

Borders NHS Board



Meeting Date: 5 September 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: 02.05.19 • Clinical Governance Committee: 31.05.19 • Public Governance Committee: 06.11.18, 26.02.19 • Finance & Resources Committee: 19.06.19 • Area Clinical Forum: 02.04.19 • Health & Social Care Integration Joint Board: 19.06.19. 	
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 2 May 2019 at 10.00am in the Board Room, Newstead

Present:

- Mrs K Hamilton, Interim Chair
- Dr S Mather, Non Executive
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mr R Roberts, Chief Executive
- Dr C Sharp, Medical Director
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- Mr T Patterson, Joint Director of Public Health
- Mrs N Berry, Director of Nursing, Midwifery & Acute Services
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr Robert McCulloch-Graham, Chief Officer Health and Social Care
- Mr J Cowie, Director of Workforce
- Ms Vikki MacPherson, Partnership Representative

In Attendance:

- Miss I Bishop, Board Secretary
- Dr J Bennison, Associate Medical Director
- Dr A Cotton, Associate Medical Director
- Dr A Howell, Associate Medical Director
- Mrs J Stephen, Head of IM&T
- Mr K Messer, IM&T
- Mr K Bryce, IM&T

1. Apologies and Announcements

Apologies had been received from Dr Nicola Lowdon.

The Chair welcomed Mr Ralph Roberts, Chief Executive to his first meeting of the Committee.

The Chair welcomed Ms Vikki MacPherson, Partnership Representative to the Committee.

The Chair welcomed Mrs Jackie Stephen, Head of IM&T to the meeting who spoke to the Road to Digital and Trakcare items 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.

There were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 7 February 2019 were approved.

4. Matters Arising

4.1 Action 6 Strategic Plan: Mr Malcolm Dickson sought assurance that the Board would be involved before a final draft was submitted for approval. Mrs June Smyth clarified that the intention was to recommence the work on the Strategic Plan in the autumn with the full engagement of the Board throughout the life of the plan.

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

5. NHS Borders Draft Annual Operational Plan 2019/20

Mrs June Smyth provided an overview of the content of the paper and highlighted waiting times target funding, a review meeting with the Scottish Government the following week and the feedback received to date.

Dr Stephen Mather sought assurance in regard to job planning and capacity. Dr Cliff Sharp assured the Committee that there was a full programme of work with Bold and Transformation Leads to ensure the best possible capacity was provided from job planning.

Dr Mather commented on page 6 in regard to additional capacity provided by the private sector, and asked if wording could include that the use of other NHS facilities with capacity was sought in the first instance and then provision of the private sector was utilised as necessary.

Mrs Smyth advised that all Health Boards were looking to the private sector for capacity and Dr Sharp commented that in areas where demand outstripped capacity the organisation looked to other NHS facilities to accommodate that demand. Where there remained a gap then provision was sought via the private sector as necessary.

Dr Mather enquired about longer term planning in regard to the use of expensive Locum appointments. Dr Sharp explained that the longer term plan was to invest in the recruitment of people and posts to accommodate the demand and increase capacity. Where recruitment was unsuccessful the demand was met by engagement of NHS Locums and where demand remained and NHS Locums were not available then premium rate agency locums had to be engaged to ensure both patient safety and performance target requirements were met.

Mr Ralph Roberts commented that he would raise with the Scottish Government the following week the issue of requirements for additional waiting times capacity and resource on a one year basis, as well as indicative recurrent allocations in order to be able to make longer term decisions.

Mr Tris Taylor commented that in regard to integration the document spoke of capacity in the community and he enquired what the baseline was. Mr Robert McCulloch-Graham commented that whilst he did not know what the current baseline was he did know that the number of carers was below expectation and he remained committed to increasing capacity, initially through investment

from the Integration Joint Board, on-going work with link workers and work on long term conditions. He also suggested work would be progressed on joining localities to community hospitals and practice rooms.

Mr Taylor enquired about using the assets within the community. Mr McCulloch-Graham advised that work was underway to identify what assets there were within communities, mapping them and understanding how and when they could be utilised.

Further discussion highlighted several elements of the document including: page 31, second set of bullet points, items 3 and 4; page 35 reducing health inequalities and explicit role of Public Health; page 56 waiting times trajectories and be more explicit in the description assuming there is no change in referral numbers; engagement with third sector, voluntary and carers centre; review of the Child and Adolescent Mental Health Service (CAMHS) as part of the mental health transformational programme; within the Primary Care Improvement Plan the changing role of GPs to become Expert Medical Generalists and the work required to look at referral routes to other services; and realistic medicine approach to long term referral lists.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the draft NHS Borders Annual Operational Plan 2019/20 and requirement to provide feedback to June Smyth by close of business on 6 May 2019.

6. Financial Turnaround Programme Update

Mrs June Smyth provided an overview of the content of the paper and highlighted several elements including: status as a process update paper with more succinct reporting in future; new programme governance arrangements; new programme workstreams introduced; continuing clinical engagement; and introduction of a mandate process.

Dr Stephen Mather enquired how figures were determined in regard to the mandate approval route. Mrs Carol Gillie commented that with the support of Bold there had been a revisit of what had been in the financial plan in April by taking it through the gateway process to ensure robustness and either an increase or decrease in the associated risk.

Cllr David Parker enquired when the Board would see the outputs and the trajectory. Mr Ralph Roberts commented that assurance and monitoring would be through the Finance & Resources Committee (F&RC) with updates to the Board. Mrs Gillie advised that the F&RC would receive a full update and monitoring report at its meeting on 3 June, and then provide the Board at its next meeting with assurance on progress.

The Chair suggested the F&RC also keep the Strategy & Performance Committee up to speed on progress given it was a committee focused on performance.

Mr Malcolm Dickson commented that given the size of the deficit it was important for budget holders to continue to find savings even when their targets had been achieved. Mr John McLaren reminded the Committee that for those budget holders who struggled to achieve their targets the organisation had a range of supportive mechanisms in place such as the Capability Policy.

Mrs Fiona Sandford suggested given the complexity of some of the financial reporting, it would be helpful to receive short, clear reports on the status of finance.

The **STRATEGY & PERFORMANCE COMMITTEE** noted progress to date and the next planned activities.

7. Corporate Governance Blueprint Self-Assessment & Improvement Plan

Mr John Cowie introduced the corporate governance blueprint self-assessment improvement plan. He provided background to the item and the next steps to be taken nationally. In terms of NHS Borders improvement plan he advised that the plan would be submitted in the context of where the organisation was on the Performance Escalation Framework given the Scottish Government had made it clear that escalation was not limited to the financial situation as it recognized the changes in leadership at Chair and Chief Executive level. He advised that in order to address those leadership concerns the improvement plan was focused on the key elements which related to leadership, setting direction, engaging stakeholders and influencing culture.

During discussion a range of comments were gathered including: hinder or increase organisational ability to change; improvement in performance mechanisms; engagement of stakeholders not specific enough to drive change; influencing culture should be more specific to seek out and promote the characteristics we want to promote; implementing a system to track actions; substitute genuine listening for active listening in order to evidence to staff what they said made a difference to what we do and how we do it; continue to strengthen engagement with the Community Planning Partnership and continue the development of community and locality plans; and utilise existing Integration Joint Board development sessions.

Mr Cowie welcomed the feedback and advised that he would revise the improvement plan to reflect the comments received.

Mr Cowie further reminded the Committee that the improvement plan was about corporate governance with the Scottish Government looking to establish a view across NHS Scotland as to how well Boards were sighted on their over all corporate governance responsibilities. It would be an on-going process with a self-assessment being undertaken every January with an external review on progress every 3 years.

Mr Ralph Roberts reiterated to the Committee that the improvement plan was about corporate governance and the Board would need to be clear and focus on what other key areas around corporate governance it would wish to work on.

The **STRATEGY & PERFORMANCE COMMITTEE** considered and identified amendments to the attached Corporate Governance Improvement Plan.

The **STRATEGY & PERFORMANCE COMMITTEE** delegated approval of the final plan to the Chair and Chief Executive to enable submission to the Cabinet Secretary.

8. Road to Digital Update and 19/20 Plan

Mrs Jackie Stephen gave an overview of the content of the report and highlighted the current risk levels, progress against the schemes, outcomes and the proposed way forward.

Mr John McLaren enquired why there was improvement in the community in regard to applications and not in the Borders General Hospital. Mrs Stephen advised that the improvement in primary care had been in relation to the community information system which had already been replaced in the Borders General Hospital. She further advised of a significant risk with Trakcare.

Mr McLaren enquired what would happen if the funding was not forthcoming. Mrs Stephen advised that it would be a deviation from the plan and therefore a new plan would have to be formulated and brought before the Board.

Mr Tim Patterson commented that Scottish Borders Council were progressing with digital transformation throughout their public services and he enquired if the NHS Borders programme Attend Anywhere was robustly resourced. Mrs Stephen advised that there was not enough capacity to provide assurance around robustness for that additionality and she was keen that digital transformation was seen as a more holistic view of technology to see what schemes could be progressed for the benefit of the patient and that would lead to further service redesign and efficiencies.

Mr Malcolm Dickson enquired about the status of the resilience facility as it remained a high risk. Mrs Stephen advised that given the capacity and time constraints on the team it was anticipated that the resilience facility matter would be resolved by late Autumn.

Further discussion included: progress in the community space in regard to mobile working for staff and the devices required; gateway reviews for large projects to provide assurance on progress; and the planning and preparation underway for the implementation of windows 10.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended that the NHS Board approve the Plan and requested the Director of Finance and Director of Strategic Change to work with Scottish Government to secure the funding to deliver the plan.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed that the content, timing and costs of the plan reflected the priority order and was appropriate to meet the outstanding risks and challenges faced by NHS Borders as well as delivering additional functionality to improve service delivery and to approve its implementation.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended that the NHS Board delegated authority to commit expenditure against the plan to the Director of Finance, Chief Executive and Chair where Standing Financial Instructions required Board level approval, otherwise normal SFIs would apply. Any significant deviation from the plan would be referred back to the Board.

The **STRATEGY & PERFORMANCE COMMITTEE** acknowledged that if additional Capital funding and adequate revenue funding was not secured as outlined in the financial plan, the delivery plan would be re-phased.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that this would impact on delivery and therefore the risk profile and benefits that could be delivered over the duration of the roadmap. If the plan was significantly re-phased it would be brought back to the Board for consideration and approval.

9. Trakcare Upgrade 2018

Mrs Jackie Stephen provided an overview of the content of the paper.

Dr Stephen Mather sought assurance in regard to holding data on the "Cloud". Mrs Stephen advised that a privacy impact assessment was required, however Intersystems had provided assurance on privacy and she was confident they had sufficient security arrangements in place.

Dr Cliff Sharp enquired about a potential increase in price after the 5 year contract had concluded. Mrs Stephen confirmed that the licensing and support arrangements were part of a national deal.

Dr Janet Bennison reminded the Committee that if the Trakcare system failed then the only option was to revert to paper systems and they could not be guaranteed to be safe.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the very high risk to operational services in Borders General Hospital of the current hardware & software for the Trakcare system.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended approval to the Board of the Trakcare upgrade from version T2010 to version T2018 as a 24/7 managed service as described in the business case.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended approval to the Board of the use of DEL and non-recurring eHealth funding to support the implementation costs.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended approval to the Board of commitment of additional recurring costs for the fully hosted service and this being added to the financial plan on the basis that operational services are committed to deliver efficiencies to offset the recurring costs.

10. Scottish Parliament Scrutiny of NHS Health Boards

The Chair introduced the item and highlighted that the discussion had focused on questioning in regard to the Integration Joint Board financial situation, performance, and engagement with staff.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the content of both the letter from the Health and Sports Committee and the response.

11. Primary Care Improvement Plan

Mr Rob McCulloch-Graham gave an overview of the content of the report and reminded the Committee of the background to date. He highlighted that the report was a draft for the Committee to note and for the Integration Joint Board to approve. At the present time there were still some areas that the GP Sub Committee were uncomfortable with and they were being progressed.

Mrs Alison Wilson enquired in light of the recruitment funding if there was likely to be any risk around staff, the turnaround programme and the vacancy freeze. Mr McCulloch-Graham advised that funding was allocated through the Primary Care Improvement Plan (PCIP) and was not additional funding and he did expect some difficulties however they were not yet quantifiable.

Dr Annabel Howell enquired in regard to Realistic Medicine and anticipatory care planning. Mr McCulloch-Graham confirmed that the Cluster Leads would be utilised more moving forward in order to assist with the whole realistic medicine approach.

Mrs Wilson enquired if staff working under the PCIP would still be covered by CNORIS. Mrs Carol Gillie confirmed that all staff who worked for NHS Borders were covered by CNORIS.

Further discussion included: recruitment of staff and where to accommodate them; support and training for those leading multi-disciplinary teams as it will be a change culturally for many; governance and decision making; and ensuring a consistency of management cultures and behaviours.

Mr Ralph Roberts suggested that in general all items of business should be linked back to how they supported or impacted on the turnaround programme.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the draft 2019/20 update of the Primary Care Improvement Plan.

12. Delayed Discharges Occupied Bed Days

Mr Rob McCulloch-Graham provided a presentation to the Committee focused on reducing admissions to the acute sector, improving the flow of patients through the acute sector and improving capacity in the community. He commented that the 30% reduction in delayed discharges bed days by 1 June 2019 was a conservative estimate.

Dr Amanda Cotton enquired about progress in regard to increasing community services capacity in order to enable a potential reduction in acute beds. Mr McCulloch-Graham advised that the bed base in Melburn and Cauldshiels had reduced from 16 to 10 but had fluctuated until resource was placed on the wards to ensure patient flow. He advised it was the responsibility of the Steering Group to ensure services were in place to enable any bed reduction and he anticipated a need to increase the number of beds required at Queens House.

Mr John McLaren enquired in regard to the education of staff who had to advise patients that they would have a journey through the system. Mr McCulloch-Graham commented that the organisation had implemented both an Options Policy and a Choices Policy that had both failed due to their complexity. Rewrites had been commissioned in order to assist all staff to have the conversation with patients about moving on from hospital.

Mr McLaren enquired if re-admissions were being checked in terms of measuring the quality. Mr McCulloch-Graham advised that the organisation was slightly above the average for re-admissions. Dr Annabel Howell advised that a weekly report was received and monitored. Mr McCulloch-Graham commented that Hospital to Home had seen a reduction in packages of care with some patients not requiring packages of care. He further commented that the direction of travel was to undertake assessments at home where possible.

Mrs June Smyth reflected on the linkages to the Turnaround programme and commented that good progress had been made with Hospital to Home and it was clear that it has impacted on occupied bed days however cash had not been released and the initiative had been progressed through the Integration Joint Board using pump priming funding.

Dr Janet Bennison commented that although there had been no cash released, it had been a positive effect in that neither the Acute Assessment Unit (AAU), Surgical Admissions or Pre Surgery Assessment Unit (PSAU) had had to be staffed over the winter period and into the summer as had been the case the previous year.

Further discussion focused on: Scottish Government were keen to see results in terms of cost reduction and not cost containment; Integrated Care Funding of £2.1m to enable change to take place; what could be pulled from later years to be invested in now to yield a return; and clarification of 30% reduction in delayed discharge bed days and associated progress.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the presentation and that Mrs Nicky Berry and Mr Robert McCulloch-Graham would double check the figures quoted in the presentation and report back on progress.

13. Borders Director of Public Health Report 2018

Dr Tim Patterson gave an overview of the content of the report and advised that the last report had been in 2015 and the expectation moving forward was that a report would be generated every 2-3 years. He further advised that he would bring the final report back to the Board at the meeting on 27 June with an accompanying presentation.

Dr Patterson highlighted within the report: that public health in Scotland was improving with increased life expectancy; there were some big causes of illness; early years; improved mental health; diabetes prevention initiative; healthy weight and healthy exercise and the diabetes prevention initiative.

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

14. Performance Scorecard

Mrs June Smyth gave an overview of the content of the report.

Mrs Nicky Berry advised that at the previous meeting she had advised that there had been 1 in-patient waiting over 12 weeks, however it appeared that 6 dental patients in the community had been incorrectly coded and the final figure had been 7 patients waiting over 12 weeks.

Dr Stephen Mather enquired about the final position at the end of March and Mrs Berry advised there had been 0 waits over 12 weeks for Out-patients, 7 waits over 12 weeks for In-patients and the final position for CT scans had been good and for MRI disappointing. She further advised that a local Waiting Times Access Board was being set up for Mental Health & Learning Disabilities services by the end of May which would enable regular updates with real time information to be available to the Board.

Mr John McLaren commented that he remained concerned in regard to waiting times performance in the Child & Adolescent Mental Health Service (CAMHS) and wished to be provided with assurance around future performance and sustainability. Dr Cliff Sharp advised that he could provide an illustration of the multi factors that had affected CAMHS at a future Board Development session to provide assurance to the Board on progress being made.

Mr Ralph Roberts commented that the Committee had an opportunity to reflect on the reporting cycle, amount of information and level of detail it received and suggested it may wish to identify trends and learning instead of reviewing deep detailed reports. Mr Tris Taylor suggested that he would prefer to receive exception reports with a clear protocol drawn up to establish what should be included in the exception report.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the February 2019 Performance Scorecard.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to receive a presentation on CAMHS at a future Board Development session.

15. Any Other Business

16. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 1 August 2019 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.51.

Signature:
Chair

APPROVED



Minutes of a meeting of the **Clinical Governance Committee** held on Friday 31 May 2019 at 10am in the Committee Room, BGH

Present

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

In Attendance

Miss D Laing, Clinical Governance & Quality Project Officer (minute)
Mr S Whiting, Infection Control Manager
Mrs E Reid, Associate Director of Nursing & AHPs/ Chief Nurse Health & Social Care Partnership
Mrs S MacDougall, Risk & Safety Manager
Mrs E Cockburn, Head of Clinical Governance & Quality
Dr T Patterson,
Ms C Wylie, Quality Improvement Facilitator, Patient Safety (item 5.2)
Ms S Kean, Physical Safety Lead (item 5.3)
Ms S Pratt, Associate Director, Strategic Change (item 8.1)

1. Announcements & Apologies

The Chair noted that apologies had been received from:

Mr Ralph Roberts, Chief Executive
Dr C Sharp, Medical Director
Dr J Bennison, Associate Medical Director (Acute Services)
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Ms S Horan, Interim Associate Director of Nursing/Head of Midwifery
Dr A Howell, Associate Medical Director (Acute Services/Clinical Governance)
Mrs N Berry, Interim Director of Nursing, Midwifery & Acute Services

The Chair noted again his disappointment that key attendees were not present at the meeting. The meeting was declared quorate.

2. Declarations of Interest

There were no declarations of interest made.

3. Minutes of the Previous Meeting

The minute of the previous meeting held on the 27 March 2019 was approved.

4. Matters Arising

There were no matters arising from the minute of the meeting on 27 March 2019. Sam updated the Committee on staffing difficulties in infection control. He confirmed that staffing remains an issue, however a new member of staff starts on Monday and it is hope that this will improve the situation. There are also ongoing discussions with a previous member of staff in the hope that they will have some capacity to support the team. External support is being given at present but not sure how long this can be sustained.

The Action tracker was discussed and updated accordingly.

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

5. Patient Safety

5.1 Infection Control Report

Sam Whiting attended to present two infection control updates. He reports that there was and announced inspection of community hospitals which took place last week. Feedback was very positive in all facilities. One recommendation for improvement was highlighted regarding the fabric of the buildings, NHS Borders are aware of this and assurance was sought that this will be addressed as and when we replace and update buildings. Alison noted that incidence of staphylococcus aureus bacteraemia infection was down and asked if this was by chance or intervention, Sam commented that this was difficult to ascertain.

Improvement work around key risks has taken place but pace is limited by capacity of team, Sam advised the committee that this will improve once vacancy issues are addressed. He commented that one of their staff members with Quality Improvement training was due to return from maternity leave and this will make a big difference to the team. Improvement is small but numbers of issues are minimal. Tim asked if we have a policy Borderline oxacillin-resistant Staphylococcus aureus (BORSA) infection and do we need to make our GP colleagues aware of this. Screening is not done for this at present but the infection is dealt with in the same way as meticillin-resistant Staphylococcus aureus (MRSA) so no separate policy has been developed. There is ongoing support for patients with infection on discharge to the community. Tim and Sam agreed to meet outwith the meeting to discuss. Fiona asked about the number of incidences that had been reported and are we routinely testing for BORSA but Sam assured the committee that this was an incidental finding and using the appropriate infection control preventative measures will avoid spread.

Erica noted that the incidence of Clostridium Difficile infection was investigated and lessons learned from the cases. Accommodation overlap may be an issue and this is being monitored to see if samples sent are consistent with the same strain in each case.

Stephen asked if information regarding BORSA and infection control precautions was being fed back to the whole of NHS Borders, Sam reports that communication was looked at by the inspection team and they found that compliance and awareness was good, particularly in the community hospitals. Sam is unaware of any gaps in reporting to all governance groups and managers and information is cascaded appropriately.

Sam also brought a hand hygiene report to the committee. GoJo ® carried out an independent audit against the WHO 5 moments of hand hygiene and the average compliance across the four wards audited was poor. Intense work has taken place on the wards to improve this and they have improved from 27% to 57%, work will continue. Committee agreed that we continue to focus on the four wards at present then spread once compliance achieved.

The audit included all staff, Tim asked for a breakdown of staffing compliance; Sam agreed to send this to him.

Fiona reiterated caution on self audit, Tim reminded Sam that regional support is available, Sam commented that this had already been explored and is a national issue. Tim offered to have discussions regarding support with Nicky and take back to the Board.

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

ACTION: Sam Whiting will provide breakdown of staffing compliance to Tim Patterson
Tim Patterson to discuss infection control support with Nicky Berry and report back to the Board

5.2 Physical Safety Team Training Report (Prevention & Management of Aggression and Violence (PMAV) and Moving & Handling)

Sue Kean attended to talk to her report. She reminded the Committee that the report was purely a training report. Physical Safety Team training came about last year when moving and handling came under umbrella of PMAV team. The moving and handling service was assessed as was resilience and staffing; as a result training was changed to fit the needs of the organisation better. Attendance was looked at and different ways of working. Latest figures show an improvement, in uptake of training and this improvement is on going. Changes in cross training for both PMAV and moving and handling and rotation of staff have helped with staff resilience.

Sue pointed out that training is a line management responsibility; Erica agreed and will take this message back to the teams. Stephen commented that improvement looked significant and committee agreed that the holistic approach has been beneficial.

Erica pointed out that team is responsive when incidents take place. Sheila mentioned that Health & Safety Executive (HSE) have insisted that NHS Highland put any member of staff who are not trained or training has lapsed are placed on restricted duty, going in right direction but we should be aware of the HSE non compliance caveat.

Stephen acknowledged the work done so far. Committee agreed there had been a significant improvement. Tim asked if there was a process to ensure training compliance, discussion took place regarding this and he was assured that yearly staff appraisals identify any training needs and new members of staff cannot start without both PMAV and Moving & Handling training.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and support any further actions required

5.3 Annual Patient Safety Report (deferred from January 2019)

Caroline Wylie attended with the above report. Reports have been submitted to Healthcare Improvement Scotland and work is continuing with all workstreams. The resuscitation records remain an issue, the quality and content of forms submitted following cardiac arrest are varied and learning from these is difficult and often does not take place at all. Although we have very small numbers of cardiac arrest the learning from these can be improved. Rod McIntosh reports that the difficulties in using the cardiac arrest forms is a Scotland wide issue. The need for a protocol has been identified, Rod is working on this.

Although it appears that falls are increasing, falls with harm are decreasing which is reassuring, quality and frequency of reporting of this may be a factor in the increase in reported falls. Falls with harm are followed up appropriately.

Again a higher rate of pressure sores may be attributed to better reporting, work ongoing to address this. Focus on Bank staff training needs is intended. Clinical Governance & Quality team are scoping improvement work and will share this information when available.

Fiona enquired as to why there appeared to be a gap in data collected on the graph on page 10. Caroline commented that she was new into post and would have to investigate this issue and discuss with Peter Lerpiniere. She will report back to the committee once she has investigated.

Stephen asked if there was a protocol and training for SEPSIS identification. Tim reports that there is training and guidance given to the medics. The committee asked if a report could be brought to the committee on SEPSIS management within NHS Borders. Work is ongoing with Scottish ambulance service regarding patients who require antibiotics on route to hospital or on prolonged transfers. Caroline will liaise with Colm McCarthy in Emergency Department regarding a SEPSIS report. Diane will table on the agenda for September's meeting.

Committee requested that the data on falls/slips/trip be reported on a bar graph rather than a line graph as this would make it easier to read. Caroline agreed to change this for next report.

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

ACTION: Caroline Wylie will discuss with Peter Lerpiniere why there appeared to be a gap in data collected (graph on page 10) and report back to Committee

Caroline Wylie will liaise with Colm McCarthy regarding a report on SEPSIS for the Committee

Diane Laing will table SEPSIS report for September's meeting

Caroline Wylie will change the graph on falls/slips and trips from a line graph to a bar graph for next report

Caroline left meeting

5.4 Very High Risk Management Report

Sheila asked the Committee to note that two risks had been added since last report – falls risks and aggression and violence within unscheduled care. The organisation has corporate objective to deliver safe, effective and high quality services. There was some discussion regarding risk and clinical risk and where the responsibility sits for each of them. Risk is overall the Board's responsibility. The line of reporting is not clear. Stephen agreed to discuss with Malcolm Dickson.

The Committee asked of the report could be adjusted to focus on clinical risk but it was agreed that an overview of all is worthwhile with main focus points being clinical risk.

Fiona asked if the lines of accountability have been understood. She also asked that the report be checked for accuracy of risks and this be fed back to the committee.

Some concerns were raised regarding Ophthalmology service, the service will be asked to bring a report to the Clinical Governance Committee.

The risk management policy is being reviewed.

Sue agreed to discuss PMAV issues with Gareth Clinkscale. Fiona asked if we could have an update on any cyber risks in the next report. Stephen noted that there appeared to be slippage on page 20, he asked that Sheila feed back to the owners of that particular risk be notified and the committee has shown some concern regarding this.

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

ACTION: Diane Laing will ask Ophthalmology lead to bring a report on their service to Committee

5.5 Claims Update

Sheila spoke to the above report. It was acknowledged that the majority of the claims are within the acute services. Fiona commented that the figures on page 5 have increased and asked if this is significant. Sheila assured her that it was not. Fiona also asked if all claims have been subjected to a Significant Adverse Event Review (SAER). Sheila reports that not all claims require this and the figures are included in the report. There followed a discussion on learning from claims and investigations and how we report and reflect on them. Sheila asked that the committee note that financial claims have reduced. Last report had included a large maternity claim which had skewed the figures.

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

5.6 Information Services Division, Hospital Standardised Mortality Ratios (HMSR)

Annabel was unable to attend the meeting so Elaine gave the Committee an update on the Healthcare Improvement Scotland (HIS) response regarding recent HMSR figures showing NHS Borders as being outliers. NHS Borders reminded HIS again that they are unique being the only Health Board in Scotland that has a palliative care attached to the Hospital and the figures for this unit are included in the report. The reason for increase in deaths was investigated and the spikes corresponded with a rise in deaths in the Margaret Kerr Unit (MKU) during the reporting period, this has been discussed locally and nationally. NHS Borders do appear to be back in line with the rest of Scotland and Elaine and Annabel report that HIS are no longer going to be highlighting any outliers in their reports. Previously the Board have asked that the figures for MKU be removed from the reports but thus far this has not happened and Ralph will ask again that these figures be removed.

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

6. Person Centred

6.1 Feedback & Complaints Annual Report

Following positive internal audit report from Pricewaterhouse Cooper, the committee acknowledged that there was still some work to be done on supporting both staff and complainants through the complaints process. There appears to have been a small increase in complaints over the years but there does not seem to be a particular reason for this.

Stephen suggested that the Doctors could possibly do some of the complaint handing during their allocated SPA time which might help them to understand the process better and engage more in a timelier manner. Stephen and Elaine will discuss this out with the meeting.

There was some discussion regarding the report being sent to the Senior Medical Staff Committee. Elaine and Stephen will discuss with Cliff where the report should be sent for discussion or noting.

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

ACTION Elaine Cockburn and Stephen Mather will discuss with Cliff Sharp where report should be sent for discussion or noting.

7. Clinical Effectiveness

7.1 Clinical Board Update (Acute Services)

Committee acknowledge the acute services report, the only discussion arising was that risks discussed at clinical governance groups do not seem to appear on divisional reporting. In particular there was a discussion about Ophthalmology risk action plan, lack of medical

involvement this has been highlighted before and is something that needs addressed as do action plans arising from highlighted risks.

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

7.2 Clinical Board update (Primary & Community Services)

Report was discussed, Erica highlighted that the Healthcare Environment Inspection (HEI) alluded to in the report has now in fact taken place and she would like to highlight that credit should go to the Community Hospitals Nurse Manager, Beverly Meins, and the staff in the four community hospitals, HE Inspectorate indicated that there was a consistent approach across all four sites. Beverly has now retired and the Committee wish her well in her retirement. The full report will be available in due course.

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

7.3 Clinical Board Update (Mental Health Services)

Erica spoke to the report on behalf of Peter and was available for any questions arising from the report. The decrease in numbers of persons reported as missing was highlighted as was the work in updating the missing person standard operating procedure and newly introduce pass plans.

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

7.4 Clinical Board update (Learning Disabilities Services)

There was no one present to talk to the report. The committee acknowledged that the Learning Disabilities divisional report was well written and a good example of how reporting should be structured.

The **CLINICAL GOVERNANCE COMMITTEE** commended the report and noted Assurance

8.1 Whistle Blowing Issue: Audiology Service

Sandra Pratt attended to speak to the paper. The Audiology Service has faced several challenges over the last few months. There have been several complicated issues with whistle blowing being only one. Sandra would like the Committee to be assured that due process was followed in the whistle blowing investigation and the service is safe to continue.

Fiona asked if there had been a conflict of interest during investigation but Sandra reported that external staff took part in the process so no conflict of interest was identified.

Sandra further reports that management is in place and any competency issues are being addressed. No direct patient harm was identified during investigation and there is further training to support staff.

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

9 Quality Improvement

9.1 Back to Basics Update

Erica updated Committee on Back to Basics programme. Senior Charge Nurse Leadership development is ongoing; Queen Margaret University & NHS Education for Scotland (NES) are assisting in supporting succession planning for the band 6 nurses. Training needs have been identified and training will be developed.

Pressure Ulcer training is continuing and so far there has been a good success rate. Training is now targeting link nurses who then go on to do cascade training. Tissue Viability nurse is about to go on maternity leave, staff have been identified cover this role with support from Lothian. Recent Food Fluid & Nutrition significant adverse event review has had impact on all services. Learning is being taken forward linking Food Fluid & Nutrition, Falls and Pressure Ulcer issues with a programme being put together. Queen Margaret University training on Person centred cultures is starting in September.

Sheila asked if Speech & Language Therapy (SLT) is involved in the Food Fluid & Nutrition work and was assured that they are members of the Food Fluid & Nutrition steering group.

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

10. Items for Noting

The following minutes were presented for noting:

Public Health Governance Minute
 BGH Clinical Governance Minute
 Mental Health Clinical Governance Minute
 PCS Clinical Governance Minute

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

11. Any Other Business

Elaine updated the Committee on the status of the recent Research & Development team staffing issues, the Research Governance Coordinator role has been re-banded in line with the rest of NHS Scotland and is now out for advert.

Duty of candour 1st year report will be submitted to next Clinical Executive Operational Group meeting. Work is ongoing on training and the report will be made public once through normal process.

Stephen announced this is the last Clinical Governance Committee meeting that Sheila McDougall will attend. On behalf of the Committee he thanked Sheila for her hard work and contribution to the Committee and the wider organisation over the years and wished her well for the future.

12. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee is on Wednesday 17 July 2019 at 2pm in the BGH Committee Room

The meeting concluded at 12.04

PUBLIC GOVERNANCE COMMITTEE



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

- Present:** Karen Hamilton (Chair & Non Executive Director)
Lynn Gallacher (Centre Manager Borders Carers Centre)
Shelagh Martin (Scottish Health Council Local Officer)
Margaret Lawson (NHS Borders Public Member)
Cllr David Parker (Non Executive Director)
Fiona McQueen (Public Member)
Margaret Simpson (Third Sector Representative)
John McLaren (Non Executive of NHS Borders)
- In Attendance:** Dr Cliff Sharp (NHS Borders Medical Director)
Susan Hogg (Public Governance Committee Secretariat & Public Involvement Officer)

Topic Agenda Items: Phillip Lunts (General Manager - Item 1)
Peter Lerpiniere (Associate Director of Nursing for Mental Health, Learning Disability & Older People – Item 2)
Diane Keddie (Lead Nurse Excellence in Care – Item 3)

1. Welcome & Introductions

Karen welcomed everyone to the meeting.

2. Apologies & Announcements

Apologies were received from: Claire Pearce, Clare Malster, Nicky Berry, Nicky Hall, Karen Maitland, Elaine Cockburn and Tris Taylor

3. Minutes of Previous Meeting:

These were approved as a true record.

4. Matters Arising from Minutes & Action Tracker:

- 4.1 Action 27 – Adult Changing Facilities – Endowment Fund Board of Trustees have approved funding totalling £50k based on previous feasibility works, which identified a possible location and a specification of what is required. Once project management support has been identified through our Capital Planning team this work can progress to fully agree the specification, location of the facility and confirm the cost as quotes are sourced for the work. Karen H suggested it was timely to complete this action as all work from the PGC has progressed.

Action 34 – Review of PGC ToR and Work Plan – It was agreed that with the development of the IJB and its structures for engagement and involvement along with the Community Planning Partnership who have duties under the Community Empowerment Act it was timely to review the terms of reference and the priorities for

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

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

4.2 Matters Arising from Action Tracker:

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

5. Topic Agenda Items:

5.1 Communication & Engagement Plan – NHS Borders Financial Position

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

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

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

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

5.2 Communication with Patients & Families:

Peter talked to the group on the importance of communication within the health care setting with patients and their families. Fiona McQ commented on the dialysis passport and what it contains. This contains information on what particular things you must avoid replied Peter. What initiatives have you built in for the processes and efficacy of it asked Karen H? There is an overarching aim of 120 days between

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

5.3 Back to Basics – Falls:

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

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

6. Any Other Business:

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

7. Future Meeting Dates 2019

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

26th February

7th May

30th July

5th November

PUBLIC GOVERNANCE COMMITTEE



**Minutes of Public Governance Committee (PGC) Meeting
held on Tuesday, 26th February 2019 from 2.00 – 4.00 p.m.
in the BGH Committee Room**

- Present:** Karen Hamilton (Chair & Non Executive Director)
Debbie Rutherford (Centre Manager Borders Carers Centre)
Shelagh Martin (Scottish Health Council Local Officer)
Cllr David Parker (Non Executive Director)
Fiona McQueen (Public Member)
Margaret Simpson (Third Sector Representative)
Cliff Sharp (Medical Director)
June Smyth (Director of Strategic Change & Performance)
Karen Maitland (Quality Improvement Facilitator – Person Centred Care)
- In Attendance:** Susan Hogg (Public Governance Committee Secretariat & Public Involvement Officer)
Phillip Lunts (General Manager NHS Borders)
Gill Westwood (Manager Peebles & District Citizens Advice Bureau)
- Agenda Items:** PGC Review – Karen Hamilton (item 5.1)
NHS Borders Public Engagement – Phillip Lunts (item 5.2)
Draft Annual Report 2018-2019 – Karen Hamilton (item 5.3)
Citizens Advice Bureau (CAB) – Gill Westwood (item 5.4)

1. Welcome & Introductions

Karen welcomed everyone to the meeting.

2. Apologies & Announcements

Apologies were received from: Nicky Hall, Michael Scouler, Annabel Howell, Allyson McCollam, Clare Malster, John McLaren, Lynn Gallacher (Debbie Rutherford deputising), Elaine Cockburn, Margaret Lawson, John McLaren & Tris Taylor.

3. Minutes of Previous Meeting:

As the meeting was not quorate the minutes could not be agreed.

4. Matters Arising from Minutes & Action Tracker:

- 4.1 Action No. 27: - Following further discussion at Endowment Fund Board of Trustees who have approved funding of £50k the Capital Planning Team will allow this work to finally progress.

Action No. 34: - NHS Borders Chief Executive, Non Executive members of the PGC and key stakeholders met to review the current terms of reference. After discussion and independent review the terms of reference were brought back to the February 2019 meeting of the PGC. These will be circulated to all PGC Committee members

for final comment and come back to the May meeting for sign off and submission to the Board

Action No. 36: Karen M and Cliff explained the current process that is followed when identifying any actions or improvements from a complaint. After a complaint response has been issued, the Feedback & Complaints Team add the details of the complaint including the complaint response letter and outcome to the relevant service's improvement plan action tracker. This tracker is reviewed and updated at the individual clinical governance groups with ownership for these lying with the General Managers. The clinical governance groups report to the Public Governance Committee and give assurance that the necessary learning is being undertaken. The Public Governance Committee can therefore get this assurance from the Clinical Governance Committee.

5. **Business Agenda Items:**

5.1 **PGC Review:**

June gave an update as PGC Executive Lead. There has been a number of behind the scenes conversations around all of our governance committees over the past 12 months. We have been developing our financial turnaround programme and the work that the Better Borders Team is taking forward. Included in these conversations was a revisit to the terms of reference of the PGC. Cliff and June discussed whether or not the working of the group is moving in the right direction as there has been a drift over the last few years. The membership and attendees has also reduced quite considerably. We are looking to continue the work that has been done including refreshing the terms of reference. We shall look at the frequency of meetings and procedures and shall bring back to the next meeting as a final draft. If anyone has any comments they would like to make on the terms of reference please feed back to the Chair two weeks prior to the next meeting. Karen H commented that the old document was very operational and we need to revise the new document moving it towards more scrutiny and analysis. Shelagh has concerns about where the operational element sits. This links into what Karen M will talk about today under the Feedback & Complaints update on the agenda remarked June. This ensures to safeguard us as an organisation as we are working in a way that involves carers and the public.

Karen M updated the group on the recent concerns about the way forward for the Public Partnership Forum (PPF) given its previous linkage to the Community Health and Care Partnership and how it would best fit with the Integrated Joint Board. Susan, Shelagh, Karen M, Fiona McQueen (Chair of the BGH Participation Group) along with the Vice Chair of the PPF have met to discuss how we can redirect the PPF into the future and establish the best use of the group for NHS Borders. Susan will draft new terms of reference and we will seek to recruit additional public members to this group. We have also decided to change the name to NHS Borders Public Forum to better reflect its role. The terms of reference will make it clear the group's role and remit. We are hoping to seek agreement from the PGC for the BGH Participation Group, Public Reference Group and NHS Borders Public Forum to all report separately and directly into the PGC as we feel that this would give the most appropriate governance for the PGC around how the public is engaged with across NHS Borders. Margaret S asked for assurance that the Scottish Health Council will continue to support these groups to ensure that we are engaging in a meaningful way with people and our communities. Shelagh commented that the SHC continues to support NHS Borders public groups and has been fully involved in the discussions on the future of the PPF. The public members on our participation network support many regular groups along with short-life working and steering groups remarked Susan. To ensure that we are not duplicating the work that they do and to strengthen

our reporting structure on public engagement the public members on all these groups shall sit on and report to the NHS Borders Public Forum.

In response to a question from June Smyth regarding the revised statutory guidance to be developed by the Scottish Government and COSLA on local community engagement and participation across health and social care, Shelagh commented that the SHC has had initial discussions about this and expects to be involved in the coming months.

5.2 NHS Borders Public Engagement:

By the end of March 2019 NHS Borders will present their financial plan for 2019-20 and by the end of July 2019 present a plan for the next three years explained Phillip. Along with other Boards NHS Borders is in a period of special measures. For information and comparison June to circulate slides noting the levels that other Boards are in. **Action: JS**

It is extremely important that we demonstrate to the public that we are doing everything we can said Karen H. There needs to be a standardised approach, following the same framework and mechanisms on how we engage with people on the various projects. There are currently two projects already happening where we are engaging with the public to give us feedback on their experience. The organisation needs to support their staff said June to deliver and have these difficult conversations. The Scottish Health Council delivers Voices training remarked Shelagh and she would send further information about this to June. **Action: SM**

June asked Phillip how this reflects with the double diamond approach. Project support groups have been set up replied Phillip to take this piece of work forward. The programme management office that we have established have four different divisions and they are: project plans completed, delivering the project, dedicated to ensure data and information is available, developing people to generate ideas analyse and take them to the point that we want to do it and pass to the project team. Our next meeting is in May commented June how do we make sure you are sighted logically? The Public Reference Group will be the "go to" public involvement group and their next meeting is the 18th March 2019.

5.3 Draft Annual Report 2018-2019:

A draft of the PGC annual report had been circulated earlier to the group. In light of the revised terms of reference remarked Cliff there requires to be some minor updates to ensure the annual report reflects the content of the terms of reference. Debbie asked if the Carers Act could be noted and this was agreed by the members. **Action: SH**

5.4 Citizens Advice Bureau (CAB):

I worked for the Patient Advice & Support Service (PASS) for 11years before taking up this post and we have recently appointed a new liaison officer. Gill showed a presentation on the life and work of the Citizens Advice Bureau. How much funding do you receive from Scottish Borders council asked Cliff? From memory the Peebles office receives £72 p.a. this is about to be cut again. The funding we currently receive from SBC covers our core costs and we have a very good supportive team of volunteers.

How many offices in the Borders do you have and where are they located asked Cliff? We have four offices one in Peebles, Hawick, Galashiels and Duns who operate part-time. Margaret S suggested to Gill that CAB do an impact report on their services and what you would do that has not been done previously. We use a

very good toolkit, which is free and you can get the license for, I shall email you further information.

Action: MS

6. Any Other Business:

6.1 Scottish Health Council (SHC) Update:

Shelagh spoke to the paper, which informed the PGC of the work of the SHC over the last few months

6.2 Feedback & Complaints Update:

Karen M highlighted the key areas i.e. we have noticed a reduction in commendations and we are still meeting our targets. I note a lot of complaints are on communication and patients, relatives and carers feeling that they are not being listened to remarked Margaret. This is echoed from the Carers Centre commented Debbie and attitude and behaviour are other areas, which are not good. A good example of change from a complaint is noted on the waiting time section on our NHS Borders website.

7. For Noting:

7.1 PGC Work Plan

7.2 Audit Committee Minutes:

14.6.18, 18.7.18, 26.9.18 & 7.11.18

7.3 Clinical Governance Minutes:

30.5.18 & 7.11.18

7.4 Public Partnership Forum Minutes:

11.6.18

7.5 Scottish Borders Advisory Board Minutes:

5.11.18

8. Any Other Business:

8.1 Equalities issues arising from the agenda – None.

8.2 Risks identified from the agenda - None

Michael Scouler could not attend the meeting but did ask that an update on the three part-time Chaplaincy positions be given to the group. We have successfully appointed to these posts and they will be based at Hay Lodge, The Knoll and Kelso Community Hospital.

9. Future Meeting Dates 2019

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

7th May

30th July

5th November

Finance & Resources Committee



Minutes of a meeting of the **Finance and Resources Committee** held on Wednesday 19 June 2019 at 3pm in the Board Room, Newstead.

Present: Mr M Dickson, Non Executive (Chair)
Mrs F Sandford, Non Executive
Cllr D Parker, Non Executive

In Attendance: Miss I Bishop, Board Secretary
Mrs K Hamilton, Interim Chair
Mr R Roberts, Chief Executive
Mrs C Gillie, Director of Finance
Dr C Sharp, Medical Director
Mrs N Berry, Director of Nursing, Midwifery & Acute Services
Mrs J Smyth, Director of Strategic Change & Performance
Miss H Fairburn, Capital Planning Manager
Mr M Porteous, Chief Financial Officer, IJB

1. Apologies and Announcements

Apologies had been received from Mr Rob McCulloch-Graham, Chief Officer and Mrs Susan Swan, Deputy Director of Finance.

The Chair welcomed Mr Mike Porteous, Chief Financial Officer Integration Joint Board, who was deputising for Mr McCulloch-Graham.

The Chair welcomed Miss Hannah Fairburn, Head of Capital Planning to the meeting.

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 & Resources Committee held on 1 March 2019 were approved.

4. Matters Arising

- 4.1 Action 5:** Mr Mike Porteous advised that he would provide the answer in regard to over and underspends for SBCares and the Scheme of Integration. The Committee agreed that they did not require the documents if Mr Porteous supplied the information.
- 4.2 Action 6:** The Committee agreed to ask Mr John Cowie to supply a written update.
- 4.3 Action 7:** Mr Mike Porteous agreed to share the presentation from the IJB Dryburgh event which clearly showed the links to the reports and progress made. On that basis the Committee agreed to close Action 76.

The **FINANCE & RESOURCES COMMITTEE** noted the action tracker.

5. NHS Borders Draft Annual Operational Plan 2019/20

Mrs June Smyth provided an overview of the content of the plan. She confirmed that it was currently being updated for formal approval at the Borders NHS Board meeting the following week. She highlighted access waiting times funding and advised that the formal feedback letter from Scottish Government had been received and would be assessed over the coming weeks.

The Chair commented that the detail of the cover paper was very useful in understanding the draft plan and it had been shared with the Health & Social Care Integration Joint Board earlier that day.

Mrs Karen Hamilton asked that the approval pathway section on the cover paper be updated.

The **FINANCE & RESOURCES COMMITTEE** noted the draft NHS Borders Annual Operational Plan 2019/20.

6. NHS Borders Financial Turnaround Programme – Revised Programme Governance Arrangements

Mrs June Smyth spoke to the revised programme governance arrangements and highlighted the overall programme governance and specifically the grip and control governance arrangements. She assured the Committee that the organisation was already operating in line with the revised governance arrangements.

Mrs Karen Hamilton enquired about the role of the Clinical Alliance. Mrs Smyth advised that they were formalised meetings for clinicians with management to ensure that any large scale change would have a clinical voice. Both Mrs Nicky Berry and Dr Cliff Sharp had signed off the risk assessment proposal.

The Chair summarised that it was a welcome development and Mrs Smyth commented on the level of robustness and detail that was threaded through the programme that had not been provided before.

Mr Ralph Roberts reminded the Committee that in terms of Bold Revolutions, they were contracted until the autumn and it was imperative to ensure robust processes remained in place and were pursued once they had concluded their contract.

The **FINANCE & RESOURCES COMMITTEE** approved the revised governance arrangements for the Financial Turnaround Programme, subject to formal Board ratification.

7. NHS Borders Financial Turnaround Programme – Progress Report

Mrs June Smyth provided an overview of the content of the report. She highlighted several key elements including: that pace was an on-going theme and progress had been slower than anticipated; blockages had been identified and were being addressed; it was a behavioural change programme as well as a financial change programme; ideas continued to be received; and further deconstruction sessions would be organised.

Mrs Karen Hamilton enquired if there were any particular sticking points. Mr Ralph Roberts commented that within the weekly report to the Scottish Government there were a number of areas of risk highlighted including traction around demand management work and integration with the complexities of both meaning that immediate savings had been difficult to identify and extrapolate. He echoed Mrs Smyth's comment that it was not just about financial turnaround but also about behavioural change and staff would need to continue to deliver on turnaround over the longer term.

Further discussion focused on: need to achieve £12m savings by September 2019; nervousness on the deliverability of the big ticket items; concerns that pace may not be sustained; ownership of the programme by NHS Borders staff; other Health Boards in Scotland following the same model were making faster progress; created capacity to support the turnaround programme and the programme management office; challenging for staff to do both their day job and turnaround work; specific skill set required for turnaround described as project management with an edge; and make hard priorities, focus on the short term initiatives, transformation and chase the £12m savings in phase 1, overall the savings required were £30m over 3 years.

The Chair asked the Committee if it was satisfied with the format of the progress report. He suggested as the Non Executives had received a session with Bold a few weeks previously and in conjunction with the update he felt there was a degree of assurance. He suggested the Turnaround Report with the risks should be submitted to the Committee to enable it to flag to the Board in terms of providing assurance or raising issues.

Mrs Fiona Sandford suggested given other Health Boards were ahead on deliverability of the programme that the Board signal its extreme alarm at those behaviours that were slowing down delivery.

Mrs Carol Gillie advised that some of the resources in the Capital Planning department had been redeployed to the programme management office given the need of the organisation to focus on turnaround. She commented that it would have an impact on the capital plan programme of work.

Cllr David Parker enquired if the organisation was struggling with the pace and had a resources issue, how would it achieve the current savings target and then the bigger target figures for years 2 and 3.

Mr Roberts commented that part of the solution was to ensure the programme management office was in a fit state and it had improved over the past 2 weeks with a change in staffing profile and he wished to let that play out over the summer to ensure it was fit for purpose for the longer term. He further commented that Bold had been contracted for 6 months and there would be a discussion for the Board to consider if that contract should or could, given the financial situation, be extended to ensure pace was sustained post September.

The **FINANCE & RESOURCES COMMITTEE** noted the report and provided comments and advice on the level of information provided to the committee.

8. Process for the Development of a 3 year Financial Plan

Mrs Carol Gillie provided an overview of the content of the report and highlighted page 4 of the report and the key milestones set out at the end of the paper.

The Chair commented that it was helpful to have that look ahead and interesting that Scottish Government had confirmed brokerage for 2019/20 ahead of having the 3 year plan confirmed.

Mrs Gillie commented that Scottish Government had asked for sight of the Quarter 1 review and progress thereafter to see if the brokerage figure for 2019/20 could be reduced.

Mr Mike Porteous enquired who would be involved in the Development sessions and suggested it might be an opportunity to widen buy in and involve partners, given some things like transport and estates might appear obvious. Mrs Gillie welcomed the suggestion to make the Development sessions joint for turnaround discussions. Mrs Smyth suggested ensuring that clinicians were also invited to ensure the clinical voice was heard.

The **FINANCE & RESOURCES COMMITTEE** agreed a plan on how a 3 year financial plan would be developed over the coming months.

9. Workforce Planning Process

This item was deferred to the next meeting on 18 July 2019.

The **FINANCE & RESOURCES COMMITTEE** noted deferral of the item.

10. Property & Asset Management Strategy - Light

Mrs Hannah Fairburn presented the property and asset management strategy presentation and highlighted several elements including: update on the 2018/19 submission; process and proformas; and the need to review the capital plan as a result of changes to the level of backlog maintenance and the risk profile.

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

11. Any Other Business

The Chair opened a discussion on the role of the Committee and if it was heading in the right direction and the information submitted to it was appropriate.

A discussion ensued and several comments were made including: application of scrutiny; timing of Committee to ensure it dealt with the substantive items and had time to feed into the Board papers to make them more robust; ensure duplication did not occur; pay more attention to approval pathways for papers; and ensuring deep dives into financial monitoring took place at the Committee and not the Board.

12. Date and Time of next meeting

The Chair confirmed that the next meeting of Finance & Resources Committee would take place on Thursday 18 July 2019 at 3.00pm in the Board Room, NHS Borders, Newstead

The meeting concluded at 4.30pm.

Signature:
Chair

NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 2nd April 2019 – 17:00-18:00

BGH Committee Room, Borders General Hospital

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
 Nicky Hall (Area Ophthalmic Committee) (NH)
 Peter Lerpiniere (Associate Director of Nursing for MH, LD & Older People) (PL)
 Dr Cliff Sharp (Medical Director) (CS)
 Pamela Gordon (Allied Health Professionals) (PG)
 Dave Thomas, Turnaround Director, Bold Revolutions (DT)
 Clare Oliver, Communications Manager (CO)
 Lisa Morton Senior Communications Manager NHS24
 Kate Warner, Minute Secretary (KW)

Not Attended: Dr Graeme Eunson (Area Medical Committee)
 Dr Tim Young (GP Sub Group)
 Dr Angus McVean (Area Medical Committee)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies had been received from Dr Caroline Cochrane (Psychology); John McLaren (Employee Director); Jackie Scott (Medical Scientists).

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest for this meeting.

2 PRESENTATION

Dave Thomas (DT), Turnaround Director from Bold Revolution, introduced himself and gave a background to his turnaround experience working intensively with health boards in NHS England and the background to financial turnarounds. Most recently, Bold Revolutions have been working at NHS Greater Glasgow & Clyde and have learned about the differences between England and Scotland. Bold Revolutions are being funded by NHS Scotland but made it clear that the client is NHS Borders and that conversations will be primarily with NHS Borders Board. The plan is to be present for six months, unless turnaround can be achieved earlier, in which case they will finish. To-date the turnaround team have been reviewing the numbers Scottish Government has insisted on 4% efficiency to all Health Boards. NHS Borders must be £8.3million cheaper by the end of 2019/20. The turnaround team aim to get costs down safely and sustainably but DT stressed that costs must come down. The turnaround team will use the first two months for the Programme Management Office (PMO) to brief and train people and it is intended that the target will increase to £11million, as 100% of target is not usually reached.

DT reported that NHS Borders has an underlying deficit of £21.7million this year and this is increasing each year. By the end of April an annual plan must be produced and delivered to Scottish Government and then a three year plan produced by August. PMO will manage projects using the Prince 2 methodology; using the office to inform staff and co-ordinate efforts. Ideas have to deliver, and this has not always happened at NHS Borders, and governance is being put in place to ensure that this is tighter and achieved. Engaging staff with the same message from Executives, Directors, followed by Senior Management Teams through to staff is in place to ensure that all staff receive the same communication from Board to Wards and that this message cannot

be misinterpreted. CS commented on Level 4 and commented on the small changes that can be made to heating rooms, lights left on to the higher level capturing of spend and working to find savings. He welcomed plain speaking and an open conversation at all times.

CS commented that help was needed to get the message across the Board and asked about the role of the ACF as part of the clinical advisory group. He spoke of improving the engagement with clinicians and that staff want to be engaged providing safety and quality within budget. He suggested that a change to the meeting time may result in better attendance from all ACF members. If extended to Clinical Advisory this would involve a larger spread of clinicians – doctors, nurses, AHPs and so on. PL commented that BANMAC had received a presentation from Steph Errington and the committee were keen for their voices to be heard; the nursing workforce wishes to be part of this process. AW has raised the involvement of ACF in the Clinical Advisory group with the Board and has suggested that the meeting has ACF business at the end of the meeting time. New Terms of Reference would need to be approved. CS suggested Thursday 08:30-10:00 and AW asked those present to cascade to their specialist areas. CO and LM are developing an engagement plan and toolkit and asked for the opportunity to return and present this to ACF meeting and develop the messages. AW thanked the Turnaround Team for their update and asked that independent contractor representatives cascade these messages to contractors.

DT, CO and LM left the meeting after the presentation.

3 DRAFT MINUTE OF PREVIOUS MEETING 05.03.2019 & MATTERS ARISING

The Minute of the previous meeting, held on 5th March 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).

4 ACTION TRACKER

Action Tracker updates:-

#28 COMPLETED

#60 COMPLETED

#66 COMPLETED

#68 HOLD this action until later in the year (KW)

#69 COMPLETED

#69 Invite Dr A Howell to a future meeting to present “Realistic Medicine” (KW)

#70 Forward update from professional advisory committee to KW if unable to attend (ALL)

#71 Create update from Public Governance Committee (in Board papers) (KW)

#72 Send minutes from Professional Advisory Group after each meeting to KW (ALL)

#73 Suggest new day and time – 08:30-10:00 Thursday mornings for ACF meetings to members to canvas availability (KW)

5 EU WITHDRAWAL UPDATE

AW reported that NHS Borders are co-ordinating weekly returns and at this time there are no concerns being raised. The reporting may increase to daily returns if required. Scottish Borders Council are meeting weekly and there is a local meeting on 16th April (Tuesday after Brexit 12 April date). Scottish Government has a national group set up to monitor medicines; no stockpiling is allowed at Board level. AW reported that Pharmacy are used to dealing with shortages from drug companies on an almost daily basis. Staff members have been asked to not blame Brexit on issues that are not Brexit related. ACF noted this update.

6 PHARMACEUTICAL CARE SERVICES PLAN

The annual Pharmaceutical Care Services Plan covering pharmacy provision in the Borders for 2019/20 was tabled for approval. AW commented on the current application for a community pharmacy in Tweedbank which is going through the process now. ACF approved the Pharmaceutical Care Services Plan. This will be tabled at the NHS Borders Board meeting on Thursday 4th April 2019 for approval.

7 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

AW reported on the meeting held on 27th March 2019 where the committee discussed Ombudsman reports and the requirement for more focus around action plans and that these should be more visible. Other items discussed included cldiff, mortality ratios and infection control. ACF noted this update.

7 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

NH is now unable to attend meetings of the Public Governance Committee and JMacL is also not always able to go. The minute is available in the Board papers and it was agreed that this could be reviewed if no one was able to attend and report from the meeting. ACF noted this update.

ACTION: Check Board papers each meeting for the Public Governance Committee minute and forward relevant items for report (KW).

9 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW reported on the National ACT Chairs meeting held on 6th March 2019. Jeanne Freeman MSP, Cabinet Secretary for Health and Sport was in attendance for the first time with the main focus of discussion around annual reviews for ACFs. Boards are at different stages and there have been mixed responses from ACF Chairs on the reviews experienced. Ministerial visits are planned.. ACF noted this update.

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

10 NHS BOARD PAPERS: DISCUSSION

From agenda papers – NHS Borders achieved the waiting times target. It is possible that financial funding may be available for achieving target; currently only available to Boards who do not achieve targets. Winter Plan was significantly improved this year with plans in place to support delivery of services. Weather is better this year however numbers of patients are not dissimilar to other years. ACF noted this update.

11 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (LMH) – PG reported that there has been a positive move forward in AHP management structure with draft job descriptions now available for lead posts. ACF agreed that this was a positive step and staff members are encouraged with this good news.

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

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

11(d) Area Ophthalmic Committee (NH) – NH reported that there has been no progress to-date with Grant Laidlaw to discuss GP referrals further. It is hoped that this can have the same referral system as Pharmacists have. Currently patients turn up unannounced with no referral form and often do not know why they have been referred or what medication they have already received. No news as yet on the Borders Optometry post. The list of Borders Opticians has been recently updated. The committee also discussed being able to claim for expenses for out of office hours meetings and to receive same consideration as other professional groups receive. ACF agreed that they would support this.

11(e) Area Pharmaceutical Committee (AW) – next meeting 23rd April 2019.

11(f) BANMAC (PL) – PL reported on the meeting held on 11th March where there was a major focus on financial turnaround. He reported good engagement with people recognising the need for turnaround, asking questions and requesting that clinical engagement is sought for the turnaround work. Dianne Keddie had given a presentation at the previous meeting on Excellence in Care. This is a programme which will have significant impact on us as a workforce with more rigorous measures being put in place for nursing – care plans, risk assessments, supervision for example.

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

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

ACF noted the updates available.

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

12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

There were no issues noted to be raised at the Board meeting on 4th April 2019.

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

13 ANY OTHER BUSINESS

There was no other business raised.

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 25th June 2019 at 17:00 in the BGH Committee Room.



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Wednesday 19 June 2019 at 10.00am in the Council Chamber, Scottish Borders Council.

Present:

(v) Cllr D Parker	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr M Dickson
(v) Cllr S Haslam	(v) Mrs K Hamilton
(v) Cllr T Weatherston	(v) Mr T Taylor
(v) Cllr E Thornton-Nicol	Mr R McCulloch-Graham
Ms L Jackson	Dr C Sharp
Mrs N Berry	Mrs V MacPherson
Mr S Easingwood	Mr M Porteous
Mrs S Aspin	

In Attendance:

Miss I Bishop	Mr R Roberts
Mrs T Logan	Ms S Douglas
Mrs C Gillie	Mr G McMurdo
Mrs S Bell	

1. Apologies and Announcements

Apologies had been received from Mr J McLaren, Ms L Gallacher, Mrs J Smith, Mr D Bell, Dr A McVean, Mrs J Stacey, Mrs S Holmes and Mr D Robertson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Ms Linda Jackson who was deputising for Ms L Gallacher.

The Chair welcomed a range of attendees 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** approved the Register of Interests.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 8 May 2019 were approved.

4. Matters Arising

4.1 Action 7: Mr Tris Taylor enquired if the overall programme performance management framework was in place for the Strata Project so that assurance could be provided that there were adequate levels in place for escalation and tolerance.

Mr Rob McCulloch-Graham advised that the Strata Project was being supported by a Programme Management Board through Scottish Borders Council and it had been agreed that an evaluation report would come to the Integration Joint Board (IJB) in 6 months time to confirm whether the project should carry on for a further 12 month period. Mr McCulloch-Graham advised that he Chaired the Programme Management Board and was able to provide assurance to the IJB on the status of the project.

Mrs Tracey Logan commented that in September the full digital strategy for Health and Social Care would be brought to the IJB.

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 formation of the new GP Executive which was putting pace to the development of the Primary Care Improvement Plan (PCIP); Community Hospitals inspection and the Inspectors being accompanied by the Health Care Support Workers; and visit to the Netherlands to look at a Care Village and consideration being given to how that could be replicated for the Scottish Borders.

Initial discussion focused on the format and purpose of the Chief Officer's report.

The Chair enquired about the Dundee Discharge model and enquired if the partnership should be cognisant of it. Mr McCulloch-Graham explained that the model had targeted those who were due to move to a Care Home facility from the acute setting and gave them the option of trying to move back to their Homes with wrap around care. He further advised that it had been operational for 8 months and the data was not yet verified. Early findings were very positive and the Chief Officer was keen to pursue the model.

Cllr Shona Haslam enquired about progress in regard to pulmonary rehabilitation services. Mr Ralph Roberts commented that a couple of physiotherapists had presented to the GP Sub Committee earlier in the week and had reported that they had commenced sessions in a number of towns across the Borders.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to remove the Chief Officer's Report as a standing item on the agenda and instead to receive a newsletter format report on a monthly basis to also include what was happening around the partnerships across Scotland.

6. Deputation

Mr Colin McGrath spoke to the deputation.

Cllr Tom Weatherston enquired about the average attendance at Community Councils' Network (CCN) meetings. Mr McGrath advised that each meeting had a core membership

of 10 members with each representing their respective area. He said meetings averaged 25 members in attendance and at the Annual General Manager he suggested there had been 60 members in attendance. He further advised that Berwickshire had its own forum.

Mr Tris Taylor clarified that the IJB required service user input and with the demise of the Public Partnership Forum a service user vacancy had been created on the IJB. He was clear that potentially anybody could be a service user and suggested it was not accurate to say that the CCN was specifically a service user organisation. Appointment of a service user to the IJB was at the discretion of the IJB, however he was mindful that the CCN were willing to be involved to fill that current void.

The Chair commented that under the Scheme of Integration the IJB were obliged to have a service user and there was no strict definition as to what or where that service user might come from.

Mrs Karen Hamilton commented that potentially there could be room for more than 1 service user to join the IJB and she was keen to know what other groups might be formulated and better suited to represent service users. She also noted that the number of people involved in the CCN whilst looking impressive in reality provided poor attendance figures at meetings, especially in Peebles.

Cllr Shona Haslam echoed Mrs Hamilton's comments and also questioned the demographic make up of the CCN. Further she suggested it may prove more beneficial to the IJB in being able to fulfil the needs of service users, if a proactive call for service user representation was put out to the public and any interested people or groups were then put through an interview process to ensure anyone appointed would bring a service user mandate of views and knowledge to the table.

Mr Malcolm Dickson commented that he agreed with the comments made by both Cllr Haslam and Mrs Hamilton and he wished to commend Mr McGrath for his public spiritedness in bringing the deputation to the IJB. He further suggested that a more structured approach be adopted to ensure the IJB was seen as providing a fair opportunity for service users to be represented.

Mr Taylor commented that whatever process was adopted it should be set up as a matter of urgency to ensure service users were fairly appointed and represented and he also wished to ensure that people with opposing points of view were not marginalised through the process.

Cllr David Parker agreed with Mr Taylor's comments and referred to item 8.2 on the agenda which was a paper in regard to Locality Working Groups and the provision of service user representatives. He also thanked Mr McGrath for his public spiritedness and like others suggested there may be other groups that should be approached for representation. He also suggested the CCN was not a representation of all the Community Councils as he was aware that a number had made it clear that the CCN did not speak for them and therefore it was not a body in itself that would find its way naturally into the IJB. He suggested he work with Mr McCulloch-Graham to bring a process back to a future meeting.

Ms Linda Jackson commented that she agreed with Cllr Parker in regard to the CCN it was not a place where service users would go to get their views heard. She suggested that there were a large number of bodies in the Borders that catered for service users and that

they should be approached to collate the views of service users and represent them at the IJB.

Mrs Tracey Logan echoed Ms Jackson's views and suggested the various carers groups and people receiving services be approached about who they would want to represent them at the IJB.

The Chair suggested as item 8.2 on the agenda provided an alternative view point a decision on the deputation was not made at that time.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a wider approach to service user representation should be taken and Mr McGrath's submission should be considered as part of that wider approach and a report would be brought back to the next meeting.

The Chair asked Mr McGrath if he wished to make comment. Mr McGrath commented that if the CCN were not allowed to join the IJB he would put in a participation request to the IJB under the regulations of the Community Empowerment Act.

7. Finance

Mrs Carol Gillie and Ms Suzy Douglas presented the financial position from their respective organisations.

Mrs Gillie spoke of the increased complexity of financial planning with the formation of the IJBs as well as impacts of pay pressures, uplifts, savings targets and drug expenditure.

Discussion focused on: brokerage and continuing requirement to make savings; both predictable and unpredictable cost pressures; realistic target of 4% recurring savings per year; opportunities around drug budgets - pulmonary rehabilitation was a good example of where savings could be made and there would be better outcomes for patients; benchmarking against other Boards to flush out targeting savings areas; poly pharmacy beneficial to the patient; and potential workforce savings – not doing like of like replacements – up skilling health care support workers – high turnover of staffing; and concern that the deliver of change would meet the anticipated timescales.

Mrs Tracey Logan commented that both the NHS and Local Authority needed to undertake joint delivery planning and joint financial planning in order to ensure there was a successful shift in the balance of care from acute to community services.

Mr Ralph Roberts echoed Mrs Logan's comments and reiterated that joint working would be the only way to ensure success for patients, clients and the organisations involved. He said the IJB had 50% of the NHS budget and therefore the NHS would only achieve financial balance if the IJB was successful and he was keen to get into the detail of the planning assumptions.

Cllr Shona Haslam enquired what that would look like and Mr Roberts suggested a 3 year financial plan across all of Health and Social Care be produced. A plan would be produced for the resources currently available and a plan for how that shift in the balance of care would be achieved and those plans required to be formulated jointly. He gave an example of joint working in action being the change to dementia beds and how the resources were being utilised.

Mrs Logan advised that work was underway to formulate a “joint transformation” across both organisations in order to deliver the IJB Strategic Plan and financial planning would sit behind that transformation plan. The intention was to present the joint transformation plan to the IJB in the autumn.

Mrs Gillie assured the IJB that the NHS would work with the IJB on its savings targets and to get back into financial balance.

Mr Roberts advised the IJB that the in year financial plan was predicated on brokerage that had now been agreed with Scottish Government and would require to be paid back to Scottish Government.

Mrs Douglas set out the Local Authority budget process and how it was working within a reduced Scottish Government funding position. She highlighted the risk, demand and demographic pressures facing the local authority.

Discussion focused on: roll out of Hospital to Home and anticipated savings and shift in balance of care; reduction in packages of care required from SBCares; open and transparent planning and delivery of services; and supporting communications engagement strategy.

Mrs Logan advised the IJB that she was confident the local authority financial plan would deliver for the IJB from the SBC perspective.

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

Mr Tris Taylor left the meeting.

Mrs Tracey Logan left the meeting.

8. Integration Joint Board 2019/20 Financial Plan

Mr Mike Porteous provided a detailed account of the content of the paper and presented the budget allocations from partners. He highlighted the financial implications of accepting the allocations and the progress made in reducing the financial gap of the IJB.

He outlined the current position on page 4 of the report where the focus was on the NHS element of the financial gap of £11.8m before savings plans were identified. He advised that recurring savings targets had been delegated to the IJB through a workstream approach and applied by the Turnaround Team in NHS Borders. The savings target equated to £7.2m with £1.9m of savings identified against the target with some being non recurring savings which left a gap of £10m against forecast spend. He further advised that the IJB would require additional funding at the end of the financial year and after writing the report he had received confirmation from the Director of Finance at NHS Borders that the Scottish Government had agreed to brokerage which provided comfort that if savings continued to be delivered a breakeven position could be achieved at the financial year end through the draw down of brokerage monies from NHS Borders. He reminded the IJB that there remained risks and challenges in regard to the delivery of savings and asked the IJB if given the position in regard to brokerage if the IJB would be content to accept the budget allocation.

Cllr Shona Haslam commented that the paper did not seek acceptance of the budget by the IJB. Mr Porteous clarified that at the time of writing the report he wished the IJB to acknowledge the financial situation and the unlikely outcome of achieving a break even position unless brokerage could be obtained. Given that position had changed he was keen to ask the IJB if they wished to receive a revised paper seeking their acceptance of the proposed budget or if they wished to propose to accept the budget at the meeting.

Cllr Haslam proposed in light of the revised position that Recommendation 3 of the paper be revised to read “The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed the IJB Officers to continue to work with NHS Borders and SBC to develop a Joint Turnaround Programme and a Joint Financial Recovery Plan to address the financial gap and mitigate the risks relating to Health and Social Care services.” Mrs Karen Hamilton seconded the proposal.

After some discussion the Chair agreed that the paper as it stood would be circulated to the IJB voting members along with an addendum qualifying the position to achieve a balanced budget before September 2019, for approval.

Mr Malcolm Dickson commented that the IJB Audit Committee had met with the external auditors, and the auditors had made the observation that there was not the same cognizance to agree the budget as in other IJBs. There was a reticence to agree the budget until the IJB was sure it would achieve financial balance and he suggested the current handling of the position was the correct way to take the matter forward.

Mr Ralph Roberts commented that as part of the addendum he suggested it should be clear in regard to the additional resources and non recurrent resources provided to the IJB, to recognised the NHS had no more money to put into the IJB and to ensure that all parties were clear that the success of the IJB would be through committed joint working.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** acknowledged the budget allocations from Scottish Borders Council and NHS Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** acknowledged the forecast financial gap of (£10.2m) for 2019/20.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed the IJB Officers to continue to work with NHS Borders and SBC to develop a Joint Turnaround Programme and a Joint Financial Recovery Plan to address the financial gap and mitigate the risks relating to Health and Social Care services.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed IJB Officers to bring a paper to a future IJB outlining progress towards delivering a balanced budget for 2019/20.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive the paper as it stood along with an addendum qualifying the position to achieve a balanced budget before September 2019, for approval.

9. Health & Social Care – Localities Approach

Mr Robert McCulloch-Graham provided an overview of the content of the paper and it's rationale for consideration by the IJB. He suggested the 5 locality working groups be

supported by a single administration post and receive input from attendance at their meetings by a member of his management leadership team. He further advised that the intention had been that 1 member from the local working groups would be elected as a representative to join the Strategic Planning Group and also one would be appointed to the IJB as the service user representative.

Mrs Karen Hamilton enquired if there were any discussions taking place in regard to merging the Community Planning Partnership with the Locality Working Groups. Mr Graham McMurdo advised that it had been given consideration previously but no action had been taken to date.

Mr McCulloch-Graham advised that the locality working groups had a diverse membership including third sector and carers and he was mindful of the earlier discussion about an advertising campaign to enable representation from service users.

Cllr Haslam enquired how GPs would be involved given they had formed four localities. Mr McCulloch-Graham clarified that everything would operate from 5 localities with input being garnered from the specific GP surgeries within those 5 localities.

Mrs Hamilton enquired if there were any specific financial consequences. Mr McCulloch-Graham commented that he was looking to strengthen the back office function with admin support being sought from within existing resources.

The Chair enquired if the intention was that the locality lead selected to join the IJB would become the service user representative. Mr McCulloch-Graham confirmed that was the intention.

Mr Malcolm Dickson interjected that it had been agreed earlier to undertake a wider approach to service user representation. Mr McCulloch-Graham suggested he could use that wider approach to service user representation to recruit to the locality working groups. Mr Dickson suggested if service users were specifically sought out then it fitted in with the earlier agreed approach.

Ms Linda Jackson commented that the whole point of representation was to improve the input and outcomes for service users and she commented that Mrs Jenny Smith's organisation represented and interfaced with a whole range of different service users and 1 or 2 representatives with a broader base could be gleaned through that route. Mr McCulloch-Graham agreed.

The Chair summarised that in principle the IJB were in favour of increased service user representation on the IJB and were content to have more than 1 service user as a member.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the H&SC Locality Plans and actions should be aligned to CPP themes and outcomes (and also aligned under the 3 H&SC Strategic Objectives).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed each locality had an identified 'Locality Lead', responsible for the planning and delivery of the H&SC actions. It was anticipated that the bulk of those would align under the 'Our health, care and wellbeing' CPP theme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed identified members of IJB Leadership Team be allocated to specific localities. Their role to work with each 'Locality Lead' to plan and deliver the H&SC actions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed an admin resource be put in place to support the Locality Leads and IJB Leadership Team members in the delivery of H&SC actions and activity across all 5 localities and to ensure the coordination of relevant papers and updates for SPG, Area Partnership and CPP meetings.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed all 5 Locality Leads should be members of the Strategic Planning Group (SPG)

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed 1 Locality Lead be selected to represent the others when attending the IJB (that could be on a rotational basis).

Cllr Shona Haslam left the meeting.

The Chair commented that in returning to the matter of the Deputation received earlier in the meeting, given the fact that a decision had been reached in regard to the Locality Working Groups the options available to the IJB were as per the Standing Orders, which were: the issue did not merit further action or the issue could be referred to an Officer.

The Chair proposed that the matter be referred to the Executive Management Team for further discussion in light of the outcome of the Locality Working Groups item. Cllr David Parker seconded the proposal.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to refer the matter of the Deputation to the Executive management Team for further discussion.

10. Scottish Borders Health & Social Care Integration Joint Board Audit Committee Annual Report 2018/19

Cllr Tom Weatherston commented that as Chair of the IJB Audit Committee he felt more comfortable in the role now that he had undergone training and gleaned more experience. He advised that the Committee had always performed well due to the expertise around the table and in moving forward the Committee would be seeking more information to scrutinise and review. He thanked the Committee members for their hard work during the year and also the input of the external lay member.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered the IJB Audit Committee Annual Report 2018/19 (Appendix 1) on the performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose and the assurances therein.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the amended IJB Audit Committee Terms of Reference (Appendix 2) which incorporated the proposed changes set out in the IJB Audit Committee Annual Report 2018/19.

11. Health and Social Care Partnership Performance Management Framework

Mr Malcolm Dickson commented that during development of the framework he was pleased to see there had been a concentration on outcomes and he welcomed any learning about cause of effect through the performance management route.

The Chair commented that at the last national IJB Chairs and Vice Chairs meeting it had looked at a performance outcomes matrix for IJBs.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the performance management framework.

12. Long Term Conditions Update

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

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

13. Dryburgh Development Session Outcomes

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the intended areas of development for the partnership following the Dryburgh event.

14. Quarterly Performance Report

Mr Graeme McMurdo provided an overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved any changes made to performance reporting.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed actions to address challenges and to mitigate risk.

15. NHS Borders Annual Operational Plan 2019-20

Mrs Nicky Berry provided an overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the final draft NHS Borders Annual Operational Plan 2019/20, which would be presented for formal approval to the NHS Borders Board on 27 June 2019.

16. Strategic Planning Group Report

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

Mr Malcolm Dickson enquired about the last bullet point. Mr McCulloch-Graham advised that it referred to a possible facility that was not contained within the acute sector for short term referrals from GPs and whether such a facility could or should be provided by SB Cares or other providers. Such a facility was not available at present.

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

17. Any Other Business

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

18. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Wednesday 14 August 2019 at 10am in Council Chamber, Scottish Borders Council.

The meeting concluded at 12.32.

Signature:
Chair