

Borders NHS Board



Meeting Date: 27 June 2019

Approved by:	Ralph Roberts, 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"> • Strategy & Performance Committee: 07.02.19 • Audit Committee: 20.03.19 • Endowment Committee: 14.01.19, 15.05.19 • Clinical Governance Committee: 27.03.19 • Staff Governance Committee: 17.12.18, 17.04.19 • Finance & Resources Committee: 01.03.19 • Area Clinical Forum: 05.03.19 • Health & Social Care Integration Joint Board: 25.02.19, 08.05.19 	
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.

Borders NHS Board



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 7 February 2019 at 10.00am in the Board Room, Newstead

Present:

- Dr S Mather, 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

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr Robert McCulloch-Graham, Chief Officer Health and Social Care
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Dr N Lowdon, Associate Medical Director
- Ms K Maitland, Quality Improvement Facilitator

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Chair, Mrs Karen Hamilton, Vice Chair, Mrs Fiona Sandford, Non Executive, Mrs Nicky Berry, Director of Nursing, Midwifery and Acute Services, Dr Janet Bennison, Associate Medical Director, Dr Annabel Howell, Associate Medical Director.

The Chair advised the Committee that Mr Ralph Roberts had been made an offer in relation to the NHS Borders, Chief Executive position and had provided his verbal acceptance of that offer.

The Chair welcomed Karen Maitland to the meeting.

2. Patient and Carers Stories

Ms Karen Maitland introduced two videos to the Committee that highlighted the experience of both volunteers and staff across the organisation. Ms Maitland gave an overview of the accompanying report and highlighted the impact of volunteering on staff and patients especially during mealtimes. She further commented on the associated savings as a consequence of the patient transport initiative.

Mr John McLaren welcomed the videos and how they had captured the views of staff. He then raised a concern in regard to ongoing discussions about the use of Therapets in NHS Borders and sought assurance that NHS Borders would have a policy in place by the time of the next Board meeting.

The Chair declared an interest in Therapets.

Mrs Jane Davidson advised that the matter was in hand and would be resolved by the time of the next Board meeting. By way of background she advised that she had been asked to sign a letter to Canine Scotland to advise that NHS Borders would no longer allow dogs to visit the Elderly Care wards due to an inconsistency with infection control rules being applied. She had refrained from sending such a letter and had launched an investigation into what happened in other Health Boards and similar organisations. She had engaged with infection control and was mindful that people and patients experiences were a major part of pet therapy in hospitals. The policy had been revised and was currently with infection control for a final review.

Ms Maitland commented that she had revised the standard operating procedure that would accompany the revised policy. Therapets were currently operating within the organisation in non clinical areas.

The Chair enquired about the age demographic of volunteers and Ms Maitland advised that whilst the majority were in the higher age bracket, an initiative of running programmes with High Schools had resulted in some high school age volunteers being accepted. She further commented that there were 279 volunteers within the organisation, the majority of which were based in the Borders General Hospital, although there were some in the Community Hospitals.

Mrs Davidson advised that an advertisement was due to be released shortly seeking volunteers for particular areas within the organisation.

Mr Tris Taylor suggested the organisation should take an asset based approach to what was available in the community as there were many volunteers in local communities who volunteered in various different areas and organisations as well as the NHS. He further commented that the organisations' strategy could make a better assessment of community assets and the contribution they made in health economic terms to health and wellbeing across the local communities.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the volunteer stories and the positive outcome those roles were having on patients and staff.

3. Declarations of Interest

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

The Chair declared at interest in Therapets.

Mr Tris Taylor declared as interest in Breastfeeding.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the interests declared.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 6 December 2018 were approved.

5. Matters Arising

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

6. Strategy & Performance Committee Terms of Reference

Mr John McLaren suggested a partnership representative be including in the Committee membership given the recent partnership review that had taken place and the commitment of the Board to take forward the findings of the review.

Further discussion focused on: size of agenda and effectiveness of the Committee; setting the strategy, culture and direction of the organisation; ensuring a focused agenda enabled debate and decision making; mechanism to allow discussion ahead of formal decision making by the Board; Non Executive input and influence on the agenda; remit too wide to do it well; GP representation on the Committee through the attendance of Nicola Lowdon; and the refocusing of the Committee given the formation of the Finance & Resources Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to include a Partnership Representative in the membership of the Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to demit all references to finance topics to the newly formed Finance & Resources Committee.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to revisit the Terms of Reference in six months time.

7. NHS Borders Financial Turnaround Programme

Mrs Jane Davidson introduced the report and advised that the paper captured the decisions and work undertaken since the last Board meeting.

A robust discussion took place that encompassed several points of view including:

- Links with the Redpoll report and the last Board meeting discussion.
- The Board focusing on turnaround and how to manage the current financial situation.
- Central controls and the responsibility of middle managers and clinicians to run departments.
- No mention of the Integration Joint Board (IJB) in the governance arrangements.
- Focus on the apparatus to develop a financial strategy and resolve the financial issues.
- The need to resource the turnaround programme.
- The need to improve our systems and decision making processes.
- A need to look at the organisation in a different way and bring in something different.

- Issue with resourcing and to an extent a lack of focus with people doing busy jobs and taking on other priorities.
- The need for input of the IJB.
- Ultimately the Board is responsible in terms of governance.
- IJB decision making processes and governance and issue of directions from the IJB to drive forward savings.
- Consideration of the transformational programmes in the NHS and the IJB being included in the scrutiny under the Programme Management Office (PMO) to ensure consistency.
- The organisation is in turnaround and is working closely with the Board Recovery Team to get a new mechanism of infrastructure in place to deliver savings.
- Previous confusion on decision making between the Board and the IJB will be refined as the PMO and governance moves forward.
- Robust plan required by end of March and turnover issue is imperative and must be signaled to the rest of the organisation.
- NHS Scotland Board Recovery Team have advised the proposal is a proven way of working and recommended the Board adopt it.
- Partnership forum and clinicians crucial part of the approach.
- Concern was expressed about not enough resources being available.
- Business case and direction from the IJB for Hospital to Home (how to mainstream that) and bring forward other projects in a quicker timescale around Dementia and Older People's Services.
- Current governance and processes have not been effective to move forward the financial position.
- Support for Clinical Alliance and Clinical Advisory Team input as the people delivering the health service provision are most likely to know areas for savings.
- Identifying senior medical clinicians with protected time to provide input to the PMO.
- Senior nursing leadership also identifying input into the PMO.
- Clinical Alliance to ensure clinical involvement at the beginning of any proposals.
- Clinical Advisory Team core part of the PMO.
- Good to see clinicians intertwined at all levels of the PMO structure.
- Assurance to the Board that primary care clinicians are keen to be involved.
- IJB should be resourced to take an active role in the PMO given 52% of the Board funding goes to the IJB to direct.
- Duplication of effort continues to happen and needs to stop.
- IJB fundamental to the success of the turnaround.
- Concerns were raised if we have the capacity and capability to fulfill the proposed new structures
- PMO will be the engine for driving cultural change.
- PMO will provide formal background to the programme to ensure the Board had a formal audit trail of information.
- Focus on short term financial grip, shifting the balance of care and data analytics in PMO which will support turnaround.
- The Finance & Resources Committee is to seek assurance reports on turnaround activity.
- Part of the turnaround is the Boards ability to adequately execute its duty.
- Recognised an issue in terms of capacity and capability and have therefore refocused existing roles and jobs in the PMO to ensure the right people are involved and we continue to work on how best to fill the remaining gaps identified.

- Need for an external Interim Turnaround Director and we are being supported by Scottish Government to bring that in.
- Review of existing structures (Clinical Executive Strategy Group/Clinical Executive Operational Group) will be taken forward.
- Potential to refresh or disband some groups.
- Mindful of the Brexit situation and potential that pharmacy staff may have to pull back on efficiencies to ensure medicines are available.
- Critical friend support for Communications from NHS24 has been put in place.
- Drive Communications out from the PMO.
- Need for clarity of the Governance framework.
- Need to improve budget management.
- There is a need for a clear narrative for clinicians.
- Acknowledgement and validation of individual's authority and responsibility.
- Credibility in moving messages.
- Need to ensure all clinical functions are involved such as pharmacists, optometrists and psychologists and not just doctors.
- Consideration of the impact of primary care improvement plan and enabling GPs to succeed as primary care generalists.
- Better engagement between secondary care and primary care.
- Appointment of clinical lead for primary care to be involved in the turnaround programme.
- Acknowledgement of the knock on effect of delaying the strategic plan on Borders General Hospital campus project.

The Chair thanked the Committee for the discussion with clarification of a number of points being provided. He also noted that the Committee had received assurance on the confidence level of the Executive Team for the proposed Financial Turnaround programme to deliver.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the discussions, engagement and input that had shaped the proposed approach and action already taken by the Executive Team.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed the new governance arrangements as set out in the paper with no amendment, linked to the development and implementation of the Financial Turnaround Programme be recommended to the Board for ratification.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed the implementation of the proposed revised Programme Management Office (PMO) structure be recommended to the Board for ratification.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the additional resource required and the on-going discussions with the Scottish Government's Board Recovery Team in relation to support for that.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed pausing work in relation to the development of the Strategic Plan for 6 months and that when it was relaunched it would be part of the remit of the Strategy Development Steering Group to take forward and be recommended to the Board for ratification.

8. Any Other Business

8.1 Appointment of Turnaround Director: Mrs Jane Davidson advised that the programme would require the appointment of an external Turnaround Director to work closely with both Mrs Carol Gillie and Mrs June Smyth. She advised that a potential individual had been identified who had experience of working in this role and had also worked recently in NHS Scotland. She further advised that funding for the Turnaround Director appointment had been agreed by the Scottish Government.

Mrs Gillie advised that under the rules of the Code of Corporate Governance to secure the Turnaround Director a tendering exercise should be undertaken. However, as there was a need to ensure the Board acted with pace and the potential candidate was supported and funded she suggested the Board waiver the rule in that instance. Dr Stephen Mather enquired if the Scottish Government would be acceptable to NHS Borders waiving its regulations in that instance and Mrs Gillie confirmed that the Head of Board Recovery had suggested and was comfortable with the waiver in order to enable the Board to appoint quickly but ultimately it was a Board decision. Following further discussion the Board were alerted to the fact they may be requested to make a virtual decision on the appointment of a turnaround director.

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

8.2 Clinical Waste: Mrs Carol Gillie advised the Committee that the national contingency arrangements remained in place and were working well. Locally there had been a couple of minor procedural issues, however they were being resolved with clear processes put in place. Nationally work was progressing towards securing a new contract.

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

8.3 Health Infection: Mrs Carol Gillie advised the Committee of the recent infection control issues that had affected NHS Greater Glasgow & Clyde. All Boards had been asked to provide the Scottish Government with assurance on compliance against guidance which had been recently reissued, which NHS Borders had done. Mrs Gillie assured the Committee that there were no issues in NHS Borders as had been experienced to date by NHS Greater Glasgow & Clyde.

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

9. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 2 May 2019 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.45.

Signature:

Chair



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Wednesday, 20th March 2019 @ 2 p.m. in the Board Room, Newstead.

Present: Mr M Dickson, Non Executive Director (Chair)
Mrs K Hamilton, Non Executive Director (Left meeting at 3.15 p.m.)
Dr S Mather, Non Executive Director
Mrs F Sandford, Non Executive Director

In Attendance: Mrs F Bathgate, Deputy Aseptic and Clinical Pharmacist (Item 6.3)
Mr J Cowie, Director of Workforce (Item 4)
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)
Mrs C Gillie, Director of Finance
Mr G Ironside, Senior Health Information Manager (Item 6.2)
Mrs M Kerr, Director, PWC
Mrs S MacDougall, Risk & Safety Manager
Mrs L Paterson, Resilience Manager (Item 4)
Mr J Steen, Senior Auditor, Audit Scotland
Ms S Swan, Deputy Director of Finance

1. **Introduction, Apologies and Welcome**

Malcolm Dickson welcomed those present to the meeting. Apologies had been received from Jane Davidson, Chief Executive, Tim Patterson, Joint Director of Public Health, Gillian Woolman, Director, Audit Scotland, Asif Haseeb, Senior Audit Manager, Audit Scotland and George Bell, Manager, PWC.

Karen Hamilton advised that she would have to temporarily stand down as a member of the Audit Committee in light of her role as Interim Chair but would still join the meetings in attendance. It was agreed to continue with three members for the time being.

2. **Declaration of Interest**

Margaret Kerr advised that she would leave the meeting for discussion at item 6.4.

3. **Minutes of Previous Meeting: 11th December 2018**

Margaret Kerr highlighted that her surname was incorrect twice on page 3.

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

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

Update on EU Withdrawal

John Cowie gave a presentation on Brexit providing background and an update on the current situation highlighting where there is a potential effect on NHS Borders. It was noted that a scenario exercise was taking place that day. Lorna Paterson went on to provide an update on reporting within the multi agency partnership which would officially begin the following week and would be required seven days a week. It was noted that focus would be on supplies, such as food and medicines. Fiona Sandford noted that there were 57 EU nationals within NHS Borders' workforce and asked for an update on any risks. John confirmed that there was no trend of EU nationals leaving and assured that contact is being maintained with those staff involved. Fiona also enquired about non food provisions and whether there were any vulnerable areas. Lorna Paterson advised that these are being dealt with nationally. Sheila MacDougall added that procurement risks, including an increase in prices, are included within the Risk Register.

The Audit Committee noted the update.**5. Governance & Assurance****5.1 *Audit Committee Terms of Reference***

Susan Swan spoke to this item. Stephen Mather asked if the Finance & Resources Committee was a Governance Committee reporting to the Board as the Terms of Reference for the Audit Committee stated that the Chair of this Committee could not be the Chair of any other Governance Committee of the Board which would mean Malcolm Dickson would be unable to chair both. Karen Hamilton advised that the Chair is currently realigning membership of the Governance Committees in light of her taking over as the Chair temporarily. Carol Gillie agreed to highlight this to the Chair. Stephen referred to the Internal Audit and External Audit sections on page 3 and asked if it would be appropriate to include a statement about best value and that they are appointed by NHS Borders and the Auditor General respectively. This was agreed. Stephen also referred to the second bullet point on page 4 stating the Committee "annually appraise the performance of the External Auditors" and asked if members had the authority to appraise the performance of External Audit. Jonny Steen advised that a questionnaire is issued periodically for completing. It was agreed that this should also be referenced within the Terms of Reference. Sheila MacDougall noted that the Director of Nursing, Midwifery & Acute Services was still listed as the Executive Lead for Risk Management and advised that this was now under the remit of the Joint Director of Public Health. Margaret Kerr stressed the need to be clear around the Committee's responsibilities and queried whether this should be an Audit & Risk Committee. The Committee discussed this and felt it would be appropriate for the Code of Corporate Governance Steering Group to take this forward and make recommendations to the Board. Carol Gillie to pick this up with the Code of Corporate Governance Steering Group.

The Committee reviewed and approved the Terms of Reference with the proviso that the additions discussed are added.**5.2 *Audit Committee Work Plan 2019/20***

Susan Swan spoke to this item. Malcolm Dickson referred to the deep dive for Risk which he assumed could be moveable. Carol Gillie advised that this was listed as an ad hoc to give the option should members feel this was necessary. Sheila MacDougall referred to the claims litigation which the Committee received twice per year and suggested that this be added to the work plan. Susan Swan agreed to add this.

The Committee approved the Work Plan for 2019/20 with the proviso that the item discussed be added.

5.3 *Audit Follow Up Report*

Susan Swan spoke to this item. Susan highlighted the new format of the report following discussion at the last meeting. Susan went on to provide the Committee with an update on the progress of recommendations received from both Internal and External Audit. Stephen Mather referred to table 4 as he was unable to follow this. Susan provided clarification and agreed to make this clearer in future reports. Stephen also referred to table 6 as he was concerned that the target dates were extremely overdue for two in particular, namely business continuity planning and the training of junior medical staffing. Susan reminded of the updates provided on these at previous meetings. Stephen felt it would be helpful to include the updates within the report to provide further clarity. Susan agreed to add a progress column to provide this.

The Committee noted the report.

5.4 *Debtors Write-Off Schedule*

This item was deferred to the next meeting.

6. **Internal Audit**

6.1 *Internal Audit Plan Progress Report*

Margaret Kerr confirmed that progress is on course against the plan for 2018/19. Margaret advised that the two remaining audits, namely Staff Recruitment and Estates & Facilities Time & Attendance Recording, would be completed well in advance of the June Audit Committee meeting. It was noted that the Estates & Facilities audit was an extra audit at the request of the Director of Finance. Carol Gillie provided an update on the reasoning for requesting this.

The Committee noted the progress report.

6.2 *Internal Audit Report – Information Asset Register*

Margaret Kerr introduced this item and advised that the report had an overall medium risk rating. It was noted that there was one high rated finding and three low rated findings arising from the audit. Margaret referred to the high rated finding, namely that the Information Asset Register (IAR) is incomplete with only 42% of owners having submitted their local IARs for review and consolidation into the master IAR. Margaret explained that due to this they were unable to give assurance that the system is working well. George Ironside welcomed the report and confirmed that there would be engagement with Directors to encourage key senior staff to complete their local IARs and this would be pursued over the next two months. George added that it was also the intention to request an annual return to provide added assurance. Fiona Stanford appreciated that there was compliance, however felt that early 2018 was quite late to start this process and was surprised to see only a 42% response rate. Fiona asked how much confidence there was that this action will be completed and if the Board could do anything to help. George appreciated that it would be challenging but did not feel it would be hugely onerous as the information should be readily available. It was noted that a communication will be issued across the organisation by the end of the month. Sheila MacDougall commented that from experience the key to completing this is to secure support from the Information Governance Team as this is invaluable to ensure it is done correctly. George explained that there is a finite resource within Information Governance and that he would be looking at the overall resource within this area. Margaret referred to the lower rated recommendations and advised that these have all been accepted and are being taken forward.

The Committee noted the report.6.3 *Internal Audit Report – Medicine Costs (Healthcare at Home)*

Margaret Kerr introduced this item and advised that the report had an overall high risk rating. It was noted that there was one high rated finding, two medium rated findings and one low rated finding arising from the audit. Margaret highlighted the high rated finding, namely there was a lack of proper governance and oversight of the medicines homecare arrangements which may expose the Board to a number of clinical, legal or financial risks. Fiona Bathgate advised that a policy is being written and is due to go to the Area Drugs & Therapeutics Committee in May 2019 for approval. Malcolm Dickson referred to management comments on page 6 and asked if the Area Drugs & Therapeutics Committee was the appropriate route for this. Margaret confirmed that it was. Fiona also advised that there are now Service Level Agreements (SLA) in place for two of the three companies used, prepared using the NHS Scotland standard SLA, and these will be signed by NHS Scotland on behalf of all Boards in the near future. It was noted that alternatives to using spreadsheets has also been pursued to minimise risk as these can be prone to errors and project support was now in place to progress this. Stephen Mather was unaware that there were contracts in place with external suppliers to provide this service and asked if this could be something NHS Borders takes forward. Carol Gillie advised that this had been raised previously and that there would be issues with the Inland Revenue, however she agreed to raise with the PMO to ascertain if it may be worthwhile looking into it again. Fiona agreed to feedback to the Director of Pharmacy that an update would be required by the end of May 2019 to provide assurance that the recommendations are progressing.

The Committee noted the report.6.4 *Appointment of Internal Auditor***Internal Audit were not present for this item**

Carol Gillie spoke to this item. Carol advised that the paper had been circulated to Audit Committee members previously recommending approval of a 12 month contract with Grant Thornton/NHS Lothian. It was noted that meetings have since taken place between Grant Thornton and key personnel. Carol explained that to provide additional independence it was being suggested that Internal Audit do a trial of undertaking the audit follow up process. Stephen Mather referred to option 3 and noted his concern around this, namely using an existing contract which is in place with another Board. The Committee appreciated the risk but accepted this recommendation as the way forward.

Carol confirmed that there had been discussion about the audit plan and a draft would be circulated in the near future for approval at the next meeting. Malcolm Dickson stressed the importance of assessing how things are working half way through the contract. Carol suggested adding this to the work plan around October. Susan Swan agreed to add this. Stephen felt it might be helpful meantime to have sight of some sample reports. Carol agreed to speak with colleagues at NHS Lothian to ask if they would be willing to share any in confidence.

The Committee noted the update

7. External Audit

7.1 *External Audit Interim Management Report 2018/19*

Jonny Steen spoke to this item. Jonny explained that under the Code of Audit Practice they were required to seek assurance that there were satisfactory systems of control in place and compliance with policies and procedures. Jonny highlighted the conclusion on page 4 which confirmed that adequate systems were in place and there was compliance with policies and procedures. Jonny referred to exhibit 1 on page 5 which detailed the key controls tested for each system listed. Jonny advised that a review on the adequacy of work and compliance with the Public Sector Internal Audit Standards had been undertaken on PricewaterHouseCoopers (PWC), Internal Auditors, where they had been found to be compliant subject to one point. This was in regard to the external quality review which had been completed on PWC's work for another Scottish Health Board where they have provided Internal Audit services. Johnny highlighted that it would be advisable for the Audit Committee to consider quality arrangements as part of the Board's next Internal Audit appointment. Carol Gillie agreed to take this forward. Jonny took the Committee through the remainder of the report which listed the main findings from the audit, with recommendations, including target dates, and management responses noted. Malcolm Dickson felt that the management responses were sparse in some instances but appreciated that the recommendations had been accepted and would be taken forward.

The Committee noted the report.

8. Integration Joint Board

The Committee noted the link to the IJB Audit Committee agenda and minutes. Carol Gillie agreed to look at how we can share our minutes with the IJB Audit Committee.

9. Fraud & Payment Verification

9.1 *Countering Fraud Operational Group - Feedback*

Susan Swan provided an update on recent activity and advised that the next meeting in May 2019 will be the annual review meeting with CFS. It was noted that a questionnaire has been completed and feedback will be captured as part of the annual review meeting.

The Committee noted the update.

9.2 *NFI Update*

Susan Swan spoke to this item where it was noted that the 2018/19 data sets had been submitted in October with matches being received in January. Susan explained that the report received includes a risk assessment in terms of payments which helps grade the level of urgency for investigating. Susan highlighted the second table on page 2 which detailed the various types of potential matches, such as employees working within another Board whilst being off sick or duplicate payments being made. It was noted that External Audit will review the process during their annual audit in May 2019. An update would be provided at next meeting.

The Committee noted the update.

10. **Risk Management**

10.1 *Update on Very High Risks*

Sheila MacDougall spoke to this item. Sheila was pleased to report that there had been movement since the previous report with three very high risks being managed to a lower risk level and one being fully mitigated. Sheila reminded the Committee that the Clinical Executive Operational Group had oversight of the high and very high risks. Sheila highlighted threats to corporate objectives where it was noted that the biggest concern is the quality of services, however this may change as the organisation moves through transformational change and financial scrutiny. Sheila referred to the risk appetite and confirmed that a review of the Risk Management policy has been undertaken which included the organisation's risk appetite. It was noted that the policy has been agreed by the Clinical Executive Operational Group and will be put forward to the Board for approval. Stephen Mather referred to the risk on page 14 regarding absconding patients as he was concerned that the review of security within community hospitals had not yet commenced as this could be a reputational risk for the organisation. Sheila confirmed that this has been raised at the Clinical Board meetings and she has been given assurance that a manager is now in post and this will be looked at as a priority. The Audit Committee members expressed concerns around timescales for some of the risks and asked that these be addressed timeously. Sheila agreed to feed this back to the Chair and Vice Chair of the Clinical Executive Operational Group.

Malcolm Dickson asked if it would be beneficial to include an exercise on the organisation's risk appetite as part of the Board Development Session on risk. It was agreed that this would be beneficial, however it would be key that people understood what is meant by risk appetite. Sheila agreed to include this with the session on risk.

The Committee noted the report.

11. **Annual Accounts 2018/19**

11.1 *Annual Accounts 2018/19 Timetable*

Susan Swan spoke to this item which provided key dates for the production of the 2018/19 annual accounts. Susan highlighted two additions, namely assurance statements from the Executive Directors and the Chief Finance Officer presenting the draft IJB Annual Accounts at the June meeting. It was noted that the item relating to the IJB Annual Accounts was indicative at the moment and yet to be confirmed. Carol Gillie advised that the new Chief Executive was aware of the arrangements.

The Committee noted the timetable for the 2018/19 annual accounts.

13. **Any Other Competent Business**

None.

14. **Date of Next Meeting**

Monday, 17th June 2019 @ 2 p.m., Board Room, Newstead.

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 14th January 2019 @ 2 p.m. in the Board Room, Newstead.

Present: Mrs J Davidson, Chief Executive
 Mr M Dickson, Non Executive Director
 Mrs C Gillie, Director of Finance
 Mrs K Hamilton, Non Executive Director
 Dr S Mather, Non Executive Director
 Mr J McLaren, Employee Director
 Cllr D Parker, Non Executive Director
 Mr J Raine, Chair
 Mrs F Sandford, Non Executive Director
 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 (Item 11)
 Mrs S Swan, Deputy Director of Finance

1. **Introduction, Apologies and Welcome**

John Raine welcomed those present to the meeting. Apologies had been received from Nicky Berry, Director of Nursing, Midwifery & Acute Services and Tim Patterson, Joint Director of Public Health.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 24th September 2018**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

Stephen Mather referred to the first item on the action tracker regarding the Children's Centre and asked for an update. Carol Gillie advised that this will be discussed as part of the BGH visioning session and would be picked up at the Board Development Session in February or March 2019.

The action tracker was noted.

Adult Changing Facility

Carol Gillie advised that the adult changing facility had not been progressed due to staff capacity issues. It was noted that this had been part of the prioritisation process at the end of 2018 and not been highly ranked (priority number 8). Carol provided examples of projects that had been ranked higher in priority. Carol explained that they are trying to identify additional resources across the organisation, not only Capital Planning, and suggested a further update be provided at the next meeting. John Raine enquired where NHS Borders ranked this project.

Stephen Mather reminded that this has been discussed at length where it has been agreed it was something that should be provided for the good of the people. Stephen queried whether this was something we could ask partner organisations for assistance to enable us to provide this facility and offered to speak with the Chief Officer of the IJB. Karen Hamilton agreed that it was disappointing but appreciated it was due to lack of capacity rather than funding. Karen asked where people could go if they required to use this type of facility. Carol confirmed that the closest facility is situated within the Interchange at Galashiels. John McLaren stressed that the lack of this facility could be a major embarrassment for NHS Borders due to the message it gives to the public around its commitment to people with disabilities. John M asked for clarity on the capacity issues and the need to resolve these as a matter of urgency. David Parker stated that it was both the Public Governance Committee and Staff Governance Committee's understanding that this project is going to be taken forward and therefore it needed to be delivered. Malcolm Dickson reminded Trustees of the patient story at the last Board meeting where issues had been encountered due to a lack of this type of facility and highlighted that if the priority rating remains the same then it may never rank any higher. Malcolm agreed that this required to be delivered. Fiona Sandford asked for clarification on why it had not progressed if the Board of Trustees had agreed to fund it from Endowments and the Board wished for it to be created. Susan Swan explained that the Board had since asked for further projects to be taken forward which had also been included in the prioritisation process. Carol sympathised with the situation and assured that they would continue to look for the capacity to do this. John R suggested raising at Thursday's Board meeting to agree how to discharge this project. Karen agreed with this proposal, however as a Non Executive Director, felt it would be helpful to have sight of the other projects to make a balanced view. Carol reminded that the Capital Plan would be presented at the Board Development Session in February. John R asked for an indication on how much the changing facility would cost. Susan confirmed that an indicative figure of £50k had previously been agreed. John M proposed that Endowment funding is used to cover the full costs if these are above £50k. Carol confirmed that final costings would be circulated to Trustees virtually for agreement.

The Board of Trustees noted the update and agreed to refer back to Borders NHS Board to agree how to take forward.

Internal Audit Report - MKU

Carol Gillie advised that she had received feedback from a number of sources and would like to withdraw the covering report from today's agenda. Carol asked Trustees for their thoughts on whether or not cash donations should still be received across NHS Borders. David Parker enquired how often cash donations are made and if there would be a big impact by not accepting these. Carol confirmed that cash donations are still received, particularly after funerals. Susan Swan highlighted that by not accepting cash on the wards would take away the risk associated with this and people could be redirected to Admin for example. Karen Hamilton felt it may be worthwhile setting a ceiling for the amount of cash that can be received. Malcolm Dickson highlighted that receiving any cash is a risk and there needs to be acceptance that this may have an impact on donations received. Malcolm referred to the recommendations within the report from Internal Audit and felt that it is ultimately for NHS Borders to make any decisions whilst taking on board views from Trustees. Malcolm agreed that cash donations should be directed to Admin and not taken on wards. Stephen felt that as a charity we should accept money in any form and the process for donating should be made as simple as possible with NHS Borders putting in place processes to mitigate risk. Jane Davidson advised that she was also fully supportive of receiving cash donations and highlighted that the audit report allows opportunities on how this can be done. Jane added that as a charity we should also maximise gift aid and the report also provided simple ways of doing this for donors. Jane stressed the importance of setting out that there is risk attached to this so it can be mitigated and reviewed on a regular basis. Alison Wilson stressed that she would like to see as much done as

possible to mitigate any risk. Fiona Sandford felt unable to make a decision until it was clear how much is received in cash but stressed the need to mitigate the risks.

The Board of Trustees noted they would receive an update at the next meeting in May.

5. **Funds Management**

5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham reported that the value of the portfolio as at 31st December 2018 was £4,480,731. Graham explained that the political events during October saw the portfolio fall in value by 3.7%, however as at 11th January 2019 this had risen by 2.4%. The outcome of the Brexit vote the following day was awaited and there would continue to be uncertainty until there is some resolution. Graham highlighted that investment in stock markets is positive, with some corporations still doing very well and investment would continue in these areas. Stephen Mather highlighted the increase in Vodafone shares but noticed that the price of shares had substantially come down. Graham explained that these had been purchased in January 2018 and were considered a yield stock with almost a 9% yield, at which point more shares had been purchased. Stephen also referred to “Schroder Unit Tst US Smaller Cos Z Inc” on page 10 as there appeared to be no yield from this investment and “Blackrock World Mi Ord” on page 11 which noted a significant drop in yield. Graham explained that Blackrock was a global investment trust of mining companies and had been one of the main casualties of the stock market, however the shares have been held as they previously held a 4.5% yield and it was the intention to keep these for the foreseeable future. In regard to Schroder, Graham advised that it is unusual to get a dividend return from investment exposure with an up and coming company. Graham confirmed that he had no concerns with either of these investments and highlighted the need to have diversity across the portfolio. John Raine referred to page 7 of the investment report detailing what had not worked during 2018 and assumed that Barclays should read -24.2% rather than 24.2%. Graham confirmed that this was correct and apologised for the error.

The Board of Trustees noted the report and update.

5.2 *Review of Investment Portfolio Benchmark*

Susan Swan spoke to this item. Susan explained that this is undertaken as part of the annual governance review and highlighted the criteria looked at. Susan advised that the Investment Advisor reports the performance of the investment portfolio against the primary benchmark of the Investec bespoke Strategic Asset Allocation (SAA) whilst also offering ARC and global indices as secondary benchmarks for comparison purposes and proposed continuing with this way of reporting. This was agreed.

The Board of Trustees noted the review of the Investment Portfolio benchmark had taken place.

The Board of Trustees approved the recommendation to continue to report the Investment Portfolio performance on a combined benchmarking approach using the primary benchmark of the Investec bespoke Strategic Asset Allocation (SAA), inflation data and ARC benchmarks.

6. Financial Report

6.1 *Primary Statements and Fund Balances*

Susan Swan spoke to this item which provided the financial report on Endowment Funds for the period to 30th November 2018. It was noted that the finance system reported slightly behind the Investment Advisor's report. Susan highlighted that as at 30th November 2018 there had been more expenditure than income received, however income such as donations and legacies continue to be received and work continues with the Fundraising Officer. Susan reminded Trustees of their previous approval to recharge fundraising costs on a 50/50 basis against restricted and unrestricted funds and advised that this is actioned on a six monthly basis across fund balances. Susan highlighted reference to the Cash Management Policy and confirmed that just over £1m had been transferred for investment in the medium to longer term. Stephen Mather referred to page 13 which listed a number of funds with a nil balance noted against them. Susan explained that as part of the reorganisation it is the intention to close these funds and those with generic purpose, amalgamate together. Karen Hamilton noted that the last fund on page 13 recorded a negative balance. Susan explained that this was due to a timing difference with an item being ordered prior to the income being received as part of a managed arrangement.

The Board of Trustees noted the finance report to 30th November 2018.

6.2 *Register of Legacies and Donations*

The Board of Trustees noted the donations over £5,000 and all legacies received for the period to 31st December 2018.

The Board of Trustees noted the report.

7. Governance Framework

7.1 *Annual Review of Endowment Funds Governance Framework*

Susan Swan spoke to this item and explained that the Governance Framework contained three elements, namely the Endowment Fund Charter, Guidance for Officers in the use of Endowment Funds and the Endowment Fund Financial Procedure. Susan highlighted the changes that had been made which were detailed on page 4 and advised that the point regarding cash donations would now be retracted following the earlier discussion. Susan took Trustees through the remainder of the changes linked to reporting arrangements, approval of fundraising activities by external organisations and approval of external organisations fundraising to support 'core' healthcare services. Stephen Mather stressed that there cannot be any leeway linked to additionality. Susan assured that they are looking to firm up on exactly what additionality means for the services. Stephen felt that it was difficult to reconcile the changes within the documents. Carol Gillie suggested using tracked changes for ease of reference in future. This was agreed. John McLaren asked what safeguards are in place to give assurance that donations will only be used for core services if specifically stated. It was noted that the Director of Finance would provide this check with having the authority to agree any funding coming in for core activity. Stephen reminded Trustees of the situation with the Gamma Camera and felt that it might be useful to use this, along with any others, as an example within the documents. This was agreed. Fiona Sandford felt that it would be much simpler if Trustees were not members of Borders NHS Board as this would give some independence. Susan advised that constitutionally we are still unable to do this. Malcolm Dickson noted his discomfort with the process described for donations being used against core services. David Parker felt that there

was no issue with this as many people will continue to specifically ask for a donation to be used towards a core item.

The Board of Trustees noted the report.

The Board of Trustees approved the amendments made to the Governance Framework documents for use in 2019/20 with the removal of the point relating to cash donations as this is not applicable at present.

7.2 *Annual Review of Investment Policy*

Susan Swan spoke to this item. Susan proposed no changes be made to this policy.

The Board of Trustees approved the Investment Policy.

7.3 *Draft Endowment Fund Board of Trustees Work Plan 2019/20*

Susan Swan spoke to this item which provided Trustees with the annual schedule of what would be coming forward. Susan highlighted that the Endowment Advisory Group was noted as May but advised that she would be looking to arrange a meeting towards the end of February as she had received some funding applications. Karen Hamilton asked if it was in the Trustee's gift to elect a Vice Chair and whether this is something that should be considered. John Raine proposed that as Karen was Vice Chair of Borders NHS Board she could undertake this role. Karen deferred making a decision at this point in time and had only flagged as something that may need to be considered in future.

The Board of Trustees discussed and approved the Work Plan for 2019/20.

7.4 *Endowment Fund Board of Trustees Terms of Reference*

Susan Swan spoke to this item. Susan advised that there had only been one change made at item 1.6 around sharing information, as appropriate, with Scottish Government rather than reporting to them. Stephen Mather referred to previous concerns around the use of Endowment Funds and asked if we should take the lead around having some independent members at this time. Susan did not think the current legislation would allow this and that national guidance is expected in the near future. Following discussion it was agreed to await the national guidance. Carol Gillie agreed to write to colleagues at Scottish Government to ask for an indication of timescale for issuing national guidance. Fiona Sandford agreed with this approach and the need to stress the discomfort felt by Trustees.

The Board of Trustees reviewed and approved the Terms of Reference.

8. **Risk Strategy**

8.1 *Review of Risk Management Policy*

Susan Swan spoke to this item and advised there were no changes recommended to this policy.

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

8.2 *Risk Register Update*

Susan Swan spoke to this item and explained that each risk listed had a note of the mitigating actions undertaken beside it. Susan highlighted the risk regarding cash

donations and reminded that this was no longer applicable. It was noted that all documents would be updated following today's meeting to reflect changes.

The Board of Trustees reviewed and noted the Risk Register.

9. **Borders MacMillan Centre Extension Project - Update**

Susan Swan spoke to this item. Susan advised that the liquidation process had continued to be supported and it was noted that the Head of Capital Planning is leading a review of accommodation with the clinical and management teams. Susan explained that the review may see an increase in costs and they would look to address any gap from the Cancer Services Endowment Fund. Susan confirmed that the process would continue to be overseen by the various stakeholders.

The Board of Trustees noted the update.

10. **Fundraising**

10.1 *Fundraising Update*

Brian Renwick spoke to this item which provided a progress report on the 2018/19 Fundraising Plan. Brian took Trustees through each of the objectives where it was noted that 42% of overall income had been stewarded by Fundraising. It was noted that meetings with local solicitors and financial advisors have taken place and feedback is being considered in relation to promote legacy giving during the first quarter of 2019. Brian referred to the projects supported by Fundraising, namely the Borders Macmillan Centre extension project which had far exceeded the target and the Space to Grow project which was due to be completed in spring 2019. It was noted that the Chairman had wrote to Walk the Walk charity in November 2018 but to date no response has been received regarding the donation towards the refurbishment of the mammography department. Karen Hamilton asked if there was potential for this project to be in the same category as the adult changing facility. Carol confirmed that it could be due to the capacity issues being encountered. In regard to the partnership objective, Brian reported that the relationship with the Friends continues to improve with some further donations being received to provide equipment for patients. It was noted that a meeting had taken place with the RVS with discussions ongoing around the usage of the funds (£228,000). The gifting of toys to the wards identified within the BGH, in partnership with Cash for Kids, was noted as complete with deliveries having been made to give toys to children who are visiting the hospital either as patients or visiting family members.

The Board of Trustees noted the update report.

11. **Celebrating Excellence Staff Awards - 2019**

June Smyth spoke to this item. June explained that the staff awards had been held for the past five years and discussions had taken place with colleagues around the format of the event for 2019 due to the financial challenge currently faced. June took Trustees through the various options listed and highlighted that to keep the same format, either in April or September, would require external management support which would be an additional cost. June highlighted that the Board Executive Team's preferred option was to continue with this event in the same format but in September rather than April. John Raine did not feel that this was a good time to stop this event as it was extremely popular with staff. John McLaren supported the recommendation to continue the event in its current format as it acknowledged the efforts and commitment from

staff. Cliff Sharp did not wish to see the end of staff being recognised for their efforts but stressed the need for caution on how much is spent and the need to be mindful of the other actions being undertaken across the organisation. Jane Davidson felt that the staff awards provides positive feedback and suggested trying to secure more sponsorship funding to keep costs down. Fiona Sandford, as a Trustee, supported this as there was no cost to NHS Borders and she felt costs were relatively modest for this type of event. Karen Hamilton noted that costs have doubled over the years which was a considerable increase and suggested looking at ways to try and cut these back. June highlighted that no fundraising income had been included in the figures and any secured would be offset against costs. Clare Oliver reminded that there is a limited pool of potential sponsors. Malcolm Dickson noted that this was an excellent event and congratulated those involved in organising it. Malcolm supported the recommendation to continue, either in April or September. Stephen Mather did not support the recommendation to continue in the usual format due to the current financial climate.

The Board of Trustees supported the recommendation to hold this event in its usual format on 21st September 2019.

12. **Update on Retirement Event – 4th September 2018**

Carol Gillie spoke to this item which provided an update on the retirement event held on 4th September 2018 in the Committee Room, BGH. It was noted that this event was appreciated by staff who had retired and it was recommended that it continue. Carol highlighted that the overall cost was extremely low. Karen Hamilton, who had attended the event, advised that the turnout was not huge against the number invited. Karen also suggested using a larger venue as the Committee Room had been too small. John McLaren felt that it would be helpful to understand how many had declined/not replied and the reasons for declining as he was aware of criticism of not acknowledging staff whilst still working for NHS Borders. Carol agreed to request this further information and circulate around Trustees. John felt that this may help in determining if there are other ways of acknowledging input from staff, such as reinstating the long service awards. Alison Wilson advised that she was aware from colleagues that long service awards are still given out in other Boards. Jane Davidson confirmed that other options for staff recognition are being explored and if there is a requirement to fund anything from charitable funds then this would come back to Trustees for approval.

The Board of Trustees noted the update.

13. **Any Other Business**

13.1 *OSCR Review of NHS Endowment Funds*

Susan Swan spoke to this item. Susan reminded Trustees of the correspondence circulated in June 2018 including a request from OSCR to supply agendas, minutes, amongst other documentation. Susan advised that these have now been reviewed and the letter circulated provides feedback on this. It was noted that an action plan on the back of this would be presented at the next meeting. Jane Davidson highlighted reference to core funding on page 2 and stressed the need to be explicit around this wording in all relevant documentation. Jane also reminded of the vast amount of work undertaken, primarily by the Finance Department, in relation to this review and highlighted the positive responses received from OSCR and Scottish Government.

The Board of Trustees noted the update.

13.2 *Internal Audit for Endowments*

Carol Gillie advised that the current contract with Geoghegans, the External Auditor, is about to conclude and she was looking to extend the current contract for one year. It was noted that this is within limits in the Code of Corporate Governance and the contract would go out for tender next year. A paper would be circulated electronically for approval.

John McLaren noted that this would be the last meeting attended by John Raine and Jane Davidson and on behalf of Trustees noted thanks for their input over the last number of years.

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

Wednesday, 15th May 2019 @ 10 a.m., Board Room, Newstead.

BE
24.01.19

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Wednesday, 15th May 2019 @ 10 a.m. in the Board Room, Newstead.

Present: Mr M Dickson, Non Executive Director
 Mrs C Gillie, Director of Finance
 Mrs K Hamilton, Non Executive Director (Chair)
 Mr J McLaren, Employee Director
 Dr T Patterson, Joint Director of Public Health (Left at 10.45 a.m.)
 Cllr D Parker, Non Executive Director
 Mr R Roberts, Chief Executive
 Mrs F Sandford, Non Executive Director
 Dr C Sharp, Medical Director (Left at 10.45 a.m.)
 Mr T Taylor, Non Executive Director
 Mrs A Wilson, Non Executive Director

In Attendance: Mrs B Everitt, PA to Director of Finance (Minutes)
 Mr G Reid, Investment Advisor
 Mr B Renwick, Fundraising Officer
 Mrs S Swan, Deputy Director of Finance (Left at 10.30 a.m.)

1. **Introduction, Apologies and Welcome**

Karen Hamilton welcomed those present to the meeting. Apologies had been received from Dr S Mather, Non Executive Director, Mrs N Berry, Director of Nursing, Midwifery & Acute Services, Mrs J Smyth, Director of Strategic Change & Performance and Mrs C Oliver, Communications Manager.

2. **Declaration of Interests**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 14th January 2019**

Karen Hamilton referred to the item on the adult changing facility and advised that the first meeting of the group has now taken place. Susan Swan reminded that Trustees had previously approved a spend of up to £50k from unrestricted funds. Susan explained that there are two governance routes to follow, namely it will go to the Board via the Clinical Executive Operational Group before coming back to the Board of Trustees for approval of any funding above £50k. Susan anticipated that this could be done virtually with the Board of Trustees.

Malcolm Dickson, on behalf of Stephen Mather, asked for an update on the Children's Centre. Carol Gillie advised that this will be picked up through the Strategic Plan, however due to the financial turnaround, this has been pushed back to September at the earliest.

Karen Hamilton referred to the MKU Internal Audit report item and enquired if there was a further update on this. Carol advised that again due to the financial turnaround this had not been progressed. Susan gave assurance that temporary mitigating actions have been put in place and no cash is currently being received within the MKU.

The minutes were approved as an accurate record.

4. Matters Arising

Action Tracker

The action tracker was noted.

5. Funds Management

5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham reminded that when Trustees had last met in January the portfolio had seen a slight decline. This had been largely due to Brexit and the issues emerging between America and China. Graham was pleased to report that as at mid May the total return saw that the portfolio had risen by just over 7% which has outperformed the benchmark. Graham highlighted that in December there had been just over £1m in cash and advised that this has been committed gradually and is now down to £330k as there is no return on cash at present. Graham reminded of concerns raised at the last meeting about shares held in some companies such as Schroder Unit Tst US Smaller Cos Z Inc and Blackrock World MI Ord. Graham advised that more shares in Schroder had been purchased which have since seen an increase of a 20% yield. In regard to Blackrock it was noted that since the last meeting there has been a recovery in commodity markets.

Tim Patterson felt that in his personal view there should be a pension type investment plan as this would be low risk rather than the current medium risk. Carol Gillie reminded that the Investment Advisor is working on advice from Trustees and that the Investment Policy is reviewed on an annual basis allowing Trustees an opportunity to put forward their views. David Parker commented that he was aware of funds reducing their investment stakes in equity and felt there could be scope to reduce these within the portfolio from 60% to 40%. Graham highlighted that the report presented was only to the 3rd May 2019 and stressed that these investments do significantly add value. Graham added that although it runs the risk in the short term by having exposure to equities, in the longer term it will do better than having a passive approach. It was also noted that the low risk investment opportunities currently available would see no return on investment. Cliff Sharp felt that it would be appropriate for investment only to be made in ethical stocks. Carol advised that part of the annual review undertaken is to identify which stocks should not be invested in and reiterated that the Investment Advisor is working within the mandate given. Fiona Sandford referred to recent events in America which have impacted on the stock market and asked what would happen if this continued. Graham felt that should this continue it could have a serious impact on trading, however assured that the portfolio is sufficiently diversified to protect it as much as possible. Alison Wilson enquired about conflicts of interest as she was aware that any shares in tobacco and alcohol are omitted, however questioned having shares in Unilever. Graham confirmed that this is not out of kilter with other Boards. Ralph Roberts reminded that the Investment Advisor is commissioned to act on Trustees' behalf and there was a need for trust that this is done without being influenced by personal views. David asked who prepares the Investment Policy that is reviewed annually by Trustees. Carol advised that she and Susan do this whilst taking into account lessons learned throughout the year. Graham advised that he would be happy to support this process going forward. The timescale for the annual review was discussed and due to the current focus on financial turnaround, and the impact of this on the Finance

Team, it was agreed to leave this until January 2020 as per the work plan with any preparatory work being undertaken by the Finance Team in advance.

The Board of Trustees noted the report and update.

6. **Endowment Fund Annual Accounts 2018/19**

6.1 *Draft 2018/19 Report from Trustees and Annual Accounts*

Susan Swan spoke to this item. Susan was pleased to report that no issues had been raised and an unqualified audit opinion was expected. Susan summarised the Endowment Fund had incurred an overall expenditure level of £993k for the year with income received being recorded at £936k. Susan noted to the Trustees that expenditure had exceeded income in year for the first time in a number of years due to the approvals given by the Trustees to a number of projects and initiatives which will deliver the Charity's purpose for healthcare services from NHS Borders. It was noted that details on individual schemes had been picked up within the Report from Trustees. Susan highlighted that the accounts were still in draft and comments could still be received over the coming week before being presented at the next meeting on the 6th June 2019 for approval prior to going to the Board for noting on the 27th June 2019. Ralph Roberts enquired if there was a policy which stated a requirement for a minimum level held. It was noted that there was no policy in place stating this. Susan explained that each fundholder receives a statement on a regular basis and they can only approve to that value. Any applications for unrestricted funds go the Endowment Advisory Group for review in the first instance and then to the Board of Trustees for formal approval. Trustees are provided with a projection on funds to allow them to make an informed decision. Fiona Sandford queried if there should be a maximum level of money held. Carol Gillie advised that although we do not want to spend for spending sake there is a clear steer from Trustees that Endowment Funds are there to be spent. Tim Patterson referred to the decision to reserve a large proportion of this fund for the Children's Centre and asked if this was appropriate. Susan advised that at the moment there are no issues as no applications are being declined due to lack of monies. The money for the Children's Centre would continue to be held until a decision is made by the Board. Tris Taylor felt it might be more helpful to have a target figure in place for a higher and lower limit of funds held. Malcolm Dickson referred to page 13 regarding the objectives for Fundraising and queried if we should also have objectives for spending priorities. Carol Gillie explained that decisions are made based on the Endowment Fund Charter as that sets the purpose of the fund and how funds can be spent. Malcolm commented that perhaps Trustees should be asking the Health Board to prioritise spend to give a guide should there be competing priorities. Tris noted that he would like to see more bids to support staff. Susan reminded that currently staff can only benefit if this is for training and development and any changes to this would require to be in line with OSCR guidelines.

Alison Wilson advised that she was not listed as a Trustee on page 14. Susan agreed to add this.

The Board of Trustees noted the draft 2018/19 report from Trustees and Annual Accounts.

7. Fundraising

7.1 *End of Year Fundraising Report 2018/19*

Brian Renwick spoke to this item. Brian highlighted that there had been an increase in stewardship due to the two large fundraising projects. It was noted that better relationships had been built with funeral directors and this had seen a significant increase in donations coming through. Legacy Giving was still work in progress, with the most successful model being make a will week, so it was anticipated that this would be added to 2019/20 plan. Brian referred to the Borders Macmillan Centre extension project and advised that fundraising has now ceased with around £100k being received in excess of the target. It was noted that the Space to Grow at Huntlyburn had been completed following fundraising by the Postcode Local Trust. A further £6k is required for the final stage to plant flowers, crops and lay grass which Fundraising are supporting. Brian reminded of previous discussion around the grant from Walk the Walk for the Mammography refurbishment and was pleased to report that notification was received in February that the grant of £487k was still available so the scope of this project is now being worked up and proposals will come forward to the Board for formal approval. It was noted that the relationship with Friends of the BGH continues to improve. Brian advised that any reference to them raising funds for the Children's Centre is incorrect, however they do have funds at present and a list is being compiled which will be taken back to them asking if they would willing to fund anything. Brian advised that a spending plan is also being produced against funds available (£228k) from the RVS. Tris Taylor noted his thanks for the very easy to read and transparent report. John McLaren echoed Tris' comments and was aware of the significant work done around building relationships. John asked how this is built into the Fundraising Plan. Brian explained that it demonstrates good governance as they can see what the money is being spent on as well as keeping them engaged. Malcolm Dickson noted that there was no reference to fundraising within the community. Brian confirmed that he was aware of this and this is being taken into account going forward.

The Board of Trustees noted the end of year Fundraising report for 2018/19.

7.2 *Fundraising Plan 2019/20*

Brian Renwick advised that Karen Wilson would be returning on Monday, 20th May 2019 so it had been decided to finalise the Fundraising Plan for 2019/20 after this to allow her to have input. This would be presented at the June meeting.

The Board of Trustees noted the update.

8. Any Other Business

Endowment Review Communication

Carol Gillie referred to the email received advising of a group being established by the Cabinet Secretary for Health and Sport to look at the implications of the OSCR report on NHS Tayside's use of Endowment Funds. It was noted that there would also be a Reference Group below this which Susan Swan would sit on as the representative from Borders. Recommendations arising from this were anticipated at a future point in time. Ralph Roberts highlighted that any change may require a change in legislation which would take a substantial amount of time. The consensus from Trustees was that there should be some independence on the Board of Trustees to avoid a conflict of interest. It was agreed that after the initial meeting Susan would provide feedback and it would be agreed how views could be

fed in going forward. Trish Taylor stressed that he would be keen to invite independent scrutiny wherever possible. Fiona Sandford noted that it sounded like there could be a substantial amount of work for Susan and the Finance Team and asked how Trustees could support this so as not to overload them.

The Board of Trustees noted the update.

Electronic Medicine Cabinets

Alison Wilson advised that the electronic medicine cabinets are now all in place and feedback from ward staff has been extremely positive. It was noted that a report on the benefits is being produced and a further bid would be forthcoming.

The Board of Trustees noted the update.

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

Thursday, 6th June 2019 @ 2 p.m., Board Room, Newstead. Karen Hamilton advised that she would be unable to attend this meeting, David Parker agreed to chair in her absence.

BE
17.5.19

APPROVED



Minute of a meeting of the **Clinical Governance Committee** held on 27 March 2019 at 2pm in the Committee Room, BGH

Present

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

In Attendance

Miss D Laing, Clinical Governance & Quality Project Officer (minute)
Dr C Sharp, Medical Director
Mrs N Berry, Interim Director of Nursing, Midwifery & Acute Services
Mr S Whiting, Infection Control Manager
Dr K Allan, Public Health Consultant
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Ms N Mallin, Infection Control Administrator
Mrs F Doig, Public Health (item 7.1)
Ms I Hassing, Infant Feeding Advisor (item 8.1)

1. Apologies and Announcements

The Chair noted that apologies had been received from:

Dr J Bennison, Associate Medical Director (Acute Services)
Dr A Howell, Associate Medical Director (Acute Services/Clinical Governance)
Mrs S MacDougall, Risk & Safety Manager
Mrs E Cockburn, Head of Clinical Governance & Quality
Mrs F Sandford, Non Executive Director
Mrs E Reid, Associate Director of Nursing & AHPs/ Chief Nurse Health & Social Care Partnership
Ms S Horan, Interim Associate Director of Nursing/Head of Midwifery

2. Declarations of Interest

There were no declarations of interest made.

3. Minute of the Previous Meeting

Amendment to item 8.2 paragraph one was made and the minute of the previous meeting held on the 30 January 2019 was approved.

4. Matters Arising & Action Tracker

The Chair reiterated his disappointment that once again key attendees were not present at Committee meeting. There was some discussion in the group about timing and it was agreed that as part of the work planning for the coming year the secretariat would look into what other meetings clash with the timing of Clinical Governance Committee meeting schedule. Stephen reminded everyone present that it is important that Workplan is adhered to and a deputy sent with paper if not available to attend personally.

8.2 Stephen asked Nicky in which locations were the 'Feeling Baby Move' leaflets available. Nicky confirmed that these are available in GP practices and at the Borders General Hospital. There was a discussion regarding availability of the leaflet in the community pharmacies, Alison was not sure if they were and Nicky agreed to share the order details with Kate Warner, PA to Director of Pharmacy so she can send on the community pharmacies. The Committee asked if other areas like the early years centres would also benefit from a supply of the leaflets.

Updates and amendments were made to the action tracker.

The **CLINICAL GOVERNANCE COMMITTEE** noted the Action Tracker.

Fiona Doig joined the meeting.

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting attended to talk to the infection control report. Sam apologised for the numbering and scale being slightly off he will rectify this in his next paper. He updated the Committee that a recent independent audit on hand hygiene compliance in four wards had been conducted, the return was extremely poor with only 27% compliance being recorded. This was raised at the Infection Control Committee and shared with the wards involved. Sam noted that the wards have taken ownership of this issue and will be addressed with Staff. The Committee had a discussion regarding context and asked if the rationale and evidence behind hand hygiene was understood by the Staff. It was agreed that it might be helpful to set up a short working life group to improve hand hygiene. Sam agreed to update the Committee on progress at the next meeting.

Vale of Leven Public Inquiry Recommendations report (November 2014) has been revisited by NHS Borders. Compliance against recommendations is being monitored. NHS Borders are compliant with 63 of the 65 recommendations and work towards compliance is ongoing.

Following media reports on the incidents at the Queen Elizabeth Hospital Glasgow, a Healthcare Environment Inspection was carried out. All NHS Scotland Boards self assessed their own areas against the recommendations. The recommendations and NHS Borders position against these were attached to the infection control report. The next stage is to develop an action plan in line with the recommendations. Sam commented that cleaning the

fabric of NHS Borders buildings is an issue due to the age of the building but this is recorded on the risk register and estates continually monitor the situation.

Stephen asked if there are any concerns regarding any gaps, Sam informed the Committee that the gaps noted are medium risks and he will give the Committee and update on both the Vale of Leven and Queen Elizabeth University Hospital recommendations at the September meeting.

There has been some progress on recruitment within the Infection Control Team with a new nurse appointed and starting in early June. The vacant band 8A post has still to be recruited to. The external support that they have a present comes to an end this month but there is some internal support available in the interim until the gaps are filled.

Stephen enquired about the figures pertaining to contaminated blood samples, Sam stated that it was difficult to link reductions/interventions but a new plotted graph will make it easier to ascertain if there are any issues causing the differences. He assured the Committee that actions will be taken once it is established where the issues are.

Alison asked if there had been anything done differently to improve staphylococcus aureus bacteraemia rates, Sam responded stating variation is not statistically significant so difficult to ascertain why there is a change.

The clostridium difficile infections were discussed, Sam commented that the antibiotic prescription policy is managed by antimicrobial team. This is monitored and discussed at the antimicrobial team meeting.

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

ACTIONS: Sam to consider a Short working life group to aid improvement of Hand Hygiene compliance and increase understanding of rationale behind hand hygiene. Will bring update to next meeting

Sam to give Committee an update on both the Vale of Leven and Queen Elizabeth University Hospital recommendations at the September meeting.

*Sam Whiting and Natalie Mallin left the meeting
Ida Hassing joined the meeting*

As the meeting was running late it was agreed to let Fiona Doig (item 7.1) and Ida Hassing (item 8.2) present their papers first.

7.1 Health Promoting Health Services Annual Report

Fiona Doig attended to discuss this paper. In September a baseline against proforma action plan was suggested by Scottish Government the action plan has score ratings of zero to three (0-3). Zero being no evidence and three fully met. The majority of NHS Borders indicators are rated at one. We have one area rating at zero relating to availability of healthy options in vending machines and pop-up shops. The indicators with the lowest ratings will inform an

action plan. Fiona is meeting with senior colleagues and Cliff next month to prioritise the action plan.

Mental Health issues remain the highest reason for staff absence. Fiona reminded the Committee that public health is a support service available to help improve staff health.

Vicky Hubner, Interim Head of Work and Wellbeing, is looking at identifying problems and what can be done to improve health at work. Health Promoting Health Services are happy to support Vicky with this work.

There was some discussion regarding the success of the recent Wellbeing Wednesdays sessions, it was agreed that the organisation should be promoting wellbeing of staff at all times. It was also agreed that it is important that the organisation should be promoting the supporting whole wellbeing of staff. Keith commented that an Organisational overview can only help. Cliff suggested that it might be time to review the Occupational Health Service and see how it fits into the Organisation. Peter reports that following wellbeing Wednesday's sessions he has been approached by various groups for support and attendance to promote health within these groups. Nicky Berry agreed to meet to discuss linkages with the Grip and Control work stream to support staff wellbeing.

It was agreed that any action plans should be fed through the individual boards with support from Tim Patterson, Executive Lead. It was also suggested that Health Promoting Health Services to be added as a standing item to clinical governance group meetings.

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

ACTIONS Nicky Berry to meet with Fiona Doig to discuss linkages with the Grip and Control workstream.

Fiona Doig left the meeting.

8.1 Baby Friendly Initiative update

Ida Hassing, Infant Feeding Advisor attended to present the Baby Friendly Initiative update. The Scottish Government launched a three year programme to improve breast feeding outcomes. An integrated plan was established for all young people. Up to recently NHS Borders rates have remained static but there has been an improvement in showing in drop off rates. The service completed a clinical audit last year which indicated that interruption was a major cause in drop off. Staff training has been considered and cultural reasons for not breast feeding investigated. Ida has applied to re-audit this year the initial findings show improvement.

Key aims of the breast feeding programme are to achieve accreditation in Special Care Baby Unit and the sustainability gold award for maternity and health visiting services. Cliff asked what accreditation involved and Ida reported that this mainly involves interviews with Mums and Staff relating to their experiences with the service.

The Committee thanked Ida for her encouraging report and she agreed to send Cliff Sharp most recent figures and attend again in six months to give a verbal update on progress.

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

ACTIONS Ida to send Cliff most recent breast feeding figures
Diane will table verbal update on progress to Committee in six months.

Ida Hassing left the meeting

5.2 Quarterly HMSR Report

Healthcare Improvement Scotland (HIS) wrote to NHS Borders to explore the change in our mortality figures, there does not appear to be an explanation as to why these changes occurred. One observation was that there was also a spike in the number of sepsis cases at the same time although no correlation was evident and this may be coincidental. On looking at our figures more broadly it appears that NHS Borders still sits within the norm of deviation. There will be a response compiled for HIS. The Committee discussed the anomaly of our Margaret Kerr unit deaths being included in the HMSR report being one possible reason for our figures being skewed.

The Committee agreed that a consistent approach across the board is important and are assured that recorded deaths are reviewed as an obligatory part of the working week.

Diane Laing will ask Annabel Howell, AMD, BGH to give a more comprehensive update at the May meeting if she is able.

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

ACTION Diane will ask Annabel Howell to update the Committee on the HIS response at next meeting.

5.3 Patient Safety Programme Report

This update was deferred to future meeting.

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) update

No one was available to talk to this report. It will be picked up at next update in May. There was some discussion regarding the SPSO action plans and the assurance on how the SPSO actions and recommendations are conveyed to staff, if actions are followed up and by whom. Diane will approach Susan Cowe, Complaints Officer and ask for 'action to be followed up by' and 'date completed' to be included in the SPSO report going forward.

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

ACTION Diane will ask Susan Cowe to include 'action to be followed up by' and 'date completed' in the SPSO report going forward.

7. CLINICAL EFFECTIVENESS

7.2 Clinical Board Update (Acute Services)

Nicky Berry gave the Committee an update on the activities of the Acute Services. Person Centred Coaching Tool (PCCT) figures show that ward 12 is still out lying but the service is aware and issues are being addressed. Due to staffing shortfalls and changes within the Clinical Governance & Quality Team the PCCT reporting has been sporadic but the audits are still being performed.

Stephen enquired if the tissue viability training, although commendable, was making any difference and if improvement was apparent. Nicky reports that there is improvement and work is on going. He has asked if there is a possibility the figures for grade 2 and above pressure sores could be plotted on a funnel chart with a comparison with other Boards. Nicky will ask Justin Wilson, Clinical Information Coordinator and Erica Reid, Associate Director of Nursing and AHPs/Chief Nurse Health and Social Care Partnership if this is possible.

Maintaining focus on falls work has proved difficult. Although we are unable to prevent falls, the number of falls with harm have decreased.

There are no complaints overdue for the Acute Services section; the Committee would like to congratulate the team for this.

The Committee had a discussion about realistic expectations of what we can achieve and provide for the public. Communicating realistic medicine to the public is an issue that needs to be explored further. Keith Alan agreed that promoting realistic medicine through Public Health and other channels is the way forward but how this would be conveyed needs further thought.

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

ACTION Nicky will ask Justin Wilson and Erica Reid if it is possible to have the NHS Borders figures for grade 2 and above pressure sores for and other Boards for comparison plotted on a funnel chart.

7.3 Clinical Board update (Primary & Community Services)

There was no one to talk to the Primary & Community Service update. The main comments were regarding the falls figures. There appears to be no change in the amount of falls although it is recognised that zero falls would not be expected in a health care setting. Falls with harm remain low and these are investigated through the Significant Adverse Event process.

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

7.4 Clinical Board Update (Mental Health Services)

Peter Lerpiniere reports that PCCT has been adapted for Mental Health but it is early days and he is not able to provide any meaningful data as yet. This will be reported at a later date once there is more data available. There has been some concern regarding the number of people reported as missing to the police, it appears there are discrepancies between mental health criteria of who is considered missing and that of the police and this may explain the difference.

The Committee noted there were no reported falls with harm in this period.

A discussion took place regarding the figures for aggression and violence, Committee asked if there was a tolerance level in mental health for aggressive behaviour. Peter admits this is difficult to answer, the nature of the patient demographic means aggression and violence may be considered part of the norm in some conditions, but incidence of aggressive behaviour leading to harm remains low. Peter informed the Committee that this would be difficult to delve into further without leading to persons being identified.

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

7.5 Clinical Board update (Learning Disabilities Services)

The Committee commended the learning disabilities service for their positive report. No complaints were lodged in this time period and care opinion feedback has been very positive.

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

8. ASSURANCE

8.2 Back to Basics Update

Peter Lerpiniere gave a verbal update on behalf of Erica Reid. He asked that Committee note there had been no complaints against any nurses in 80 days. Person Centred Care programme being developed within the wards and enthusiasm along with ownership making a difference in care.

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

8.3 Medical Education Update

Paper not submitted and no one attended to give update. Paper however has been to the Board. Jane Montgomery will attend future meeting with update as tabled.

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

8.4 Clinical Governance Committee annual report

The report was not discussed the **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.5 Clinical Governance Committee work plan, meeting dates, Terms of Reference, Self Assessment & reporting template review

The meeting was running over so Committee decided to look at Workplan virtually. Diane will send email and collate responses. Terms of reference were briefly looked at and changes discussed will be made before sending to Committee for agreement. There is a slight misalignment with the meeting dates and availability of some reports. Diane Laing will liaise with Peter Lerpiniere regarding this issue. The outcome of above will be confirmed before the next meeting in May.

The reporting template was discussed and agreed that we would adopt the front cover used by the board. The template will be amended by Diane Laing accordingly before the next call for papers.

ACTIONS: Committee to agree Workplan and terms of reference. Diane will email to Committee for responses/agreement and collate before next meeting

Diane will liaise with Peter regarding timings for papers on Workplan

Diane will update meeting template as discussed before next call for papers.

9 ITEMS FOR NOTING

The following minutes were presented for noting:

- Adult Protection Committee Minutes
- Child Protection Committee Minutes
- Public Governance Committee Minutes
- P&CS Clinical Governance Minutes
- LD Clinical Governance Minutes
- Public Health Governance Minutes

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

10. Any Other Business

There was no further competent business.

11. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee will be in May but exact date is yet to be confirmed due to availability of Chair.

The meeting concluded at 16.20



STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Monday 17th December 2018 at 10am in the Committee Room, Borders General Hospital, Melrose.

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

In attendance: Mr J Cowie, Director of Workforce
Mr B Salmond, Associate Director of Workforce
Mrs E Cameron, HR Manager/Business Partner
Mrs Y Smith, Partnership Lead (Ex Officio Member)
Mrs S Aspin, Partnership Lead (Ex Officio Member)
Mr P Lerpiniere, Associate Director of Nursing MH, LD, Older People
Mrs H Hunter, HR Officer (Minutes)

1. Welcome, Introductions and Apologies

Mrs Hamilton welcomed everyone to the meeting.

Apologies were received from Mr T Taylor.

2. Minutes of Previous Meeting held – Monday 10th September 2018

Agreed as an accurate record of the meeting.

Matters arising

None

Action Tracker

Page 1, Action 2 - *“Contact Planning and Performance to see what data they can produce in relation to evidencing Staff Governance performance”*. Included in the Work Plan for next year. **Item to remain on the Action Tracker.**

Page 1, Action 5 - *“SGC members to consider the key workforce metrics to be reported to the Staff Governance Committee on a regular basis and report back to Mrs Hunter”*. **For discussion at item 6.**

Page 1, Action 6 – *“Cascade the benefits of the Professor West visit”*. In progress.

Page 2, Action 7 – *“Discuss future Workforce Conferences with Director of Nursing so there is not a conflict with dates of the Nursing and Midwifery Conference or the annual staff awards”*. **Complete**

Page 2, Action 8 – “*Action Tracker to show feedback on establishment of LPFs and any feedback on role of partnership office*”. **Complete.**

Page 2, Action 9 – “*Staff Governance Committee to review BREXIT workforce submissions and this should be a standing item on future Agenda*”. **Complete.**

The Chair asked that completed actions for this session only be shown on the Action Tracker.

3. Staff Governance Action Plan

Mrs Cameron advised that as at 30th November 2018 there were no red actions. She added it was not unusual for timeframes to slip but actions are monitored throughout the year.

Mr Salmond referred to the Once for Scotland Policy/INWO Model Standard for whistle blowing; the completion date for action number 5 had been delayed until 31st May 2020. He stated that due to issues with the Scottish Government and Scottish Public Services Ombudsman, there was no timescale for consultation on the appointment of an INWO and model standard for whistleblowing or the Scottish Parliamentary legislative timetable. He added that a national training package was under development but had not been released to Boards so an agreement would have to be reached on to how to train staff without having access to the “Once for Scotland” package. Mr Salmond said that NHS Borders had met the bare minimum for the obligation of ensuring whistleblowing training for key people as defined by the PIN Policy with the session held on 12 November 2018. Mrs Hamilton asked whether this impacted on our Policy. Mr Salmond confirmed that there is an up to date Whistleblowing Policy but the focus was now on how it is applied and how we raise awareness.

The Committee noted the progress to date with delivering on the Action Plan.

4. Annual Review/Feedback from SGHSCD on Staff Governance Standard Monitoring Return (2017/18)

The Committee considered the content the SGHSCD feedback on the Board’s Staff Governance Monitoring Return and the Board’s response. Mr Cowie explained that the NHS Borders response had been required by 30th October 2018. It had been completed with input from the Chair, copied to members and discussed at the APF. The Scottish Government had acknowledged positive elements in the Board’s Staff Governance achievements and had requested further information on others.

In the course of discussion it was noted that the Parliamentary Health and Sport Committee Report had asked for all Boards to detail the steps they were taking to eradicate workplace bullying and implement whistleblowing. A special APF meeting had been held as part of the ministerial annual review on 16 November and staff representatives had the opportunity to discuss these matters with the Minister for Public Health, Sport and Wellbeing. Mr John McLaren had given a presentation on the progress with partnership working and the discussions flowed from that. All present had the opportunity to speak and the theme from the Minister was very clear that it should be safe for NHS staff to speak up about concerns.

The Committee noted the details of the Government feedback and declared itself content with the content of the Board's response.

5. Organisational Development

a) Project Lift

Mrs Cameron gave a presentation on Project Lift.

Mr McLaren joined the meeting.

Mr Cowie said that Project Lift has multiple strands and along with TURAS was a welcome development and had the potential to help identify future leaders. The Regional link specialist had met with Executives, Line Managers and Staff Side Partnership Leads on a recent visit to Borders. Mrs Cameron advised that she was investigating how best to build links with SBC in order to utilise local resources to develop leaders and managers in the Scottish Borders.

It was noted that the system does not allow line managers to see who has completed a Project Lift assessment. The assessments should be linked to PDPs but this had not been widely communicated, an issue that had been highlighted by the National Organisational Development group and will be taken forward by the Project Lift teams in light of some continuing concern around confidentiality and GDPR.

The Chair asked whether staff who did not participate in Project Lift were treated less favourably than those who did. Mrs Cameron confirmed that that was not the case and that Project Lift was aimed at identifying the leadership potential talent within the Scottish NHS.

Mrs Smith suggested a presentation from Joanne Rafferty for later in 2019.

The Committee agreed to receive regular updates on Project Lift

b) Leadership and Values Overview/O.D. Programme

Mr Cowie advised that the programme was being developed on the initiative of the Chief Executive in the light of issues brought to light over the last year through high level outcomes from the iMatter survey and anecdotally. The main vehicle for, and focus of, the project would be the team of senior managers reporting to Executive Directors. The central theme would be culture and behaviours specifically around the confidence of staff to speak out and raise concerns and the complete elimination of bullying behaviour. The Executive Team were taking this very seriously and had commissioned an external OD consultant, Hazel McKenzie, to undertake initial scoping and develop a paper with ideas and proposals to take forward the project. That was due to be considered by BET in the near future.

The Committee wished to be assured that momentum would be maintained with this project and that evaluation criteria would be available. It was agreed that a full report on progress should be brought to the next meeting.

6. Assessment of Meeting and Agreement on Future Agenda

Mrs Hamilton referred to the Committee's key responsibility for providing assurance on the Board's compliance with the NHSScotland Staff Governance standards and invited views from members on what information and metrics would most useful to

enable that to be done effectively. Following discussion it was agreed that the dashboard developed for national monitoring could be adapted for local reporting. Some concerns were expressed about the practical challenges of producing reports in that format but there was general agreement that a regular reporting schedule based on the metrics now being requested nationally, would be of considerable value to the Committee. It was recognised that not all of the data would necessarily be available immediately and that the content of the reports could be reviewed after the Committee had been able to assess their usefulness. The Committee could also request deep dive analyses of particular topics as it judged appropriate.

It was agreed that an initial report be brought to the next meeting providing as much data as possible in line with the national template format and that this should be a standing item on the agenda.

It was further agreed that the Board's next annual monitoring return to the Scottish Government should be considered at a development session in May 2019.

7. Items for Noting and Verbal Updates

a) Area Partnership Forum

Mr McLaren reported on the work of the Area Partnership Forum. A presentation on Partnership working had been developed and would be further disseminated in the New Year and partnership reviews had been set up for all four local partnership forums from January. A presentation on the clinical strategy, finance and Better Borders aimed at increasing staff engagement and generating efficiency ideas had been shown around localities and within the BGH. A presentation on workforce planning was also being planned.

The Committee noted the update.

b) Update on Staff Governance Monitoring Framework Future Proposal Proposed annual SG monitoring return template, 2018-19

Mr Salmond outlined recent developments with the plans to establish a national staff governance monitoring framework under the auspices of SWAG. The SGHSCD Workforce Practice Unit had proposed a model for peer review which had been substantially modified in light of comments received before submission to SWAG. The comments from the joint chairs of the APF on behalf of NHS Borders appeared to have been particularly influential in that regard. A short life working group with service representation had been re-established to oversee future proposals and the previous proposals involving peer review of SG Action Plans and scorecards had been postponed. One region would be identified to pilot a peer review model during 2019 and in the meantime, an updated Staff Governance Monitoring template for 2018-2019 had been proposed.

The Committee noted with interest the continuing discussions on Staff Governance Standard Monitoring Framework Proposals and asked to be kept informed of developments.

c) EU Withdrawal

It was confirmed that the NHSScotland staff survey on nationality would conclude later in the week. To date, 35 returns had been received and gaps would be followed up with line managers. The primary purpose of the survey was to ensure that non-UK EU nationals had access to resources and support at appropriate times. The Home Office settlement scheme for Public Sector employees was now being piloted. The Scottish Government had indicated that participants in Scotland would be reimbursed the £65 fee and in the absence of clear information on how that would operate, NHS Borders had agreed to make the reimbursement directly to those of its employees who participate. The NHS Borders Brexit working group was continuing to meet and now had representation from Scottish Borders Council.

The Committee noted the update.

d) Once for Scotland Workforce Policies Regional Engagement Events

Mr Salmond advised the East Region engagement event will take place on 15th January 2019. He said there is an open invitation to SGC members to attend. Mrs Hamilton asked Mrs Hunter to re-circulate the paperwork on this which had the Registration Form attached.

8. Any other competent business

None

9. Date of next meeting:

Thursday 21st March 2019 from 10am – 12 noon, BGH Committee Room, BGH with a development session arranged between March and July 2019.

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



STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Monday 17th April 2019, 10am in the Committee Room, Borders General Hospital, Melrose.

Present: Cllr D Parker, Chair
Mrs A Wilson

In attendance: Mr B Salmond, Associate Director of Workforce
Mrs E Cameron, HR Manager/Business Partner
Mrs Y Smith, Partnership Lead Staff Side (Ex Officio Member)
Miss V MacPherson, Partnership Lead Staff Side (Ex Officio Member)
Mrs H Hunter, HR Officer (Minutes) shadowed by Mr D Riddell, HR Officer

1. Welcome, Introductions and Apologies

Cllr Parker welcomed everyone to the meeting and advised that as Mrs Karen Hamilton has been appointed as Interim Chairman of the Board he will now chair the Staff Governance Committee in the interim.

Apologies were received from Mr T Taylor, Mr J Cowie, Mr J McLaren, Mrs V Hubner, Mrs S Aspin and Mrs C Smith and Mrs J Boyle who had been invited to give presentations today.

2. Minutes of Previous Meeting held – Monday 17th December 2018

Agreed as an accurate record of the meeting.

Matters arising

None

Action Tracker

Mrs Cameron advised that Standard Monitoring is on the Agenda and all other actions are in progress.

3. Staff Governance Action Plan (2018/19 Version 10)

Mrs Cameron stated this is progressing but the Staff Governance Working Group have suggested that they should consider reducing the number of actions contained in the Staff Governance Action Plan. The performance against iMatter is concerning and Mrs Cameron suggested this be prioritised for an action at the next meeting of the working group. She indicated that she would then bring back any proposals to the Staff Governance Committee once agreed by the Area Partnership Forum.

Mr Salmond commented that the Action Plan is refreshed annually and some actions are not possible to achieve within a one year timeframe as they are rolling improvements. He added that progress is being made regarding whistleblowing and this is marked as green as training of key staff and current policy have been implemented, although all Health Boards were awaiting the consultation for Independent National Whistleblowing Officer and the model standard. The Once for Scotland PIN policy on Whistleblowing had been removed from the first stage. Mr Salmond added the current actions ensured each standard was addressed, if the future SGAP featured a single overall action on iMatter we must ensure all 5 standards are covered.

The Committee noted that Mrs Cameron will bring an update to the next meeting and we must ensure all 5 standards are covered.

4. Draft Staff Governance Report for Standing Financial Orders

Mrs Cameron advised the purpose of this report was to give the Board the assurance that the Staff Governance Committee was fulfilling its role. Mrs Karen Hamilton has signed this off but has asked for this Committee to confirm they are content with it. Mr Salmond commented that the Report is a statement of fact detailing the activities of the Committee but does not reflect organisational performance with staff governance. There was an amendment detailing the meeting schedule and Mrs Cameron advised that the Staff Governance had achieved the target of having four meetings during the last year.

The Committee agreed they were happy with the content of the Board's Response.

5. Draft Annual Monitoring Report to the Scottish Government

Mrs Cameron advised this is the first time we have been asked to complete the Report in this format and we have been asked specific questions linked to the Annual Review and previous submissions. The copy submitted today was a draft and the final copy will be brought to the meeting on 23rd May 2019 for approval. Approval is needed from the Chair of the Staff Governance Committee, the Employee Director and the Chief Executive as the Accountable Officer.

Mrs Cameron asked if the Committee was happy with what is being asked in this new format.

Mr Salmond referred to Section 6 on whistleblowing, which included the annual report on whistleblowing cases, and advised training to key staff had been undertaken within the year. Mrs Wilson is taking over as the Whistleblowing Champion from Mrs Hamilton and has been updated on recent cases.

The Chair advised he will liaise with Mrs Hunter to contact all members of the Staff Governance Committee asking them to forward comments to Mrs Cameron no later than 15 May in time for approval of the Report at the meeting on 23 May.

6. East Region Transformational Recruitment Plan

Mrs Cameron advised this was for noting as we need to ensure staff are treated fairly in what will be a major change. There is a local engagement session today.

Mrs Cameron advised there was a 3 regions approach in the implementation of a National e-Recruitment system called Job Train. NHS Borders are in the East region alongside 2 territorial boards (Fife & Lothian) and 3 national special boards. There is a lot of enthusiasm for automated transactions and Job Train will allow us to process recruitment electronically.

Mrs Wilson raised her concern over the lifespan for the Term of Reference. Mrs Cameron stated that as this was a National System there was an agreement to not constrain the project with a tight timeline. Lothian is in the process of piloting Job Train and will act as an early implementor. The system will then be rolled out to NHS Fife and we anticipate that NHS Borders will have a phased implementation from November 2019. She added that we need to ensure that we engage with our Managers and raise awareness of this transformation programme.

The Committee noted the paper and Mrs Cameron's comments.

7. Workforce Conference Update

Mrs Cameron gave a verbal update advising that this had been a very successful event held jointly with the Area Partnership Forum and Area Clinical Forum. 70 people had been in attendance with a good mix of staff from different areas and staff groups. Data from this event will be used by Workforce Planning and it gives the Organisation an opportunity to collate qualitative and quantitative data we don't get elsewhere.

The Committee appreciated the update and noted that a further report on this was to follow.

8. Project Rise

Mr Salmond reminded committee members that there has been 2 phases for the leadership development programme. The first phase had been diagnostic and an external O.D. Consultant, Hazel McKenzie, has worked with around 30 leaders, during the autumn of 2018 and a report was provided to the Board Executive Team in January. As part of this process, leaders (i.e. senior managers who report directly to a Director) will undertake a 360° appraisal and this multi-source feedback will be used to further inform the managers development needs. Action Learning sets also feature where managers will break into multi-disciplinary sets throughout the year. This is not only for personal development but is to create capacity to move forward projects, particularly those linked to financial recovery. The next development session is on personal effectiveness and Hazel McKenzie will be running drop-in sessions over a few days for those unable to attend the session. Mr Salmond confirmed the partnership staff side leads participated in the programme.

The Committee noted the update on Project Rise.

9. May Development Session

As well as discussing and approving the Annual Monitoring Report to the Scottish Government it was suggested the financial turnaround and the impact this will have on the workforce should also be addressed at the May Development Session.

Cllr Parker commented that we may need more than 2 hours for this Session and this will be communicated.

The Committee agreed the Session will be used to sign off the Annual Monitoring Report to the Scottish Government, discuss the financial turnaround and the Action Plan. Cllr Parker and Mrs Hunter will advise if a longer session is to be held.

10. iMatter Performance

Mr Salmond advised that the iMatter survey was run in February/March 2019 in a 4 week window and is the third time the full cohort survey had been held in NHS Borders. Employees of Scottish Borders Council within Health and Social Care were also invited to participate for the 2nd year.

Mr Salmond continued that it was disappointing to note that the response rate was lower than last year. There were no reports for Medical, Nursing, Estates and Facilities as they didn't reach the 60% threshold. Cllr Parker was pleased to hear the uptake from SBC employees was 58% as normally this figure for similar participation surveys is around 30%.

Mr Salmond commented that the next stage is for teams to now create their Action Plans for continuous improvement which are uploaded to the iMatter website and it was hoped that good performance achieved last year will continue. He added that although some staff did not take part in the survey last year, the teams did create their own Action Plans. Mr Salmond added although the Government monitor the statistics, we need to keep encouraging teams to upload their action plans as this is their responsibility.

Mr Salmond advised this year Managers had to print out paper copies of the survey and hand out to staff who did not have computer access, this potentially depleted the number of returns. There were also IT issues as the survey had to be opened in Google Chrome and was not available via the intranet. Mr Salmond said this will have to be highlighted and addressed for next year. Mrs Smith added staff have said as they couldn't access the survey by computer they didn't do it. IT are trying to address this issue

The Committee noted the comments regarding this and asked for a report on resolving the IT issues prior to next year's survey.

11. Assessment of Meeting and agreement on future Agendas including Workforce data and statistics discussion

Mrs Cameron said a regular discussion was required to ensure the Staff Governance Committee is discharging its scrutiny and assurance role. The content of future Agendas, and identifying the workforce data and reporting required going forward.

Cllr Parker suggested this be discussed at the next meeting and asked if in the meantime anyone had anything they would like added to the Agendas. Mrs Smith suggested the financial turnaround discussion at the development session in May, may give an idea of what needs to be on this Agenda.

Cllr Parker agreed that this should be discussed at our next Meeting.

12. Item for noting

a) European withdrawal

Mr Salmond advised this paper was correct at the time of writing and asked that it be a regular Agenda item. He advised that workforce issues are less significant than others particularly around procurement, catering and pharmacy.

Mr Salmond advised 57 staff have been identified as EU citizens and contact continues with them to offer support. He believes from these 57 staff members, no-one is considering leaving NHS Borders as a result of Brexit.

Mr Salmond further advised that with a cross-over with Scottish Borders Council and NHS Borders this allows better information sharing.

The Committee was pleased to hear the update and that the identified staff are being contacted appropriately. This item is to remain on future Agendas.

13. Any other competent business

None.

9. Date of next meeting:

Thursday 23rd May 2019, Development Session from 11am – 1pm, BGH Committee Room.

Cllr Parker thanked everyone for their attendance and closed the meeting.

Finance and Resources Committee



Minutes of a meeting of the **Finance and Resources Committee** held on Friday 1 March 2019 at 2.00pm in the Board Room, Newstead.

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

In Attendance: Mr R McCulloch-Graham, Chief Officer, Health & Social Care
Mrs S Swan, Deputy Director of Finance
Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
Dr C Sharp, Medical Director
Mrs J Smyth, Director of Strategic Change & Performance
Mr John Raine, Chairman
Miss H Fairburn, Head of Capital Planning
Miss Jill Bolton, Note Taker

1. Apologies and Announcements

Mr Malcolm Dickson welcomed members of the Committee to the meeting

Apologies had been received from Cllr David Parker, Mrs Nicky Berry and Miss Iris Bishop.

The Chair welcomed Miss Hannah Fairburn, Head of Capital Planning to the meeting who was attending to present the Draft Capital Plan 2019/20 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. Minutes of Previous Meeting

The minutes of the previous meeting of the Finance and Resources Committee held on 19 December 2018 were amended by the request of Mr John Raine at page 2, paragraph 4, line 2 to read “the Chair of the Board may attend as and when they desire.” and with that amendment the minutes were approved.

4. Matters Arising

- 4.1 Action 5** – Mr Rob McCulloch-Graham apologised to the Committee that he had not circulated, to date, the SBCares contract and Scheme of Delegation

A further discussion around SBCares surplus/deficit took place and the Chair referred the Committee to Item 5.1 of the previous minutes, which confirmed the position. The Committee agreed that a presentation from SBCares to the Committee in the future would be helpful.

- 4.2 Action 61** – Mrs June Smyth advised the Committee that this action was now superseded by the Turnaround Programme and that the action should be marked as completed.

- 4.3 Action 65** – Mrs June Smyth advised the Committee that the Grip and Control Team would manage the task. She further advised the Committee that it was something that had been discussed with the Turnaround Team but no actual actions had been taken to date. The Committee agreed to close the action. The Committee also agreed to ask Mr John Cowie to update them on the current position on voluntary severance.

- 4.4 Action 73** – Mrs Carol Gillie advised the Committee that a new contract for clinical waste had been issued. The visit to NHS Borders with regard to the recommissioning of the incinerator had taken place and it was agreed that it would not be recommissioned.

- 4.5 Action 74** – Mrs June Smyth advised the Committee that this was still in the plan but had still to be actioned.

- 4.6 Action 75** – Complete – superceded by Grip and Control.

- 4.7 Action 76** – Mr Rob McCulloch-Graham advised the Committee that there were no action plans in regard to the publications by Anne Hendry and John Bolton to date. He undertook to provide an update on progress. He further agreed to share with the Committee a copy of the presentation given to the Board. The Chair requested that Mr Rob McCulloch-Graham report back verbally to the next Finance & Resources Committee.

5. Operational Financial Performance

5.1 Update on the 2018/19 Year End Outturn Position

Mrs Susan Swan gave an overview of the content of the report and highlighted the forecast year end outturn position. She further highlighted that the required level of brokerage from Scottish Government remained at £10.1m which had been consistently reported to Borders NHS Board. Mrs Carol Gillie confirmed to the Committee that the Board would break even this year as the £10.1m would be written off through brokerage.

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

5.2 Financial Planning Principles

Mrs Carol Gillie gave an overview of the content of the report and highlighted that the report requested that the Committee confirm they were in agreement that the Financial Principles agreed in 2016 remain in place for 2019/20 due to the need to focus on financial turnaround.

The **FINANCE & RESOURCES COMMITTEE** noted the contents of the report and agreed with the recommendations therein.

5.3 Financial Plan 2019/20 Update

Mrs Carol Gillie took the Committee through the contents of the presentation.

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

6. Savings, Efficiency & Best Value

6.1 Financial Turnaround Programme Update

Mrs June Smyth took the Committee through the contents of the update report and advised that a full update would be presented to the Board on 7 March.

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

6.2 Turnaround Director Update

Mrs Carol Gillie advised the Committee that NSS had put in place a contract with Bold Revolutions, the contract was agreed on 28 February and they would be on site week commencing 11 March. She confirmed to the Committee that the Scottish Government were funding the contract. She further advised the Committee that she would circulate references if received in regard to Bold Revolutions. The Committee also requested that Mrs Gillie circulate details of the savings delivered in other Boards when received.

The **FINANCE & RESOURCE COMMITTEE** requested that they were updated on how Bold would be monitored, once those conversations had taken place.

7. Strategic Financial Planning

7.1 External Review of NHS Borders Financial Plan papers – Update on Key Actions

Mrs Carol Gillie took the Committee through the contents of the update. Mrs Karen Hamilton requested to know what the outcome was regarding the call with NHS Ayrshire & Arran about continued use of surge beds and also requested that for the next meeting Mrs Gillie report on the reasons for slippages in the actions. Mrs Gillie agreed to report back to the Committee.

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

The **FINANCE & RESOURCE COMMITTEE** requested Mrs Carol Gillie report back to the next meeting on the continued use of surge beds and reasons for slippages.

7.2 Waiting Times Update

Mrs Katie Morris took the Committee through the contents of the report. Mrs Morris wished the Committee to note her thanks to all involved in the work with regards to Waiting Times.

The **FINANCE & RESOURCE COMMITTEE** noted the contents of the update and expressed their thanks on the achievement by all involved.

8. Capital Planning

8.1 Draft Capital Plan 2019

Miss Hannah Fairburn took the Committee through the presentation.

The **FINANCE & RESOURCES COMMITTEE** noted the presentation and requested it be circulated to them.

9. Any Other Business

9.1 Audit Scotland – Scotland’s new financial powers

The **FINANCE & RESOURCES COMMITTEE** noted the content of the Audit Scotland report.

10. Date and Time of next meeting

The Chair confirmed that the next meeting of Finance and Resources Committee had been scheduled for Monday 20 May 2019.

The meeting concluded at 4.30pm

Signature:
Chair

NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 5th March 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)
John McLaren (Employee Director) (JMCL)
Dr Cliff Sharp (Medical Director) (CS)

In Attendance: Kate Warner, Minute Secretary (KW)

Not Attended: Lynne Morgan-Hastie (Allied Health Professionals) (LMH)
Dr Angus McVean (Area Medical Committee) (AMcV)
Dr Caroline Cochrane (Psychology) (CC)
Jackie Scott (Medical Scientists) (JS)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from Pamela Gordon (AHPs); there is no representative for ADC; Peter Lerpiniere (Mental Health & Learning Disability; BANMAC) (PL).

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest for this meeting.

2 DRAFT MINUTE OF PREVIOUS MEETING 15.01.2019 & MATTERS ARISING

The Minute of the previous meeting, held on 15th January 2019, was read and approved as an accurate representation of the meeting with no changes.

ACTION: Remove draft; send to IB for NHS Borders Board (KW).

3 ACTION TRACKER

Action Tracker updates:-

#28 COMPLETED

#60 COMPLETED

#66 COMPLETED

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

#69 Presentations – request Turnaround update for April meeting and re-invite Dr A Howell for the June meeting.

4 NHS BORDERS RECOVERY PLAN – CLINICAL ENGAGEMENT

AW reported on NHS Borders Recovery Plan. A financial gap of £13.8million will be carried forward into 2019-20. A programme management structure is being created and there will be a clinical advisory team included. AW questioned where ACF sits within this process and if ACF can provide this clinical advisory link. CS commented that a plan has been created and that this is being built into the PMO (Project Management Office) structure with the clinical advisory team being created with Dr L McCallum (BGH, Dr R Mollart (GP) and other members of staff to be identified. Clinical alliance was discussed and ToR may be available from NHS Tayside or Highland. ACF agreed that they could fill this alliance role if the membership was stronger. ACF noted this update and will await further update when available.

5 EU WITHDRAWAL UPDATE

JMacl attended the Brexit meeting today and reported that there is still no information nationally. National Communications have been asked to clarify the plans for public engagement. There has been good response to the workforce survey with 4 members of staff going through the process developed to give permanent status to staff regardless of Brexit outcome. The individuals have paid for this process and NHS Borders should reimburse this amount to them; this is not being funded by Scottish Government. ACF agreed that the public will be interested in information on availability of drugs and equipment. AW had not more update from the Chief Pharmaceutical Officer. ACF noted this update.

6 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

AW reported on the January meeting where the infection control report highlights NHS Borders has above average cleanliness and the monitoring of vermin prone areas. In the thematic report, staff levels remains an issue and the SAER policy is being reviewed. Action plans are in place with variable numbers for Scottish Public Service Ombudsman updates. Positive feedback was received from Tissue Viability with heel pressure relief and Senior Charge Nurses using buddying for inspections to enhance ownership. Maternity services at Borders are the first to have a new perinatal tool. Pricewaterhouse Cooper's internal audit of complaint handling showed several areas of good practice and only one area for improvement. ACF noted this update.

7 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

NH had been unable to attend the last meeting; the minutes for November meeting were made available in the April Board meeting papers. Items discussed were: approval of funding for adult changing facilities; terms of reference and workplan were reviewed; Communication and Engagement Plan regarding NHS Borders financial position were discussed for patients and families, carers and staff. Numbers of falls in Community Hospitals and BGH were reviewed and reduction of falls discussed.

8 NATIONAL ACF CHAIRS MEETING: FEEDBACK

The next meeting of ACF Chairs will be held tomorrow, 6th March 2019 and Jeane Freeman will be in attendance. There will also be a presentation on clinical strategy and presentations are available in the ACF Chairs folder. ACF noted this update.

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

9 NHS BOARD PAPERS: DISCUSSION

The agenda and papers for the NHS Borders Board meeting 7th March 2019 were available to ACF before the meeting. The financial gap and turnaround plan; and where ACF sits in relation to clinical engagement were discussed.

10 PROFESSIONAL ADVISORY COMMITTEES

10(a) Allied Health Professionals Advisory Committee (LMH) – no update available

10(b) Area Dental Advisory Committee (no representative) – no update available

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

10(d) Area Ophthalmic Committee (NH) – meeting next week; update at next ACF meeting.

10(e) Area Pharmaceutical Committee (AW) reported on the meeting held 22nd January – update on Tweedbank Pharmacy application which is in progress; DoP meeting with Scottish Government focus on Brexit and Pharmacy Education; renaming of Chronic Medication Service to Medicines Care and Review; efficiency programme making progress with respiratory reviews, gabapentanoids, switch to Pentasa, and updates on brokerage at NHS Borders and Serious Shortages Protocol. APC invited Dawn MacBrayne to talk about Medication Reviews and answer questions from Pharmacists; Pharmacotherapy project update with student technician training based on D&G model and unified working between practices and pharmacists; Tiered Services update; Pharmaceutical Care Services Plan moved to next stage of updating and ready to go to other groups for approval; will come to ACF in April before Board meeting.

10(f) BANMAC (PL) – PL - no update available

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

10(h) Psychology (CC) – no update available

ACF noted the update from APC.

ACTION: All Advisory Committee representatives to send an update if unable to attend (KW-ALL).

11 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

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

1. ACF willing to contribute to the Turnaround and Project Management over the coming months – offering services of ACF, oversight and opportunity to contribute to policy development, information governance, email, code of conduct – should come to ACF for review and input.

ACTION: Take feedback to NHS Borders Board meeting 07.03.2019 (AW) Forward ACF Minute to NHS Borders Board meeting (KW); Forward ACF attendance sheet to NHS Board Secretary (KW).

12 ANY OTHER BUSINESS

1. Public Annual Review – 19th March 2019 - ACF members are welcome to attend.

2. AW will complete term of office as Chair in June/July 2019. KW to include a vote for nomination for Chair in June agenda.

ACTION: ACF members asked to forward presentation requests to KW to invite speakers to future meetings (ALL).

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 2nd April 2019 at 17:00 in the BGH Committee Room.



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 25 February 2019 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:

(v) Cllr S Haslam	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr M Dickson
(v) Cllr E Thornton-Nicol	(v) Mrs K Hamilton
(v) Cllr T Weatherston	
Mrs J Smith	Dr C Sharp
Mr D Bell	Mr J McLaren
Mr S Easingwood	Mr M Porteous
Ms L Gallacher	Mr R McCulloch-Graham

In Attendance:

Miss I Bishop	Ms S Henderson
Mrs T Logan	Mrs S Holmes
Mr S Burt	Ms S Horan

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Mr John Raine, Mr Tris Taylor, Mrs Nicky Berry, Dr Angus McVean, Mrs Jane Davidson and Mrs Carol Gillie.

The Chair confirmed the meeting was quorate.

The Chair welcomed Ms Sarah Horan to the meeting who was deputising for Mrs Nicky Berry.

The Chair welcomed a range of other attendees to the meeting including Mr Simon Burt and Ms Susan Henderson.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declaration of Cllr Elaine Thornton-Nicol as being registered with the Eildon Medical Practice.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 28 January 2019 were approved.

4. Matters Arising

4.1 Action 34: Alcohol & Drug Partnership: Mr Rob McCulloch-Graham advised that an update paper had been shared with the Integration Joint Board members privately as it contained commercially sensitive information. He advised there was no further update.

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 key elements including: winter plan pressures; Hospital to Home services; step down facilities and funding of Garden View. He advised that a locality working groups summit had been held and a continuation of their development was being taken forward. They would also be utilised to provide service user representation on the Health & Social Care Integration Joint Board and Strategic Planning Group. He also commented on the on-going work in regard to Meridian Clinical Productivity and patient pathways out of hospital, the primary care improvement plan, and the development session being planned for 4 March.

Mrs Karen Hamilton welcomed the news that the Hospital to Home initiative was working well. Mr McCulloch-Graham advised that he turnaround time for Hospital to Home had been estimated at 6 weeks but was currently operating at 3-4 weeks.

Mr John McLaren sought assurance on supporting staff groups through the Meridian process. Mr McCulloch-Graham commented that the Meridian work was being linked to the Programme Management Office and reporting programme. He assured the Board that partnership were fully involved.

Mr John McLaren enquired about the forthcoming Development session and utilisation of the Prof John Bolton work. Mr McCulloch-Graham commented that several reports had been commissioned over the previous 2-3 years including the Prof John Bolton and Ann Hendry reports. He assured the Board that those reports had been used to inform practice and some of the recommendations had been taken forward such as the step down facilities recommendations which had assisted in formulating Hospital to Home and re-ablement facilities. The Development session would look back on the progress made and then forward to what should be achieved to benefit the care of the local population.

Mr Malcolm Dickson welcomed the assurance on system improvement through the Meridien methodology and enquired if there was a shared understanding in regard to the provision of high quality care verses quicker care. Mr McCulloch-Graham commented that mechanisms would be put in place to recognise a shared understanding.

Further discussion focused on the use of surge beds during the winter period and provision of link workers for mental health services through Action 15 funding.

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

6. Chairs Action - Integrated Care Fund Update

Cllr Shona Haslam commented that the start date had slipped in regard to the COPD project and she sought an update report for the next meeting.

Mr Mike Porteous commented that at the time of writing the paper the funding of the Transport hub had been tangled up with various funding streams. He assured the Board that the funding had been spent in accordance with the plan, however he was unable at that time to provide a definitive timeline to advise if the funding had been allocated for 1, 2 or 3 years.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified Chairs Action which was to approve the recommendation to extend and fund 3 live projects to establish a Discharge Programme of work for future evaluation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified Chairs Action which was to approve the funding of the Community Outreach Team.

7. Chairs Actions – Strategic Risk Register

The Chair reminded the Board that at the previous meeting it had agreed that if there were any other issues identified they be communicated directly to Jill Stacey, Chief Internal Auditor.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified Chairs Action which was to agree to receive a review of the IJB Strategic Risk Register on a six monthly basis.

8. Chairs Action – Eildon Medical Practice

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified Chairs Action which was 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.

9. Set Up of Shared Lives Scheme

Mr Simon Burt, General Manager for Mental Health & Learning Disability services gave an overview of the paper and highlighted the older adults fostering scheme for those with learning disabilities. He advised that it was an alternative to living in residential care and traditional respite care and also worked well for older adults.

Cllr Shona Haslam enquired how the impact of the model on individuals would be evaluated. Ms Susan Henderson advised that Shared Lives Plus had an outcome e-tool for evaluation purposes. The full business case contained the detail as well as a charter for the individual and the carers. In terms of baseline the outcomes tools would also be used.

Mrs Jenny Smith enquired if a similar scheme had been used in Borders previously. Mr Burt advised that previously a scheme had been managed in-house which had failed. The difference this time was in commissioning an external provider who were experts to provide the service.

Mr John McLaren asked what Plan B would be if the Board did not agree the proposal. Mr Burt commented that there were already 8 people living in foster care and the alternative for those people would be a more expensive option and likely to be detrimental to their choice.

Mr Malcolm Dickson enquired how success would be measured and who would own any savings. Mr Rob McCulloch-Graham commented that the savings would be to both the IJB in terms of commissioning and Scottish Borders Council who would deliver the service in budget.

Further discussion focused on current expensive out of area placements and repatriation back to Borders in line with the Learning Disability commissioning strategy; supporting people to have more choice if they require to move from their family home; reduction in stress on families visiting relatives out of area; average costs and tailoring the commissioning contract; and commitment that further funding would not be requested at the end of the proposal in 2 years time as it would be mainstreamed.

The Chair commented that the proposal appeared to be a good use of the Integrated Care Fund (ICF) resource resulting in a change for the better for the client group. The ICF was set up as a lever for change and the proposal was bringing that to fruition.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved ICF funding of £117,835.20 start up costs split over 2 financial years: 2019/20 and 2020/21. Ongoing funding will be met within the existing commissioning budget

Cllr Elaine Thornton-Nicol left the meeting.

Tracey Logan left the meeting.

10. Ministerial Strategic Group Review of Progress with Integration of Health & Social Care

Mr Rob McCulloch-Graham gave an overview of the content of the paper.

Cllr Tom Weatherston noted that the paper suggested the IJB had to develop a reserves policy and he enquired how achievable that would be. Mr Mike Porteous commented that the vision was to try and create a reserve in the accounts in the current year if possible and that would be made up of specified sums for specific things to spend on in the next financial year. He advised that a generic reserve was highly unlikely. If a reserve was built up it could also build up a negative reserve and he advised that at least one other IJB currently had a negative reserve, and his suggestion was to try and build a reserve in year possible.

Further discussion focused on the formation of the action plan with input from the third sector and locality working groups; and identification of what would and would not be achievable.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the proposals and timescales included within the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested the Health & Social Care Partnership Leadership Team create an action plan and priorities to address the proposals from the joint report for submission to the April Board meeting.

11. Monitoring and forecast of the Health and Social Care Partnership budget 2018/19 at 31 December 2018

Mr Mike Porteous gave an overview of the content of the paper and commented that any overspends at the year end would require additional funding from the partner organisations to address the overspends. The overspend had reduced by 177k since the last report. Within the health care functions the forecast position was largely unchanged with a small improvement of about £12k. The main movement in the overspend was the forecast social care position which had improved by £167k largely as a result of corporate savings released and the identification of a small underspend in generic services with a small breakeven position in social care functions. In terms of set aside there was no change in the forecast position.

The Chair suggested an update from NHS Borders on the recovery plan would have been helpful to have been included in the report to understand better the reasons for the overspends occurring, so that the IJB might consider and make any suitable suggestions for mitigation.

Mr Porteous advised that he had taken the decision not to repeat previous statements but to include the drivers of the overspends in the report once they had been clearly determined and their impact fully understood.

He further commented that the NHS element of the overspend remained within the amount of brokerage that NHS Borders would receive.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast overspend of (£7.372m) 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 will require to be funded by additional contributions from the partners in line with the approved scheme of integration.

12. Draft Scottish Government Financial Settlement for 2019/20

Mr Mike Porteous presented the report into the outcome of the draft financial settlement for the public sector for 2019/20 and he provided an overview of the implications for the IJB.

Mr John McLaren advised caution in regard to the announcements put out from central government in regard to funding for the NHS as often by the time it reached the Health Boards it had been subject to various caveats and did not provide as much funding as had been initially intimated.

Ms Lynn Gallacher requested that the Carers Act was referred to in order to ensure that funding stream was not lost.

Mr Rob McCulloch-Graham commented that one of the IJBs in Edinburgh had recently refused the budget offered to it and he suggested Scottish Borders IJB could potentially be in

a similar situation in regard to the health service provision of the budget. At present the Council budget remained balanced, so work was continuing with NHS colleagues to get to an acceptable position over the next few months.

Cllr Shona Haslam sought clarification on the process to get to an agreed budget. Mr Porteous commented that whilst the SBC budget would be approved shortly the NHS budget position was still to be finalised and until the information as available on the NHS position there was little he could provide to the IJB for agreement.

Cllr Haslam requested a timeline be produced from that point forward as to when the IJB could receive the budget, scrutinise it and potentially accept it.

Mrs Jenny Smith enquired if the Edinburgh IJB had rejected its budget if that was a symbolic move and what the impact would be if Scottish Borders IJB did the same. Mr Porteous commented that if the IJB accepted the budget it accepted the accountability and then the officers would be held to account on the budget limits, therefore if a budget did not cover the provision of services it should not be accepted. Therefore in terms of the IJB it should acknowledge the situation, that services would not be withdrawn but there would not be sufficient funds to spend on those services for the financial year as the running costs would be more than the budget provision.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the impact of the financial settlements on the financial outlook for the IJB statutory organisations.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that further work is required to provide the IJB with indicative provision of resources figures for 2019/20 and beyond.

13. Any Other Business

13.1 Development Session: Mr McCulloch-Graham remaindered the Board that the Development session would be held on Monday 4 March at 1pm to 5pm at Dryburgh Abbey.

13.2 Future Meetings: The Chair advised the Board that a rearrangement of the IJB meetings away from Monday afternoons would also be progressed.

14. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 25 March 2019 at 2.00pm in Council Chamber, Scottish Borders Council.

The meeting concluded at 3.50pm.

Signature:
Chair



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Wednesday 8 May 2019 at 10.00am in Committee Rooms 2 & 3, Scottish Borders Council.

Present:

(v) Cllr D Parker	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr M Dickson
(v) Cllr S Haslam	(v) Mrs K Hamilton
(v) Cllr T Weatherston	(v) Mr T Taylor
(v) Cllr E Thornton-Nicol	Mrs J Smith
Mrs N Berry	Mrs Y Chapple
Ms L Gallacher	Mr M Porteous
Mr R McCulloch-Graham	

In Attendance:

Miss I Bishop	Mr G Clinkscale
Mrs T Logan	Mr A Haseeb
Mr D Robertson	Mr J Lamb
Mrs S Bell	

1. Apologies and Announcements

Apologies had been received from Mr John McLaren, Dr Cliff Sharp, Mr David Bell, Dr Angus McVean, Mr Ralph Roberts, Mr Stuart Easingwood, Mrs Jill Stacey and Mrs Carol Gillie.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Gareth Clinkscale, Hospital Manager and Mr James Lamb to the meeting.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declaration of Cllr Elaine Thornton-Nicol of being registered with the Eildon Medical Practice.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 25 February 2019 were amended at page 4, minute 10, paragraph 2, line 3, to insert "If possible" after "current year" and with that amendment the minutes were approved.

4. Matters Arising

4.1 Chairs Action: Integrated Care Fund Update: In regard to COPD, Mr Robert McCulloch-Graham advised that the COPD project had not yet commenced and would be part of the work being taken forward in regard to Long Term Conditions (LTCs). He advised that it was also part of the Turnaround Programme of work within the NHS and he would bring an update to the next meeting.

4.2 Action 34: Mr McCulloch-Graham confirmed that the item was complete.

4.3 Action 3: It was noted the item was complete as it appeared as a substantive item later on the agenda.

4.4 Action 5: It was noted the item was complete as it appeared as a substantive item later on the agenda.

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

5. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted: the Primary Care Strategy Group; Presentation to overview Group of GMS contract; Clinical Productivity and review of patient pathway from hospital to home; approach to dementia care in the Netherlands and the ability to change the model in Scottish Borders; Eildon Medical Practice transfer of ownership of the building and ensuring the provision of medical cover was continued; and winter planning debrief session.

The Chair enquired if the Meridien Clinical Productivity programme would lead to a reduction in social care costs. Mr McCulloch-Graham advised that it would improve efficiency which would lead to better value for money, however he reminded the Board that the Scottish Borders had a growing older population with more complex needs and potentially there could be a need for additional beds and hours in the future.

Mrs Karen Hamilton enquired if the role of home carers were likely to become more attractive to people as a career opportunity. Mr McCulloch-Graham commented that the home carer role opened up opportunities for people into further training and various nursing pathways.

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

6. Strata PathwaysTM – Proposed Extension of the Project

Mr Robert McCulloch-Graham introduced Mr James Lamb who provided an overview of the content of the report and highlighted various elements including: on-line directory of services; automation and redesign of processes; real time referrals; time savings for staff; better quality information available; and one licence for the whole of Strata.

Mr McCulloch-Graham commented that in the context of the other discharge projects (Hospital to Home, Waverley, Garden View, Matching Unit and the Start Team) they all linked to Strata and the intention was to undertake a full evaluation in September 2019.

A robust discussion focused on: clarification of setting up project objectives; adequacy of governance provision and engagement monitoring; use of Prince 2 as the overall methodology; engagement of all 29 care homes with over 140 people trained on the system; providers moving from domestic broadband to business broadband and some had small additional costs of £3 or £5 a month as a consequence; relatable cash savings in terms of reducing beds due to an evidenced reduction in occupied bed days as a consequence of reduced demand on hospital services; banking of savings by the IJB as a consequence of new initiatives pump primed by the integrated care fund; 6 month break clause to provide evidence; and programme board governance to ensure probity against benefits.

Cllr David Parker questioned the return on investment on a product that was not proven. He queried the saving of £200k on an investment of £185k given the large financial gap that required closure. He suggested if a gateway process had been undertaken the Strata project would not have made it onto the Board agenda.

Mrs Tracey Logan disagreed and commented that there was evidence that the Strata system was working with other partnerships who have made significant savings as a result.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Project Evaluation Report for the Strata project (Phase 1).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed extension and expansion of the Strata Prototyping Project (Phase 2) relating to the Discharge Management Process for 6 months – with a full evaluation in 6 months to be brought to the September IJB meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the extended project be funded from ICF funding.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the scope of the project be extended to include Integrated Locality Teams and, if appropriate, Hospital to Home referrals.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that Strata be included in the “Discharge Programme” with four other projects (Matching Unit, Hospital to Home, Garden View and Transitional Care) and be evaluated with them in September 2019.

7. Primary Care Improvement Plan (April 2019-March 2020)

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted the intention of the primary care improvement plan (PCIP).

Ms Lynn Gallacher commented that there was not enough detail within the PCIP in regard to carers and that the feedback she had received had been that they felt let down by Primary

Care. Mr McCulloch-Graham advised that he would feed that back to the GP Sub and ensure carers were included within the plan.

Mr Malcolm Dickson enquired if there was a specific obstacle to GPs being aligned to the 5 localities given they were within 4 areas. Mr McCulloch-Graham commented that there were issues, however in practical terms interactions would be through the 5 localities and the GP areas would work with the 5 localities.

Mr Tris Taylor sought assurance that the plan would include involving people with long-term conditions in the development and delivery of community treatment & care services concerning chronic disease monitoring. Mr McCulloch-Graham confirmed that there was more detail to be put into the plan in terms of community treatment and care services and he anticipated long term conditions being included at a later date once the work being taken forward in regard to COPD and other long term conditions was concluded.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a future Development session be led by service users and primary care leads in regard to long term conditions.

8. Integration Joint Board 2019/20 Financial Plan

Mr Mike Porteous gave an overview of the content of the paper and highlighted: the financial gap of £11.7m for 2019/20; recurring 2018/19 financial pressure to the Integration Joint Board (IJB); historic savings within the core savings and set aside savings; drive to make set aside services fully delegated in 2019/20; 2019/20 pressures and demographic growth; impact of increased care home rates; Carers Act; and free personal care loss of income.

Mr Porteous advised the Board that he was not in a position to present a balanced financial plan for the IJB at this time and the financial plan as it stood required extra money from NHS Borders and Scottish Borders Council with the added complication around the NHS Borders financial gap.

Cllr Shona Haslam enquired on the timescale for presenting the financial plan to the IJB. Mr Porteous advised that as it was linked in to the NHS Borders financial recovery he could not give a date until the NHS Borders position had been resolved.

Mr Tris Taylor enquired if the budget had been agreed. Mr Porteous commented that it was not and that his recommendation was to continue to have dialogue around the size of the financial gap for the NHS and how it would be addressed.

Mr Taylor commented that to be 6 weeks into a financial year without having a clear idea of what the budget was, was inappropriate. He suggested there was conflation due to the governance and accountability set up of the IJB which hindered progress.

Cllr John Greenwell commented that the continuing deficit made it difficult to come to a conclusion on how long it would take to narrow the financial gap, if it could be narrowed at all.

The Chair commented that there were anomalies within the Scheme of Integration whereby the partner bodies could seek repayment of the payment they may have made to close the financial gap. He suggested this was made more difficult by the Scottish Government not confirming budgets to Health Boards until later in the financial year.

Cllr Tom Weatherston reminded the Board of the Cabinet Secretary's announcement to Health Boards in 2018 in regard to brokerage and being tasked with ensuring financial breakeven within 3 years. He suggested whilst the situation was not helpful in that a budgetary position had not been reached, the most proactive option would be to agree with the recommendation, to ask the partners to continue to work together to reach a definitive position.

Cllr David Parker noted the report with both disappointment and concern, and suggested the Council Section 95 Officer and the NHS Borders Director of Finance be invited to attend the next meeting to clearly describe to the IJB the financial position and provide a clear mandate as to when they would present a clear balanced plan to the IJB.

Ms Lynn Gallacher sought national data on how the other IJBs had dealt with their budgets and if there were any lessons to be learned in that regard. Mr Robert McCulloch-Graham advised that there was a mix in regard to budgets in other IJBs. He was aware that there were 8 Health Boards in financial difficulty, with many IJBs in the same position as Scottish Borders.

Cllr Haslam suggested the paper be rejected as brokerage could not be confirmed as a source of funding to fund the financial gap

Cllr Parker moved to reject the paper and seek the attendance of the Section 95 Officer and NHS Director of Finance at the June meeting.

Mr Tris Taylor seconded Cllr Parker's motion.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to defer the acceptance of the report until after the next meeting in June.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested the NHS Borders Director of Finance and Scottish Borders Council Section 95 Officer attend the next meeting of the IJB in June to present the absolute facts of where the finances were and what would and would not plug the gap, that would then enable the IJB to make a decision as to whether it could accept the budget or not.

9. Outcomes from Development Session

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the item was deferred to the next meeting to be held in June 2019. Mr McCulloch-Graham would circulate a discussion paper on the outcomes of the development session which would lead to the issuing of directions later in the year.

10. Ministerial Strategic Group for Health and Community Care – Integration Review

Mr Robert McCulloch-Graham advised that 3 separate submissions had been formulated for discussion by the Executive Management Team on Friday (Scottish Borders Council submission, NHS Borders submission and the Integration Joint Board submission). He intended merging the 3 documents into one single document for submission and would circulate it to Board members for comment.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the attached questionnaire and to prepare for a discussion at the conclusion of the meeting.

11. NHS Borders 2018/19 Festive Period Report

Mr Gareth Clinkscale provided an overview of the content of the report and advised that it had ultimately been a far better festive period than anticipated with the 4 hour performance target being consistently achieved between January to March 2019.

Mr Malcolm Dickson congratulated Mr Clinkscale and all concerned on the excellent performance and enquired if at an operational level there was enough information available on what should be repeated and invested in for the future. Mr Clinkscale advised that it was a challenge to provide the evidence as there had been much preparation work commenced in September through improvement methodologies which had led to a reduction in length of stay, the use of key acute matrix and putting effort in the Hospital to Home initiative. A full winter review had been commenced and the final report would be brought to the Board in the summer.

Mr Tris Taylor enquired if the Chair might write to thank the staff involved in the detail and rigour that went into the plan for the partner organisations. Mrs Nicky Berry advised that the Chief Executive at NHS Borders had already written to staff in that regard.

Cllr John Greenwell enquired what was meant by total breaches. Mr Clinkscale advised that a breach occurred when a patient had waited over 4 hours for admission or discharge from the Accident & Emergency Department.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the 2018/19 Festive Period Report and the performance of the system during that period.

12. Monitoring of the Integration Joint Budget 2018/19

Mr Mike Porteous gave a brief overview of the content of the report and advised that the previous monitoring report had forecast a £7.4m overspend. The position had improved to an overspend of just under £7m and both Scottish Borders Council and NHS Borders were required to officially confirm that position for their respective annual accounts. He advised that the overspend within NHS Borders was within the figure agreed for brokerage and an additional allocation would come from there, with no additional allocation required from Scottish Borders Council.

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

13. Strategic Planning Group Report

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

14. Eildon Medical Practice Update

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update as provided earlier in the meeting.

15. Any Other Business

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

16. Date and Time of next meeting

The Chair confirmed that the next meeting of the Health & Social Care Integration Joint Board was scheduled to take place on Wednesday 12 June 2019 at 10.00am in the Council Chamber, Scottish Borders Council, however due to the number of apologies received another date in June would be identified.

The meeting concluded at 12.00.

Signature:
Chair