications to discourage this practice.

11(f) BANMAC (PL) – requested that ACF flag concern about our nursing workforce in the Borders – ageing and current high absence rate with staff stress and anxiety. PL also raised the forthcoming changes to Public Protection. SBC social work department lead adult protection agency and, following a recent inspection, are looking at merging services into one unit under public protection. Under current arrangements the response is sometimes not quick enough within adult protection. The proposal will also go to Integrated Joint Board and other committees will need to be sited on this.

11(g) Medical Scientists (JS) – no update available.

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

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

12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

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

1. Items from Area Pharmaceutical Committee as listed in 11(e).
2. Mental health community professionals.
3. Workforce.
4. Public protection.

ACTION: Take feedback to NHS Borders Board meeting 01.11.2018 (AW) Forward ACF Minute to NHS Borders Board meeting (KW)

CS left the meeting at 18:00

13 AREA CLINICAL FORUM MEETINGS 2019

The dates for meetings in 2019 have been circulated and meeting makers have been sent.

11 ANY OTHER BUSINESS

11.1 JMCL requested a 10 minute presentation slot at the January 2019 for the Partnership Presentation. AW requested that the presentation be circulated ahead of the meeting allowing for questions to be raised at the meeting if appropriate.

11.2 NH questioned an item on recent social media detailing a merger of SBC and NHS Borders into one joint authority. AW responded that this had been published as a result of discussions at an SBC public meeting. Chairman of NHS Borders has commented that he will seek advice from Scottish Government first, followed by any consultation and staffing implication discussions.

11.3 A Ministerial Review is set for 16th November 2018; ACF will meet with the Ministers and a meeting maker has been sent for this. AW encouraged all who can to attend. More information will be sent and an agenda for the time slot (45 minutes) will be sent as soon as it has been agreed. The main focus for ACF will be patient safety, governance, workforce, efficiency and productivity. Apologies have been received from Pamela Gordon, Jackie Scott and Morag McQuade for this meeting.

ACTION: Forward the Partnership Presentation to ACF ahead of January meeting (JMCL--KW).
Forward further information and agenda on Ministerial Review meeting – 16th November (KW).

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 15th January 2019 at 17:00 in the BGH Committee Room. There will be two presentations “Borders Health Campus” from Hannah Fairburn, Head of Capital Planning, and “Partnership Presentation” from John McLaren, Employee Director. All members of the professional advisory groups are welcome to attend the presentation – please contact kate.warner@borders.scot.nhs.uk to confirm numbers.

NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 15th January 2019 – 17:00-18:30

BGH Committee Room, Borders General Hospital

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
 Nicky Hall (Area Ophthalmic Committee) (NH)
 Peter Lerpiniere (Mental Health & Learning Disability; BANMAC) (PL)
 John McLaren (Employee Director) (JMCL)
 Dr Cliff Sharp (Medical Director) (CS)

In Attendance: Genevieve Smyth (Sr Dramatherapist/AHP) (GS)
 Kate Warner, Minute Secretary (KW)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from AMC - Dr Angus McVean and Dr Graeme Eunson, Consultant Paediatrician; ADAC - Morag McQuade; AHP - Pamela Gordon.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest expressed.

2 PRESENTATION – Partnership Presentation, John McLaren

JMacl presented “Partnership Working in NHS Borders”. This presentation was recently approved at Area Partnership Forum meeting to go out to the wider organisation. The aim of the presentation is to clarify the difference between partnership within NHS Borders compared to partnership with Scottish Borders Council and other bodies. The presentation raises awareness of partnership working and helps staff to engage with our Local Area Partnership. It aims to allow management and unions to work effectively together, negotiate where necessary, support staff and look after staff wellbeing. JMacl talked through the NHS industrial relations model, specifically the processes of how we come to agreement or are able to recognise where further discussion is necessary, and how this is supported. Every Board in NHS Scotland is expected to follow this model. GS asked “What is meaningful engagement – is there a definition of this?” There is no definitive definition: working together and avoiding unnecessary challenges. Staff and organisations have gained more out of this process than previous negotiations. JMacl commented that the real test is coming now with level 4 financial pressures at NHS Borders. Steering groups ensure that all services are involved. The Area Partnership Forum is the group which meets to discuss policy and strategic issues that affect staff – the working arm of Staff Governance Committee; when Board looks for assurance around staff governance standards it is Area Partnership Forum that provides this.

JMacl asked members of ACF to think about how they can engage with Local Partnership Forums for their service. The key area of partnership working is where trade unions and management work well together; this benefits staff and results in better patient care. Having the local groups means that Area Partnership Forum can concentrate on more strategic work. This will be a key area in the recovery plan work for NHS Borders.

CS commented that it was important to reiterate this at a time of instability and that partnership working is needed more now. When it is not done, the delay and time wasted recovering is much greater. Important to ensure a level of engagement all the way through redesign of services, listening and recognising others – getting that message over we demonstrate that behaviour to our staff. JMacl talked about local partnerships and the benefit to staff in being involved in local decisions. ACF agreed that when a message is purely prescriptive can have a negative effect and that it is important to listen to staff voices as NHS Borders moves through a period of change and transformation. Clinical care, quality and safety are paramount during this time.

ACF agreed that it had been helpful to understand how we engage with Local Area Forums, the process of partnership working and that this had been clarified well by the diagrams used in the presentation. JMacl commented that partnership representatives should be included in project teams where making significant change in transforming organisation but that this is not practical or possible; additional resources should be considered. ACF thanked JMacl for his presentation and commented that it had been very interesting and informative.

3 DRAFT MINUTE OF PREVIOUS MEETING 30.10.2018 & MATTERS ARISING

The Minute of the previous meeting, held on 30th October 2018, was read and approved as an accurate representation of the meeting with minor changes to the BANMAC update which will be updated by PL.

AW commented on the Annual Review by Scottish Government and felt they were challenged strongly. National ACF Chairs meeting gave the same feedback.

ACTION: Update October Draft Minute – BANMAC section (PL)→(KW).

4 ACTION TRACKER

Action Tracker updates:-

#28 COMPLETED

#60 COMPLETED

#66 COMPLETED

#68 Add action to invite AHPs, including GS, for presentation slots (KW)

5 EU WITHDRAWAL UPDATE

No update is available for EU withdrawal. AW reported that there is a Brexit Group locally, which she is part of, and they are drawing on the work of national colleagues. Pharmacy has had separate meetings about pharmaceutical availability – currently the list of drugs/pharmaceutical companies who have not engaged with the Government has not been released; this will be reviewed as soon as it is available. ACF noted this update.

6 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

AW reported from the meeting held on 7th November 2018: the Infection Control team have had difficulty with recruitment and have been supported by NHS Glasgow due to vacancy here. Morbidity and Mortality processes are being reviewed; more risks are being detected and although not high it needs to be kept in focus. Reporting structure for complaints has been changed to give clearer picture. External scrutiny as appropriate is expected with an increase in suicide incidents during summer months. PL commented on the suicide figures: numbers last year were weighted in

one quarter but were low at other parts of the year. Further explanation was given and the toll on families and staff was recognised. ACF noted this update.

7 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

NH reported that there has not been another recent meeting.

8 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW reported that there has been no minute from the December meeting of ACF Chairs as yet. Topics discussed at the meeting included feedback from Board Annual Reviews; Scottish Access Collaborative; the GMS Contract and Primary Care Improvement Plan; and the Health & Care (Staffing) Scotland Bill. ACF noted this update.

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

9 NHS BOARD PAPERS: DISCUSSION

AW brought the following items from Board papers to the attention of ACF. These will be discussed at NHS Borders Board meeting 17th January 2019.

1. Discussion around the financial gap – NHS Borders are seeking brokerage from Scottish Government; a new Finance and Resource Committee will be providing a financial strategy for the Board's 3-5 years recovery plan. This plan is required for brokerage.
2. Integrated Well Being Service.

10 NHS BOARD PAPER: FEEDBACK 17th January 2019

A paper has been sent to NHS Borders Board highlighting that not all Professional Advisory Groups are represented at the ACF meetings.

11 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (PG) sent an update by email – reporting on AHP leadership - a paper is to be circulated within the next 2 weeks highlighting the professional leadership structure agreed with the Steering group. The paper will be shared for information and will be taken through the Health & Social Care Partnership and Board process for approval.

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

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

11(d) Area Ophthalmic Committee (NH) – reported a meeting has been organised to discuss with Dr Nicola Lowdon, Associate Medical Director PACS, where contractors and enhanced services can assist the Ophthalmic Department at BGH. Funding is in place for a BGH Optometrist. NH is involved with a subgroup dealing with enhanced services: looking at different ideas where the department can move forward. Meeting expenses was raised at AOC meeting with claims necessary to cover time from work for contractors. NH asked about the new Primary and Community Services Board and asked if this was duplicating the ACF meetings for advisory groups. ACF agreed that this would largely focus on GP practices and Community Hospitals and

suggested that advisory groups need only go if the agenda for that meeting is relevant to their service. NH was advised to request if a Spotlight report for Ophthalmic service would be possible.

11(e) Area Pharmaceutical Committee (AW) – Next meeting is 22nd January 2019. Previous meeting was held in October 2018 and report was given at October ACF meeting.

11(f) BANMAC (PL) – PL talked about the success of BANMAC meetings with attendance high. There is an increase in issues regarding levels of responsibility and accountability for staff at different levels. PL will be contacting Partnership to pass this on and discuss. A presentation “Excellence and Care” was delivered by Diane Keddie and a talk from Erica Reid on workforce planning in the community staffing teams.

11(g) Medical Scientists (JS) – no update available

11 (h) Psychology (AQ) – no update available

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

12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

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

1. Paper at Item 10.

ACTION: Take feedback to NHS Borders Board meeting 17.01.2019 (AW) Forward ACF Minute to NHS Borders Board meeting (KW); Forward ACF attendance sheet to NHS Board Secretary (KW).

13 AREA CLINICAL FORUM MEETINGS 2019

The dates for meetings in 2019 have been circulated and meeting makers have been sent.

11 ANY OTHER BUSINESS

11.1 GS updated ACF on the plans to present NHS Borders AHP Art, Drama and Music Therapy to Scottish Government with the aim of promoting the work happening in the Borders.

11.2 ACF agreed that the Action referring to ACF members attending other professional advisory group meetings should be completed. PL issued an open invitation to BANMAC meetings. Members wishing to attend meetings should co-ordinate directly with that committee.

11.3 NH asked about presenting to GP Sub and was advised to contact the Chair of the group, Dr Angus McVean.

11.4 AHP engagement – ACF agreed that having an understanding of other practices informs decision making and that it would be worth considering inviting each AHP specialist to do brief presentation defining their practice. Education and understanding of each service area and potential for collaboration - how they can help and support each other. GS agreed to present a session to ACF.

ACTION: Contact GS to arrange an AHP Dramatherapy presentation; Approach other services for presentations for future meetings (KW)

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 5th March 2019 at 17:00 in the BGH Committee Room. The presentation will be “Borders Health Campus Update” from Hannah Fairburn, Head of Capital Planning. All members of the professional advisory groups are welcome to attend the presentation – please contact kate.warner@borders.scot.nhs.uk to confirm numbers.