

**DRAFT**

Minutes of a meeting of the **Borders NHS Board** held on Thursday 20 February 2014 at 3.00pm in the Board Room, Newstead.

**Present:**

Mr J Raine	
Mrs K Hamilton	
Mr D Davidson	
Dr D Steele	
Mr J McLaren	Mr C Campbell
Dr S Mather	Dr S MacDonald
Mrs K McNicoll	Mrs J Smyth
Mrs P Alexander	Mrs C Gillie
Clr C Bhatia	Mr D McLuckie

**In Attendance:**

Miss I Bishop	Mr P Lunts
Mr S Whiting	Mr A Pattinson
Mrs C Oliver	Mrs S Errington
Mr T Cameron	Mrs A Wilson
Mr W Shaw	Mrs H Irwin
Mrs E Torrance	

**1. Apologies and Announcements**

Apologies had been received from Mrs Jane Davidson, Dr Eric Baijal, Mrs Evelyn Fleck, Dr Jonathan Kirk, Dr Hamish McRitchie and Dr Cliff Sharp.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Sam Whiting, Mr Philip Lunts, Mr Alasdair Pattinson, Mr Tim Cameron, Mrs Stephanie Errington, Mrs Alison Wilson, Mrs Holly Irwin and Mr Warwick Shaw to the meeting who all contributed to discussions pertaining to items on the agenda.

The Chair announced that Mr A Pattinson had been appointed to the substantive post of General Manager for Acute and Primary Community Services.

**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 Borders NHS Board held on 7 November 2013 were approved.

#### **4. Matters Arising**

**4.1 Single Outcome Agreement (SOA):** Mrs June Smyth advised she would circulate the current SOA to the Board for information.

The **BOARD** noted the action tracker.

#### **5. Board Clinical Governance & Quality Update**

Mrs Karen McNicoll gave an overview of the content of the report.

Dr Sheena MacDonald commented that future reports would include primary care independent contractors complaints as part of the overall report. She clarified that NHS Borders had no jurisdiction over primary care independent contractors, however under the Patients Rights Act it had a duty to collect the data.

Dr Doreen Steele suggested that the national Chairs group received reports on volunteering that would be forwarded to Boards in future.

Mr David Davidson commented that the Chaplaincy Centre were undertaking a drive for more volunteers for training and he assumed that was within the volunteering network. Mrs McNicoll confirmed that the Chaplaincy Centre was a part of the Borders wide volunteering strategy group.

Further discussion focused on the Patient Opinion website and minimal interaction, good performance with stroke, complaints performance during April 2013 and staff attitude.

The **BOARD** noted the Clinical Governance & Quality Report.

#### **6. Healthcare Associated Infection - Prevention and Control Report**

Mr Sam Whiting gave an overview of the content of the report highlighting several key areas including: being off trajectory to achieve the Staphylococcus aureus Bacteraemia (SAB) HEAT target for March 2015; 41% of SAB cases were either hospital or healthcare related; Clostridium difficile (CDI) rate remained above the March 2015 HEAT target rate; there had been improvement over the previous 4 quarters with the rate reducing to closer to the Scottish average rate.

Surgical Site Surveillance (SSI) rates had been revised as previously reported data had been based on local surveillance rather than the national criteria and definitions. Whilst the Infection Control Department continued to conduct surgical site surveillance using local enhanced definitions, when compared with the rest of Scotland, the national definitions and methodology developed by Health Protection Scotland would be used. Mr Whiting confirmed that from the provisional data available, in 2013, NHS Borders SSI rate had not been statistically significant in difference from the Scottish average rates.

Dr Stephen Mather noted an error on page 15 regarding c.diff ages of 15 plus. Mr Whiting confirmed the figure should have been 3 and not 1 as stated.

Discussion focused on definitions for hospital acquired infections and those acquired outwith NHS Borders. Mr Whiting confirmed that the measure used was that defined by Health Protection Scotland.

Mr Whiting gave an update on Norovirus advising that measures had been put in place with regard to discharging and moving patients and cleaning vacant bays. There were daily media releases to the public and staff were handing out leaflets and discouraging visiting to affected wards.

The **BOARD** noted the report.

## **7. Board Report on Waiting Times**

Mr Philip Lunts and Mrs Holly Irwin briefed the Board on the content of the waiting times report as at December 2013. The overall position remained challenging specifically in relation to in patient pathways.

The Chair enquired with regard to resources required. Mr Lunts responded that there were a range of allocations from Scottish Government as well as internal funding that was balanced to the activity undertaken and the in year prediction was that spend was within the allocation. Mr Calum Campbell advised that the expectation was to break even.

Mrs Pat Alexander enquired how day case patients were counted. Mrs Irwin advised that day case surgery patients were counted as in patients within the report.

Cllr Catriona Bhatia enquired about the additional capacity that had been put into Orthopaedics given that NHS Lothian did not appear to be utilizing all of the slots made available to them. Mr Lunts advised that a loss of capacity had been found for a range of reasons including: periods of consultant maternity leave; sickness; bed issues; scheduling problems and administration issues.

Further discussion focused on out of area treatments, patient unavailability and Treatment Time Guarantee numbers.

Dr Stephen Mather suggested reviewing attendance over a period of time against what were and were not appropriate as a baseline target to measure against. Mr Campbell confirmed that such data was already available and used as a measure.

The **BOARD** noted the report.

## **8. NHS Borders 2013/14 Festive Period Report**

Mr Tim Cameron briefed the Board on the content of the report.

Mr David Davidson enquired about the cover arrangements for operatives who were absent during the period covered by the plan. Mr Cameron advised that there had been some absences that had impacted on 1 or 2 days of cover and that lessons had been learned for the future.

Mr Davidson suggested Mr Alasdair Pattinson needed to ensure all processes were covered in moving forward.

Mr Calum Campbell commented that the A&E performance had achieved 98% over the winter period however it would not be achieved during February primarily due to norovirus. He advised that all Board Chief Executives across Scotland had been congratulated on the winter performance of the NHS in Scotland.

Dr Sheena MacDonald advised the Board that there was poor performance in regard to A&E attendances, however she reassured the Board that the trajectory that had been set was against the organizations own baseline which had the lowest attendances across Scotland per 100,000 population.

The **BOARD** noted the 2013/14 Festive Period Report, the good performance of the system during the period and the outline recommendations for future winter planning.

The **BOARD** noted that a full Winter Period Report would be brought to the Board on 4 April 2014.

## **9. NHS Borders Clinical Strategy**

Mrs Stephanie Errington introduced the Clinical Strategy and explained the background, key principles and next steps in the process to launch a public consultation.

Dr Stephen Mather enquired about publicity. Mrs Errington advised the plan was to publicise on line, send across GP Practices and Libraries and other Scottish Borders Council sites.

Dr Mather enquired about the anticipated percentage of responses from the questionnaire. Mrs June Smyth reminded the Board that there was a wider consultation taking place and it would not be restricted to questionnaire responses.

Mrs Karen Hamilton enquired about the smaller audiences and groups to be reached. Mrs Errington responded that the communication and engagement plan was a live document that would be populated further with drop in sessions and the hard to reach groups.

Mr David Davidson enquired about the citing of the proposed Children and Young Peoples Centre and Mr Calum Campbell highlighted that this could be an option to have this adjacent to the bus shelter, linked to the main hospital.

Mr Davidson enquired about the level of funding required and Mr Campbell advised that agreement would be sought to undertake a feasibility study to attract substantial funding. Mr Campbell reminded the Board that NHS Borders would be contributing towards the reprovision of the Hospital for Sick Children in Edinburgh and stated it was important to provide a community based service for the Scottish Borders with a small number of beds.

Mr John McLaren commented that he endorsed the clinical strategy, commenting that staff side had been robustly involved in the process. He viewed the communication and engagement plan as a strong opportunity to raise awareness and gain input from the public and staff.

Further discussion focused on key principles, language, publicity and charity fundraising.

Cllr Catriona Bhatia welcomed the key principles and enquired if under point 4 if the wording was clear enough that people would not stay in hospital.

Mrs Karen McNicoll commented that the Area Clinical Forum had been involved in the development of the clinical strategy and welcomed the key principles and their various elements which gave them a robustness and equity across the system.

Mr David McLuckie commented that in moving forward further work would take place to dovetail the Clinical Strategy with the Property Assets Management Strategy and investment in Capital.

The **BOARD** approved the Public Consultation on NHS Borders Clinical Strategy Key Principles.

The **BOARD** approved a full feasibility study during the course of the Consultation, including fundraising opportunities, to support the Children and Young Peoples Centre project.

## **10. Prescription for Excellence**

Mrs Alison Wilson introduced the vision and action plan advising that there were a lot of unknowns contained within the document. She advised that the Chief Pharmaceutical Officer was keen to visit Health Boards to present and discuss the report.

Mrs Carol Gillie commented that it was an evolving picture in regard to funding.

Dr Sheena MacDonald welcomed the integration of primary health care teams as part of the integration of delivery of primary care through sharing IT, patient records and GP clinical pharmacists. She reiterated that it had to converge with the rest of primary health care and not emerge in parallel.

The **BOARD** noted the report.

## **11. Rehabilitation New Models of Care an Update – An update on Hydrotherapy Provision**

Mrs Karen McNicoll presented a progress update to the Board on rehabilitation and new models of care. She reminded the Board of the background to the item. Mr Warwick Shaw took the Board through some of the initiatives that had been taking place with statutory and other partners such as Borders Sport and Leisure Trust (BSLT) and Wilton School.

The Chair enquired about any progress with regard to the Jedburgh Planning Application. Mr Shaw advised that Jedburgh were awaiting full written agreement of the funding package.

Mr David McLuckie enquired if the pool in the Borders General Hospital (BGH) would remain open until the Jedburgh facility had been resolved. Mr Calum Campbell advised the Board that the intention was not to remove the pool from the BGH until suitable alternatives were available.

Mrs Pat Alexander enquired when the Borders Patient Action Group (BPAG) were meeting with the Chair. The Chair advised that he would be meeting with them on Monday 24 February.

Mrs Alexander enquired about public opinion. Cllr Catriona Bhatia advised that she had met with the BPAG at their request on a couple of occasions and there was still a small core of members wishing to retain the Pool at the BGH. She enquired how many inpatients utilized the pool. Mr Shaw advised that it was less than 10.

Mr Campbell reminded the Board that not all Health Boards had hydrotherapy pool facilities and he commented on the challenges around stroke and cardiac services suggesting there was an opportunity for BSLT to assist further.

Mr David Davidson enquired about capital requirements for BSLT to refurbish or re-equip their pools as appropriate. Mr Shaw advised that there was a capital grant of £25k available. Mr Davidson suggested that given the £25k, BSLT staff could be trained and equipped to allow them to provide a service ahead of the Jedburgh pool facilities being available and allowing NHS Borders to move to stage 1 in the process for the reprovision of water based therapies outwith the BGH.

Mr Campbell commented that there would be a small proportion of individuals who would remain dissatisfied with the alternative arrangements proposed and the Board would need to accept that. He further advised that for a small number of people travel time would be increased to get to alternative locations. However for the majority of users there would be reduced travel time and water based therapies would be available to a wider proportion of the population at a greater number of facilities.

The Chair enquired if an increase in water temperature would be an issue for the BSLT. Mr Shaw commented that it had been a feature of discussions with BSLT. Mrs McNicoll confirmed that it had been established that only 4-6% of water based therapies users required additional temperature and she highlighted the difference in opinion of those who actually required a warmer pool and those who just preferred a warmer pool.

The **BOARD** noted progress as outlined in the report.

## **12. Audit Committee**

Mr David Davidson advised that he had attended on 21 March 2014, a meeting of the Audit Health and Wellbeing Committee and gave an overview of the content of that meeting. He further advised the Board of the current work in progress for the Audit Committee in reaching the financial year end.

The **BOARD** noted the update.

## **13. Clinical Governance Committee**

Dr Stephen Mather advised he had chaired his first meeting of the Clinical Governance Committee the previous week and highlighted 3 elements from that meeting including NHS Lanarkshire report; monthly HSMR statistics and clinical divisions production of reports.

The **BOARD** noted the update.

## **14. Public Governance Committee**

Dr Doreen Steele advised the last meeting had been a business meeting and covered the clinical

strategy and public engagement. She advised the next meeting would be a development meeting focusing on the carers strategy. Dr Steele advised that the Committee continued to populate the area forums.

Dr Sheena MacDonald highlighted that Non Executive's needed to be briefed in advance of Area Forums on any issues related to health that they may be expected to comment upon. Mrs June Smyth advised that she would ask Mrs Clare Oliver to connect with Mr Stephen Bermingham to ensure key messages and briefings for Non Executives were enacted in good time.

The **BOARD** noted the update.

#### **15. Staff Governance Committee**

Mrs Pat Alexander advised that the Committee had previously met on 18 December 2013. She assured the Board that it had begun the actions it had been tasked with in regard to the Francis and Keogh reports. The other presentation received at that meeting had been the staff survey.

Mr John McLaren commented that work was now underway on the Staff Governance Framework that due for submission to the Scottish Government by May 2014.

The **BOARD** noted the update.

#### **16. 2013/14 Annual Review of the NHS Borders Code of Corporate Governance**

Miss Iris Bishop reminded the Board that the organisation undertook an annual refresh of the Code of Corporate Governance in January each year. An interim refresh of the Code had been undertaken in September 2013 and there were no further amendments to be made during the current refresh cycle. Miss Bishop confirmed that the full refresh would continue to come to the Board in January each year in order to maintain the audit cycle which had been commended by the auditors.

Mr David Davidson requested that a provision be added to include provisions and protocols for future capacity measures. Mrs Carol Gillie advised that it would be picked up within the next refresh cycle of the Code of Corporate Governance.

The **BOARD** noted that there were no further revisions to the Code of Corporate Governance and approved the current refresh.

#### **17. Financial Monitoring Report for the 9 month period to 31 December 2014**

Mrs Carol Gillie advised that the Board was reporting a position of £2.1m in excess of budget which was unchanged from the end of November variance. She reported that expenditure was overspent by £1.8m and income budgets were under-recovered by £0.3m. In terms of recurring savings, £2.55m had been released from budgets against a target of £2.55m. Efficiency savings of £4.6m had been withdrawn from budgets against a target of £4.8m. Based on measures put in place Mrs Gillie was forecasting a break even position on revenue and capital at the year end.

Mr David Davidson recorded his congratulations to the Efficiency Team and the Finance Department for the financial position recorded to date.

Mr Davidson sought an update on the Service Level Agreement (SLA) situation with NHS Lothian for Borders patients. Mrs Gillie commented that discussions had been ongoing throughout the year with NHS Lothian. She confirmed that activity from NHS Lothian was recorded and invoiced accordingly. She further advised that prices for cardiology had increased and conversations were taking place with NHS Lothian in that regard.

Mr Davidson enquired about the supply and cost of certain drugs. Mrs Gillie confirmed that the supply of some drugs had been interrupted and costs had increased, however some drugs that had been in short supply were now coming back on stream. She advised that the estimated maximum exposure for the year was £500k.

The Chair enquired why it was taking so long to have the Orthopaedic SLA with NHS Lothian agreed. Mrs Gillie commented that the SLA was based on NHS Lothian sending patients to NHS Borders for treatment and the numbers originally identified by NHS Lothian had not materialized and they were therefore unwilling to sign the SLA.

The **BOARD** noted the financial performance for the first nine months of the financial year.

## **18. HEAT Performance Scorecard**

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

Dr Stephen Mather enquired about the new patient Did Not Attend (DNA) rates, seeking clarity on what measures had been taken to reduce DNA rates and he also enquired about performance on diagnostics. Mrs Smyth advised that there had been a lot of activity in terms of a new Standard Operating Procedure being put in place, a patient reminder service and she suggested a more detailed report could be made available.

In terms of the 4 week diagnostic performance, Mrs Smyth advised that improvements had been made and the service was working through the performance and benchmarking process. She further suggested a more detailed report could be made available.

Mr Calum Campbell advised that ultrasound services remained a main issue. Mr Alasdair Pattinson confirmed that services were monitored through the Clinical Executive Operational Group.

The Chair sought a narrative on persistently under performing target areas. Mrs Smyth reminded the Board that the format of the report had been agreed and was for reporting against the national HEAT targets. She suggested the format of the report could be looked at for the next round of reporting arrangements.

Mr David Davidson sought an update on the Dementia target. Mrs Smyth advised that the Dementia target was a national target which had been increased. There had been improvement in performance against the original target but not the newer target.

Dr Doreen Steele commented that several Boards were in difficulties and the next Chairs meeting would concentrate on targets, performance and delayed discharges.



The **BOARD** noted the December 2013 HEAT Performance Scorecard.

**19. Chair and Non Executive Directors Report**

The **BOARD** noted the report.

**20. Board Executive Team Report**

Mr David McLuckie advised that in relation to car parking arrangements at the Borders General Hospital there was an issue regarding staff returning to the short stay car park within 35 minutes of leaving in order to commence a new 4 hour parking period.

The **BOARD** agreed that Mr McLuckie should work up a paper for a more formal process for returns within the short stay car park for the Board Executive Team to consider and approve as appropriate.

Mrs June Smyth advised of the launch of the Celebrating Excellence Staff Awards commenting that the Awards Ceremony would be held on 4 April.

The **BOARD** noted the report.

**21. Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

**22. Scottish Borders Child Protection Committee – Annual Report 2012/13**

The **BOARD** noted the Scottish Borders Child Protection Committee Annual Report 2012/13.

**23. Any Other Business**

**23.1 Communications:** Mr David Davidson sought some thought on a positive communications approach given that the local press appeared to be producing more reactive stories. The Chair assured the Board that he met with Mrs Clare Oliver on a regular basis to review press coverage.

Mrs Oliver confirmed that press coverage was targeted with an increased pace on positive stories being released. She assured the Board that reactive stories were highlighted and addressed.

The **BOARD** noted the update.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 3 April 2014 at 3.00pm in the Board Room, Newstead.

*The meeting concluded at 5.40pm.*