

**DRAFT**

Minutes of a meeting of the **Borders NHS Board** held on Thursday 5 September 2013 at 3.00pm in the Board Room, Newstead.

Present:

Mr J Raine	
Mrs K Hamilton	
Mr D Davidson	Mr C Campbell
Dr D Steele	Mrs J Davidson
Mr J McLaren	Mrs J Smyth
Mr A Lucas	Dr E Baijal
Mr J Hammond	Mrs C Gillie
Mrs P Alexander	Mrs E Fleck

In Attendance:

Miss I Bishop	Dr C Sharp
Mrs E Peace	Mr K Lakie
Mr A Pattinson	Mrs R Bacon
Mr C Redmond	Mrs L Jones

1. **Apologies and Announcements**

Apologies had been received from Cllr Catriona Bhatia, Dr Sheena MacDonald, David McLuckie, Andrew Lowe and Dr Hamish McRitchie.

The Chairman confirmed the meeting was quorate.

The Chairman welcomed Karen Hamilton, Non Executive Member, to her first meeting of Borders NHS Board in public. Karen took up a 4 year appointment to the Board of NHS Borders from 1 August 2013.

The Chairman welcomed Kirk Lakie, Service Manager Unscheduled Care, to the meeting who was present for any issues related to the Unscheduled Care item on the Action Tracker.

The Chairman welcomed Colin Redmond, Infection Control Manager, to the meeting who contributed to the Healthcare Associated Infection Control report item on the agenda.

The Chairman welcomed Rachel Bacon, General Manager, Acute to the meeting who contributed to the Board Report on Waiting Times item on the agenda.

The Chairman welcomed Alasdair Pattinson, General Manager, P&CS to the meeting who contributed to the Delayed Discharges item on the agenda.

The Chairman welcomed Laura Jones, Head of Clinical Governance & Quality to the meeting who contributed to the Review of the Francis, Keogh and Berwick Reports item on the agenda.

The Chair welcomed members of the public to the meeting.

## 2. Declarations of Interest

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

David Davidson advised of a non pecuniary interest in item 8.4 on the agenda in that he was a member of the Scottish Eating Disorder Interest Group national committee.

The **BOARD** noted the Declarations of Interest for Karen Hamilton, David Davidson and Dr Doreen Steele.

## 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 27 June 2013 were approved.

## 4. Matters Arising

Minute 8: Local Unscheduled Care Action Plan: John Hammond noted that the Action Plan had been subject to Board approval and he enquired when the Board would see the completed document. Kirk Lakie advised that the draft had been circulated for comments and responses had been sent to those who had raised queries with the document. Mr Lakie advised that he would circulate the final draft of the Action Plan to Board members for their approval.

Minute 16: Community Planning Partnership Audit in Scottish Borders: The Chairman commented that periodically it would be helpful to regularly check that the concerns raised by Audit Scotland on Community Planning arrangements were progressed to ensure compliance. The Chairman requested that this be noted as a standing item on the Board meeting Action Tracker.

The **BOARD** noted the action tracker.

## 5. Board Clinical Governance & Quality Update

Evelyn Fleck gave an overview of the content of the report highlighting several key areas. In relation to the Scottish Patient Safety Programme she advised that key activities were being progressed through 5 key workstreams and gave an overview of each one. She further highlighted the learning sets and the engagement of Non Executives and the sustained achievement over 6 months of the HEAT target for stroke admittance of within 1 day. In relation to the person centred element of the report Mrs Fleck reported on the quality of the responses sent from the organisation to complainants, the sustained improvement in that area and the reduction in complaints being investigated by the Scottish Public Services Ombudsman (SPSO).

Adrian Lucas advised that the SPSO Investigation Reports had been discussed at the recent Clinical Governance Committee meeting and it had been suggested that the status column within the report for

the Board should capture whether the organisation is compliant/non-compliant/partially compliant with the Ombudsman's statement.

Calum Campbell welcomed Mr Lucas' suggestion and gave the scenario of an instance whereby the organisation may have been non compliant with the SPSO through a technicality that was outwith the organisations' control. Mr Lucas accepted the scenario and confirmed that from a governance perspective it would be appropriate for the Board to know the compliance status of each recommendation with a proviso statement being included where relevant.

The Chairman recognised the considerable progress that had been made with regard to Stroke services and congratulated the service on behalf of the Board on achieving 215 days without breaching the target.

Calum Campbell advised that he had met with the Stroke Team earlier in the day who were keen to present their data to the Board at a future Development or Strategy and Performance Committee meeting.

The Chairman welcomed the Annual Report on Complaints and noted the positive use of complaints in improving practice.

The **BOARD** noted the current progress in key areas of Clinical Governance & Quality.

#### 6. **Review of the Francis, Keogh and Berwick Reports – Consideration for NHS Borders**

Evelyn Fleck gave an overview of the key findings contained within and considerations for NHS Borders resulting from a review of the Francis, Keogh and Berwick Reports. Mrs Fleck advised that she and June Smyth would work in partnership to ensure robust implementation of the recommendations.

Laura Jones highlighted several elements from the reports including that they all focused on NHS England and whilst NHS Borders had taken that approach there were differences in the systems the recommendations had been reviewed thoroughly against local practice in order to identify areas for improvement. Mrs Jones further advised that the recommendations would be developed into a local improvement plan.

Adrian Lucas commented that the Clinical Governance Committee agenda was geared to tackle the issues highlighted by the Mid Staffs Inquiry and he was content for the Clinical Governance Committee to have these matters delegated to them in order to provide assurance to the Board on patient safety and quality of care and treatment.

Calum Campbell commented that NHS Lanarkshire were utilising the Keogh approach to their recently publicised spike in HSMR rates. Adrian Lucas commented that Dr Tom Cripps had also been reviewing the same details on a range of deaths to ensure services were moving in the right direction and focusing on the right elements of the core services.

Pat Alexander commented that she welcomed the Clinical Governance Committee leading on these issues and highlighted further links to the Staff Governance Committee and the Public Governance Committee and enquired how best to ensure all 3 committees linked together. Evelyn Fleck suggested

that this be through her and June Smyth as the Executive links to those Committees. Calum Campbell welcomed Mrs Alexander's observation and commented that fundamentally it was about culture and a good review would cut across all aspects of governance.

Adrian Lucas echoed Mr Campbell's comments and invited Mrs Alexander and Mr McLaren as joint Co-Chairs of the Staff Governance Committee and Dr Doreen Steele as Chair of the Public Governance Committee to join the next Clinical Governance Committee where it could be formally agreed which areas of responsibility would be delegated to which Committees.

The Chairman commented that it was important that the Board as a whole took ownership of the agenda and that the work was channelled through the Committees.

David Davidson recorded on behalf of the Board congratulations to Laura Jones and her Team for producing the report and commented that it was important that at the time of integration and pathways of care that NHS Borders worked closely with Scottish Borders Council and he enquired how that would be signposted. Calum Campbell commented that he expected the Pathfinder Board to agree a workplan to deliver wins for the population that both the health service and the local authority served. He further commented that the health service had progressed significantly through the appropriate use of data and through integration there was a need to ensure improvement methodologies continued to be utilised to best effect by both partner organisations.

Evelyn Fleck advised the Board that the Pathfinder Board and other joint service areas had already been provided with reports.

Dr Doreen Steele enquired if NHS Borders provided a "named nurse" as per the recommendation. Mrs Fleck commented that NHS Borders provided both a Nurse in Charge and allocated specific nurses and therefore complied with that recommendation.

The **BOARD** noted the work underway to finalise a consolidated improvement plan based on the learning from the Francis, Keogh and Berwick reports.

The **BOARD** agreed that assurance of delivery would be sought through the Clinical Governance Committee of the Board.

## 7. **Healthcare Associated Infection Control & Prevention Update**

Evelyn Fleck updated the Board on the current status of Healthcare Associated Infections and infection control measures in NHS Borders. Mrs Fleck advised that in terms of headlines she was disappointed that the SAB and c.diff targets had not been achieved. She advised that Action Plans had been developed to improve performance and a Strategic Oversight Group had been formed. Mrs Fleck further commented that whilst the target had not been achieved significant improvements had been made in SAB numbers and there had been a significant reduction. The Strategic Oversight Group would be considering any additional measures that might be required. Mrs Fleck then advised that 0.24per 1000 acute occupied bed days was the new target from the Scottish Government.

The Chairman commented on the denominator used in order to account for success or failure. He noted that whilst NHS Borders had done well in reducing numbers the target had not been met and suggested the denominator methodology be pursued with the Scottish Government Health Department. Mrs

Fleck advised that all Health Boards had been invited to respond to the methodology used for the SAB target and the service had been working through the complexities of it in order to give a balanced response.

Calum Campbell advised that between 2010-11 and 2013-14 there had been a 75% reduction in SAB Hospital Associated Infections and a 50% reduction in Healthcare Associated Infections, and he suggested that the justification of using occupied bed days for a SABs target was unclear.

David Davidson commented that in the past there had been a range of HEAT targets that had clashed with each other and he suggested that John Connaghan would be interested in addressing this issue when the published information could be so easily misinterpreted and distorted.

The Chairman requested that Evelyn Fleck prepare a brief so that he could raise these issues at a national level.

Mrs Fleck advised that in relation to the c.diff target, there had been no incidents of patients contracting c.diff as a result of cross infection in the last year.

The Chairman enquired how this was calculated. Mrs Fleck explained the complexity involved in looking at the specific strain of each type of infection to clarify if the same strain existed on more than one patient in order to see if there was any cross transmission.

The **BOARD** noted the report.

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

Jane Davidson advised that she had invited Rachel Bacon, General Manager to present the report. Rachel Bacon reported that in terms of delivery the overall waiting times position was reasonable, with combined RTT performance at 93.5% during July 2013 and 96.6% of outpatients and 93.2% of inpatients within the local targets at the month end. Mrs Bacon advised of an increase in outpatient waiting lists due to an increase in GP referrals into the system and work was taking place with clinical teams to look at capacity.

The Chairman sought an update on the challenges within Orthopaedics. Mrs Bacon advised that there was an increase in referrals for Orthopaedics and work was being done around throughput in theatres to ensure the capacity could be managed. Further work was being commissioned to look at the data to understand the finer detail.

John Hammond enquired if the waiting list for Orthopaedics was a mixture of both NHS Borders and NHS Lothian patients, and he enquired if those reaching the target deadline were offered alternative appointments with other providers. He further enquired if there was any differentiation in the treatment of NHS Borders and NHS Lothian patients. Rachel Bacon confirmed that all patients were treated equally, whether they were NHS Borders or NHS Lothian. She confirmed that any patient reaching the target deadline would be offered an alternative appointment outwith NHS Borders.

Calum Campbell advised that the agreement with NHS Lothian was the same as the agreement between Health Boards and the Golden Jubilee whereby "x" number of slots were purchased each month and paid for whether or not they were utilized. Mr Campbell confirmed that there was no differentiation

between NHS Borders and NHS Lothian patients once they were in the system and any patient getting close to the target deadline would be offered an alternative appointment with another provider and NHS Borders would cover the cost of that alternative appointment.

John Hammond enquired if the costs involved were significant. Jane Davidson confirmed that the costs were on a par with NHS Borders costs and Rachel Bacon offered that it was probably slightly cheaper in terms of total cost.

John Hammond enquired if NHS Borders was still accepting NHS Lothian patients given the capacity issues within Orthopaedics. Calum Campbell confirmed that referrals continued to be accepted and a separation of trauma and elected Orthopaedics had now been put in place. June Smyth advised that she and Dr Sheena MacDonald had recently met with NHS Lothian who remained committed to orthopaedic referrals to NHS Borders.

Pat Alexander highlighted that elsewhere in the paper it was emphasized that part of the financial difficulties were down to an under usage of the orthopaedic contract with NHS Lothian and she enquired how that contributed to the financial situation. Calum Campbell advised that the Standard Level Agreement (SLA) between NHS Borders and NHS Lothian for Orthopaedics was not yet signed and he reminded the Board that Carol Gillie had highlighted this to the Board. He advised the Board that NHS Lothian had purchased a number of slots for orthopaedics and if they were not fully utilised they were still liable for the cost, so he remained relaxed that the SLA had not yet been signed and that NHS Lothian were not fully realising 100% of their capacity.

Pat Alexander enquired in terms of performance if the Board had been advised that Orthopaedics had a faster turnaround time and how that equated to waiting times performance. Calum Campbell advised that he was keen for the Board to receive a presentation on Orthopaedics from Dr Nigel Leary which would explain the capacity and planning differences between trauma and elective operations and how they impacted on waiting times.

June Smyth advised that in terms of reassurance there was an event being held by South East & Tayside Group (SEAT) in October which would look at the learning from the orthopaedic model, sharing experience and the potential of moving towards a similar model for other specialties.

The Chairman enquired of the clinical coding outcome recordings if the aim was for 100% why in some areas there was only a 59% achievement rating. Rachel Bacon advised of the need for clinical coding by consultants in order to track the patient journey and ensure it was compliant with waiting times standards. The Chairman enquired if there was only a 59% achievement for coding how confident the Board should be that the 18 week waiting times target was being achieved. Rachel Bacon gave assurance that the target was being met and maintained and further confirmed that NHS Borders was not out of step with other Health Boards in terms of clinical coding.

The **BOARD** noted the report.

## 9. Delayed Discharges

Jane Davidson reminded the Board of the importance of the delayed discharges figure as a joint target for both NHS Borders and Scottish Borders Council. Alasdair Pattinson highlighted the good performance in relation to delayed discharges management over recent years as well as the progress

made on cases recorded and occupied bed days. At the July census he advised that NHS Borders was the best performing mainland board in Scotland for delayed discharges with a total of 10 cases. Mr Pattinson advised that the service was now moving towards the 2 week maximum delay and the overarching principle was zero delays for patients.

Dr Cliff Sharp spoke of the difficulties and challenges with delayed discharges in relation to alcohol related brain disease cases.

Pat Alexander commented that although there were no resource implications within the paper there were in terms of resources for services not being available and quality staff being available for the home care service and she suggested the “resource/staffing implications” box at the end of the paper should detail such matters to ensure the Board was assured that those challenges were being addressed. Alasdair Pattinson accepted the point and further confirmed that work was taking place through joint planning and capacity and workforce planning across the partnership to ensure such issues were addressed.

David Davidson suggested that some of the joint partnership groups could present to the Board on a quarterly or six monthly basis to collectively talk through such issues and ensure that the person centred approach was being taken consistently.

Dr Doreen Steele advised that care at home services would also be affected and enquired how NHS Borders could control the care that the private sector provided. She enquired how the home care service could be made more attractive to recruit good quality, caring individuals and how the contract numbers could be controlled. She enquired if it was an area that was within joint workforce planning. Calum Campbell advised of the national guidance on home care standards and training and suggested that NHS Borders needed to be stronger about jointly reviewing the contract to ensure key issues such as value for money, specification and delivery were achieved.

Dr Doreen Steele enquired if there were sufficient number of providers in the Scottish Borders. Jane Davidson advised that good achievements had been made in delayed discharges through the joint teams and further progress in that area would be an early consideration of the Pathfinder Board.

John Hammond enquired about delayed discharges in the Community Hospitals and if the rapid reaction team initiative in fact solved one area and just moved the problem to another. Alasdair Pattinson advised that the rapid reaction team initiative had been a success and focused resource on specific blocks in the system. He advised that there was now dialogue taking place to support the initiative through the change fund and to undertake an evaluation to look at its effectiveness to see if it should be rolled out further across the system. Jane Davidson suggested that this also be explored in more detail at a future Pathfinder Board meeting.

Karen Hamilton commented that she recognised the challenges of delayed discharges and being proactive in targeting potential problem areas and she enquired what the next steps would be. Alasdair Pattinson commented that an evaluation would need to be done and Jane Davidson commented that there was specifically a feeling that things were being seen but not fully understood yet.

The Chairman noted that substantial improvements had been made and suggested the service was now in a fragile state and he enquired what the Board could do to help.

David Davidson enquired if the thinking of NHS Borders and Scottish Borders Council and other agency bodies that were required to input, was crystallised to address future issues. Calum Campbell commented that there was a commitment from both organizations to work together and that fundamentally every delayed discharge was a lost opportunity in the spectrum of care. Jane Davidson suggested that given the current integration agenda the time was right to further explore the thinking of all partners in this area.

The **BOARD** noted the report and requested that it be given some areas for action.

10. **Treatment of Armed Forces Personnel and Veterans – Policy Context and NHS Borders Actions**

Jane Davidson gave an update to the Board on the treatment of armed forces personnel and veterans. She highlighted the production of the veterans handbook which gave a clear signposting for housing, health, schools etc for those relocating from the forces to the Borders or returning to the Borders.

Adrian Lucas commented that Warwick Shaw had given an excellent presentation at the Soldiers and Sailors Families Association (SSAFA) and highlighted that the handbook was a joint production between both NHS Borders and Scottish Borders Council.

In relation to the point on the action tracker, Adrian Lucas commented that it remained important for NHS Borders to note that some veterans would step in and out of the NHS and private healthcare providers in order to obtain prosthetics which enabled them to lead full and active lives.

John McLaren welcomed the paper and advised that in his previous role as a Health Visitor he had supported families of veterans and enquired if the full family of health issues were covered or just physical issues. Calum Campbell confirmed that the full family of health issues were covered.

The **BOARD** noted the update.

11. **A Future Delivery Model for Early Year's Services**

Dr Eric Baijal advised that the future delivery model was aimed at targeting more resources on communities and families who most needed support. The model being worked forward was an early years hub with spokes as described within the paper and it was anticipated that a far higher return on investment would be achieved if communities and families were targeted.

Dr Doreen Steele enquired if the refocused adult learning programmes involved adult literacy and if funding had been moved to childrens services as part of the caring team skills. Dr Eric Baijal advised that he would check that point but believed there was on-going adult literacy linked to communities and schools.

David Davidson enquired if there were any new strands of activity in relation to the Children and Young People (Scotland) Bill. Dr Eric Baijal and Calum Campbell advised that they were unaware of any new additional strands of activity. Jane Davidson advised that there was open dialogue between the Bill team and NHS Borders locally and assured the Board that the organisation was on the front foot as much as it could be.



Pat Alexander advised that she had attended the Learning Disability Board the previous day and that Board had received a presentation on the LD Strategy and she had taken comfort that Dr Baijal had the equality portfolio and commended the importance that both agendas were linked together.

John McLaren welcomed the paper and on a point of clarity suggested in terms of the named person it be clearer that this was to be a Health Visitor and not a Public Health Nurse.

Elaine Peace advised that the paper had been discussed at a Primary & Community Services (P&CS) Clinical Board meeting where it had been recognized as being integral to the services that P&CS provide.

Dr Doreen Steele suggested that not everyone felt schools were a positive experience and enquired if delivery could be at an alternative venue such as a community centre. Dr Eric Baijal advised that at Burnfoot Community school there was a specific community part of the site and one of the issues with the programme was the availability of suitable accommodation. He further advised that the intention was to secure funding to develop a new hub within the early years center and the activity in the hub would complement activities within the school.

Dr Cliff Sharp commented that he understood the desire to focus on media issues but with a hub and spoke model suggested the size would impact on the accommodation available at Langlee and Eyemouth and enquired if transport might be problematic. He suggested an equity of access be considered in terms of ensuring community outreach services were delivered in the community and did not confine themselves to the hub. Dr Eric Baijal noted the points made and advised that he would be addressing them on multi-agency basis.

David Davidson commented that he was interested to read that Burnfoot had been divided into 3 sectors where as previously it had always been considered as a single area. Dr Baijal responded that it was simply to expose the sophistication of statistical analysis.

The **BOARD** endorsed the agreed plan for future delivery of Early Years services.

The **BOARD** endorsed the alignment of the designated Early Years Change Fund to develop an Early Years Centre and outreach model.

## 12. **Borders General Hospital Car Parking Enforcement**

Calum Campbell reminded the Board that car parking was free at the Borders General Hospital (BGH) and reminded the Board of previous discussions around improving car parking facilities with an additional 150 car parking spaces having been created in car park 6, a redesign and resurfacing of car parks 1 and 2 and the main car park. He advised that the plan was to put in place an enforcement system given that in some instances the car parking facilities were being abused. He advised that the main car parks were for patients and visitors and with the Boards agreement a 4 hour short term parking restriction would be enforced. Charges would be incurred by anyone who parked illegally in any of the car parks. Charges would also be incurred by those who parked for longer than the 4 hour limit within the main car park. Mr Campbell advised that the penalty notices to be charged had been compared to other car parks in the area and there would be an appeals mechanism that would involve a Non Executive member, manager and staff side. In phasing in the new arrangements the intention was to phase them in over a period of a couple of weeks so that members of the public and staff would

become aware of the restrictions. Unenforced notices would be issued during this period to anyone who had illegally parked making it clear that another contravention would lead to a charge being levied.

John McLaren commented that in terms of governance around the scheme the Area Partnership Forum and Strategy Group were fully supportive of the scheme and had been involved throughout the process. Mr McLaren reiterated that the focus was about keeping staff, patients and visitors safe in what were potentially dangerous areas. Mr McLaren reiterated the main purpose of enforcement was to make the car parks and surrounding areas and buildings safer for everyone.

Calum Campbell advised the Board that the last time it had discussed car parking a question had been raised on whether it could be legally enforced and he confirmed that it could. The Chairman clarified that any penalties levied were technically charges and not fines.

David Davidson suggested there would be the odd anomaly to look at through the Appeals system whereby someone in attendance could be admitted or delayed at a bedside and their vehicle would then go over the 4 hour time limit. Calum Campbell suggested something be built into the Appeals process to address such matters and further suggested that if the organisation was aware of a breach it could be dealt with straight away in order to cause less anxiety to patients and visitors.

Karen Hamilton enquired which car parks would have the restrictions enforced in them. Calum Campbell advised that car park 1 would be the main focus of the restrictions but all car parks would be monitored for illegal parking.

Karen Hamilton noted that the signage declared “enforced 24/7” and “Monday to Friday 8am to 5pm”. Calum Campbell advised that outwith Monday to Friday, 8am to 5pm there were no problems with parking. He suggested the wording could be further reviewed.

John Hammond noted that all the car parks apart from car park 1 were classed as staff car parks. Calum Campbell clarified that car park 1 would be restricted to 4 hours parking, Monday to Friday, 8am to 5pm with no exceptions, and all car parks would be checked to ensure cars were parked legally.

John Hammond enquired if the other car parks would be labeled as staff car parks. Mr Campbell confirmed that they would not.

Calum Campbell suggested to the Board that the restrictions be introduced in late September and the Board agreed with that timescale.

The Chairman welcomed the building in of an exception basis for potential overstays to be dealt with before tickets were issued and advised that Karen Hamilton was content to be the Non Executive member on the Appeals panel.

John McLaren advised that the local partnership chairs would support the appeals panel.

The **BOARD** supported and approved the introduction of the proposed Car Parking Management regime.

The **BOARD** noted and supported the establishment of a detailed Communications Plan.

The **BOARD** supported the nomination of Karen Hamilton as the Non Executive member of the Appeals Panel.

13. **Audit Committee**

David Davidson advised that the Audit Committee were focusing on follow up actions from the internal audit such as moving and handling, IT disaster recovery and Emergency Department. In the short term the internal auditors would now be PricewaterhouseCoopers (PWC). David Wood remained as the Internal Auditor but PWC would undertake the actual audits.

The **BOARD** noted the update.

14. **Clinical Governance Committee**

Adrian Lucas advised that the Committee had met the previous day and had looked at a range of issues connected to patient safety including significant adverse events and an issue of RIDDOR that was formally passed to the Staff Governance Committee to investigate given its main focus was staff as opposed to patients.

Adrian Lucas commented on the excellent work undertaken on HAI and the Francis and other reports.

Dr Eric Baijal supported the decision to defer RIDDOR matters to the Staff Governance Committee especially given that they went through the Occupational Health & Safety Forum in the first instance.

John McLaren gave the Board absolute assurance that the Staff Governance Committee recognized the importance of RIDDOR reports. These were to be considered as a main topic at a future Staff Governance Committee.

The **BOARD** noted the update.

15. **Public Governance Committee**

Dr Doreen Steele advised that she, Primary Care and Stephen Bermingham continued to refine their approach to the Area Forums. One had been attended on 22 August where a presentation had been given by Sam Whiting on quality and infection control. She advised that their presence had been welcomed and the Area Forum in Hawick was keen that NHS Borders attend all their future forum meetings. Dr Steele advised that during the evening other matters discussed included Huntlyburn and the future of Crumhaugh House.

Dr Doreen Steele advised that the Public Governance Committee had a session planned for 25 September to focus on the engagement strategy.

The **BOARD** noted the update.

16. **Staff Governance Committee**

John McLaren advised that the Staff Governance Committee had held its first meeting with the joint Co Chair arrangement and were focusing on reviewing their Terms of Reference. A new layout to the Committee's agenda had been agreed which would make it more user friendly as items would be referred to their specific staff governance standard as opposed to be grouped under them. In terms of the Staff Survey Mr McLaren advised that the results from ISD were expected to be available in mid November and the NHS Scotland Employee Directors had raised concerns regarding the timeframe. It was noted that the next Staff Governance Committee was going to focus on Sickness Absence.

The **BOARD** noted the update.

17. **NHS Borders Corporate Objectives 2013/16**

June Smyth spoke to the Corporate Objectives and outlined how progress against these would be incorporated into the annual Managing Our Performance report to the Board. June Smyth highlighted that once approved the Corporate Objectives would be in place for the next three years, enabling a robust and comprehensive cascade plan to ensure they were shared widely across the organisation. June Smyth then gave a presentation which outlined the cascade plan and shared some early video clips of staff describing how the new Corporate Objectives applied to them and their work.

The **BOARD** approved the Corporate Objectives for 2013/16.

18. **Interim Refresh of the NHS Borders Code of Corporate Governance**

The Chairman commented that he would prefer to nominate the Vice Chair and Non Executive members to committees for the Board to support as opposed to electing them.

Iris Bishop reminded the Board that the organisation undertook an annual refresh of the Code of Corporate Governance in January each year. The Chairman had been keen that the Code be reviewed earlier in the cycle to address the points he had made earlier. Iris Bishop confirmed that the full refresh would continue to come to the Board in January in order to maintain the audit cycle which had been commended by the auditors. There were 8 proposed alterations for the Board to consider taking into consideration the changes in the wording that the Chairman had offered earlier.

The **BOARD** approved the report with the changes in wording submitted by the Chairman.

19. **NHS Borders Board Committees**

The **BOARD** agreed the current membership of Non Executive members on Board Committees.

20. **Public Bodies (Joint Working) (Scotland) Bill**

Calum Campbell outlined the timescale and main provisions of the Public Bodies (Joint Working) (Scotland) Bill, highlighting issues around governance, the chief officer role, the one on one relationship with the local authority and professional leadership. With regard to Localities it had been agreed that sub locality models be pursued.

Dr Eric Bajjal commented that the comments received in relation to shared services were interesting and pointed out that the development of local collaborations of NHS bodies and Local Authorities was very important and it should lead to a better return on investment if such relationships were developed along with joint services.

David Davidson commented that when you look at counter fraud services this should be a joint service which would lead to more cohesion in that particular area especially in relation to protecting staff. Calum Campbell reminded the Board that buying power of Social Services and Health Boards was substantial and suggested this continued to be touched on through the procurement route.

Karen Hamilton urged that both organizations build on past successes.

Elaine Torrance advised that it was an exciting time and echoed previous comments regarding the good work that has already been achieved through developing joint services, systems and co-locations.

Dr Doreen Steele enquired if there was a date in mind to ask the Programme Director to come back to the Board with a plan. Elaine Torrance advised that the intention was to take a work programme to the Pathfinder Board for agreement and she could then bring that to the next meeting of Borders NHS Board if the Board would find that helpful.

The **BOARD** noted the provisions of the Public Bodies (Joint Working) (Scotland) Bill as introduced to Parliament

The **BOARD** required the Programme Director to bring forward an integration programme for consideration.

21. **Financial Monitoring Report for the 4 month period to 31 July 2013**

Carol Gillie reported on the financial 4 month period to 31 July 2013 and advised of an outturn of £1.4m in excess of revenue. Mrs Gillie advised that she continued to forecast a breakeven position at the year end predicated on the implementation of agreed actions to address financial pressures. Mrs Gillie further reported that at the end of July £3.8m of efficiency savings had been withdrawn from budgets against the target of £4.8m. In terms of recurring savings £2.5m had been released from budgets against at target of £2.6m.

David Davidson noted that the BGH Clinical Board had overspent on medical and nursing staffing and enquired when the review findings, undertaken by the Medical Director and Medical Staffing Officer, into vacancies and gaps in rotas would be available. Carol Gillie confirmed that a presentation had been received by the Strategy & Performance Committee the previous month and she had not agreed a timeline with the Medical Director for an update to be given to the Board. Calum Campbell commented that when patients were nearing the 12 week TTG, pressure would be applied to costs to sustain the achievement of that target and welcomed the opportunity to update the Board on workforce issues. David Davidson sought a quarterly electronic update. Carol Gillie advised that she would agree the definitive dates with Dr Sheena MacDonald and advise the Board accordingly.

Pat Alexander sought assurance on the level of risk given the SLA with NHS Lothian remained unsigned. Carol Gillie confirmed that NHS Lothian had agreed to utilise so many slots with NHS

Borders for their referrals and if they did not utilise all of those slots they still paid for them. She further clarified that if patients were nearing the end of their waiting times journey and offered appointments outwith NHS Borders those costs were borne by NHS Borders.

Calum Campbell commented that at this point in time in the previous financial year the SLA had been unsigned and he was not unduly concerned. He reminded the Board that the Orthopaedic work had been reviewed by SEAT and was held up as good practice and in effect the SEAT partners were now keen to look at a regional approach for other specialties. In terms of the report he advised that Carol Gillie as the Director of Finance was correct to report a financial risk but he did not deem it to be a major risk at this point in time.

Jane Davidson confirmed that the agreement with NHS Lothian for Orthopaedic activity was minuted through SEAT and June Smyth confirmed that regular updates from NHS Borders and NHS Lothian were made to SEAT on this matter.

John Hammond commented that the total income for NHS Borders last month had been £221m and this month was £224m and he enquired if there had been an uplift. Carol Gillie confirmed that the monthly income figure did change as monies from other sources or from the Scottish Government for specific non recurring initiatives were released to Health Boards.

John Hammond noted that at the end of July the Board had £6.1m in approved funding unallocated and enquired if that was the contingency fund. Carol Gillie advised that that sum was made up of the contingency which remained in tact, other items that had been included in the Local Delivery Plan that had had money put aside, as well as cost pressures which had not yet come into effect. Jane Davidson reiterated specifically that there was no bank-rolling of overspends.

John Hammond noted that under the efficiency programme, Public Health had a delivery target of £53k which had reduced to £48k and enquired if other items on the list would be at risk. Carol Gillie confirmed that it was a one-off incident and she fully expected the delivery target to revert upwards again.

The Chairman reminded the Board that an adhoc group had been set up to include the Chairman, David Davidson and Doreen Steele to give assurance that measures to address the financial position were being take forward.

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

## 22. Capital Investment Plan 2013/14

Carol Gillie gave an update to the Board on the 2013/14 capital programme. Carol Gillie advised that the capital allocation has been confirmed with the Scottish Government. In addition sales proceeds had been received for the sale of Ayton Clinic and a firm offer had been received and accepted for the Nurses Flats in Melrose. Work was continuing to generate further sales proceeds and the position was summarised in Appendix 1.

The majority of the capital plan for 2013/14 was linked to projects that had started the previous financial year and had flowed through into the current financial year. She gave brief updates on

Huntlyburn House, BGH Out Patients Department, Ward 6 surge capacity, Lauder and the central energy efficiency funds which had been received from the centre.

As a result of the financial pressures on the capital plan it had been necessary to suspend investment on the rolling programme areas apart from the elements from the rolling programmes that were included in major schemes that were being taken forward. Managers had been asked to risk assess the impact of that and that assessment would inform future capital investment.

Mrs Gillie further advised that as indicated in the finance report the majority of the capital spend would be undertaken by the autumn. The capital management team would concentrate in the remainder of the financial year on generating more sales proceeds, reviewing the risk assessed priorities of the rolling programmes, getting shovel ready projects ready for when capital investment was available.

Pat Alexander enquired if there was a contingency within capital. Carol Gillie advised that the amount available was £23k and she advised the Board that since writing the report offers had been received for another 2 properties and she was hopeful that this would generate further sales proceeds.

The **BOARD** noted the current year capital allocation.

The **BOARD** considered and approved the proposed capital investment plan for 2013/14.

The **BOARD** approved the development of projects, when funds were available, as described.

### 23. **Single Outcome Agreement for the Scottish Borders**

Dr Eric Baijal gave an overview of the content of the Single Outcome Agreement (SOA) highlighting the prevention plan. He advised that the SOA and prevention plan had both been commended by the Scottish Government. Dr Baijal confirmed that Scottish Borders Council were the lead organisation for the SOA and that there was a legal duty on all partners to work together on it. In terms of the SOA there were a large range of indicators on equality and he advised that work would take place to reduce that number to make them more meaningful and manageable.

David Davidson enquired if regular updates on the roll out of the SOA would be given to the Board. Dr Baijal advised of the route for discussion and dissemination and Calum Campbell suggested the updates automatically be shared with Board members so that they could raise any issues.

The **BOARD** noted the draft Single Outcome Agreement as the key strategic document for partnership working in the Scottish Borders.

### 24. **Local Delivery Plan 2013/14: NHS Contribution to the Community Planning Partnership Section**

June Smyth advised that the Community Planning Partnership (CPP) section of the LDP had been in draft at the time of the LDP sign off as it ran to a separate timeline. June Smyth confirmed that the Board had seen the draft version in April and the only change since then was the addition of detail following the recent Audit Scotland report on accountability for the delivery of outcomes.

The **BOARD** approved the NHS Contribution to the Community Planning Partnership section of the NHS Borders Local Delivery Plan 2013/14.

25. **HEAT Performance Scorecard**

June Smyth gave an overview of the paper and highlighted all the areas of performance against the HEAT targets that were monitored on a monthly basis.

Calum Campbell enquired how well the organisation was performing against the smoking cessation rates. Dr Eric Baijal was pleased to highlight the good collaboration with the Health Improvement Team and Midwifery Team. He further advised that 100% of women attending for their antenatal care assessments at the pregnancy assessment unit were being offered the opportunity to have their carbon monoxide levels monitored. There was also evidence that referrals to the smoking cessation team was increasing as a result of those tests.

John McLaren advised that the Staff Governance Committee were focused on sickness absence reporting. Jane Davidson noted the impact on staff that had taken place in terms of encouraging staff to come to work and be at work and that the statistics were a conduit of taking that approach.

The **BOARD** noted the report.

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

The Chairman highlighted that TTG was a regular item of discussion at the NHS Chairs meetings.

The Chairman asked the Board to support his nomination of Dr Doreen Steele as Vice Chair of the Board.

The Chairman commented that the Annual Review which had been held 2 weeks previously had gone well and he recorded the thanks of the Board to June Smyth and her team for all the work that they had put into the event. June Smyth advised that there had been about 80 people present and she advised that she had received informal feedback on the day from members of the public who had found the event to be informative. Mrs Smyth confirmed that although the Annual Review had been a non ministerial event, representatives from the Scottish Government had been present to ensure the Board held itself to account and their informal feedback had been positive noting another strong year of performance for the organisation.

The **BOARD** noted the report.

27. **Board Executive Team Report**

Dr Eric Baijal highlighted the multi agency workshop to close the consultation on the Annual Report and commented on the initiative to increase bowel cancer screening.

Carol Gillie advised that whilst David Woods remained the Chief Internal Auditor, PricewaterhouseCoopers had now been appointed as internal auditors until the end of March in order to complete the internal audit programme. The change was necessary due to staff changes in NHS Lothian.



Evelyn Fleck highlighted the recruitment event held on the same day as the Annual Review reporting that over a 100 registered nurses and midwives turned up.

Dr Doreen Steele congratulated Calum Campbell and the Executive Team on behalf of the Board for the number of national initiatives and projects that they were leading and chairing and further commented that it was important in keeping the profile of NHS Borders to forefront of the NHS in Scotland. She further requested a list of all of the groups and initiatives lead by the Board Executive Team.

The **BOARD** noted the report.

28. **Statutory and Other Committee Minutes**

John Hammond commented that he would be retiring as Chair of the Area Clinical Forum (ACF) at the end of October 2013. He advised that the ACF had met earlier in the week and had elected Karen McNicoll, Chair AHP Advisory Committee as the new Chair of the ACF subject to Ministerial approval.

The **BOARD** noted the minutes.

29. **SEAT Annual Report 2012/13**

June Smyth introduced the SEAT Annual Report.

David Davidson enquired if the Eating Disorder Service cost £16k on average per patient if that was a saving on what the organisation was previously paying. He further enquired what happened with patients once they were discharged from the service in terms of coordinated support, outreach support, etc.

Dr Cliff Sharp advised that this was the first year of the Regional Eating Disorders Unit and a presentation on that was currently being prepared. In terms of patients care, once discharged they were supported locally in the Borders and the intention was to support them so that they would not need to be readmitted. That service was currently being supplied by 1 Specialist Eating Disorders Nurse and a Dietitian who supported the service due to personal interest and not as part of his full job plan.

The **BOARD** noted the SEAT Annual Report 2012/13.

30. **Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 7 November 2013 at 3.00pm in the Board Room, Newstead.

*The meeting concluded at 5.45pm.*