

Borders NHS Board**STATUTORY AND OTHER COMMITTEE MINUTES****Aim**

To raise awareness of the Board on the range of matters being discussed by various statutory and other committees.

Background

The Board receives the approved minutes from a range of governance and partnership committees.

Summary

Committee minutes attached are:-

- Strategy & Performance Committee: 26.01.12
- Audit Committee: 14.12.11
- Clinical Governance Committee: 08.02.12
- CH&CP: 31.08.11
- CH&CP: 13.01.12
- Area Clinical Forum: 26.09.11
- SEAT: 25.11.11
- Borders Strategic Board: 22.08.11
- CSOG: 20.06.11
- CSOG: 24.10.11
- CSOG: 07.03.12

Recommendation

The Board is asked to **note** the various committee minutes.

Policy/Strategy Implications	As detailed within the individual minutes.
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	As detailed within the individual minutes.
Compliance with Board Policy requirements on Equality and Diversity	As detailed within the individual minutes.
Resource/Staffing Implications	As detailed within the individual minutes.

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary & Executive Assistant		

Borders NHS Board



Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 26 January 2012 at 12.30 in the Board Room, Newstead.

Present:

Mr J Raine	Mr C Campbell
Mrs C Duthie	Mrs J Davidson
Mrs J Edey	Dr R Cameron
Mrs E Cameron	Dr E Baijal
Mr A Lucas	Mrs C Gillie
Dr D Steele	Mrs S Wright
Mrs P Alexander	Mr D McLuckie
Mr J Hammond	Dr C Sharp

In Attendance:

Miss I Bishop	Dr R Murray
Mrs S Errington	Mrs A Wilson
Mrs J Stephen	
Ms N Hall	

1. **Apologies and Announcements**

Apologies had been received from David Davidson, June Smyth, Cllr Sandy Scott, Sheena MacDonald and Hamish McRitchie.

The Chair welcomed Stephanie Errington, Senior Planning & Performance Manager to the meeting who was deputising for June Smyth.

The Chair welcomed Alison Wilson, Director of Pharmacy to the meeting who spoke to the chronic medication service item on the agenda.

The Chair welcomed Jackie Stephen, Head of IM&T and Dr Robert Murray, Ophthalmologist to the meeting who spoke to the eyecare integration item on the agenda.

The Chair welcomed Dr Cliff Sharp, Mental Health Services Clinical Board Chair to the meeting. Dr Sharp advised that Mark Hughes was a newly appointed Consultant in the Learning Disability Service and when appropriate he would accompany him to Board meetings.

The Chair welcomed Miss Nicky Hall, Area Ophthalmology Committee representative.

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 14 December 2011 were approved.

4. **Matters Arising**

Minute 5: Older Peoples Acute Care (OPAC) Pilot Inspection: The Chair advised that the Non Executive Directors had undertaken a training session that morning in relation to patient safety walkrounds.

Minute 8: Key Performance Indicator Scorecard: John Hammond advised that he had attended the national AHP Forum meeting and had agreed with Kathleen Henderson that she would look to ensure there was an AHP representative on the Area Clinical Forum.

Minute 8: Key Performance Indicator Scorecard: Pat Alexander advised that she had raised the issue of psychological therapies with Dr Ross Cameron. Dr Cameron confirmed that he had discussed the matter with Mike Henderson and a meeting was being organised to go through the detail. Pat Alexander commented that other Non Executive Directors were also welcome to join the meeting.

Action Tracker: Item 4: Key Performance Indicator Scorecard: It was noted that this item was now complete.

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

5. **Implementation of Additional Pharmaceutical Services Chronic Medication Service**

Alison Wilson gave an informative presentation on progress with the Chronic Medication Service. She explained that the purpose of the service was to improve the quality, safety and efficiency of medicines use, to benefit patients with continuity of care and help to reduce the wastage of medicines, as well as assist healthcare professionals to improve inter-professional working across all sectors. Mrs Wilson highlighted the various stages in the service implementation and gave a detailed over view of the current status of the service.

The Chair enquired if the service was likely to reduce or increase costs. Alison Wilson advised that other Boards had noted a high increase in growth rate relating to reordering of repeat medicines, however that was not currently being experienced in NHS Borders. She advised that the issues around repeat prescriptions were being worked through nationally. Mrs Wilson further advised that in phase 3 of the project she would be advocating that monthly repeat prescriptions instead of 6-8 week repeats were undertaken.

Edwina Cameron enquired about the benefits and any proposed plans for evaluation. Alison Wilson advised that the chronic medication service had been initially piloted in NHS Fife who were in the early adopter phase.

Dr Ross Cameron advised that GPs saw prescribing as a core part of medical care and saw the interface as a potential source for mistakes. He advised that the only benefit to GPs would be that they would not have to do as many repeat prescriptions.

Julia Edey commented that she was aware of the role of some community pharmacies within care homes in their areas and enquired if the service would have an impact on that relationship. Alison Wilson advised that care homes were currently excluded from the service.

The Chair asked Alison Wilson to comment on the variation in prescribing patterns. Alison Wilson advised that in relation to individual practices it was an issue and work was on-going with those practices to explore and address the reasons behind the variations.

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

6. **Eyecare Integration**

Jackie Stephen and Dr Robert Murray gave an informative presentation on the new way for referrals to the Ophthalmic Department. Dr Murray explained the old pathway for referrals from Optometrist to GP to Consultant and the changes that had been implemented through a new pathway which was a more streamlined process. It was noted that some 37% of referrals could be managed remotely without the need for admission. Two targets had now been introduced for achievement by April 2014, namely that 95% of referrals are done electronically and 95% of Optometrists claims are made electronically. It was noted that funding had been received to assist with those targets.

The Chair enquired about the level of confidence of Optometrists having the appropriate skills. Dr Robert Murray commented that as long as Optometrists provided the required information and good quality pictures safe decisions could be made.

Calum Campbell enquired about the costs associated with ensuring Optometrists had the appropriate electronic equipment to allow them to electronically refer directly to the Consultant. Dr Murray advised that there was only one Optometrist who was operating without email. Nicky Hall advised that it was part of the Optometrists contract to provide information and many had a camera run from a laptop, so they already had the equipment in order to meet the contractual arrangements, however there were no arrangements with regard to Broadband facilities. Jackie Stephen commented that whilst there were funds within the eyecare integration project these were for implementation costs and there was no intention of using those funds for Broadband provision.

Pat Alexander enquired of any cross border issues that might arise. Dr Ross Cameron commented that at present there was a long history of Berwick opticians referring to NHS Borders and he was aware that there were different Opticians Contracts for NHS England and NHS Scotland.

Calum Campbell advised that he would be pleased to meet with Nicky Hall and other Optometrists that worked in England to discuss cross border referrals with them.

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

7. **Reprovision of Sick Children's Hospital Edinburgh: Business Case**

The Chair advised that from the point of view of governance he felt the Board should make a formal decision based on the Outline Business Case that had been received. He advised that as the information was commercially confidential this matter had been discussed at an earlier closed meeting where certain caveats and assurances around costs had been suggested to enable the Board to approve the business case in principle.

Carol Gillie advised that the Outline Business Case (OBC) for the reprovision of the Sick Children's Hospital Edinburgh (RSCHE) and the Department of Clinical Neurosciences (DCN) had been given at the Board Development & Strategy session held on 19 January. She advised that the OBC set out a plan to develop a joint building to reprovide services on the Royal Infirmary of Edinburgh campus. It was anticipated that the scheme would be delivered using the Non Profit Distributing revenue funded model with reprovided services being fully operational in 2017/18.

She further advised that NHS Lothian were keen to ensure support from partnership organisations in principle in order for them to progress the OBC submission to their Board for approval. She advised that there would be an additional cost of £450k that had been anticipated and was included in the NHS Borders financial plan.

Calum Campbell advised of the caveats suggested and that they would be included in the letter to NHS Lothian advising of NHS Borders support in principle to the scheme. The caveats were that the costs within the Final Business Case would not alter significantly and that the financial discussions regarding 2011/12 would be expected to be concluded by the end of February 2012.

Adrian Lucas enquired about ownership of the new building. Carol Gillie advised that at the end of the lease period the ownership of the building would revert to NHS Lothian.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the update on the reprovision of RHSC and DCN.

The **STRATEGY & PERFORMANCE COMMITTEE** supported in principle the financial model in the NHS Lothian OBC for the reprovision of RHSC and DCN.

8. **Purchase of Land for proposed Community Health Centre, Lauder**

David McLuckie advised that NHS Borders had followed the mandatory requirements of the Property transactions handbook, in appointing and taking specialist advice from Legal and Property Advisors. In addition the Scottish Government Accountable Officer had been informed of the unusual nature of this proposed transaction. Market valuation of the land had been established, as had the extent of investment required by Scottish Borders Council on behalf of the Common Good Trustees, to ensure the successful relocation of the Children's Play Park. All alternatives to the Crofts Road site had been explored and discounted as viable options in NHS Borders search for a suitable location for a new and much needed Community Health Centre. The favoured option was a development on the Crofts Road site which if procured during the coming financial year would be complete by 31 March 2013.

Calum Campbell advised that he was supportive of pursuing the Crofts Road site and that Scottish Borders Council would ensure a new play park facility for the community was provided. He further advised that should the Crofts Road site not be viable there was no opportunity to proceed with the capital spend in the next financial year.

Pat Alexander enquired if it was legally competent to transfer money from NHS Borders budget to Scottish Borders Council to use on a play park facility. Calum Campbell advised that Scottish Borders Council had placed a premium on the land in question and had committed to use that premium to fund the provision of a new play park for the local community. He advised that it was quite lawful for Scottish Borders Council to place a premium on the land and for NHS Borders to have to pay the premium on the only site that appeared viable to NHS Borders at this point in time.

Catherine Duthie enquired of the up to date position with the Protect Our Greenfield Sites (POGS) group. Calum Campbell advised that the group were still quite vocal and courting publicity. He suggested that they would continue to oppose the project and might seek a Court hearing which could potentially lead to a delay that would collapse the project.

Dr Eric Baijal commented that at the public full Council meeting held the previous month approval had been given for the sale of the Crofts Road site and reprovision of the play park.

Calum Campbell advised that it had been agreed that a ballot of the Factors Park GP Practice over 18 year old patients be taken on the location of the proposed new Health Centre. He advised that whilst a ballot was not legally binding, morally and ethically NHS Borders would have to abide by the outcome and if it were to refuse the Crofts Road site then the capital funding for the project would have to be returned to the Scottish Government.

Julia Edey enquired about negotiation with Scottish Borders Council around the premium that had been placed on the land. Calum Campbell advised that negotiation of the premium had been undertaken and a reduction in the premium had not been achieved.

Pat Alexander enquired if Scottish Borders Council would benefit from the new Health Centre through utilization of the space ie a social work office. Mr Campbell advised that Scottish Borders Council would not be locating any services within the Health Centre.

Adrian Lucas enquired about further details regarding the ballot. Calum Campbell advised that POGS had objected to using the GP Practice population for the ballot as opposed to the wider Lauderdale population. He further advised that the ballot was based on the one issue of location of new Health Centre and was being carried out in accordance with good electoral governance.

John Hammond enquired about the cost of the ballot. Calum Campbell confirmed that it was in the region of £2,000-£3,000.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the work undertaken in establishing that there is no alternative site within the town of Lauder for a new Community Health Centre.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the value placed on the land alone for the favoured site.

The **STRATEGY AND PERFORMANCE COMMITTEE** approved the premium to be paid in addition to market value which recognised the need to relocate the exiting Children's Play Park

9. **A 20:20 Vision for NHS Borders**

Stephanie Errington outlined the amendments to the current draft 20:20 vision for NHS Borders advising that it remained consistent with the national strategic narrative.

Julia Edey suggested that as the document would be in the public domain following the Board meeting being held in March some of the bullet points might be further explained and/or rephrased.

Catherine Duthie suggested with regard to the mental health section there may be other developments that could be incorporated for example to dementia and other projects.

Dr Doreen Steele enquired about the reduction in the footprint of the organisation. Stephanie Errington advised that it referred to the Estates strategy and would be amended to be more meaningful in the final version of the document.

Dr Doreen Steele commented that the paper was excellent however she was concerned about building quality capacity into care homes to take on additional people within the community.

Pat Alexander sought more explanation for the public around the wording “when hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm.”

The Chair highlighted that the Scottish Government 20:20 vision was across three pages and was quite a simple message about how NHS Scotland would be moving forward between the present and 2020. He suggested that in making the 20:20 vision a localised document for public consumption it could be simpler and shorter and should ensure it did not contain the institutionalised terminology frequently used by the NHS that was unknown to the general public.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the draft document.

10. **Draft Local Delivery Plan 2012/13**

Stephanie Errington updated the Board on the 2012/13 Local Delivery Plan (LDP) advising that the first draft would be submitted to the Scottish Government by 17 February 2012 with a final version submitted by 16 March 2012 subject to Board approval.

Mrs Errington advised that the draft LDP had been discussed at the recent Board Development & Strategy session held on 19 January and she thanked the service managers and clinicians who had engaged in the process for their contributions. She advised the Board of the 14 targets under the HEAT banner which included some new targets, namely cancer diagnosis, antenatal care, reduced delayed discharges and single outcome agreement between NHS Borders and Scottish Borders Council.

The Chair sought clarification on the capacity of the mental health service to deliver faster access to treatment for psychological therapies from December 2014. Dr Cliff Sharp advised that much work had been done with regard to access to psychological therapies over the past few years. He advised that the main difficulty had been in the definition of psychological therapies and whether these should be provided as per a full text book course or whether a variety of the techniques were required to assist some patients.

Dr Sharp commented that work was currently on going in respect of capacity planning, new referral rates, training needs and job planning. He advised that waiting times for psychological therapies had

reduced with all patients seen within 9 weeks and one of the mental health community teams had fully integrated psychology staffing within their team.

Dr Doreen Steele enquired if a risk score could be added at each section to focus in on performance. Stephanie Errington advised that the template for the report was a formal template set by the Government. Mrs Errington suggested adding in a risk score section to the performance elements for the Board to review after its formal submission had been made.

Julia Edey enquired about the current status of the Single Outcome Agreement (SOA). Stephanie Errington advised that with regard to the SOA the organisation was required to submit this on an annual basis to the Scottish Government. The refresh of the SOA had been coordinated by the local authority and there had been no formal guidance received on how that was to be taken forward, ie producing a new document, changing the format, etc. Julia Edey enquired if the SOA had been submitted to the CH&CP Board for discussion and Stephanie Errington advised that it had not. Julia Edey requested that it become part of the CH&CP Board future business.

Dr Doreen Steele suggested the narrative could be expanded to include items such as Borders women's aid, etc. Stephanie Errington welcomed any further input to the narrative content.

Dr Eric Baijal updated the Board with regard to the current plethora of screening programmes that had been introduced in respect of cancer services.

Dr Cliff Sharp drew attention to the improvements that had been made in the drug and alcohol service advising that it was performing well against national targets and would continue to progress further. Within CAHMS he advised that there were very few waits over 26 weeks and the move to 18 weeks was being progressed. He further advised that staffing levels were appropriate and the wording of that section of the report would need to be amended.

Edwina Cameron reminded the Board that the document had been circulated for wider comment and as Stephanie Errington had advised earlier would be refined further.

The **STRATEGY AND PERFORMANCE COMMITTEE** reviewed the draft Local Delivery Plan for 2012/13 and agreed to provide feedback to the Interim Director of Workforce & Planning by Friday 3rd February 2012.

11. **Financial Monitoring Report for the 8 month period to 30 November 2011**

Carol Gillie detailed the financial position to 30 November 2011 advising that the Board was reporting expenditure of £1.6m greater than budget. She advised that this was linked to the continuing trend in external health care providers and prescribing and that those adverse movements were factored into the year end forecast position.

Mrs Gillie advised that the main focus of the capital works during 2011/12 continued to be the Jedburgh Health Centre scheme and the current forecast was that NHS Borders would achieve its capital resource limit.

Mrs Gillie further reported that at the end of November some £5.3m of savings had been delivered of which £1.9m was non recurring. She reminded the Board that the total estimated savings challenge for 2011/12 had been £8.6m which was unlikely to be achieved. However with the continued use of the

contingency fund and control measures that had been introduced to offset overspends and cover potential shortfalls in the savings programme she continued to forecast a breakeven position.

Adrian Lucas requested an update on sale of properties. Mrs Gillie advised that the Priorsford property disposal would not occur until May 2012, which meant the sale proceeds would be submitted to NHS Scotland for the national capital budget. She further advised that the Broughton property sale transaction would be complete before the end of March 2012 and the proceeds from that sale would be retained by NHS Borders.

Julia Edey noted the new SEAT Eating Disorders Unit at St Johns was now operational and she enquired if the use of private facilities would now be withdrawn. Dr Sharp advised that St Johns contained a 12 bedded unit and would begin to admit clients from 5 February 2012. He confirmed that the private facilities would no longer be utilised for adult eating disorders clients. Dr Sharp confirmed that an agreement was in place with regard to sharing costs of the St John's unit whereby costs were allocated according to usage and any vacant bed costs were shared out equally amongst the SEAT Boards. Dr Sharp further advised that although the unit was primarily for adult eating disorders clients the admission of 16 and 17 year old clients would be discussed on an individual case by case basis with access to the Young People's Unit (YPU) for adolescents remaining available.

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

12. **Key Performance Indicator Scorecard**

Stephanie Errington highlighted the organizations latest performance towards local efficiency and productivity measures, including length of stay targets in the Borders General Hospital and community hospitals; reduction in waiting times in mental health; audiology waiting times; reduction in the adult dental DNA rate. Mrs Errington further highlighted performance areas that were outwith target including AHP waiting times again over 9 weeks for a first appointment; out patient DNA rate in excess of 4%; child dental DNA rate above target; and the collection of and application of national and local data in respect of CAMHS waiting times.

Adrian Lucas enquired about progress with AHP waiting times. Jane Davidson advised that lots of work had been undertaken with regard to demand and capacity, standardizing reviews, standard clinical templates, clinical supervision, etc for physiotherapy services. In terms of current waiting lists locum support was being provided and she was confident that physiotherapy services would move to 9 weeks waiting times by the end of March 2012.

Calum Campbell commented that challenges remained in respect to dietetics and he noted the positive progress that had been made in regard to podiatry services.

Adrian Lucas enquired if there was any support that could be offered through the Audit Committee. Julia Edey commented that previously the Audit Committee had discussed the issue of 21 week waits for physiotherapy services and noted that progress had been made since then and the service was moving in the right direction.

Pat Alexander enquired if there were any specific staffing issues in the physiotherapy service. Jane Davidson advised that sickness absence and vacancy issues were being worked through.

The Chair noted that the Mental Health Service scored both well and then poor on waiting times and commented that length of stay appeared to be the main issue. Dr Cliff Sharp commented that the service was working with the Planning and Performance Directorate regarding waiting times issues as well as addressing the provision of beds and admissions and discharges in small units which lead to a distortion in length of stay statistics.

Dr Doreen Steele enquired why the podiatry service performed so well compared to other AHP services. Calum Campbell advised that several actions had been taken in regard to the podiatry service including a tightening up of the criteria, review of skill mix, standardised approach, standardised templates, etc. He advised that the podiatry service had been the first AHP service to go through such a review and consequently was now performing well.

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

13. Any Other Business

Medical Director: Dr Ross Cameron advised the Board that after 9 years he had decided to take early retirement this summer.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the item.

Dementia: John Hammond advised the Board that at a recent Area Clinical Forum meeting a discussion had taken place regarding the national Dementia target. He advised that it had been suggested that the organisation may not achieve the target and a support unit from the Scottish Government could be invited into the service to assist with performance in that area.

Calum Campbell commented that he was aware that the organisation would not achieve the Dementia target by the deadline of end of March, however he was confident that progress was being made and it would be achieved after March. With regard to inviting support from the Government to achieve the target, he advised the Board of what this would entail and confirmed that it would have a financial impact on the organisation.

Dr Cliff Sharp commented that he did not think the service had an accurate understanding of why it would miss the target. He suggested that either there were fewer within the population with dementia or alternatively case of dementia had not been picked up. With regard to prescribing figures Dr Sharp advised that NHS Borders was the second lowest in the country for prescribing anti dementia drugs and suggested that there could be a correlation of expectation.

Jane Davidson surmised that a support team from the Government in regard to this target would probably be lead by Ruth Glassborough, who had visited the mental health service the previous year to assess if there was anything the service was not doing and there had been nothing highlighted.

Mrs Davidson advised that at the Mid Year Review meeting with the Scottish Government the organisation had been asked to continue to do all it could to achieve the target, and she had been unaware that other Boards did not have a problem in achieving the target.

Mrs Davidson advised that she did not think it was a GP issue and suggested that the impetus to achieve the target had been placed at the wrong point in the year. She suggested that if there was a desire to have a support team intervention then that should be discussed post target.

Dr Ross Cameron further commented that the Scottish Borders GPs were amongst the highest QOF scorers in the country and queried the suggestion that local GPs were not being diligent in recording Dementia when their system for the QOF as a whole were clearly working efficiently.

The Chair suggested that the conversation was drifting into the area of operational management which was a matter for the Chief Executive and the Executive Team to address.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the discussion.

The Chair advised the Committee of the sad death of a member of staff. He advised that the Chief Executive had sent a letter of condolence on behalf of the Board.

The **STRATEGY AND PERFORMANCE COMMITTEE** noted the item.

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

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 29 March 2012 at 12.30 in the Board Room, Newstead.

The meeting concluded at 3.00pm.



Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Wednesday, 14th December 2011 at 2 p.m. in the Board Room, Newstead.

Present: Mrs J Edey (Chair)
Mr A Lucas
Dr D Steele

In Attendance: Dr E Baijal, Joint Director of Public Health (Item 7.2)
Mr Michael Lavender, Audit Senior, Scott-Moncrieff
Mr M Campbell Smith, Audit Manager
Mr D Davidson, Non Executive Director
Mr D Eardley, Audit Manager, Scott-Moncrieff
Mrs B Everitt, Personal Assistant to Director of Finance
Mrs C Gillie, Director of Finance
Mr G Ironside, Senior Health Information Manager (Items 6.6 and 7.1)
Mr A McLean, Acting Senior Finance Manager
Mr D McLuckie, Director of Estates & Facilities (Items 6.3 and 6.4)
Mrs L Paterson, Resilience Manager (Item 7.4)
Dr T Patterson, Consultant in Public Health Medicine (Item 7.4)
Mrs J Smyth, Interim Director of Workforce & Planning (Item 7.3)
Mr D Woods, Chief Internal Auditor
Mrs S Wright, Director of nursing & Midwifery (Item 6.5)

1. **Introduction, Apologies and Welcome**

Julia Edey welcomed those present to the meeting. Apologies were received from Gordon Young, Chris Brown and Susan Swan.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting: 21st September 2011**

The minutes were approved as an accurate record.

4. **Matters Arising**

Julia Edey referred to item 5.5 of the previous minutes regarding the timing of the pharmacy data and asked if a letter had been issued highlighting these concerns. Andy McLean advised that there had been e-mail correspondence but not a formal letter.

- *Action Tracker*
Item 6.2 (National Information Technology Service) and Item 6.3 (Financial Management System Computer Services 2010/11) – Andy McLean advised that the Audit & Risk Committee of NSS have met and confirmed that the outstanding actions from these reports will be complete by the end of December 2011.

The Committee noted the action tracker and updates.

5. Fraud & Payment Verification

5.1 *CFS Proactive Plans 2011/12*

Julia Edey advised that due to unforeseen circumstances Gordon Young was unable to attend the meeting. Julia added that Counter Fraud Services would be attending the Board Development session on 16th February 2012.

5.2 *National Fraud Initiative - Update*

Andy McLean reported that Audit Scotland guidance has been reviewed and discussions had taken place with Scott Moncrieff where it had been agreed that a summary review per match area would be undertaken. It was noted that summary recommendations would be routinely submitted to the Audit Committee.

Andy went on to give an update on two local cases. It was noted that the case concerning the theft of podiatry equipment would not be taken forward by the police due to insufficient evidence. Andy advised that stock control measures have since been improved. The other case about an individual fraudulently claiming travel expenses was currently being taken forward as an internal disciplinary case.

The Committee noted the update.

5.3 *CFS Quarterly Report to 30 September 2011*

Andy McLean spoke to this item. Andy advised that a number of frauds were linked to timesheets and gave an update on the interim measures in place within NHS Borders until SSTS is fully rolled out. Andy also highlighted that the eLearning package would be available to all Health Boards by the end of the current financial year.

The Committee noted the report.

5.4 *CFS Intelligence Alert*

- *2011/09*

Andy McLean spoke to this item which was an alert about a bank account fraud of NHSScotland creditors. Andy confirmed that relevant controls are in place and there have been discussions with Accounts Payable and Procurement to remind them to be vigilant in this area. Carol Gillie gave assurance that these alerts are taken very seriously within the Finance Department.

- *2011/10*

Andy McLean spoke to this item which was an alert about national identity fraud prevention week. Andy confirmed that this had been distributed as required within NHS Borders and in terms of governance arrangements was consistent with local Board policies.

The Committee noted the alerts.

5.5 *Payment Verification Report to 30 September 2011*

Andy McLean spoke to this item. Andy gave feedback on the timings of the information received for Pharmacy where it was noted that it takes two months for the payments to be received and then further time for the payment verification process. Andy advised that these timings are the same for all Health Boards and that Audit Scotland have approved these.

The Committee noted the report.

5.6 *Medical Payment Verification Report to 30 September 2011*

Andy McLean spoke to this item and advised the Committee that there were no areas of concern. Carol Gillie advised that a review of reporting will be undertaken.

The Committee noted the report.

5.7 *CEL(2011)24 – Payment Verification Procedures – October 2011*

Carol Gillie reported that revised procedures had been issued in October 2011 with a request that the Audit Committee have sight of the revised protocol. Carol advised that P&CS are taking this forward and that this is being led by Costas Kontothanassis. Julia Edey referred to page 14 about QoF now being paid on a voluntary basis and assumed that all practices would be participating. Carol confirmed that all practices would participate in this. Julia also referred to page 34 about Boards organising appropriate level of assurance for individual QoF claims. Carol replied that this is not a national decision and that the Board Executive Team oversees the whole verification process for the award of QoF points. Julia made reference to arrangements being discussed with External Audit and asked if Scott-Moncrieff would be reviewing this. David Eardley confirmed that they would be looking at the overall process.

The Committee noted the updated protocol.

6. **Internal Audit**

6.1 *2011/12 Internal Audit Plan Progress Report*

David Woods reported that the plan was on track and progressing well. Julia Edey enquired if there had been any issues this year around contingency days. David advised that no issues had arisen as anything further that had been required had been slotted within the allocated days.

The Committee noted the report.

6.2 *2012/13 Draft Internal Audit Plan*

David Woods spoke to this item. David advised that an audit universe had been used to prepare the draft plan and this detailed the titles and scopes of all potential audits. The audits had then been risk rated and scores from these allowed audits to be prioritised as high, medium or low. David highlighted that the audit of Property Transactions was mandatory as well as some audits being suggested by managers. It was noted that in drafting the plan meetings had taken place with Directors and the Chair of the Audit Committee. The draft plan had then gone to the Board Executive Team for discussion prior to being brought to the Audit Committee for comment and approval. David Davidson asked for clarification on why there was a gap of two years on audits that had a requires improvement rating. David Woods advised that the risk is weighed up to determine what is a higher priority and reminded that assurance can be sought from the follow-up process that is undertaken by the Finance Department. Doreen Steele commented that she was pleased to see a spread of the audits across a variety of executive leads. Carol Gillie asked if Scott Moncrieff would be liaising with Internal Audit to ensure that there is no duplication of the audits undertaken. David Eardley confirmed that this approach would be undertaken. Julia Edey commented that an audit on revalidation of medical staff registration may be appropriate at some point due to this being linked to appraisals. Martin Campbell Smith referred to discussions with the Medical Director and advised that this had been suggested as an audit for a future year.

The Audit Committee approved the audit plan for 2012/13.

6.3 *Internal Audit Report – Hospital Laundry*

Martin Campbell Smith introduced this report that had an overall satisfactory rating. Martin reported that there are reasonable controls in place over most of the laundry function and that the operation is well organised with trained laundry staff. However, there was concern that the preventative planned maintenance (PPM) programme for laundry equipment had fallen significantly behind schedule (issue 1) and the health and safety risk assessments were not being updated regularly (issue 2). Martin also highlighted that the prices charged for commercial laundry services have not been formally reviewed for 3 years (issue 3) and the instructions for segregating laundry items are unclear and inconsistent (issue 4). It was also noted that the level of soiled or infected linen bagged incorrectly is not reducing (issue 5). Adrian Lucas advised that the issue around infected linen is being picked up by the Clinical Governance Committee. David McLuckie advised that issue 1 had been due to sickness and the schedule is now being caught up. David gave assurance that everything is back in line for issue 2. For issue 3 it was noted that at

June 2011 the laundry was still making a profit and gave assurance that costs would be reviewed. David confirmed that for issue 4 new instructions and a flowchart have been issued within the BGH and Community. David suggested that for issue 5 a bag of soiled linen could be noted as one instance. Martin advised that the recommendation is to record every item as an incident and it was felt more appropriate for Infection Control to provide guidance on this.

Doreen Steele referred to PPM and questioned if it was practical to have this as there had been only 1 breakdown since April 2011. David confirmed that he would be looking into this.

The Committee noted the report.

6.4 *Internal Audit Report – Vehicle Fleet Management*

Martin Campbell Smith introduced this report that had an overall satisfactory rating. Martin reported that reasonable controls are in place and oversight is provided by the Transport Manager. Martin highlighted that no eligibility requirements have been set for leased pool cars and clearer business cases are required (issue 1). Martin advised that vehicle logs are not always completed or checked (issue 2) and there is the potential to misuse fuel accounts (issue 3). It was also noted that driving licence checks are not being undertaken annually (issue 4). David McLuckie referred to issue 1 and advised that the Transport Manager and Car Leasing Manager are now working together to produce a business case around this issue. It was noted that the Transport Policy is being developed and should be complete by the end of January 2012. For issue 2 it was noted that a new log sheet is being developed for all users and it is hoped to have this up and running by the end of the financial year. David confirmed that the frequency of random checks has been increased in respect of issue 3 and for issue 4 the Finance Department are issuing e-mails asking people to submit their driving licences and this will now be undertaken on a rolling programme.

The Committee noted the report.

6.5 *Internal Audit Report – Child & Adult Protection*

Martin Campbell Smith introduced this report that had an overall satisfactory rating. Martin reported that an adequate framework is in place. Martin advised that they only audited NHS Borders' aspect of the multi-agency function. Martin highlighted that information sharing is governed by a multi-agency data sharing protocol and that there is good collaboration with Scottish Borders Council. Martin then went over the issues that had arisen, namely health records may not be marked appropriately to identify children on the Child Protection Register (issue 1), adults at risk are not flagged on patients' electronic health records (issue 2) and delays can occur in receiving child protection alerts from Scottish Borders Council (issue 3). Sheena Wright confirmed that issue 1 has been implemented and monthly audits are being undertaken for the first year to ensure processes are working effectively. For issue 2 it was noted that interim arrangements will be in place from 1st January 2012 and a flow chart is being issued this week to ensure everyone is aware of the arrangements from this date. Sheena advised that from June 2012 clinicians would be able to input and change adult status on the system and that Isabel Swan would be the lead on this. It was noted that Isabel would be meeting on a monthly basis with Scottish Borders Council to cleanse the data. Sheena confirmed that this included acute, mental health and primary care. Sheena advised that electronic communication was now being used for issue 3.

The Committee noted the report.

6.6 *Internal Audit Report – Private & Overseas Patients*

Martin Campbell Smith introduced this report that had an overall requires improvement rating. Martin advised that not all processes and procedures are being followed. Martin reported that consultants do not appear to have received the required authorisations for doing private work (issue 1) and that private patients are not always being identified on TRAK (issue 2). Martin then went on to outline the process for identifying overseas visitors and highlighted that those liable to pay for treatment are not always being identified (issue 3). It was noted that costs passed to Finance for treating private patients are not correct or complete (issue 4) and that debts

can remain outstanding for a significant period of time (issue 5). Martin advised that the procedures for private and overseas patients were out of date (issue 6). Martin highlighted that there is no debt collection agency in place to pursue overseas visitors but highlighted that Health Boards can apply to the Department of Work and Pensions (DWP) from countries with reciprocal arrangements to try and recover the costs of treatment for non-labile overseas visitors. Martin clarified that any costs recovered would go to DWP and not the individual Board. George Ironside referred to issue 1 and confirmed that this is being followed through and that a letter was sent out immediately after the audit report was received. Doreen Steele asked for confirmation of limitations on the new Consultant's Contract around private patient work. Carol Gillie agreed to check this and e-mail the findings around the Committee. George referred to issue 2 and advised that a further reminder will be issued in March 2012 as the procedure will not be finalised until then. George explained that issue 3 is a challenge in terms of identifying overseas visitors as this is incredibly complex and advised that there is no income recovery if the patient is not flagged as a potential overseas visitor. It was noted that staff involved in reception and at ward level have been reminded of the questions and the importance of these being asked. Carol referred to issue 4 and advised that they were unable to provide any further information due to long-term sickness of a key individual within the Commissioning Team. Carol confirmed that for issue 5 the process would need to be reviewed should there be more income generated due to this audit. George confirmed that for issue 6 the procedures were being updated. Julia Edey highlighted the amount of work required in this area and felt that it was one to keep alert to via the follow-up reports submitted to the Committee. Andy McLean agreed to provide particular focus on this area within the report.

The Committee noted the report.

7. Governance and Assurance

7.1 Mid Year Update - Information Governance

George Ironside spoke to this item. George referred to the Freedom of Information (FoI) requests and reported that the maximum income raised in providing an FoI response is £50. George went on to stress the huge drain that these requests have on public resources. George also commented on the Privacy Breach Protection Project and advised that this is progressing well and is on target for going live at the end of December 2011. George highlighted that this system will give the public reassurance that their case notes are dealt with appropriately. David Davidson referred to the storage of records and enquired if scanning had been looked at to store notes electronically. George replied that this had been looked into but had been found to be quite expensive, however as the use of electronic records increase this would see a reduction in paper notes. Julia Edey asked about the NHS Borders Code of Practice for Information Governance which was noted as 53% of staff having completed the confidentiality statement. George advised that this is part of mandatory training and is looking to achieve 100%.

The Committee noted the report.

7.2 Mid Year Update – Risk Management

Eric Baijal spoke to this item. Eric reported that all Clinical Boards have mechanisms in place for identifying risks and advised that those of a high level are escalated to the Risk Management Board for appropriate action. Eric highlighted that all red risks are discussed at Clinical Board performance review meetings and gave assurance that processes are in place and are working effectively. Eric explained that there have been issues around the recording of incidents on Datix and that staff are being encouraged to make good use of this system. Julia Edey commented that in the past apologies were submitted to the Risk Management Board on a regular basis from the Clinical Boards. Eric replied that at the first meeting he chaired he found that there had been attendance from all the Clinical Boards. Carol Gillie added that attendance at these meetings has improved over the previous 6 months.

The Committee noted the report.

7.3 *Board Development Session on Risk - Update*

June Smyth spoke to this item. June reported that the Board Executive Team (BET) had reviewed the list of 30 strategic risks and agreed 8. June added that the Board, at its meeting earlier in the day, had asked for number 7 to be reworded to make it more meaningful. June made reference to Appendix 2, which was still in draft format, and advised that BET will discuss this and complete before being submitted to the March Strategy & Performance Committee for approval. It was noted that the paper will also detail the review arrangements. June advised that discussions would also be taking place to look at integrating risk with the Health & Safety function. Julia Edey commented that she would not like to lose sight of risks 9 – 30. Doreen Steele and David Davidson reiterated this point. June agreed that she would feed this comment into the discussion with BET. June added that the Board had asked for number 7 to be reworded to make it more meaningful.

The Committee noted the progress on the Risk Register.

7.4 *Resilience Committee Work Plan 2011/12*

Lorna Paterson spoke to this item. Lorna advised the Committee of the background to the development of the work plan. Lorna reported that she has asked if there are any services which require plans to be developed and advised that scorecards have been drafted and will be presented at the Clinical Board performance reviews. Lorna explained that the current issue is with the severe weather and confirmed that this plan has been completed and the Transport Office has been set up following the episode of bad weather the previous week. Julia Edey commented on the work plan being a very comprehensive document and was extremely pleased that it had come to fruition. David Davidson noted his thanks to all staff within the team in producing the work plan and stressed that Clinical Boards now have a responsibility to keep it going. Lorna highlighted that there is no room for complacency as there is still much more to do in terms of business contingency and emergency planning. It was noted that the plan would be refreshed on an annual basis and would be brought to the Audit Committee for approval. It was further noted that in addition to the work plan there is a training and exercise plan. Tim Patterson stressed that everyone has responsibility for business continuity and this is now seen as a key part within the Clinical Boards. David Davidson added that when a member of the Resilience Committee is unable to attend a meeting a fully briefed substitute is requested to attend. Doreen Steele commented that it was an excellent document which was very well laid out and that she was pleased to see the whole organisation being involved.

The Committee approved the Resilience Committee Work Plan for 2011/12.

7.5 *Annual Review of the Code of Corporate Governance*

Carol Gillie spoke to this item. Carol advised that the recommendations within the report followed a meeting of the Code of Corporate Governance Steering Group. The Committee went through the list of recommendations and made some minor amendments to these.

Julia Edey referred to a query she had raised at the Remuneration Committee about Non Execs Chairing the panel for Consultant Medical Staff and advised that as regulations have changed it would be useful to have the revised regulations within the Code of Corporate Governance.

The Committee approved that the NHS Borders Code of Corporate Governance is updated with the recommendations proposed and the further ones discussed.

The Committee recommended to NHS Borders Board that the reviewed Code of Corporate Governance is approved.

7.6 *Audit Follow-Up Report*

Andy McLean spoke to this item. Andy reported that progress continues to be made and went over the outstanding recommendations from Internal Audit, External Audit and the Statement on Internal Control. It was noted that a letter had been issued from the Director of Finance formally

requesting confirmation that all outstanding audit recommendations are being addressed as well as providing a revised timescale for implementation.

The Committee noted the report.

7.7 *Debtors Write-Off Schedule*

Andy McLean spoke to this item. Andy highlighted that the debts written off were substantially lower than that in previous years.

The Committee noted the report.

7.8 *SFR 18 Losses and Compensations*

Andy McLean spoke to this item. Andy reported that there was nothing substantial to be drawn to the Committee's attention and that it was consistent with previous years.

The Committee noted the report.

8. **External Audit**

8.1 *External Audit Plan 2011/12*

David Eardley introduced this item. David E took the Committee through the plan and highlighted various sections of interest. David E explained that they are keen to work with Internal Audit and have had discussions with David Woods and his team. David E referred to the key priorities and risks section where it was noted that a planning tool had been issued by Audit Scotland in November which would help identify the key issues that might have an impact on the audit. David E advised that discussions have taken place with the Director of Finance and Senior Finance Team on which toolkit to use for Best Value and that they would be mindful of what has been applied previously. Discussions had also taken place around year end accounting judgements. David E highlighted that CLO continue to advise that equal pay remains a contingent liability. It was noted that work on governance arrangements commenced at the initial planning visit and that there was nothing adverse to report at this stage. David E advised that a range for the audit fee had been issued from Audit Scotland in the last few days and highlighted that this was down by 9.8% for the NHS. Carol Gillie confirmed that she would be negotiating the fee paid to Scott Moncrieff. David Woods referred to the reference made about placing reliance on Internal Audit and undertaking a review of this service. David W advised that Audit Scotland have undertaken this in the past and the previous External Auditors have placed reliance on this rather than duplicating the work. David E confirmed that they would be happy to continue with this arrangement.

The Committee noted the External Audit Plan for 2011/12.

8.2 *Audit Scotland Report: Scotland's Public Finances – Addressing the Challenges*

Carol Gillie spoke to this item. Carol advised that the report had gone to the Risk Management Board where it had been requested that the Audit Committee had sight of this. Carol highlighted that this was a snapshot in time that addressed the challenges faced within the public sector.

The Committee noted report.

9. **Annual Accounts 2011/12**

9.1 *Mid Year Accounts 2011/12*

Andy McLean spoke to this item. Andy reported that a full review of all significant balances and accruals had been undertaken as well as looking at annually managed expenditure. Carol Gillie provided the Committee with assurance that these are looked at throughout the year.

The Committee noted the mid year accounts for 2011/12.

10. **Items for Noting**

10.1 *Minutes of Risk Management Board: 16th August 2011*

Julia Edey referred to the item on the windows at the BGH and highlighted that since the meeting had taken place there had been a fatality within NHS Fife. Julia felt that it would be worthwhile getting costs for the areas of concern within the BGH. Carol Gillie advised that David McLuckie was looking into this and agreed to remind him around the urgency of this.

The Committee noted the minutes of the Risk Management Board.

10.2 *Minutes of Information Governance Committee: 6th September 2011*

No issues were raised within the minutes.

The Committee noted the minutes of the Information Governance Committee.

10.3 *Technical Bulletin 2011/3*

Carol Gillie spoke to this item. Carol highlighted the update on the consolidation of NHS charitable funds and the likelihood that this will not be applied until 2013/14. Andy McLean added that a sub group is being set up nationally to look at the technical accounting for this.

The Committee noted the Technical Bulletin.

11. **Any Other Business**

None.

12. **Date of Next Meeting**

Tuesday, 20th March 2011 @ 2 p.m., Board Room, Newstead.

BE
10/1/12

Borders NHS Board Clinical Governance



Minutes of a meeting of the Borders NHS Board's Clinical Governance Committee held at 2.00 pm. on Wednesday 8th February 2012 in the Boardroom, Newstead

Present

Members

Mr Adrian Lucas	Non-Executive Director (Chair)
Dr Doreen Steele	Non Executive Director
Mr David Davidson	Non Executive Director

Attendees

Dr Ross Cameron	Medical Director
Mrs Karen McNicoll	Head of Clinical Governance and Quality
Mr Sam Whiting	Infection Control Manager
Mrs Sheena Wright	Director of Nursing and Midwifery
Dr Tom Cripps	Associate Medical Director for Clinical Governance

Mrs Alison McHutchison (Minute)

1 WELCOME AND APOLOGIES

Mr John Hammond	Non-Executive Director
Dr Alan Mordue	Consultant in Public Health
Mr Andrew Leitch	Public Involvement Representative

2 STANDING ITEMS

A Minutes of Previous Meeting held on 16th November 2011

The minutes of 16th November were agreed as an accurate record of the meeting.

B Action Tracker and Matters Arising

The action tracker was noted and updated.

3 PATIENT CENTRED CARE

A Inpatient Survey Update

Mrs Karen McNicoll informed the Board Clinical Committee that this national initiative on current activity related to Better Together activities in NHS Borders is progressing with an anticipated 800/900 sample size of surveys being issued. These surveys were due to be disseminated on 7th February 2012. She confirmed that robust checks have been put in place nationally to ensure no families of deceased people have been contacted. There is still uncertainty with regard to contacting cross-border patients given that similar robust checks cannot be put in place regarding whether these patients have deceased. The Board Clinical Governance Committee noted this update.

**B Mental Welfare Commission Publication
(Not Properly Authorised – Audit Results)**

Mrs Karen McNicoll discussed this update and confirmed that that Mental Health Clinical Governance will be taking an oversight on this report and will report back at a later date to the Board Clinical Governance Committee. The Board Clinical Governance Committee noted this update.

C Advocacy

Mrs Karen McNicoll reported on this review of independent advocacy provision being undertaken in conjunction with Scottish Borders Council and a Joint Agency Planning Group is now looking at these findings. She remarked that the Public Governance Committee will be overseeing this initiative with Mr Stephen Bermingham leading this initiative for NHS Borders. The Board Clinical Governance Committee noted this update.

D Complaints

Mrs Karen McNicoll discussed this monthly report and updated on the various issues that have arisen. She updated on the LEAN redesign process that has been undertaken looking at improving services and measurements of statutory requirements for feedback on complaints. Dr Doreen Steele queried the figures related to service change and Mrs Karen McNicoll gave a brief feedback on the reasons behind this issue. She also queried complaints under another category. Mrs Karen McNicoll agreed to provide additional feedback to Dr Doreen Steele. The Board Clinical Governance Committee noted this report.

4 PATIENT SAFETY

A Falls Prevention Exit Strategy

Mrs Karen McNicoll remarked that an update on this item would follow the Clinical Governance Steering Group. Mrs Karen McNicoll agreed to update the Board Clinical Governance Committee by email following this meeting. This item will be carried forward to the next meeting for a further update.

B Patient Safety

Mrs Karen McNicoll discussed the aim of this paper is to provide the Board Clinical Governance Committee with an overview of progress of the Scottish Patient Safety Programme within NHS Borders. She commented that this programme is extending to include Primary Care and Mental Health services, which will be updated at the next meeting. She discussed the various training programmes that have been set up by IHI and HIS. Dr Ross Cameron updated on the SEPIS programme which is now being measured by SPSP. Dr Tom Cripps explained the 15% reduction target in mortality across Scotland which is also a SPSP measurement. Mr David Davison queried whether the age of Borders residents was factored into the Global Trigger Tool which is used to calculate these figures. Mrs Sheena Wright updated that she and Dr Ross Cameron are both involved as Executive Leads for SPSP. She also updated on the work streams included in Patient Safety and confirmed she now hopes to ask for quarterly reports from the leads for these work streams to be presented to the Patient Safety monthly meeting. Dr David Davidson remarked that these figures are very much geared towards national outcomes. The Board Clinical Governance Committee noted this report.

C Lanquip

Mrs Karen McNicoll reported on progress with the Lanquip initiative. This is a web-based portal being installed in various areas within the hospital to record clinical quality indicators. The additional amendments to the system by NHS Lanarkshire have now been completed. She discussed the next steps now being put in place. The Board Clinical Governance Committee noted this update.

D Surgical Profiles

Dr Tom Cripps updated on the Healthcare Scotland publication of comparative figures for surgical performance relating to various procedures of every Health Board. He remarked on the various outliers and commented that NHS Borders are required to take remedial action if necessary. Mr David Davidson queried who collates these figures and it was confirmed that these figures are collated by HIS professionals and the submitted response included all stakeholders. The Board Clinical Governance Committee noted and approved this response.

5 EFFECTIVENESS**A Infection Control Work Plan**

Mr Sam Whiting updated on the progress against the 2011/12 Infection Prevention and Control Work Plan for NHS Borders. The work plan takes account of the National HAI delivery plan which will impact on NHS Borders. He discussed the various ongoing actions and national commitments and remarked that as the national plan develops, the timescales associated with these actions will be revised as appropriate. The Board Clinical Governance Committee noted this report. Mr David Davison queried the number of 'reds' without comment and Mr Sam Whiting agreed to insert comments to these areas for future meetings. The Board Clinical Governance Committee noted this report

B Draft Work Plan

Mrs Karen McNicoll discussed the draft work plan for 2012. She remarked on the proposed annual activities and the annual reports to be received by the Board Clinical Governance Committee. She commented that it is hoped to have one joint meeting per year with the Public Governance Committee. Dr Doreen Steele requested that clinical presentations be made to the Committee on quality exemplars. This was agreed as a way forward. The Board Clinical Governance Committee noted this work plan.

C Annual Report

Mr Adrian Lucas discussed this draft annual report and asked for any comments to be returned to Mrs Karen McNicoll within two weeks. This report will then be signed ready for the next Audit Committee. The Board Clinical Governance Committee noted this draft report and agreed to submit any comments.

6 ITEMS FOR NOTING**A Infection Control Annual Report**

Mr Sam Whiting discussed this annual report which has been signed off by the Infection Control Committee. Dr Doreen Steele asked for clarification relating to the hand hygiene figures and remarked on the use of 'gel' in various areas within the hospital. She also requested information in relation to interaction across agencies. Mr Sam Whiting commented on the various national forums in place to share knowledge across Scotland. The Board Clinical Governance Committee noted the Infection Control Annual Report.

B Child Protection Annual Report

Mrs Sheena Wright asked the Board Clinical Governance Committee to note the Child Protection Annual Report. The Board Clinical Governance Committee noted this report

C Adult Protection Annual Report

Mrs Sheena Wright asked the Board Clinical Governance Committee to note the Adult Protection Annual Report. She commented that a new inter-agency strategy is currently being developed. The Board Clinical Governance Committee noted this report

D GP Appraisal Annual Report

Dr Ross Cameron asked the Board Clinical Governance Committee to note the GP Appraisal Annual Report. He gave a brief update on the protocols and governance structure in place relating to this appraisal process. GP principals are required to undertake an annual appraisal under the nGMs contract since its inception and this is the responsibility of the Medical Director of the organisation. The Board Clinical Governance Committee noted this report

E NHS Organ Donation Report

Dr Tom Cripps asked the Board Clinical Governance Committee to note the NHS Organ Donation Report. Dr Ross Cameron remarked that the numbers in NHS Borders are very low and correct protocols and processes are in place.

F Clinical Governance & Quality Operational Report

Mrs Karen McNicoll asked the Board Clinical Governance Committee to note the department's report.

G Clinical Governance Steering Group Minutes

There were no approved minutes for noting.

H Clinical Governance and Risk Management Minutes – 12th January 2012

The Board Clinical Governance Committee noted the Clinical Governance Risk Management minutes of 12th January 2012. Mrs Karen McNicoll commented on the similar agenda and membership for the Clinical Governance Steering Group and the Clinical Governance Risk Management Group and she has suggested that these be merged into one meeting.

I Child Protection Committee Minutes – 27th October 2011

The Board Clinical Governance Committee noted the Child Protection Committee minutes of 27th October 2011

J Adult Protection Committee Minutes

There were no approved minutes for noting

K Public Governance Minutes – 15th September 2011

The Board Clinical Governance Committee noted the Public Governance minutes of 15th September 2011

L NHS Borders Health Protection Group Minutes – 2nd September

The Board Clinical Governance Committee noted the NHS Borders Health Protection Group minutes of 2nd September 2011

7 ANY OTHER BUSINESS

There was no other business to discuss.

8 DATE OF FUTURE MEETINGS

The next meeting will take place on 11th April 2012 at 2.00 pm. in the Boardroom at Newstead



MINUTE of MEETING of the SCOTTISH BORDERS COMMUNITY HEALTH AND CARE PARTNERSHIP (CHCP) BOARD held in Newstead Boardroom, NHS Borders Headquarters, Newstead on 31 August 2011 at 12.30 p.m.

Present:- Councillor S Scott (Chairman)
Mr A Leitch
Councillor R Smith
Councillor F Renton
Councillor L Wise
Mrs J Edey
Mr J Raine
Mr A Lucas
Ms P Alexander
Mr J Hammond

Officers:- Mr C. Campbell
Mrs J Davidson
Mr D Parker
Mr A Lowe
Mrs E Torrance
Mrs C Gillie

In Attendance:- Mr A Pattinson
Mrs H Irwin

APOLOGIES

1. Apologies had been received from Ms T Logan.

MINUTE OF PREVIOUS MEETING 14 FEBRUARY 2011

2. There had been circulated copies of the Minute of Meeting of 28 June 2011.

DECISION

- a) Minutes approved.

MATTERS ARISING AND ACTION TRACKER

3. There had been circulated copies of the Action Tracker from previous meetings of the CHCP. Mr C Campbell updated on Action 27 – Change Fund Governance, he stated the Change Fund in 2011-12 has been allocated as part of the financial allocation to NHS Boards, they

must therefore ensure appropriate governance of the money. In the Scottish Borders, NHS Borders is keen to devolve this to the CHCP to seek assurances that the money has been allocated and spent in accordance with the Change Fund principles. The CHCP will be expected to report to the NHS Borders Board that such an assurance has been sought and given or to highlight any inappropriate use of funds.

4. Mrs J Edey commented that the action tracker was not being kept up-to-date as there were virtually no updates on any of the actions from the previous meetings. Mr C Campbell suggested that the action tracker be sent out with a deadline to clear by the 27 September workshop.
5. Mrs P Alexander stated it would be useful to know who was producing the Fuel Poverty paper detailed in Action 37. Mrs E Torrance confirmed this would be David Cressey (SBC).

DECISION

- a) **The Board accepted Mr Campbell's up-date on the governance of the Change Fund and the action as complete**
- b) **The action tracker will be updated/cleared by the 27 September workshop**
- c) **David Cressey will be responsible for delivering Action 37**

CHANGE FUND PROPOSALS

6. There had been circulated copies of the Final Change Fund Proposals paper. Mrs E Torrance explained to the group that the paper outlines the 22 bids that have received final approval. She went on to explain that the same criteria was used when considering each individual bid, however not all bids met the required criteria for example they closely mirrored existing services. Mrs E Torrance added that some bids have been deferred and may be considered again if a fund is available next year.
7. Other key points in the paper were the initial allocations awarded to each bid/project (based on the submissions to the Scottish Government) and which organisation (NHS, SBC etc) would have the lead for each project.
8. Mr C Campbell advised the group he had received a letter from a representative of independent sector raising concerns with the consultation process. Mr C Campbell queried how the Borders allocation to the independent sector compared with other CHCPs in Scotland. Mrs E Torrance stated she could not answer that at this time, however the independent sector was well represented on the decision making group, and perhaps the issue is how they link back to their members. Mr A Lowe added that he had spoken to the Scottish Care Chief Executive prior to the letter being received and he had seemed happy with the level of engagement in the process. He added that there did seem some acknowledgement from Scottish Care that their members had experienced difficulties in understanding the process, we have agreed to continue to engage with and support them assuming further Change Fund allocations are available.
9. Mrs J Edey asked for clarification regarding Table 1 and the difference between the initial allocations and the full year effect, she expressed concern that as the full year allocation was quoted as £1.9million we would overspend as our allocation is only £1.7million. Mrs C Gillie advised that we will be reviewing all the projects in January to ensure they are delivering as expected, a return of £3 for every £1 invested is required so the projects will effectively be funding themselves over the next year.
10. Mrs Edey asked for information on what project 8 'Shared Lives' and project 21 'Reablement' were. Mrs E Torrance confirmed Shared Lives was an adult fostering scheme and Reablement was a homecare scheme working with people after a period of hospital care.
11. Mrs P Alexander asked how the monies would be released. Mr E Torrance confirmed each project would invoice the Change Fund on a monthly basis.

DECISION

- a) **The group noted the final allocations**
- b) **The group agreed there should be 3 monthly update reports to the CHCP Board**

PEEBLES/HAYLODGE PROPOSALS

12. There had been circulated copies of the Haylodge Hub Project Report. Mrs H Irwin explained that work on producing this proposal began back in November 2010. The basis of the proposal is to bring a number of services under the one roof on the Haylodge campus with the ultimate aim of shifting the balance of care (with a focus on older adults).
13. Mrs H Irwin confirmed that there had been a lot of engagement work done with the local community councillors and the response had generally been positive, however the car parking issues remain an area of particular concern. Mrs H Irwin confirmed that the group leading on this had been developing plans for moving this forward and had identified that around £600,000 would be required to make the necessary changes to Haylodge to get this scheme up and running. Mrs H Irwin added that she felt they were now in a position to start moving this project to the next stage.
14. Mrs E Torrance assured the group to that although the project in its early stages has been led by NHS Borders there has been a good level of joint working which is why it is important this group is involved.
15. Mr A Lowe advised the group that this project and the work done in Cheviot represents a good way forward with regards to the integration agenda, we now need to put the focus on integrating staff. He added that the recent public meeting was interesting in terms of seeing the changes in attitude from initial concern about losing beds to seeing the benefit of the services the redesigned system will bring to the community.
16. Mr C Campbell stated his support for the project and stated he would like the CHCP Board to challenge himself and Mr A Lowe to continue and push the co-location agenda including management structures.
17. Mrs J Edey confirmed her support for the project but requested that given the level of resource going in (including the reconfiguration of care homes in the area by SBC) we should be looking to commit to keeping delayed discharges to zero, this should be a specified outcome of the project.
18. Mr D Parker requested the project title be changed as it has wider permutations than just Haylodge. He also asked about savings as he wished to understand what will happen with the savings, will they go back to NHS Borders or will they be fed back into the Change Fund? Mrs J Davidson advised that this project like the others is subject to a challenging ROI, and there is nothing in the guidance that has ever stated that savings would go back to the Change Fund. The Change Fund is a pot of money that allows bridging finance, which will allow us to make changes which may not have been possible within existing resources in order to provide better services. The funding provided is one off in nature and preserves the totality of the Change Fund, over the time of the investment, and this will allow for future projects to receive bridging finance, and so on. The savings flow to individual organisations.
19. Mrs J Raine commented that he thought this would have been addressed and the outset., however it now needs to be resolved and any agreement will need to treat both sides fairly.
20. Mrs E Torrance stated there was a broader point to consider in terms reshaping and rebalancing care, if we can reduce reliance institutional care there would need to be a transfer of resources into the community setting. Mr A Lowe suggested it would be pertinent to use these opportunities to think big in terms of re-shaping older adults services as this is likely to be top of the agenda for some time.

21. Mr A Lucas made one final comment on the paper, he advised that the reference to the increase in resource in the paper has to be extended as this is the key argument that will get people completely on Board

DECISION – The group was asked to:

- a) Support the development of the Haylodge Hub,
- b) Agree the progression of co-located social work day services within this model
- c) Agree the establishment of a new structure for governance of the implementation of this work, a programme spanning Haylodge and TOPS developments, reporting via the Reshaping Care Board.

The group agreed to all of the above.

DECISION

- d) Discuss and agree how the money issues/savings allocation should be addressed.

ANY OTHER BUSINESS

22. Mrs E Torrance advised the group she had been pulling together a programme for the workshop that the Board signed up to at the previous meeting, she requested permission to use the slot currently booked for the CHCP Board on 27 September.
23. Mrs J Edey asked if it was pertinent to have an external speaker given the amount the group has to get through on the day. Mr A Lowe suggested there was benefit in having national representation in attendance in terms of having information readily available at the workshop but perhaps they should be there as an observer rather than a speaker.

DECISION

- a) The CHCP Board slot on 27 September can be utilised for the workshop
- a) Mrs E Torrance to consider best way to utilise external representation.

DATE AND TIME OF NEXT MEETING

24. The Chairman advised that the next meeting of the CHCP Board would be 27 September, this would be a workshop.



MINUTE of MEETING of the SCOTTISH BORDERS COMMUNITY HEALTH AND CARE PARTNERSHIP (CHCP) BOARD held in Newstead Boardroom, NHS Borders Headquarters, Newstead on 13 January 2012 at 2.30 p.m.

- Present:-
- Mr A Leitch
 - Councillor R Smith
 - Councillor F Renton
 - Mrs J Edey
 - Mr J Raine (Chairman)
 - Ms P Alexander
 - Mr J Hammond
 - Mr D Parker
- Officers:-
- Mrs J Davidson
 - Mr A Lowe
 - Mrs E Torrance
 - Mrs C Gillie
 - Ms T Logan
 - Dr A Mordue (attending for Dr E Baijal)
 - Dr R Cameron
- In Attendance:-
- Mr P Lunts
 - Mrs H Irwin
 - Ms I Clarke
 - Ms J Bathgate
 - Mr G Rodger
 - Mr D Robertson

APOLOGIES

1. Apologies had been received from Cllr S Scott, Mr C Campbell and Dr E Baijal.

INTRODUCTIONS

The Chair indicated that the agenda for the meeting had been set for the previously postponed meeting which had been due to take place in December and that the Scottish government had since made its anticipated announcement about integration of health and social care and proposals to “radically reform” community health partnerships. Whilst this significant announcement was not specifically on today’s agenda he hoped that the meeting

later would review the key aspects of the proposals and consider how best the CHCP should position itself in responding to the challenges.

MINUTE OF PREVIOUS MEETING 31 AUGUST 2011

2. There had been circulated copies of the Minute of Meeting of 31 August 2011. The only point of accuracy was that D Parker was not an officer.

DECISION

- a) **Minutes approved.**

MATTERS ARISING AND ACTION TRACKER

3. There had been circulated copies of the Action Tracker from previous meetings of the CHCP. All the updates in the action tracker were agreed. Mr J Raine stated that Mr C Campbell made a request at the previous Board meeting that he and Mr A Lowe continue to be challenged on the co-location agenda and that this should be added to the action tracker.

DECISION

- a) **The Board accepted the updates in the action tracker**
- b) **The action tracker will be updated with Mr Campbell and Mr Lowes action.**

CHANGE FUND UPDATE REPORT

4. There had been circulated copies of the Change Fund Update Report. Mrs E Torrance explained to the group that the Borders Change Fund has a new allocation of £1.976 million for the coming year. The Board was advised of the importance of ensuring that projects under consideration are in line with national objectives and meet local success criteria.
5. Mrs E Torrance explained that the application process for this year has begun and there are currently 32 projects for consideration. Appendix 2 demonstrates the current years projects, some of which will be carried forward to 2012/13. Mrs E Torrance added that the Change Fund Team has been able to provide more support to the bids being made so hopefully they will be more refined this year.
6. Mr P Lunts informed the Board that a key theme for this year is that bids were asked to support was prevention of admission and impacting on length of stay.
7. Mrs E Torrance confirmed that the Change Fund application needs to be submitted to the Scottish Government by mid-February and asked whether a special meeting needs to be arranged to sign-off or whether the Board agrees the bid can be submitted. Mrs Davidson noted that it was imperative that Calum Campbell as Accountable Officer for the Change Fund had early sight of the proposal, to allow due consideration and his approval. It was agreed that Mr Lowe would also do this on behalf of SBC.
8. Mr A Lowe welcomed the emphasis on making this a 4 sector approach and that it is good to demonstrate we are keen to receive bids from the voluntary and independent sectors.

DECISION

- a) **Calum Campbell along with Andrew Lowe will review the proposal for sign off as Accountable Officer**
- b) **The CHCP Board will give final support for the application at the 19 March CHCP Board meeting**

CHCP VISION/INTEGRATION

9. Mr P Lunts advised that he and Mrs E Torrance had been given the brief to come up with a vision for the CHCP, following on from a CHCP workshop.

10. Mr P Lunts and Mrs E Torrance delivered a presentation, the key themes under consideration were:
- a) The scope and range of the partnership
 - b) Progression of a Joint Lead Officer
 - c) Financial Governance Arrangements
 - d) Performance – Specific Targets
 - e) Links to community planning
11. The meeting considered the key points of the Governments 12th December announcement. Mr A Lowe offered that the announcement demonstrated huge progress in terms of strengthening what we do at present. We now have the opportunity to influence scope locally i.e. we can now look at a problem and solve it in the best way that suits us locally.
12. Mr D Parker explained that this was a very good opportunity, he noted we could wait until legislation is finalised, however alternatively we could move forward and get process and structures in place which best suit us locally.
13. Mr J Raine stressed the importance of joint financial and governance arrangements to progress this agenda.
14. Ms P Alexander stated the need for both organisations to recognise the implications of service change on each other. Mr J Raine supported this assessment by advising that the NHS need to be conscious of the electoral responsibilities SBC colleagues have that NHS Borders do not have and vice versa.
15. Mr J Raine confirmed that the CHCP Board was supportive of the vision as set out. However in order for the CHCP to consider how best to make progress in responding to the main thrust of the governments proposals, it would be helpful to have a report and recommendations from the Chief Executives of both SBC and NHS Borders

DECISION

- a) **The Chief Executives consider and make recommendations to the next CHCP Board meeting on how we best move forward in response to the governments proposals**
- b) **That the presentation be circulated**

CARERS STRATEGY 2011-2015

16. There had been circulated copies of the Carers Strategy 2011-2015. Mrs E Torrance advised the importance of seeing the objectives/commitments outlined in the cover paper moving forward.
17. Mrs E Torrance explained that the purpose of bringing the strategy to the Board was to recommend it now goes out for a 3 month consultation. After completion of the consultation period the strategy will be brought back to the group for final consultation.
18. Mrs H Irwin asked if there was opportunity to link to the mental health improvement work for carers. Mrs E Torrance agreed there should be opportunity to link to this and any other pertinent work and that it should not be a stand alone strategy.
19. Mr J Raine queried how delivery would be demonstrated and monitored. Mrs E Torrance advised that after the consultation period is completed an action plan will be developed which could be routinely reviewed at either the CHP Board or the CHCP Planning and Delivery Committee.

DECISION

- a) **The Carers Strategy was approved for moving onto a 3 month consultation period.**
- b) **The strategy along with the action plan should be brought back to the CHCP Board for sign off after the consultation period.**

EARLY YEARS STRATEGY

20. There had been circulated copies of the Early Years Strategy. Ms J Bathgate explained that this strategy is a response to the Scottish Government Early Years Framework and it had been signed of by SBC and the NHS Borders Board.
21. Ms J Bathgate added that the strategy had been developed by looking at which of the 10 years objectives had been achieved and what we still need to do.
22. Mr G Rodger confirmed that the strategy covered all the bases in terms of the Early Years Framework.

Mrs J Davidson clarified that the NHS Borders Board were keen to ensure that any decisions made took into account existing governance structures.

DECISION

- a) **The CHCP Board approved the Early Years Strategy**

TEVIOT PROJECT UPDATE

23. There had been circulated copies of the Teviot Project Update. Mrs H Irwin advised that she had come along to give an update of the two joint projects currently underway and to ask for the Boards support for the progression of both.
24. Mrs H Irwin ran through the update for the Dementia Services Redesign Project and the Teviot Inpatient Redesign Project.
25. Dr R Cameron emphasised the importance of this work. He explained the necessity to move the balance of care provision towards Day Case, Day Procedure, Day Hospital and Home Care and away from 24/7 care as this is not sustainable moving forward. Dr R Cameron further explained the difficulties in getting what may feel like a counter intuitive message for staff and the public, i.e. that although demand is increasing our solution is to remove beds. It is imperative that this group works on/supports getting across the message that a reduction in beds does not mean a reduction in services.
26. Cllr R Smith advised that he fully supported the principles that the projects are laying out, however having seen the public reaction knows there has to be a change in culture before we get public support. Unless we can evidence that care won't be effected local councillors may need to continue to take a critical stance in order to echo the voice of their constituents.
27. Cllr R Smith requested that recommendation Number 1 in the update paper be split: 1) Support the developments underway, 2) Further explore the financial implications relating to a joint approach to the development of extra care housing in Teviot. Mrs J Davidson supported Cllr R Smiths suggestion.
28. Mr A Lowe stated that the SBC approach to older peoples services tried to look at population needs for services as a whole and he was pleased that this work was taking a locality based approach.
29. Mr A Lowe queried if there was anyway this work could be finessed to support local councillors, it would be good if we could find a way to take the emphasis away from any sense of loss of institutions and put the focus on the benefits that the new services will bring.

30. Cllr Smith commented that to meet public opinion we need to evidence that the primary motive isn't finance. Mrs E Torrance added that there is a danger if you can't say what you are replacing the service with it will be very difficult to gain public support and that it may be worth mapping out what the new services(s) will look like so we can articulate all the detail.
31. Mr A Leitch stressed the importance of continuing to engage with people no matter how difficult it is and that we should continue to give the message that institutional care is not the best thing for patients as eventually the message will get through.
32. Ms P Alexander asked if it would be worth concentrating on the support that will be available for carers as they may feel everything will be left to them if the beds are closed.
33. Mr A Lowe advised that the council have advertised for tenders to develop extra care housing in Hawick and that a number of responses have been received.

DECISION

- a) **The CHCP Board are supportive of the direction of travel and must collectively continue to reinforce the message that this is good for Hawick.**
- b) **The splitting of recommendation number one into two individual recommendations was approved. These should read:**
1. **Support the development underway**
 2. **Establish a sub group to further explore the financial aspects relating to a joint approach to the development of extra care housing in Teviot**
- c) **Recommendation 2 will be carried out by an officer sub group who will report back into the CHCP.**

PPF WORKING AGREEMENT

34. There had been circulated copies of the PPF Working Agreement. Mr A Leitch explained that CHCP were required to set up Public Participation Forums, this really just formalises what has been going in the Borders for some time. Mr A Leitch recommended the CHCP approve the PPF Working Agreement.
35. Mr J Raine asked under the obligations if there was anything the NHS and SBC weren't delivering on. Mr Leitch confirmed that support generally comes from the NHS so there may be an avenue for SBC to provide further support.
36. Mr J Raine suggested that Mr A Leitch sit down with Mr A Lowe to discuss how SBC can provide more support. Both Mr A Leith and Mr A Lowe were supportive of this.
37. Mr P Lunts queried what the demand on the PPF was like. Mr A Leitch confirmed they generally manage to keep up however the frequency of meetings has increased from quarterly to bi-monthly. Although there are always on-going pressures they are not insurmountable.

DECISION

- a) **The CHCP Board approved the PPF Working Agreement**
- b) **Mr A Leitch and Mr A Lowe to engage around further support**

FINANCE REPORT

38. There had been circulated copies of the Joint Finance Report. Mrs C Gillie advised that a request had been made by the CHCP Board for regular finance reports. The content of these reports will be refined as we move forward.

39. Mrs C Gillie explained to the group that the paper covers services which come under the remit of the CHCP. Current position is an under spend however the year end projection is that the CHCP service will be over spent.

DECISION

- a) **The CHCP Board approved the Joint Finance Report**
- b) **Regular reports are to be produced**

REVIEW OF AUDIT SCOTLAND TRANSPORT FOR HEALTH AND SOCIAL CARE REPORT

40. There had been circulated copies of Audit Scotland Transport for Health and Social Care Report. Mr P Lunts advised that report had noted poor coordination in both Health and Social Care. Mr P Lunts added that there is work underway on an Integrated Patient Transport Strategy which looks at reducing the use of private ambulances, this work will link closely with voluntary sector and the public transport department in the council.
41. Mrs E Torrance commented that there is real efficiency benefits to be achieved by working together to make optimum use of the services currently available.
42. Cllr R Smith advised that he had previously met with John Glennie, Ross Cameron and Mary Wilson regarding problems in the Liddesdale. Depending on who you phone depends on which Health Board you end up being treated in. Mr P Lunts responded by advising it is an on-going problem however work continues to direct as much activity towards the Borders as possible.

DECISION

- a) **The Integrated Patient Transport Strategy is to be brought back to CHCP Board when further work has been completed.**

CASTELBECK/SOUTHERNCROSS SERVICES

43. There had been circulated copies of Castlebeck/Southercross and Choices Report. Mrs E Torrance explained that due to different reasons concerns had been raised about the on-going quality of the service provided to service users/patients. Patient safety/adult protection concerns were raised in Castlebeck (after the BBC documentary) and both Southerncross and Choices Care had gone into administration
44. Mrs E Torrance advised that a number of actions were being undertaken locally to provide ourselves with assurances that the quality of care received in these facilities were to the required standard, these actions included unannounced visits from senior members of the Learning Disability Service. The CHCP Board was asked to note the contents of the paper and the on-going work to monitor the quality of the service provided.
45. Mrs E Torrance also advised that a number of adult protection claims had been raised in the Crawood Care Home and a number of staff have since been suspended. Although no crminating evidence has been found by the police as yet, concerns about the quality of care delivered remain high. Mrs E Torrance added that the Mental Health Service have provided a Liaison Nurse to support the service and SBC staff are also covering shifts. Work continues to ensure the quality of care is appropriate.
46. Mrs J Edey commented that Eildon is a big provider of care homes and it is important we work in partnership with them to give the public reassurances that we are aware of and dealing with the issues. Mrs E Torrance agreed with Mrs J Edeys suggestion and explained that she thinks it is a local issue to the Crawood Care Home and not Eildon wide.
47. Mr J Raine confirmed he was reassured to see the level of monitoring going on.

DECISION

a) The CHCP Board noted the report

ANY OTHER BUSINESS

48. Not applicable

DATE AND TIME OF NEXT MEETING


49. The Chairman advised that the next meeting of the CHCP Board would be 19 March, 3pm to 5pm, Scottish Borders Council, Headquarters

Minutes of a meeting of the Area Clinical Forum held on 26th September 2011 at 1:00pm in Committee Room, Education Centre

Present: John Hammond (JH), Nigel Leary (NL), Austin Ramage (AR), Nicky Hall (NH), Cheryl Easton-Wisniewski (CE-W)

Apologies: Isabel Swan, Alison Wilson, Ross Cameron, Alasdair Pattinson, David Davidson.

Agenda Item	Title	Speaker	Summary	Action
2	Introduction	John Hammond (JH)	Explained that due to NHS Borders Board meeting being brought forward, ACF clashed with Action 100 again resulting in some apologies	
3	Minutes of Meeting		Minutes from 20 th June 2011 & 1 st August – Both minutes approved	
4	Matters Arising from Minutes of Previous meeting		E-KSF – Feedback highlighted that it was: Good but too long Not very user friendly Rushed to meet targets successfully so possibly completed as well as they could have been No support planned for next year unless the majority proves otherwise.	
5	National ACF Chairs	JH	Reviewing Annual review. Medicine Shortages. Although raised at Ministerial level it appears that nothing can be done to improve the situation. This has also been mentioned by other NHS Boards. Concerns from Alison Wilson regarding Oxygen Cylinder not being viewed wider. Meeting with Nicola Sturgeon in December 2011.	
6	Annual Review		Concerns: That this review is joined with APF (Area Partnership Forum) to be raised with Minister. Works within Shetland but thought not suitable for NHS Borders. ACF being grouped with APF	

Agenda Item	Title	Speaker	Summary	Action
			<p>Annual Review: Thursday 29th September - JH submitted ACF report providing a brief outline of the group and its role.</p> <p>Other committee reports submitted from the group were: Area Dental Committee, Area Optical Committee & Area pharmaceutical Committee.</p> <p>It was noted that Diagnostics had not met in the last year and Medical Scientists are still forming.</p>	
7	GP Support		It was reported that GP's were happy with proposal. Gone through GP sub committee at last meeting and MNC (Contractual)	
8.	NHS Financial Control Measures		<p>NL attended NHS Borders Strategy group and gave explanation of Financial Control measures discussed.</p>  <p>NHS Borders Financial Control Mea</p>	
9.	Professional Advisory Committees – Verbal Reports		<p>a) Allied Health Professionals Advisory Committee Alasdair Pattinson - APOLS</p> <p>b) Area Dental Advisory Committee John Hammond – 1. Reported that all LDU (Local Decontamination Units) are up and running. 2. Calum Campbell has arranged a Dental benchmarking exercise</p> <p>c) Area Medical Committee Nigel Leary – AMC meeting last week reported, 1. Nursing /Medical workforce issues around Nurse practitioners - knowledge and support balance, training. 2. Financial - protocols & efficiency of information processed through e-mails, texts etc. Diagnostics reported that over investigation across the board but need consultants support.</p>	

Agenda Item	Title	Speaker	Summary	Action
			<p>d) Area Ophthalmic Committee Nicky Hall – Reported that JH attended the last AOC meeting to explain his role as ACF chair. Discussion of ‘Slip Lamps’ for diabetic screening is still ongoing.</p> <p>e) Area Pharmaceutical Committee Alison Wilson - APOLS</p> <p>f) BANMAC Isabel Swan – APOLS</p> <p>g) Clinical Scientists - Austin Ramage – Last meeting debate around role of feedback to ACF. Next meeting to target individuals to provide that feedback. Diagnostics - no meeting</p>	
10.	Clinical Governance Committee		<p>Karen McNicoll announced as new Head of Clinical Governance. Discussion at last meeting re Mental welfare commissioning. Organ donation for Borders discussed -no increase in Borders but dependent upon the patients we deal with. Head injury patients are generally referred to another hospital and aging population in Borders often results in organs not being suitable. It was noted that Borders has the highest survival numbers in Scotland due to ‘Out Reach team’. HuntlyBurn House Infection Control – numerous workplans</p>	
11.	Public Governance Committee		<p>Next meeting - 9th November Last meeting attended by Nick Hall Discussion around Institutionalising people</p>	
12.	NHS Borders Board		<ul style="list-style-type: none"> Next meeting 29th September 2011, Town Hall Jedburgh 	

Agenda Item	Title	Speaker	Summary	Action
			<ul style="list-style-type: none"> • Board Papers discussed – Pharmaceutical Care Service pack - it was noted that this was not presented at ACF for feedback/views • HEAT targets in RED were 18wk RTT waiting times. – Discussion around, whilst having to more cost effective by keeping patients in Borders instead of sending them off site, this has a knock on affect of the waiting times. Areas mostly affected are: endoscopy, Orthopaedics, ENT & Dermatology. • It was noted that Endoscopy also had a break down. 	
13.	Borders CHCP Board		Next meeting - 27 th September changed meeting – now a seminar re Integrating Health and Social Care in the Borders	
14.	Updates		a) Quality Strategy (b) Patient Safety (c) Palliative Care – Launch of Margaret Kerr Unit (d) Efficiency Programme (e) PMS (f) CT Scanner (g) HEI (h) HIP	
15.	The Difference		JH drew members’ attention to fundraising as there are a lot of events taking place supporting this.	
16.	Topics/Visitors for future ACF meetings		It was noted that we were still awaiting confirmation for Borders NHS Board dates for 2012 before future ACF meeting dates could be set.	CE-W to set dates once Board dates are confirmed
17.	AOB		JH noted that Capital money was available and if any one was interested they are to contact Fiona Black.	
18.	Date & time of next meeting		Meeting closed at. 2:30pm. Next meeting Monday 5 th	

Agenda Item	Title	Speaker	Summary	Action
			December 2011 @ 1:00pm in the Committee Room Education Centre.	



Minutes of the Meeting of the South East and Tayside Group held at 10am on 25th November 2011 via telepresencing across various SEAT Boards.

Present:-

Borders

Mr Calum Campbell
Ms June Smyth

Fife

Mr George Brechin
Ms Irene McGonnigle (for Dr
Brian Montgomery)

Forth Valley

Ms Janette Fraser

Lothian

Professor James Barbour
(Chair)
Professor Alex McMahon

Tayside

Mr Brian Kelly (for Ms Caroline
Selkirk)

Dumfries & Galloway

Ms Mary Harper

Regional Leads

Ms Jacqui Simpson

Directors of Finance

Ms Dawn Carmichael (on
behalf of Ms Susan Goldsmith)

Scottish Government

Yvonne Summers

Mr Derek Phillips
Ms Jan McClean

Directors of Public Health

Dr Alison McCallum

Nurse Directors

NES

Professor Bill Reid

NSD

Scottish Ambulance Service

Heather Kenney

Medical Directors

Dr Gordon Birnie
Dr Ross Cameron

HR Directors

Mr Alan Boyter

NHS 24

Ms Justine Westwood

Partnership Representation

Mr Eddie Egan
Ms Edwina Cameron

In Attendance: Dr Stella Clark, Dr Tracey Sanderson, Mr Tom Hammond, Ms Elaine Kwiatek

Minutes

Mrs Caroline Caddell, PA, SEAT

Apologies for absence were received from:

Dr Brian Montgomery, Ms Sheena Wright, Ms Deirdre Evans, Ms Caroline Selkirk, Mr Robbie Pearson, Mr John Turner, Ms Susan Goldsmith, Mr John Wilson.



Item No.	Section	Action
1	Welcome	
	<p>James Barbour welcomed all to the meeting. He apologised for the delayed start to the meeting due to an urgent prior meeting with SEAT Chief Executives, Medical Directors, the Post Graduate Dean, the Regional Workforce and Planning Directors and SGHD representative to discuss paediatric medical trainee issues due to recent unprecedented levels of maternity leave. An update on the discussion was provided later in this meeting.</p>	
2	Previous Meeting	
<u>2.1</u>	<u>Minutes of the Meeting held on 23rd September 2011</u>	
	<p>The minutes of the previous meeting were agreed as an accurate record.</p>	
<u>2.2</u>	<u>Progress Against Action Note</u>	
	<p>The progress against the action note was noted.</p>	
3	Matters Arising	
<u>3.1</u>	<u>Telepresence Evaluation</u>	
	<p>SEAT noted the positive evaluation of telepresencing at the last SEAT meeting as presented by Jan McClean; both in terms of use and in terms of savings for avoided travel. While supportive of telepresence, the evaluation demonstrated a desire to hold some SEAT meetings in person.</p>	
	<p>Following discussion, it was agreed that one in three meetings should be in person with other meetings being conducted via telepresencing. It was agreed that the next SEAT meeting in February 2012 would be via telepresencing in case of adverse weather.</p>	
<u>3.2</u>	<u>Severe Winter Weather Planning for 2011/12</u>	
	<p>Alan Boyter provided an update on this guidance which was with individual Boards for consideration with their area partnership fora (APF). It was confirmed that NHS Lothian APF had approved the guidance, NHS Fife confirmed approval of content of guidance</p>	



which was to be discussed formally at their APF meeting in December and NHS Borders confirmed that using the guidance now with plans to be formally approved by APF in December.

The opportunity was taken to discuss the scheduled industrial action due to take place on the 30th November 2011. Board leads described the detailed plans put in place. Yvonne Summers confirmed that the full resilience team was anticipated to be in place at SGHD.

Eddie Egan commented that the level of collaborative working through the partnership arrangements in place was a testament to the strength of partnership working across NHS Scotland.

3.3 **Telecare – Update**

As a result of discussion at the last SEAT meeting, Justine Westwood confirmed that the membership of the NHS 24 National Telehealth and Telecare Advisory Board had been extended to include enhanced Board representation through a Board Medical Director and a Board Nurse Director.

4 **SEAT Initiatives**

4.1 **Learning Disabilities MCN**

Tracey Sanderson, Tom Hammond and Elaine Kwiatek spoke to previously circulated papers

SEAT accepted the Learning Disabilities MCN Annual Report commending the considerable work undertaken over the last year. Alex McMahon requested an update around the Daleview facility. Jacqui Simpson agreed to action in light of a recent report from the CHP manager in NHS Fife with responsibility for managing Daleview.

J Simpson

SEAT members considered the progress on the Models of Care project which was emphasised by Calum Campbell as containing an important conceptual framework for levels of care for learning disabilities. These would be essential to manage the future service demand. All concurred with the principles contained within the report and welcomed a final report backed by future funding models and detail on Local Authority involvement at a future SEAT meeting. Eddie Egan asked that staff governance issues be taken



into consideration by the MCN.

SEAT members supported the proposals on the future direction for the MCN and in particular the need to establish senior manager representation for the MCN across NHS Borders, Fife, Forth Valley, Lothian and Tayside. J Simpson to work with Tom Hammond to identify the respective Board nominees.

**J Simpson/
T Hammond**

The importance of highlighting the success of the LD MCN via respective Board communications teams was highlighted.

J Simpson

James Barbour thanked Tracy Sanderson and colleagues for their sterling work, which as evidenced by the report, had significant benefits for patients.

4.2

Framework for Priorities and Decision Making

Jacqui Simpson spoke to the previously circulated paper which summarised considerable progress for SEAT against four SEAT previously agreed areas:

- Essential Priorities
- Regional Liaison Priorities
- Horizon Scanning
- Agreed Financial Investments

Under essential priorities the progress on the Regional Eating Disorders Unit (REDU) it was noted that the facility was anticipated to be ready in December. Recent constructive discussions with newly appointed REDU staff and Child and Adolescent Mental Health (CAMH) staff were noted in terms of managing the transition of children and young people to adult services. Following a question from Calum Campbell, it was confirmed in the recent discussion with REDU and CAMH staff that the unit, while anticipated for people of 18 years and above, would work to accommodate appropriate individuals between 16 and 18 years of age depending on individual needs and maturity. A protocol to this effect was to be established by the clinical teams involved.

James Barbour asked that paediatric medical trainee issues be included in the essential priorities section of the framework. J Simpson to ensure included.

J Simpson



Under regional liaison priorities it was noted that the most significant item, reprovision of the Royal Hospital for Sick Children and the Neurosciences was a substantive item on every SEAT agenda.

The group accepted that ongoing scrutiny of the financial schedules would be undertaken by SEAT Directors of Planning and Finance and discussions on the funding models for any new SEAT business would be initiated through SEAT Directors of Finance at their business meeting.

Additions to the horizon scanning section of the framework as a result of SEAT discussions or national discussions were accepted. It was accepted that a revised framework for priorities and decision making would be presented at a meeting of SEAT in the new year.

J Simpson

4.3

Evaluation of Telestroke

Justine Westwood spoke to previously circulated papers. She reminded SEAT that in November 2010 the SEAT Chief Executives had approved the proposal for a South Telestroke Network using a hub and spoke model. This commenced in March 2011.

It was agreed that a 6 month evaluation would be presented to SEAT. This paper highlighted that there had been 481 out of hours calls to the NHS Lothian on call team. Of these, 188 were associated with thrombolysis. A total of 55 of these 188 calls (29%) resulted in a patient being thrombolysed. The potential savings were highlighted as circa, £300k.

SEAT members accepted the continuation of the service in SEAT and the small amount of recurring cost involved and asked for confirmation on the most appropriate model of service going forward, i.e. hub and spoke or mesh model. J Westwood to work with clinicians and others to confirm.

J Westwood

4.4

Workforce Planning – Update

Derek Phillips spoke to a previously circulated update paper. He advised that 6 posts funded at £40k pa would be returned across 3 Boards. It had been agreed at the Regional Medical Workforce Group that the funding would be returned to the specialty from which it came.



The paper also highlighted that there would be a net reduction of 99 training posts across NHSS in August 2012. Confirmation of the exact regional split was awaited.

The chair invited the Post Graduate Dean, Bill Reid to appraise SEAT members of the discussion at the meeting immediately prior to the SEAT meeting on paediatric medical trainee issues. Discussion included the following:

- There were an unprecedented number of gaps in the middle and senior grade rotas for paediatric medical trainees which was beyond previous planning assumptions, largely due to maternity leave. As a result there were significant service sustainability issues across the SEAT region.
- It was accepted that this continued to be a regional problem with regional solutions being found.
- For educational governance reasons, Bill Reid confirmed that the best option for all SEAT sites was to remove trainees from St Johns Hospital and deploy at other sites across the region. He also confirmed that on advice of the GMC, he had asked the Royal College of Paediatrics to review the training for paediatric medical trainees in the South East. The date for this visit was to be confirmed.
- At the meeting before SEAT it had been agreed, given the risks involved to advertise immediately concurrently for 4 locum paediatric consultants and 4 locum neonatal consultants with a view to making these substantive posts.
- The risks of all options considered at the meeting were acknowledged.
- Given that this regional solution would incur additional costs, the SGHD via Yvonne Summers was to be asked for a contribution to the additional costs. The other Boards supported in principle the need to defray the additional costs for NHS Lothian on the regional solution partly through release of costs from trainees, albeit they would want to see the details.
- Bill Reid confirmed that trainees could not be redeployed from other Deaneries to support the South East.
- Jacqui Simpson and Derek Phillips were to prepare a paper on behalf of SEAT Chief Executives covering the history and

Y Summers

**J Simpson /
D Phillips**



current position for Yvonne Summers at the SGHD.

- Yvonne Summers also offered to identify any SGHD links who could help address the issues.
- Justine Westwood offered to scope the potential for an NHS 24 paediatric consultant for unscheduled care to support the South East.

Y Summers

J Westwood

4.5

Cross SEAT Workstreams

4.5.1

Rebalancing Care

June Smyth spoke to a previously circulated paper on rebalancing services in the region with a specific focus on orthopaedic services. She advised that several discussions had taken place and highlighted the benefits of the report. It was noted that from April 2012, NHS Borders would no longer refer approximately 116 non complex patients to NHS Lothian and provide a “see and treat” model for up to 230 patients requiring a range of agreed procedures.

Dawn Carmichael confirmed that discussions were ongoing with NHS Lothian and NHS Borders on the financial arrangements to support this model.

Gordon Birnie drew attention to the parallel piece of work being carried out in relation to hips, knees and cataracts through the performance standards and minimising variation work stream.

June Smyth agreed to provide an update at the next SEAT meeting on 17th February 2012.

J Smyth

4.5.2

Performance Standards and Minimising Variation

Alison McCallum spoke to a previously circulated paper. She thanked Finance colleagues for providing robust financial information. She drew particular attention to high volume procedures with thresholds for treatment. SEAT were reminded that she had been asked to look at hips, knees and cataracts.

James Barbour asked if colleagues accepted the numbers within the paper, in particular if the reduction of £2.2m was releasable. Alison McCallum confirmed that this was the case and based upon a variable cost of procedure or reduced number of patients.



Gordon Birnie noted that some would be done by not doing waiting list initiatives or by reducing Extra Programmed Activities (EPAs).

Alison McCallum then referred to section 7 which detailed 5 options for consideration. Gordon Birnie supported this but stressed the need for clarity around mechanisms, i.e. this should be devolved to Medical Directors/Directors of Public Health.

Following discussion, it was agreed that a paper should come to the next SEAT meeting

- Having tested savings actually released
- Having researched what decision making process would be
- Details of what would be required to ensure no discomfiture locally, regionally or nationally
- Alex McMahon to raise at National Directors in December to establish Scotland wide position on this sort of approach.

**A McCallum/
A McMahon**

4.5.3

Technology/Radiology

Stella Clark spoke to previously circulated papers. She explained that the core group had been unable to establish a joint meeting of the 4 of the SEAT Board Clinical and Managerial leads for radiology. It had been decided to meet each Board separately. The first planned meeting was with the Fife Radiology Service on 21st November 2011, followed by meetings with Borders and Lothian on 19th December 2011. A meeting with Tayside was planned for early January 2012. Jacqui Simpson agreed to support Stella Clark in ensuring meetings went ahead as scheduled if needed.

**S Clark/J
Simpson**

SEAT noted Dr Clark's recommendation that plain film reporting by radiographers represented the greatest potential for efficiencies to be delivered in the short term.

4.5.4

Complex Care Packages

Calum Campbell spoke to a previously circulated paper on commissioning for Learning Disability services. He explained that the group proposed that the commissioning structure and process should be established by the LD MCN. Each Board would nominate up to 2 staff to join the Commissioning Group, with an expectation that they would be able to commit 1 or 2 days per



month to the work for the next year. The LD MCN Manager would lead this group. It was agreed that Jacqui Simpson would discuss nominations with Directors of Planning.

J Simpson

James Barbour gave thanks for the paper. It was agreed that further detail would be provided at the next SEAT meeting.

4.5.5

Corporate/Shared Services

George Brechin updated the group on progress with the shared services work. He advised that Finance within NHS Fife would be going forward as per the national shared services agreement and as previously agreed at SEAT. Following consideration within NHS Fife finance and remuneration committee, he concluded that Human Resources for NHS Fife would continue to make savings locally and working with the national HR shared services group, and not regionally.

It was agreed that NHS Lothian and Borders colleagues would meet to discuss how to proceed without NHS Fife.

A Boyter

4.5.6

Public Health

Alison McCallum spoke to a previously circulated paper. She noted that Directors of Public Health from NHS Borders, Lothian, Fife, Tayside and Forth Valley had met to consider the possible options to ensure continued delivery of public health services over the next 3 years. It was suggested that an additional 2.5% efficiency, over and above individual Board savings could be made through regional working.

Following discussion it was agreed that actions and timescales would be presented at the next SEAT meeting.

A McCallum

5

Regional Liaison Initiatives

5.1

Update on Reprovision of RHSCE/DCN

James Barbour provided an update on progress in developing the outline business case for this highly complex project. The intention was to secure the land swap subject to legal agreements at the beginning of 2012. It was anticipated that the advertising in the European Journal would take place in January 2012. The preliminary financial information was in line with previous outline business case figures.



It was confirmed that Susan Goldsmith had met with colleagues in most SEAT Boards to discuss the reprovision and colleagues reported this had been extremely helpful. Mary Harper agreed to contact Susan Goldsmith directly for a visit to Dumfries and Galloway.

M Harper

In NHS Fife, the purchase of the land and the build was done separately for the new wing at the Victoria Hospital, Kirkcaldy. George Brechin stressed the benefit and informed SEAT that they were on schedule with no variation from £150m.

Ross Cameron questioned if the issues in Paediatrics may have an effect on future proofing for the RHSCE. After discussion, it was agreed that Jacqui Simpson would highlight to Jackie Sansbury and Susan Goldsmith.

J Simpson

6 National Initiatives

6.1 Bariatric Surgery Steering Group – Nominations and Obesity Treatment Review

Jacqui Simpson spoke to previously circulated papers. SEAT agreed to the establishment of a regional short life working group to take forward work following on from the national Obesity Treatment Review. The detail of the work was to be agreed via the Directors of Planning and Finance. SEAT agreed that nominations should be sought for the national group via Jacqui Simpson.

J Simpson

6.2 A Quality Framework for Neonatal Care in Scotland – Neonatal Expert Advisory Group

Jacqui Simpson spoke to previously circulated papers. She advised that this framework was being considered nationally via the National Planning Forum and the Board Chief Executives. The MCN was in the process of completing a gap analysis against the parameters in the paper. Early indications of the gap analysis were as outlined in the covering paper. The paper was noted.

6.3 National Initiatives Update Report

The group noted a previously circulated update paper from Deirdre Evans.



6.4 MSN for Children and Young People with Cancer Briefing Note

James Barbour advised that Alex McMahon had represented him at the last two meetings. Alex McMahon informed SEAT that a meeting and workshop was scheduled for Monday 28th November and he would feedback at the next SEAT meeting. The paper was noted.

A McMahon

7 Regional Minutes

The following minutes were noted.

7.1 Minutes of the SEAT Directors of Planning and Finance Meeting on 9th September (Approved)

7.2 Minutes of the SEAT Children & Young People's Health Services Planning Group on 15th June (Approved)

7.3 Minutes of the SEAT Medical Directors, Directors of Public Health, Directors of Nursing Meeting on 21st September 2011 (Approved)

7.4 Minutes of the Regional Cardiac Planning Group on 2nd September 2011 (Approved)

7.5 Minutes of the MCN for Neonatal Services Steering Group on 21st September 2011 (Approved)

7.6 Minutes of the SEAT Regional Medical Workforce Group on the 29th July 2011 (Approved)

8 Communications

8.1 NHS Borders

Calum Campbell had been nominated as the Board Chief Executive member on the national Older People's Group which included the inspections for Older Peoples Services.

NHS Lothian

James Barbour advised that Care of the Elderly inspectors would be visiting NHS Lothian's Liberton Hospital. CLO advice was that there was an issue over legal cover for the inspectors in terms of



accessing individual patient notes.

NHS Fife

George Brechin advised that the Minister for Public Health would be in attendance at the NHS Fife Annual Review. The first patients move into the new Victoria hospital in Kirkcaldy at the beginning of December.

NHS Tayside

Brian Kelly confirmed that the new mental health facility at Strathcarro was underway.

Scottish Government Health Department

Yvonne Summers confirmed that following the NHS Fife Annual Review, there would be a review of the Annual Review process.

NHS Forth Valley

Janette Fraser stated that there was nothing further to report.

NHS Dumfries and Galloway

Mary Harper stated that the new Dumfries and Galloway mental health facility was about to open with patients moving in December. The building project was on budget and on time.

NHS Education for Scotland

Bill Reid stated that there was nothing further to report.

9 Any Other Business

9.1 Rapid Impact Assessment.

Alan Boyter queried whether SEAT papers should be rapid impact assessed. J Simpson to follow up with Alan Boyter

J Simpson

10 Date and Time of Next Meeting

Friday 17th February 10.45am.

via telepresencing with venues to be confirmed.

Borders Strategic Board



(This Board is part of the Scottish Borders "New Ways" Community Planning Partnership. For more details log on to www.scottishbordersnewways.com or phone 01835 826542)

MINUTES **MONDAY, 22ND** **3.00-5.00PM** **COMMITTEE ROOM 4, SBC**
AUGUST 2011

MEETING CALLED BY	Dave McDougall, Independent Chair	
TYPE OF MEETING	Strategic	
MINUTE TAKER	Sarah Glendinning, New Ways Co-ordinator	
ATTENDEES	Dave McDougall Sarah Glendinning Calum Campbell John Raine Andrew Allan Brian Hood Nile Istephan Morag Walker Andrew Lowe Peter Heath Elspeth MacDonald	Chair New Way Co-ordinator NHS Borders NHS Borders L&B Police L&B Police Eildon Housing, representing the Borders Housing Network The Bridge, representing the Third Sector SBC Lothian and Borders Fire and Rescue Service Scottish Government
APOLOGIES:	Liz McIntyre Ken Thomson Graham Sinclair Alistair McKinnon Eric Bajjal	Borders College Scottish Government L&B Police Scottish Enterprise SBC/NHS Borders
IN ATTENDANCE	Douglas Scott Angela Salmons Inspector Brian MacFarlane, ACC Bill Skelly Cllr Whyte	Scottish Borders Council Head of Procurement, SBC L&B Police L&B Police Convener, L&B Police Board

ITEM 1 – WELCOME AND APOLOGIES

DMcD welcomed everyone to the meeting and explained that a presentation from Lothian and Borders Police Board had been added at short notice, replacing the Item 6 listed on the agenda (Scottish Borders Renewable Energy Agency presentation- short summary attached below for information)



G:\Business
Improvement\Busines


ITEM 2 – MINUTE OF LAST MEETING AND MATTERS ARISING

DISCUSSION	<p>Minute of last meeting was recorded as an accurate record of the meeting.</p> <p>Matters arising <u>Item 2</u></p> <ul style="list-style-type: none"> • SBC will be conducting a wider review of elected members involvement • "Safe and Strong" protocol had been shared with the group. SG and GS need to now convene the first meeting of the new structure • MW gave a brief update on the Third Sector Partnership which is currently working on the dispersal of funding and on its operating plan to be submitted to the Gvt by end Sep/early Oct.
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	<p><u>Item 3</u> Strategic Assessment is currently out for consultation until the 9th Sep. SG said that she is willing to meet with any group, agency etc to explain the benefits of using such an approach. The Chair asked EMcD about SOA and the expectations from Scottish Gvt, and CC added that some clarification on timings would be beneficial. EMcD said that the expectation was that we submit a report by end Sep, then move the SOA forward but there is less clarity around a revised Concordat. The focus will be on the work underneath the Concordat, i.e. the articulation of our priorities within the SOA. She will clarify timescales re: SOA.</p> <p><u>Item 6</u> SG had provided an update on SBC reviews at the last meeting. She said that because of its nature, this list does not change that often so an update twice yearly would be adequate.</p> <p>The Chair invited AL to provide an update on the situation within SBC. He said that David Hume had retired, as of 15th August, on health grounds, and the interim arrangements for CEO are that each of the Directors will take the CEO role on a monthly rotational basis. An extra-ordinary meeting of SBC was held in July to develop a timetable for recruitment. Adverts will be placed in the national press in September, with a closing date of end of Oct. AL asked that formal thanks be recorded to David Hume for all the hard work he has done for community planning over the last 9 years.</p> <p><u>Item 7</u> No progress has been made on the Community conference.</p> <p><u>Item 8</u> A letter had been drafted to the Scottish Gvt in response to proposed changes to RSL adaptation funding. However, a ministerial change had meant that the letter had not been necessary but that we were now in a consultation period about changes. The Borders Housing Network and SBC would be doing a collective response, and it was agreed that this Board would lend its support, electronically, through the chair.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Timescales around next SOA to be clarified	EMcD	Mid sep
BSB endorsement of Housing Network consultation response to Government consultation	NI	As required by consultation (NI to confirm)

ITEM 3 – JOINT INFORMATION SHARING PROTOCOL FOR PROCUREMENT


DISCUSSION	<p>Angela Salmons, Head of Procurement, SBC and Inspector Brian MacFarlane Divisional Intelligence Manager, LB Police gave a short presentation on the arrangements around information sharing being put in place between SBC and LBP to ensure business probity during the procurement process. A protocol is being finalised and will be publicly launched. It is hoped that this in itself will act as a deterrent for Serious and Organised Crime Groups operating in the Borders, of which there are 3 operating in the Scottish Borders. There will also be warnings on tender documents of checks conducted.</p> <p style="text-align: center;"> G:\Business Improvement\Busines</p> <p>Angela asked if other CPP organisations would be interested in developing protocols too – both NHS Borders and Housing would be interested.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Contact to be made with Eildon Housing and NHS Borders	Angela/Brian	ASAP

***** ITEMS TAKEN OUT OF ORDER, AND L&B POLICE ITEM ADDED AT ITEM 4 *****

ITEM 4 – LOTHIAN AND BORDERS POLICE BOARD PRESENTATION

DISCUSSION	<p>The Chair welcomed both ACC Skelly and Cllr Whyte to the meeting, to update on the Policing plan 2011/12, something that they are doing with all CPPs within the Lothian and Borders Area, with the intention of developing more meaningful links between board members and CPPs.</p>  <p>G:\Business Improvement\Busines</p> <p>They spoke about setting local priorities, as well as good work going on locally in terms of downward trajectories for crime, Safer Communities team co-location, domestic abuse service redesign, LGBT, dismantling of Serious and Organised Crime Groups etc. They highlighted the importance of partnership working and of working at a local level with problem individuals and families.</p> <p>Best Value inspections highlighted that the police should be more involved in the work of joint agencies and pointed to the need for an improvement plan for the Police Board.</p> <p>Any changes to policing structures are going to take a while as legislation is required, so the Board is going to be around for a while so the development of strong partnership working is vital. Whatever the announcement in September, there is a strong message of the importance of local delivery so any new structures would have to take account of this and protect front line services.</p> <p>DMcD said that links are very good locally, and that the police play a very positive and proactive role in community planning in the Borders.</p> <p>AL expressed concern that Borders might become seen as a peripheral rural area in any restructure and how do we protect against understandable demands in the central belt. Cllr Whyte said that the role of the Board is now to remind the Gvt that the new structures need to take account of local arrangements.</p> <p>CC said that our Strategic Assessment shows that our priorities here are very different and we need to ensure that our next SOA reflects that clearly. DS said that there were a set of principles agreed in our (Borders) response to the Police consultation and have been revisited by the recent COSLA letter. A response to this letter will be debated at full Council on Thursday (25th Aug).</p> <p>DMcD thanked Cllr Whyte and ACC Skelly for the presentation and looked forward to working through the challenges change will bring locally.</p>		
	ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

ITEM 5 – SOUTH OF SCOTLAND BROADBAND PROJECT UPDATE

DISCUSSION	<p>DMcD welcomed Duncan Nisbet, SBC, to the meeting, who gave an update on the South of Scotland next generation broadband project.</p>  <p>G:\Business Improvement\Busines</p> <p>He highlighted the significance of next generation broadband to economic development in the Borders, especially when faced with the issues of rurality. He said that connectivity should be regarded like any other utility, but that currently there is a real digital divide.</p> <p>The recent Scottish allocation from BDUK of £68.8m is still being negotiated so the Borders share of that is still to be confirmed. After a short discussion on 4G network, benefits to rural areas from providers, ownership of the network, prioritisation within our area if funding is limited, all agreed that this is a crucial project for the Borders and that this Board should</p>		

	offer its full support.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Letter of support to be drafted and circulated to all Board members for approval	Duncan Nisbet/SG	By 5 th September

ITEM 6 – CHRISTIE COMMISSION

DISCUSSION	As time was extremely limited, it was not possible to discuss the Christie Commission report and the summary that had been circulated. All agree that a separate session should be convened to look at this and the development of the next SOA.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Set up ½ day session with Board	SG	ASAP

ITEM 7 – STRATEGIC ASSESSMENT AND COMMUNITY JUSTICE AUTHORITY FACILITATION OFFER

DISCUSSION	Similarly, there was not time to discuss this but SG had prepared a short summary paper and a session will be planned for November.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Future facilitated session to be planned with Board	SG	November

ITEM 8 – AOCB

DISCUSSION	There was no other business	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

DATE OF NEXT MEETING: Monday 7th November 3-5pm, Committee Room 2

Session with Community Justice Authority, 12-3, Committee Room 2 (lunch will be provided). Short summary paper of the offer attached:



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CRITICAL SERVICES OVERSIGHT GROUP

MINUTE OF MEETING OF 20 JUNE 2011

Present:	<p>CSOG : David Hume, Chief Executive, SBC (Chairman); Callum Campbell, Chief Executive, NHS Borders; Chief Supt Graham Sinclair, Lothian & Borders Police.</p> <p>Attendees: Stella Everingham, Head of Integrated Children's Services; Brian Kerr, Chair of Adult Protection Committee; John Raine, Chair of Child Protection Committee; Gillian Nicol, Child Protection; Alana Notman, Adult Protection; Morag McLintock, Procurator Fiscal; Jackie Swanston, Head of Schools Service (East); Sheena Wright, Director of Nursing and Midwifery.</p> <p>Apologies: Andrew Lowe, Director of Social Work</p>
1.	<p>Welcome David Hume welcomed everyone to the meeting.</p>
2.	<p>Minute of Meeting of 15 November 2010 Noted the Minute, subject to the addition of Mr Brian Kerr to the list of attendees.</p>
3.	<p>Matters Arising Not on the Agenda With reference to paragraph 10 of the Minute of 15 November 2010, David Hume advised that the support team for ELBEG was to be asked to look into the use of the Internet and Social Networking sites. Action: DH to speak with Adrian Lawrie of Public Protection Officer and update CSOG at its next meeting.</p>
4.	<p>ELBEG David Hume updated the Group on the meeting held on 6 June 2011, giving an update report on the Public Protection Office. A great deal of guidance had been produced on protecting children and families on substance abuse. Reference was made to Level 2 New Strategic Assessment. The role of ELBEG and the future was discussed. ELBEG had come into being due to a number of difficult social work cases. The Chief Executives came together at the initiative of the Chief Constable, and NHS was also involved. There was a sense within ELBEG that it was beginning to lose focus. Some members were questioning the value of the organisation. There had been a substantial change in personalities and it had been some years since the difficult social work cases had arisen, although this was a bigger issue which may require to be revisited. Future agendas for ELBEG were to be business focussed to ensure a degree of coherence which was currently lacking. Also considered was a review of inter-agency child protection matters. Discussion was held on communicating and developing core results and communicating these to the public. Concerns were expressed re underage sex activity and joint interviews. The "Keeping Children Safe" initiative had received 28 applications, after going live in March 2011 in the Lothian and Borders area. There had been 3 disclosures: 2 in Edinburgh and 1 in West Lothian. Issue of the financing of L&B MAPPA Co-ordination Unit was discussed. Joint costs of £147k related mainly to staffing. View was taken that between June and the autumn core costs needed to be established to see if reductions could be made. Pan Data-Sharing Protocol also considered. Calum Campbell advised that NHS governance was fine and had been approved through committee. DH advised of some concern amongst Social Work senior officers. One of the</p>

	<p>founding principles of ELBEG was the sovereignty of each local authority area in terms of child protection, and ELBEG had to show added value. The development of guidance did trespass into those areas, with the feelings of staff beginning to influence the new Chief Executives who were questioning their attendance. There was a need to come back to the Victoria Climbié Review report which showed the final responsible person to be the Chief Executive. CC questioned why there was so much variation in child protection allowed at national level, let alone locally. DH advised that he and the Chief Constable would speak to the Chief Executive of Edinburgh City Council. Graham Sinclair advised that the co-ordinating role of ELBEG tied the police into the agenda and this should be preserved, but questioned whether anyone was examining what ELBEG could look like in a few years time with the proposed changes to police forces. DH responded that the only imperative could be City Region authorities.</p>
5.	<p>Conference on Public Protection Brian Kerr advised that the idea of a conference had arisen from a discussion within the Adult Protection Committee, and the need to be better aware of emerging cross-cutting issues in child protection, domestic violence, and drug and alcohol abuse. The suggestion of an event in the Scottish Borders would be valuable and would sit beside the ELBEG conference. Members of the Group offered support for the suggestion and considered how to take matters forward. Action: <i>Agreed that DH and BK would create a Planning Group to develop a conference, to be timed for after the forthcoming inspection, at the end of October/beginning November 2012 (avoiding 4 November as Sheriffs training day).</i></p>
6.	<p>Adult Protection Brian Kerr summarised the update on the work of the Adult Protection Committee, copies of which had been circulated with the agenda.</p>
7.	<p>Child Protection David Hume advised that this would be the last meeting of CSOG attended by John Raine, in his capacity as Chairman of the Child Protection Committee, as he had recently been appointed Chairman of NHS Board in the Borders. Mr Raine summarised the update which had been circulated with the agenda. It may be helpful to have an 'opening' event for the CPU move to Langlee. David Hume should attend. The first of the meetings of staff had been held the previous week in preparation for the forthcoming inspection. The theme of leadership ran throughout the self-assessment. David Hume, Glenn Rodger, Andrew Lowe, Calum Campbell and Graham Sinclair would all need to be involved, and perhaps a separate meeting of Chief Officers could be held to take this forward. The inspection was due to begin on 5 September 2011 and would require a presentation based on multi-agency perspective as a start. Work would need to start on this in the near future to ensure it was ready. Stella Everingham explained that the self-evaluation was important, although it was critical to have evidence to back up strengths. The presentation should focus on the framework and answering the 9 questions, along with the supporting evidence. JR further advised that the preparations for the inspection were progressing well. SE indicated that a SCSWIS ISLA inspection was also underway in the Social Work Department BK suggested it would be helpful if the outcomes of the 2 inspections would be available in time for the proposed conference on Public Protection, and also to link this to the opening of the new Unit. This was an important milestone. SE gave further details of the ISLA (the initial scrutiny level assessment) process, which started with reading 100 files. Prior to that there were 67 different categories of information to produce by 15 July 2011. The final report would be published early 2012 and Adult Protection would be part of that. Action: <i>Agreed that the core members of CSOG meet soon to take forward inspection requirements/plans.</i></p>
8.	<p>Southern Cross and Castle Beck Update Stella Everingham updated the meeting on the impact on Scottish Borders. There were 10</p>

	<p>adults with learning disabilities placed in Scotland (none within the Borders) and all individuals were under regular review anyway. Nothing particular was coming out of the Units in Scotland. All families had been contacted. Enhanced monitoring was being put in place and NHS Border representatives would make unannounced visits to Units. There was no local Southern Cross home in the Borders. The Elsie Inglis Home in Edinburgh which had closed had 1 Scottish Borders resident. There were contingency plans in place if any Home in the Borders was to close. A further paper would be presented to CHCP Board. Members discussed the potential issues but would need to await the outcome of the financial restructuring of the company, so agreed to keep a watching brief on the situation. Calum Campbell advised that he had written to Northumberland County Council to state that the Health Board would have nothing more to do with Carham Hall and that NHS staff would be pulled out as the restrictions being imposed were not acceptable. Alana Notman advised that 1 respite care resident had recently been placed there. John Raine referred to standards of care being the main headlines recently, with Health and SBC perhaps having to anticipate more complaints coming from that sector. Some issues arose through care staff having insufficient time to care rather than the actual standards of care themselves. Brian Kerr commented that the separation of large companies into finance and care parts could cause issues such as this. Morag McLintock commented that the PF service may need to know if there were any problems with a particular Home in case of sudden death.</p> <p>Action: Agreed that Brian Kerr and Alana Notman take these issues to Adult Protection Committee.</p>
9.	<p>Any Other Business</p> <p>Members of the Group were joined by Joan Lafferty and Fiona McManus of the Social Care and Social Work Improvement Service (SCSWIS) who gave a presentation on the forthcoming Joint Inspection of Services to Protect Children and Young People. The overarching question was 'How well do we protect children and meet their needs?'. Quality indicators formed an overarching framework, with 6 key questions to be answered. The principles for inspections were that they were intelligence led, proportionate, flexible, focussed on outcomes for the children and families. The scope of the inspection would be influenced by the amount of information SCSWIS had. In the first round of inspections, SCSWIS had used the same model for every local authority area. This time it was now different, with a much sharper focus on outcomes for children/families in most need of protection.</p> <p>Self evaluation was the starting point for the inspection, describing the journey, the direction of that journey, and the context. This was not an opportunity to bid for a QI value. Combining the inspection with Fostering and Adoption gave a more integrated approach, using one team, one sample of children, and increased focus on outcomes. The inspection methodology was split into 3 phases over 2 weeks: Week One Monday – Tuesday was used for scoping; Week Two was proportionate (4 inspectors in the team) and involved reviewing practice by reading case files. Professional discussions then took place with 6 scheduled; findings would be shared throughout the inspection and these would be considered together. Consideration would need to be given as to who should attend these discussions, with maximum suggested numbers of no more than 8 or 10. The findings would be discussed on the Friday of Week Two.</p> <p>In terms of evaluation, these needed to be satisfactory or above. There was the possibility that some other QIs could be scoped in to the inspection, which would be reported on in the public report but not evaluated. Key issues of national interest included medical exams, management of sex offenders who may pose a risk to children, and helping children keep safe when using the internet. The final Inspection Report aimed to answer 4 key questions –</p> <ol style="list-style-type: none"> (1) How well are the needs of children and families met? (2) How good is delivery and management of services? (3) How good is leadership and direction? (4) How are services improving? <p>The report would be written in plain English as a public report. A “record of inspection findings” would be shared with the local authority separately. This usually would be 15 or 16</p>

pages long.

The planned timetable was as follows –

- Scoping phase – 5 to 6 September 2011
- Core phase – 7 to 9 September 2011
- Proportional phase – 19 to 23 September 2011
- Publication of report – 8 December 2011.

In total there would be 12 members of the inspection team, including 4 principal members. Finally, the idea of the inspection was to support improvement; to promote self evaluation as a driver for transformational change and improvement; to inspect in partnership; and to have a professional dialogue.

Members of the Group welcomed the update and thanked Joan and Fiona for the presentation, asking if anything else could be done to ease the inspection. At the initial presentation/discussion JL suggested that statistics be kept to a minimum as the inspectors were able to find these out for themselves, and the team wanted to know what was being done, how it was being done, and what areas had been identified for improvement. The inspectors were also keen to meet with parents/children and would therefore ask staff to prepare families for this inspection. It was always very helpful to hear the “consumer’s” voice. FMcM advised that as a general rule the first meeting lasted for 2 hours. Also, manageable evidence should be focussed and looking at the most vulnerable children at risk of abuse or neglect. While there may be a temptation to go into those children with complex needs, this was not necessary. By the end of June 2011 the team would know which children would be checked. The inspectors would read back two years of core records on a particular child which included police, social work, health, education and any Children’s Reporter referrals. FMcM made it clear that the inspectors only had a right to read children’s records, not adults. 29 children had been chosen on a proportionate basis to the formula used for assessment.

DH thanked FL and FMcM for their presentation and helpful comments.

Meeting concluded at 12 noon.



**CRITICAL SERVICES OVERSIGHT GROUP
MINUTE OF MEETING OF 24 OCTOBER 2011**

Present:	<p>CSOG : Andrew Lowe, Acting Chief Executive, SBC (Chairman); Glenn Rodger, Director of Education and Lifelong Learning, Calum Campbell, Chief Executive, NHS Borders; Chief Supt Graham Sinclair, Lothian & Borders Police.</p> <p>Attendees: Brian Kerr, Chair of Adult Protection Committee; John Raine, Chair of Child Protection Committee; Gillian Nicol, Child Protection; Alana Notman, Adult Protection; Morag McLintock, Procurator Fiscal.</p>
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1.	<p>Welcome Andrew Lowe welcomed everyone to the meeting.</p>
2.	<p>Minute of Meeting of 20 June 2011 Noted the Minute.</p>
3.	<p>Matters Arising With reference to paragraph 5 of the Minute of 20 June 2011, there had been circulated copies of a note presenting an update on planning for the workshop entitled "Improving Public Protection in Scottish Borders". Brian Kerr referred to drug and alcohol abuse and the impact on families. He also referred to the misuse/abuse of internet, financial abuse and of the impact these had. It was important for all partners to explore together how those issues could be responded to. He wondered about the effectiveness of different partnerships, bearing in mind their different financial situations. The note advised on the composition of the planning group and the anticipated outcomes from the event. It had proved impossible to find a date in November which was clear for all the senior managers and the group was now looking for a date in early March 2012. In preparation for the event a survey would take place (using "survey monkey") of front line practitioners' experience of new challenges and current arrangements; and a "map" of current arrangements and the relationship between them was being prepared. It was planned that the event be one of participation and Brian Kerr suggested that Rob Strachan and Andrea Beavon be invited as speakers. The event was aimed at Senior Managers and staff responsible for strategic planning of protection services in all the statutory and the major independent sector agencies (including housing associations). It was planned that about 200 people would be in attendance. Glenn Rodger asked if there were 200 senior members of staff and advised that the costs on the day would be immense. The following outcomes were anticipated from the event (a) improved awareness of new issues and challenges facing each of the public protection partnerships in Scottish Borders and the need to work together, where possible and appropriate to tackle these effectively; (b) better understanding of how staff worked together and shared information in day to day practice; and, (c) identified priorities for improving efficiency and effectiveness of formal arrangements for public protection in the Scottish Borders. In discussing administrative and co-ordination support for organisation of the event A. Notman referred to staffing issues and of the need for this to be supported and she would take this forward. C. Campbell asked to be provided with costs for the event.</p>

	<p>Action: B. Kerr to progress arrangements for a scaled down workshop with no speakers for 50/60 participants and report on progress in January 2012. A. Notman would investigate staff support. B. Kerr to provide C. Campbell with costs for the workshop.</p> <p>With reference to paragraph 7 of the Minute of 20 June 2011, John Raine asked for information regarding the arrangements for the appointment of his successor to the post of Chairman of the child Protection Committee. Andrew Lowe advised that an advertisement for the post would be made shortly.</p> <p>With reference to paragraph 8 of the Minute of 20 June 2011, Alana Notman advised that the transfer to Southern Cross was going well. Andrew Lowe reported that work needed to be looked at for service models in respect of Castle Beck.</p>
4.	<p>ELBEG</p> <p>Andrew Lowe updated the Group on a recent meeting he had attended at which the future role of ELBEG was discussed. He referred to changes in personnel and in light of the new members at the table, the role of ELBEG, the public protection office and the need for clarity around the lines of responsibility being straight to CSOG. Calum Campbell pointed out that the new ELBEG should take on board what had worked well and what had not worked well over the past 8 years. Concerns were expressed in relation to data sharing taking too long and questions were raised relating to value for money.</p> <p>Action: AL and CC to discuss further prior to the next ELBEG meeting.</p>
5.	<p>Child Protection</p> <p>(a) CP Briefing/Update</p> <p>There had been circulated copies of a briefing note advising that the Child Protection Committee (CPC) had met on two occasions since the last meeting. The July meeting had been extended and covered business planning for 2011-2012 with only essential agenda items being discussed. The August meeting focused on the preparation for Inspection. J. Raine advised that preparation for the inspection had taken up a considerable amount of staff time which had inevitably impacted on the other works of the CPC and sub groups.</p> <p>(b) Annual Report</p> <p>Copies of the Annual Report had been circulated for information. The report would be presented to Council in November and Health and Police members would present it to their appropriate Boards.</p> <p>(c) Glenview/Langlee</p> <p>The Group was advised that the Glenview facility was completed and in use, the video equipment had not been provided yet but in the meantime staff were being encouraged to use the building in order to become familiar with it. Arrangements would be made for an official opening of the new facility. Morag McLintock updated the Group on the current situation regarding the video equipment. The Langlee office facility for the CPU staff was progressing with a view to the move taking place by November.</p> <p>(d) Vision, Values and Aims</p> <p>There had been circulated copies of a paper on the Vision, Values and Aims of the Child Protection Committee. At the request of John Raine the Group endorsed the work of the CPC and thanked CPC for all the work carried out.</p> <p>Action: AL to take to Members together with the Annual Reports and others might wish to take it to boards as per annual report above.</p>

	<p>(e) Child Protection Inspection CSOG members were present for the final feed back which was reasonably positive and did not require any follow up inspection activity. The inspection team commented on the work involved for all the staff involved and how welcome they were made. The draft report would be submitted to CSOG shortly for comment with a 2 week turn around period.</p> <p>(f) Dispute Resolution There had been a situation considered under the dispute resolution protocol. This was the first time in many years this protocol had been used and although the situation had found a resolution, protocol was being reviewed as a result of what had been learned.</p> <p>(g) Risk Assessment Pilot Scottish Borders had been accepted along with 2 other areas to pilot the National Risk Assessment tool. The Teviot Locality would provide this pilot and a range of interagency staff would be involved in a training session, use of the tool, completing surveys, suggesting improvements and being interviewed in focus groups. This would be a considerable commitment from staff especially from the ICS team and their agreement was much appreciated by CPC.</p>
6.	<p>Adult Protection</p> <p>(a) AP Briefing/Update It was noted that the annual report of the works of the APC was complete and would be presented as appropriate to Scottish Borders Council, and Governance Committees of NHS Borders. It was reported that the last six months had seen a significant increase in activity and number of referrals of adults at risk. There had been 63 new adult protection concerns reported in the quarter April – June 2011 compared with 42 in the previous quarter. It was not yet clear whether this reflected an increased awareness and understanding amongst professional and the public, or an increase in levels of harm. APC would continue to keep this level, and the response under review.</p> <p>(b) “Hidden in Plain Sight” There had been circulated copies of an Executive Summary entitled “Hidden in Plain Sight” – an Inquiry into disability-related harassment. Several serious cases of abuse of disabled people had been reported in the media over the lat few years. The inquiry showed that harassment of disabled people was a serious problem which needed to be better understood. Ten cases in which disabled people had died or been seriously injured had been examined. The summary put forward 7 core recommendations. During the discussions which took it was suggested that each agency be asked to respond, thereafter the CSOG could pull the findings together. It was agreed that the Adult Protection Committee would consider the 7 recommendations to provide a basis for a working partnership which would be covered at the Spring event.</p> <p>Action: <i>BK to update the Committee in January regarding progress.</i></p>
7.	<p>Data Sharing It was noted that the Borders Forum had not convened since July. There was a need for a Chief Officer to be identified to champion this. C. Campbell advised that Jackie Stephens was the IT Person within NHS Borders.</p>
8.	<p>Critical Cases Graham Sinclair referred to the tragic circumstances surrounding the death of a baby in Eyemouth in a house of multiple occupants. As toxicology tests were inconclusive, it was not possible to establish that this was anything other than a tragic still birth. He referred to a second incident in Eyemouth and advised that it was a misnomer to call both incidents migration community tension issues.</p>

9.	<p>Serious Cases</p> <p>Graham Sinclair advised there had been an increase in the number of rape cases owing to the change in methods of classification/recording. A fatal accident inquiry would take place in relation to a fatal fire at Hawick when a body had been recovered by members of the Police and Fire Service. There had been a spate of missing person enquiries where mental health issues were known. He also advised on fatal road collisions and on a murder enquiry squad located at Galashiels to investigate a murder which had taken place near Peebles.</p>
10.	<p>Any Other Business</p> <p>Glenn Rodger referred to the Alcohol Summit which had taken place in 2008 and asked whether there was a need to revisit alcohol and drugs issues. It was noted that the misuse of alcohol and drugs must be a significant factor in the abuse of adults and children. It was agreed that Dr. Eric Baijal be invited to attend the next meeting of the Group to ascertain if the CSOG could provide support and perhaps develop an alcohol plan. This could be included as a topic for the forthcoming Workshop – “Improving Public Protection in Scottish Borders”.</p> <p>Action: CC to liaise with Dr Eric Baijal.</p>
11.	<p>Dates for Quarterly Meetings for 2012</p> <p>Kathleen Mason to liaise with Sandra Frizzel re meeting dates for 2012 and Members of the Group would be advised accordingly.</p> <p>Action: KM/SF</p> <p><i>The meeting concluded at 4.00 p.m.</i></p>



CRITICAL SERVICES OVERSIGHT GROUP

MINUTE OF MEETING OF 7 MARCH 2012

Present:	<p>CSOG : Calum Campbell, Chief Executive NHS Borders (Chairman); Glenn Rodger, Director of Education and Lifelong Learning; Stella Everingham, Head of Integrated Children's Services, Chief Supt Graham Sinclair, Lothian & Borders Police.</p> <p>Attendees: Brian Kerr, Chair of Adult Protection Committee; John Raine, Chair of Child Protection Committee; Gillian Nicol, Child Protection; Alana Notman, Adult Protection; Morag McLintock, Procurator Fiscal, Julie Murray, ADP Coordinator</p> <p>Apologies: Tracey Logan, Chief Executive SBC, Andrew Lowe, Director of Social Work.</p>
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1.	<p>Welcome Mr Calum Campbell welcomed everyone to the meeting.</p>
2.	<p>Minute of Meeting of 20 June 2011 Noted the Minute.</p>
3.	<p>ELBEG With reference to paragraph 4 of the Minute of 24 October 2011, there had been circulated the Note of the most recent Edinburgh, Lothian and Borders Executive Group (ELBEG) meeting which took place on 3 February 2012. Ms Stella Everingham updated the Group on the items discussed at the meeting. She reported that a proposal for revised arrangements for the discharge of the functions of the ELBEG group was agreed at the last ELBEG meeting in November 2011. The previous ELBEG arrangements had been disbanded and the concept of the partnership of chief officers still existed, however the public protection business would now be dealt with by this group. This group would offer better value and efficiency in certain areas of joint working. Individual Chief Executives retained full responsibility for their local area. The first meeting of the group under the new remit would agree a number of principles regarding its business processes.</p> <p>Mr Alan Crawford agreed to be the Chair of the group, and Ms Everingham approached Mr Andrew Lowe regarding becoming Vice Chair of the group. Meetings would be scheduled to take place quarterly. The main venue for the meeting would be Dalkeith as this was a central location and most practical for most members. The middle of the day on a Friday was agreed to be the optimum time.</p> <p>The functions of the group were confirmed as: to coordinate and oversee the Community Justice Authority area Multi Agency Public Protection Arrangements (MAPPA); to develop and deliver multi-agency training (e.g. joint investigative interview training; Adult Support and Protection (Scotland) Act training); to exert greater influence over national legislation, policy and guidance; to develop local multi-agency policy and strategy in relation to shared priorities (e.g. domestic abuse, child and adult protection, substance misuse and management of offenders); and review existing joint procedure; to commission an annual strategic assessment to inform business planning and priority setting (priorities may vary according to existing areas; and to share best practice and learning from significant case reviews.</p>

	<p>Michelle Miller agreed to write and initial draft of the terms to articulate delegation and statutory expectations of the group and these would be circulated to the group for comments.</p> <p>Mr Crawford had met with the staff at the ELBEG office and reported that the office needed direction and support and a clear work plan. It was agreed that the ELBEG office would produce a condensed annual report to summarise what work was undertaken in the last year. Mr Crawford reported that there was money in the budget allocated to holding an ELBEG conference. It was agreed that the money could be held for now as it would be more beneficial to hold smaller events for practitioners to learn from significant case reviews and share best practice instead of holding a large conference.</p> <p>The date of the next meeting would be at the end of March 2012.</p>
4.	<p>Child Protection</p> <p>(a) CP Briefing/Update</p> <p>With reference to paragraph 5(a) of the Minute of 24 October 2011 there had been circulated copies of a briefing note advising that the Child Protection Committee (CPC) had met on three occasions since the last meeting. John Raine chaired all three meetings. As discussed at the last meeting the Child Protection Inspection had taken a considerable amount of time and effort from all staff and this period involved concluding this work and getting the work of the sub groups back on track.</p> <p>(b) Risk Assessment Pilot</p> <p>With reference to paragraph 5(g) of the Minute of 24 October 2011, Mr Raine provided some feedback on the National Risk Assessment Tool. He reported that the risk assessment tool had not been well received by staff. Gillian Nicol advised that she had not had a great deal of feedback, but the feedback she had received was that the risk assessment tool had been well received by staff in Health and Education, but not as well received by staff in Social Work. The risk assessment had met the needs of some professionals but not others, and the assessment in terms of how it could be used needed to be clarified. The assessment was quite lengthy and not all sections needed to be completed, which should be communicated to those piloting it. Ms Nicol advised that the feedback was perhaps not quite as negative as Mr Raine was advised.</p> <p>(c) Child Protection Inspection Action Plan</p> <p>With reference to paragraph 5(e) of the Minute of 24 October 2011 there had been circulated copies of the Joint Inspection of Services to Protect Children and Young People the Scottish Borders which was published in December 2011. The report described the areas for improvement and the progress that had been made so far.</p> <p>(d) Dispute Resolution</p> <p>With reference to paragraph 5(f) of the Minute of 24 October 2011 there had been circulated copies of a Dispute Resolution Protocol. Mr Raine presented the protocol and explained that the Dispute Resolution Protocol should be used when there was a fundamental disagreement between agencies over the way to proceed in the management of individual cases. Mr Campbell agreed with the majority of the document but was concerned about the contents of the last paragraph that had been highlighted in bold. It read: "If CSOG fail to reach an agreement or the member of staff who raised the issue still has significant concerns around the management of risk despite the completion of stage 4 then CSOG should consider jointly commissioning an external review". Mr Campbell felt that this would leave senior officers exposed. Mr Rodger explained that that if CSOG failed to agree with regard to an individual case then there would be a referral to an independent body. If one member of staff disagreed with regard to an individual case and all members of CSOG agreed there would not be an issue. It was agreed that the final paragraph written in bold would be taken out of the Dispute Resolution Protocol document. Ms Nicol advised that for adults and children the protocols would be the same but the language would be slightly different. There was a need for staff to feel that they followed the same process when supporting adults and children.</p>

	<p>Action: <i>The final paragraph of the Dispute Resolution Protocol written in bold was to be removed.</i></p>
5.	<p>Adult Protection</p> <p>(a) AP Briefing/Update</p> <p>With reference to paragraph 6(a) of the Minute of 24 October 2011 there had been circulated copies of an update for CSOG from the Adult Protection Committee (APC). The last business meeting of the APC was the 14 February 2012 and Minutes were available from the AP Unit. The next business meeting was scheduled to take place on 10 April 2012 when the Committee hoped to sign off and recommend to CSOG a new three year strategy for adult protection in the Scottish Borders. The last nine months had seen a significant increase in activity and number of referrals of adults at risk. There were 66 new adult protection concerns reported in the quarter September to December 2011. Numbers of referrals had doubled for this quarter in every year since 2008 when data was first collected. It was not yet clear whether this reflected an increased awareness and understanding amongst professionals and the public or an increase in the level of harm. APC would continue to keep this level and the response under review. Activity data were analysed in some detail every quarter. It was noted that in the quarter ending December 2011, concerns about people with learning disabilities predominated. Financial harm continued to be a significant feature. There was encouraging evidence of good joint working at the front line although there had been some concern about the inclusion and representation of housing agencies.</p> <p>(b) Improving Public Protection in the Scottish Borders</p> <p>There had been circulated copies of a report on Improving Public Protection in the Scottish Borders. Mr Brian Kerr presented the report and explained that early in 2011 CSOG had commissioned an event which would consider the strategic challenges that faced all public protection partnerships in the Scottish Borders. This was intended to inform the business and strategic planning of the partnerships. Work was carried out on the current extent of joint working across the partnerships, the 'interagency agenda', and the likely impact of that on the current arrangements for public protection in the Scottish Borders. As a result two further pieces of work were undertaken: a review of the published strategic priorities and plans of the Protection Partnerships to identify what shared priorities they had and the extent to which they were currently working together; and mapping of the existing partnerships to identify what they had in common in terms of membership, subgroups, terms of reference etc. It was concluded that from the two pieces of work carried out there would be merit in inviting the partnerships to look together at their structures, terms of references and processes. This would help to ensure that best practice was understood and adopted, represented and membership arrangements were the most efficient and cost effective as possible, and potential for working together was exploited. Inviting partnerships to look together at their shared strategic priorities, with a clear outcomes focus, would help to ensure they would be maximising the potential of working together, avoiding duplication and advancing their 'inter agency agenda' in practical ways. The group discussed the report and it was decided that Ms Julie Murray, ADP Co-ordinator would liaise with various services and find out what steps for standardisation could be taken in the next twelve months. Ms Murray would feedback to CSOG.</p> <p>(c) "Hidden in Plain Sight"</p> <p>With reference to paragraph 6(b) of the Minute of 24 October 2011 there had been circulated copies of the Executive Summary by the Equality and Human Rights Commission from the report entitled "Hidden in Plain Sight" – an Inquiry into disability-related harassment. As part of the inquiry ten cases were examined in which disabled people had died or been seriously injured. There were seven core recommendations: there should be real ownership of the issue in organisations critical to dealing with harassment; definitive data was available which spelled out the scale, severity and nature of disability harassment; the criminal justice system was more accessible and responsive to victims and disabled people; the wider community had a more positive attitude towards disabled people; promising approaches to preventing and responding to harassment; and all frontline staff that might be required to recognise and</p>

	<p>respond to issues of disability-related harassment had to receive effective guidance training.</p> <p>Discussion took place in terms of what this report could mean for the Scottish Borders in terms of identifying support mechanisms in place for victims of disability-related harassment and implementing support for victims of disability-related harassment where it was not available. Ms Alana Notman advised that the report was relevant to all agencies and included Education, Criminal Justice, Local and central government, Health, Housing, Social Care, Transport, Partnerships and Regulators and inspectorates. Ms Notman suggested that CSOG should carry out a mapping exercise that involved asking all relevant agencies what they thought of the key recommendations in the report. Mr Campbell suggested that the recommendations in the report were not recommendations but factual statements. It was agreed that the statements from the report should be tweaked to sound like recommendations rather than statements. It was agreed that Ms Notman would take lead on carrying out a mapping exercise of all relevant agencies to gather feedback to their reaction of the recommendations within the report.</p> <p>Actions: <i>JM to continue working with BK and AN to draft an outline approach and plan for standardising processes with regard to problem families.</i></p> <p><i>AN to take the lead on behalf of CSOG on conducting a mapping exercise of all relevant agencies to gather feedback on the recommendations from the “Hidden in Plain Sight” report.</i></p>
6.	<p>Summary Report on Data for Drug Related Deaths 2010</p> <p>There had been circulated copies of a report on Data for Drug Related Deaths in 2010 in the Scottish Borders that was produced by the Scottish Borders Drug Death Review Group (DDRG.) Membership of the group included: Lothian and Borders Police; Procurator Fiscal; Criminal Justice Social Work Service; Lead Clinician, NHS Borders Addictions Service; and the ADP Support Team. The DDRG reported 5 year drug death totals in the Scottish Borders with annual averages: 1996-2000 the total drug deaths were not reported by ISD, and the annual average was 1; 2001-2005 the total drug deaths was 12 and the annual average was 2; and 2006-2010 the total drug death was 27 and the annual average was 5. In 2010, 72 per cent of the deaths were male (consistent with the rest of Scotland) and all were under age 45. Ninety-one per cent were defined as unemployed or long-term sick. Seventy-two per cent were single, divorced or separated. It was interesting to note that, differing from the national picture, the finding that Borders drug related deaths by deprivation category in 2010 showed that the majority of deaths did not fall into the most deprived category. In 2010 the majority of the deaths were in individuals who had been in police custody at some point in their lives with one third of this group having been in prison within 6 months prior to death. The majority were long-term users for more than 5 years and were all known as intravenous users. Heroin was the most commonly used drug in the past month with almost one third of individuals using daily.</p> <p>Nationally, Ms Murray reported that there was a Scottish Government Take Home Naloxone Programme which was aimed at reducing the number of drug-related deaths in Scotland. In the Scottish Borders the national trainers had been to local services and delivered training. Naloxone was a medication which blocked the effects of opiate drugs such as heroin and methadone. It could be given by injection to reverse the effects of an opiate overdose. Ms Murray further reported that information sharing protocols had been developed between the Scottish Ambulance Service (SAS) and NHS Borders Addiction Service (based on an existing protocol between NHS Fife and local SAS) which allowed reporting and data sharing on non-fatal drug overdoses that were presented to SAS. This was designed to speed up access to treatment services and prevent a subsequent fatal drug overdose.</p>
7.	<p>Data Sharing</p> <p>There was nothing to report on Data Sharing.</p>

8.	Critical Cases Mr Graham Sinclair reported that there had been a rise in alcohol and/or drugs based violence in the Scottish Borders. The number of knife crimes in the Scottish Borders had also risen.
9.	Any Other Business Mr Sinclair reported that he had spoken with Mr John Tench, a consultant with the Community Justice Authority (CJA). Mr Sinclair had discussed the possibility of Mr Tench carrying out research to establish how many children living in the Scottish Borders had parents with substance misuse issues, and how many were being supported. Mr Rob Strachan, Chief Officer with the CJA had agreed to fund the research. It was agreed that Mr Sinclair would liaise with Detective Chief Inspector Amanda McGrath with regards to taking this forward. Mr Sinclair asked the Group if suicide information was shared between agencies and it was reported that it was not shared. Action: <i>GS to liaise with Detective Chief Inspector Amanda McGrath and Mr John Tench to discuss carrying out research into how many children living in the Scottish Borders were living with parents with substance misuse issues.</i>