



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

THURSDAY 10 NOVEMBER 2016, 09:00AM TO 12:00 NOON

CONFERENCE ROOM
ALEXANDER GRAHAM BELL CENTRE
MORAY COLLEGE, ELGIN

PRESENT

VOTING MEMBERS

Ms Christine Lester (Chair)	Non-Exec Board Member, NHS Grampian
Councillor Lorna Creswell (Vice - Chair)	Moray Council
Councillor Patsy Gowans	Moray Council
Mrs Sharon Duncan (substituting for Dame Anne Begg)	Exec Board Member, NHS Grampian

NON-VOTING MEMBERS

Mr Ivan Augustus	Carer Representative
Mr Sean Coady	Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Ms Pam Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Dr Ann Hodges	Registered Medical Practitioner, Non Primary Medical Services
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Ms Jane Mackie	Head of Adult Health and Social Care, Health and Social Care Moray
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Mrs Val Thatcher	PPF Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services

IN ATTENDANCE

Mrs Margaret Forrest	Legal Services Manager, The Moray Council
Mr Bob Sivewright	Finance Manager, NHS Grampian (substituting for Margaret Wilson)

Mrs Catherin Quinn	Executive Assistant, NHS Grampian
Ms Aimee Borzoni	SDS Residential Care Project Officer, Moray Council
Ms Michelle Fleming	SDS Support Officer, Moray Council
Mr Gareth Williams	Performance Officer, Moray Council
Mr Sandy Thomson	Lead Pharmacist, NHS Grampian
Councillor Fiona Murdoch	The Moray Council
Mrs Isla Whyte	Personal Assistant, NHS Grampian as Clerk to the Board

APOLOGIES

Councillor Sean Morton	Moray Council
Dame Anne Begg	Non-Exec Board Member, NHS Grampian
Ms Amanda Croft	Exec Board Member, NHS Grampian
Mr Tony Donaghey	UNISON, Moray Council
Mrs Susan Maclaren	Chief Social Work Officer, The Moray Council
Mr Fabio Villani	tsiMoray
Mrs Margaret Wilson	Chief Financial Officer, Moray Integration Joint Board

1.	DECLARATION OF MEMBERS' INTERESTS
	There were no declarations of Members' interests in respect of any item on the agenda.
2.	MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD DATED 25 AUGUST 2016
	The minute of the meeting of the Moray Integration Joint Board dated 25 August 2016 was submitted and approved.
3.	ACTION LOG DATED 25 AUGUST 2016
	<p>The Action Log of the Moray Integration Joint Board dated 25 August 2016 was discussed and the following points were noted.</p> <p>It was noted that under Minute of Meeting of the Moray Integration Joint Board dated 30 June 2016 – item 6 of the minute was updated as requested and there was agreement to included substitute board members under 'In Attendance' on minutes when present but not substituting for others. Item 2 Action Log dated 30 June 2016 - the CO confirmed that some changes have been made and there is agreement not to have AOCB on future agendas. Item 3 Carry on Caring 2016-2019 – the CO confirmed the report will be presented to the Board today. Item 4 Testing New Models of Delivery Health and Social Care in Moray – Mrs Mackie confirmed that Mr Paterson had followed up Dame Anne's query regarding Housing Benefit. Mrs Mackie advised this was a non-issue as the Augmented Care Units in Forres are for people 65 years and over. Item 7 Moray Alcohol and Drug Partnership –</p>

	<p>action required stated that background papers and not hyperlinks are to be provided for future reports. The Board agreed to revisit how to manage this. The CO advised she would email Board members ahead of the next meeting once the agenda agreed to decide how best to circulate background papers.</p>
4.	MINUTE OF THE MEETING OF THE IJB CLINICAL AND CARE GOVERNANCE SUB-COMMITTEE DATED 30 JUNE 2016
	<p>Circulated for information.</p> <p>The Board noted the minute of the MIJB Clinical and Care Governance Sub-Committee dated 30 June 2016.</p>
5.	CHIEF OFFICER'S BOARD REPORT – REPORT BY CHIEF OFFICER
	<p>A report by the CO sets out the position within the Moray Integration Joint Board and Health and Social Care Moray with updates on projects, good news stories and management updates.</p> <p>Mr Augustus made reference to the update on Acute Hospital Pressures and stated if families preferred choices are not available this could pose a problem and it needs to be handled sensitively. The CO advised that Delayed Discharge management is not new and one of the challenges is the staff having the confidence and skills to implement the Moving On policy. The CO went on to advise that there will be decision making meetings held regularly to actively manage bed state. The CO assured the Board staff are exercised around this and communication is an area that will be worked on. Dr Walker added that patients' plans start at the front door and are continually revised to help with appropriate discharge. Mrs Mackie advised that the team were mindful of the challenges in this area and were considering the best way to improve communication and approaches going forward.</p> <p>The Board agreed to receive this update report at future meetings in this format.</p>
6.	CHIEF OFFICER'S OPERATIONAL RESPONSIBILITIES
	<p>A report by the CO asks the Board to consider and approve the extent of the Chief Officer's operational responsibilities for integrated services.</p> <p>The report sets out the breadth of operational responsibilities and links in Heads of Service. Mrs Forrest advised the Board this report is here today to give more detail around CO responsibilities as promised back in February 2016 where the CO was formally appointed and some operational responsibilities were set out. Mrs Forrest highlighted Section 8 of Appendix 1 which is more MIJB specific. The Chair thanked the author for a good clear document. Mr Augustus asked how complaints will be managed on behalf of MIJB as the CO has operational responsibilities. Mrs Forrest advised another report will come to a future Board meeting to cover complaints; currently complaints are managed through either Council or NHS system with the CO having an oversight role. The CO confirmed that MIJB has operational oversight but not operational management. Mr Augustus advised there is always a learning opportunity from complaints and asks that that is specifically included – the Board agreed and Mrs Forrest will change the wording. The CO advised the Clinical and Care Governance Committee will</p>

	<p>consider any emerging themes from complaints particularly if there are recurring issues and these issues may become strategic issues, adding previous complex complaints have led to service redesign.</p> <p>Mrs Forrest to update CO Operational Responsibilities document at page 3 to reflect discussion regarding complaints. Thereafter the Board agreed to approve the Chief Officer's Operational Responsibilities as detailed in Appendix 1.</p>
7.	<p>MEMBERS HANDBOOK</p>
	<p>A report by the CO asks the Board to consider a draft Members Handbook.</p> <p>The Chair was very pleased to see all information in one document and will suggest NHSG use when inducting new members to the Board. Mrs Forrest advised the report is here for members' approval today but will be viewed as a dynamic document that can be added to; therefore Board members were asked to let the CO know if there is anything they want to add. Mrs Duncan commented under section regarding gifts and hospitality stating the NHS is firm on what can and can't do. The CO advised there is information there that other members will have other codes of conduct to refer to. Mrs Forrest to update to emphasise that. The Vice-Chair stated the handbook has lots of scope.</p> <p>Thereafter the Board approved the Members Handbook attached as Appendix 1; and agreed to instruct the CO to issue the Handbook to all current and future Board members. The CO advised that all current members will receive a copy of the Handbook with all appendices included.</p>
8.	<p>HIGH LEVEL STRATEGIC IMPLEMENTATION PLAN</p>
	<p>A report by the Chief Officer seeks to inform the Board of the overarching strategic change plan being taken forward across Health and Social Care Moray to modernise and ensure high quality, safe, effective and sustainable services for the future.</p> <p>The MIJB Strategic Plan 2016-2019 was approved at the MIJB meeting on 31 March 2016 and adopted by the Strategic Planning and Commissioning Group (SPCG) with a plan to develop a high level implementation plan. Mrs Gracie led on its development and created a document to set out current landscape with details of how budget is committed. The information was extensive and provided a holistic view of the current position across Moray and the Reshaping Care for Older People pathway was adopted to make sense of this, relating to all adults. Mrs Gracie then distilled down the key actions underway to give some sense of progress and clarity with specific pieces of work going forward. The CO went through the key theme of work as detailed in item 4.3 of the main report. The Appendix pulls all this into coherence. The Vice-Chair confirmed that we are in Year 1 and asked how the MIJB updates communication with public as we begin to see shift to community led services. The CO responded that Mrs Gracie is looking to present this information differently so it is useful for the public. The Chair</p>

	<p>advised there will be a public health presentation at the December MIJB Development Session and that will focus on community engagement / planning. There is also the chance in January 2017 MIJB Development Session to go back to locality discussion and reconsider what our approach to that will be. The CO reminded the Board the operational management team are present at development sessions therefore it is a great opportunity for debate. The CO continues saying as a Board it is imperative to be clear regarding progress / direction of travel. The Vice-Chair requested more information about the Wellbeing Centre in Moray. Mrs Mackie advised that there are individual pieces of commissioning work ongoing and tenders will be evaluated in due course and offered to discuss further with the Vice-Chair out with the meeting. Dr Taylor requested that until services are fully commissioned there is a challenge in informing the public, he went on to acknowledge the bigger challenge of keeping staff fully informed. The CO advised they are working with Platform PR to develop a comprehensive communication strategy and how to implement. There are lots of strands of work ongoing at present and it is difficult to always include everyone. Mr Augustus stated the need to prepare staff and inform the public to build confidence and trust. Mrs Mackie advised the Joint Workforce Forum is now in place; it is developing into good forum with good attendance and have agreed some activities to work on. As managers create new structures it is hoped staff will experience a positive change and enjoy being part of that change. Dr Walker said it was important for staff to understand the realistic timescales for new initiatives and the process that needs to be followed. Dr Hodges pointed out the statement on the foot of page 5 about the SPCG monitoring progress, she stated there is an opportunity to cross ref the Clinical and Care Governance Committee as a lot of the day to day monitoring will most likely go there, the Board agreed. The Chair advised If members have specific interests they are to make themselves known to officers.</p> <p>Thereafter the Board agreed to:</p> <ol style="list-style-type: none"> I. approve the overarching Strategic Change Plan (Appendix 1) that has emerged from the Moray Strategic Plan 2016-19; II. the ongoing monitoring in implementation will sit with the Strategic Planning and Commissioning Group (SPCG) and the Senior Management Team (SMT) led by the Chief Officer; and III. funds associated with delivering change being prioritised to the work of this change plan.
<p>9.</p>	<p>HEALTH AND SOCIAL CARE MORAY SENIOR MANAGEMENT ARRANGEMENTS</p>
	<p>A report by the Chief Officer provides the MIJB with an update on the Health and Social Care Moray management arrangements and highlights some areas where capacity needs to be increased.</p> <p>The Appendix sets out the structure going forward with new posts highlighted in red. Service Manager posts for Mental Health and Learning Disabilities have been confirmed but as the process is not complete no names were included. Once Heads of Service have finalised their appointments structure</p>

	<p>will be circulated with names and contact details. The proposed Infrastructure Programme Manager post would operate between MC and NHS, the post would have a huge programme of work including optimising resources around building and IT working with the Heads of Service regarding co-location of staff. The proposed Executive Assistant and Admin Officer posts aim to bolster the administration support and support for the CO and MIJB. Looking towards an apprenticeship to fill the Admin Officer role. The Chair supported the additional request for resources with regards to the MIJB team but questioned the need for an Infrastructure Programme Manager when this would have presumably been undertaken by people already in post ie the Forres Pathfinder work and therefore is there any leverage there? The CO responded that she has met with colleagues in NHSG regarding shared resources but an agreement has yet to be reached. There was also a Strategic Planning Lead post for each CHP that would cover this type of work previously but that no longer exists.</p> <p>The Board agreed to:</p> <ul style="list-style-type: none"> i) note the progress being made in implementing the new arrangements for management (Appendix 1), ii) approve the further allocation of resources of £134,665 for the additional capacity requirements of the management structure; and iii) direct Grampian Health Board and the Moray Council to jointly use the further allocated resources to fund the additional posts required to support the office of the Chief Officer.
10.	MORAY INTEGRATION JOINT BOARD SUB-COMMITTEES MEMBERSHIP
	<p>A report by the CO advises the MIJB on the current position in relation to sub-committees of the Board and the challenges that have arisen since the agreement was reached to establish these committees.</p> <p>The Clinical and Care Governance Committee have met and did take a decision on 1 occasion to proceed with 1 voting member in attendance – it was agreed that the risk of not going ahead was far greater than cancelling and the committee is unlikely to make any organisation decisions that required board level approval. The CO went on to explain the concern regarding the Audit and Risk Committee; this committee is yet to have its first meeting due to membership and attendance. Currently there are two voting members, Dame Anne Begg having accepted the NHS representative role following the departure of Mr David Anderson, NHSG Non-Exec. The proposal is to make this sub-committee more robust by appointing additional voting members, the CO pointing out that given the MIJB numbers this relied on the two voting members already on the Clinical and Care Governance sub-committee to also commit to the Audit and Risk Committee. For clarification the CO also noted that this meant that in the absence of either of the existing voting members or their substitutes, other voting member of the discreet organisations (MC/NHS) if the increased membership is agreed could find themselves in the chair. The substitutes could also in extreme circumstances find themselves in this position. The suggestion is that the quorum remains at two, Mrs Forrest confirmed it is for the Board to determine what quorum will</p>

	<p>be and the CO confirmed there is also a process in place for non-attendance on a recurring basis and that in order to ensure the MIJB success they may have to consider this in future, as voting members are essential for business to be conducted.. The CO has also raised with the Chair of NHSG the need to ensure substitutes for MIJB. Mrs Forrest confirmed that if appointed chair not present then another voting member can take the chair.</p> <p>After discussion the Board agreed to:</p> <ul style="list-style-type: none"> i) hold a meeting of the Audit and Risk Committee after the MIJB Development Session on 15 December 2016. ii) the MIJB agreed the proposals in the paper with an increase in the voting membership to the Audit and Risk Committee.
10a.	ADULT PROTECTION COMMITTEE IN MORAY
	<p>A report by Consultant Practitioner Adult Support and Protection (ASP) informs the Board of the role and function of the Adult Protection Committee in Moray and to consider its constitution and to approve changes to the constitution and convenor.</p> <p>Mrs Mackie advised the Board that the Adult Protection Committee would like to change the arrangement of sharing a convenor with Aberdeenshire and Aberdeen City and appoint their own convenor. The development of policy and procedures and sharing expertise across Grampian and working with counterparts in shire and city would remain. The Committee feels it would be to their advantage to have a local convenor. Mrs Mackie informed the Board that the missing element regarding budget on the Appendix should state the overall associated budget is £122K. That pays for 4 members of staff, lead officer, 5 training officers and admin staff (it is a staff budget). The date this direction is effective from would be the date of decision. Mrs Harper asked what qualifications are required. Mrs Mackie responded she can share the person spec, however, the primary component would be an interest in adult protection and experience in chairmanship and leadership. Dr Hodges asked why it is so important now for Moray to have an independent convenor and asked what the benefits would be, expressing concerns of coming out of the Grampian arrangement. Mrs Mackie responded a local convenor would be supported to attend national workshops and no links would be lost with shire and city committees, the benefits included financial savings (travel etc), local knowledge would also be beneficial as currently a fair amount of time is spent updating shared convenor on local matters. The CO emphasised the expectation that the new convenor would need to maintain an independent view and maintain this professionalism. Mrs Mackie also emphasised that Grampian arrangements for training, development and shared learning would continue to be in place, it was only the Convenor post that was being proposed as a local solution. The CO also noted that she was raising with Childrens Services whether this should be a joint post with the Child Protection Committee going forward but that this need to be discussed further, so at this point there is not decision on this. In response to concerns raised the CO suggested that this is an area we could audit in future to ensure that the committee is meeting its responsibilities under the new arrangements.</p>

	<p>The Board agreed to:</p> <ul style="list-style-type: none"> i) CO to discuss the possibility of a joint appointment in relation to the Child Protection Committee ii) issue the direction regarding the Adult Protection Committee to the Moray Council as attached at Appendix 1 on the proviso that it can be reviewed again in 12 months to ensure working as expected. iii) not change the period of appointment.
11.	CARRY ON CARING 2016-2019: A STRATEGY FOR UNPAID CARERS
	<p>A report by the Carers Strategy Officer was presented to ask the MIJB to note Carry on Caring 2016-2019: a Strategy for Unpaid Carers.</p> <p>Mr Augustus stated this was a good piece of work and asked where the resources are coming from. Mrs Borzoni responded that this piece of work follows on from the Caring Together in Moray, which ended in 2015. SDS element comes into effect in 2018.</p> <p>The Board agreed to consider and note Carry on Caring 2016-2019: a Strategy for Unpaid Carers.</p>
12.	UPDATE ON PROGRESSING SELF DIRECTED SUPPORT
	<p>A report by the Self Directed Support Officer and Self Directed Support Commissioning Officer informs the Board in relation to the development and planned progression of Self Directed Support (SDS).</p> <p>The Vice-Chair asked at what stage is the Option 2 pilot project at. Ms Fleming advised the project started in 2015 and is currently at live testing stage. The Chair asked if SDS in Care Homes could be used for ensuring a particular person /same person accompanies clients to appointments. Ms Fleming confirmed if this is how a client wishes to use SDS then yes that would be possible. The team will be working with 3-4 Care Homes to live test.</p> <p>The Board agreed to consider and note the progress made regarding the development and future development of SDS in Community Care.</p>
13.	PRESCRIBING IN MORAY
	<p>A report by the Lead Pharmacist informs the Board of the current situation in relation to prescribing practice and the budget in Moray, setting out the challenges and actions being taken to manage this significant area of activity, including the financial risks.</p> <p>Mr Thomson advised the Board prescribing is the second largest spend for MIJB and it is predicted budget will be overspent. To set context Mr Thomson advised that Moray spends more per patient than the rest of Grampian but Moray is still below Scottish average. Moray has fewer patients going to hospital than other areas. Mr Thomson assured the Board that Moray is doing all the right things; with the CO and CFO working to address the ongoing management of this situation. The Appendices provide information on social prescribing and a detailed prescribing strategy. Mr Thomson</p>

	<p>advised when making cost savings in relation to prescribing it could cause a cost elsewhere; need to be mindful of this. The Chair asked if it would be appropriate to use reserves as stated under Financial Implications in main report as the unpredictability of cost of drugs could mean a dramatic increase. Mr Thomson advised they try to mitigate against this but it can often be out with the Boards control. Dr Taylor advised there needs to be a broader approach to safety and effective prescribing. The CO advised of her attendance at the Chair and Vice-Chairs meeting with the Scottish Government (SG) recently, where it was made clear the expectation in relation to addressing prescribing budget. The Director of Finance for SG advised of a 5% downturn financially for next few years. There will be no new money. Dr Walker advised there is a Moray Medicines group established to look at all operational aspects of prescribing; Mr Thomson suggested this group could join the NHS Primary Care Prescribing group so not to replicate work. Dr Hodges advised that she attends a Grampian wide group to discuss prescribing of psychiatric medicine which is very expensive. The Chair asked how this can be audited. Mr Thomson responded it is possible to see what is dispensed but can't audit what is used / not used. Can view returns to pharmacy but these may be legitimate returns ie medication caused a reaction therefore patient could no longer use. The group discussed the Minor Ailments service, Mr Thomson advised those who paid for prescriptions before would still pay for prescriptions now; relying on pharmacist to agree who is eligible for free prescriptions.</p> <p>The Board acknowledged the seriousness of the situation in relation to prescribing and the fact that the report set out the suite of action in place to try to mitigate this. The CO confirmed careful monitoring of this budget and that the patterns and challenges were consistent across all IJB in Scotland, demonstrating a consistent upward trend in spend with a gap in budget.</p> <p>The Board agreed to note the following:</p> <ul style="list-style-type: none"> i) prescribing functions and budget are delegated to MIJB; ii) prescribing costs increase by approximately 3-5% per year; iii) prescribing costs will have to be considered during the MIJB budget setting process; iv) the continued use and benefit from input and support from the Pharmacy and Medicines Directorate when considering the prescribing budget in 2017/18 and beyond; and v) the benefits of prescribing to the population of Moray, and the hard work by health care staff to ensure prescribing and dispensing is of high quality, cost-effective, evidence based and safe.
14.	WINTER PLAN 2016/17
	<p>A report by the Head of Service for Adult Health and Social Care informs the Board of the Moray and GMED Winter Plans for 2016/17.</p> <p>These plans detail how Moray Acute Services and Health & Social Care will manage the fluctuating pressures over the Winter period, including the festive period, by guaranteeing that Health and Social Care Moray have pre-empted the season specific challenges. Mrs Mackie advised there was an informal</p>

	<p>discussion about this plan at the last development session – it has not changed greatly since then. Although it is called a Winter Plan it is a year round plan – with the essence being to manage resources in times of severe demand. Managers are being very pro-active and are meeting most Mondays to share all information and plan of actions. Mr Coady advised this ties into the GMED Moray plan and NHSG plan.</p> <p>The Board agreed to consider and note that Health and Social Care Moray and GMEDs both have robust and deliverable plans to manage the pressures of Winter.</p>
15.	GRAMPIAN OUT OF HOURS PRIMARY CARE SERVICES (GMED) AND NATIONAL OUT OF HOURS PRIMARY CARE REVIEW
	<p>A report by the Head of Primary Care, Specialist Health Improvement and NHS Community Children’s Services informs the Board of the current position in relation to Grampian Out of Hours Primary Care Services with Moray as the Hosting Integration Joint Board.</p> <p>Mr Coady updated the Board of the number of challenges currently being faced by GMED, which are continuously being reviewed and addressed by the management team in partnership with the IJBs. Professor Sir Lewis Ritchie OBE lead the report ‘Pulling Together – transforming urgent care of the people of Scotland’. The report recommended developing a set of national standards and the development of an implementation plan. Mr Coady advised a pan-Grampian Steering Group will be established to take forward. Moray will also host a pan-Grampian Out of Hours workshop in February 2017. The CO advised the need to redesign services and look to 24/7 care as opposed to in-hours and out of hours. The CO went on to advise there is a £8.5m budget across Grampian. Dr Walker asked if there would be additional SG funding. Mr Coady advised there has been communication from SG that there may be additional funding, currently each IJB using a small amount of money to test out models – each IJB doing something different. Mr Coady advised that Professor Sir Lewis Ritchie will be visiting Moray to see what work is being done and there is the potential for year 2 funding.</p> <p>The Board agreed to note the :</p> <ul style="list-style-type: none"> i) current situation in relation to Primary Care Out of Hours services (GMED); ii) publication of the national review of Primary Care Out of Hours Services; and iii) establishment of a Steering Group to take forward the recommendations and priorities within the national implementation plan.
15a.	REVENUE BUDGET MONITORING QUARTER 2 FOR 2016/17
	<p>A report by the Chief Financial Officer (CFO) updates the Board on the current Revenue Budget reporting position as at 30 September 2016 and a provisional forecast position for the year end for the MIJB core budgets.</p> <p>Mr Sivewright informed the Board of the revenue budget for the first 6 months</p>

	<p>of the year, in overall terms there will be a small overspend. The CO advised that in terms of recovering this sits with the Strategic Planning and Commissioning Group to reshape services. There is an improving position for community hospitals / nursing. The CO assured the Board the management team are looking for opportunistic savings, working on areas of change and the CE of NHSG and CE of MC are aware of the budget situation; it was always anticipated there would be a small overspend this year. The CO is currently preparing a report for the budget negotiations with MC regarding how much budget will be delegated to MIJB.</p> <p>The Board agreed to consider and note:</p> <ul style="list-style-type: none"> i) the Budget Monitoring position of £0.697m over budget for 2016/17 as at 30 September 2016; ii) the current provisional forecast position for 2016/17 of an over spend of £1.043m; iii) the changes to staffing arrangements dealt with under delegated powers for the period 1 April to 30 September 2016 as shown in Appendix 3; and iv) the actions being taken by the Senior Management Team (SMT) to address the budget pressures.
16.	<p>HEALTH AND SOCIAL CARE MORAY PERFORMANCE REPORT BY EXCEPTION TO JUNE 2016</p>
	<p>A report by the Chief Officer provides a regular update on the performance of the local health and social care system in relation to national and local performance indicators, highlighting any areas of exception for the Board's attention.</p> <p>The Chair introduced Mr Williams, Performance Officer, to the meeting, Mr Williams works alongside Mr Woodward who previously attended MIJB to provide an update on performance. Mr Williams provided an exception report on readmission rates and length of stays. Dr Hodges made reference to the graph 'multiple emergency admissions for over 65s in Grampian' and asked how do we know what is good looking at those figures. The CO replied it is important to look at this information alongside other information. Dr Taylor added Moray is running a lean system, is there a measure of quality to apply or is it a case of asking patients. Mr Augustus stated Moray should be comparing data against other areas with similar geography. Need to set a benchmark and can then get into discussions about quality.</p> <p>The Board agreed to:</p> <ul style="list-style-type: none"> i) scrutinize and note the performance outlined in this report in relation to the core suite of national indicators (APPENDIX 1); and ii) consider the exceptions where action requires to be taken and notes the actions being taken to seek improvement.
17.	<p>DATE OF NEXT MEETING</p>
	<p><u>Next Development Session</u> 15 December 2016, 9am-12noon, Conference Room, AGBC</p>

	<u>Next Board Meeting</u>
--	---------------------------

	23 February 2017, 9am-12noon, Supper Room, Town Hall
--	--