Borders NHS Board

DRAFT

Minutes of a meeting of the **Borders NHS Board** held on Thursday 27 June 2013 at 3.00pm in the Board Room

Present:	Mr J Raine	Mr C Campbell
	Mr A Lucas	Mrs C Gillie
	Mr D Davidson	Mrs J Smyth
	Mr J McLaren	Dr S MacDonald
	Mr J Hammond	Dr E Baijal
	Dr D Steele	Mrs C Gillie
	Mrs P Alexander	Mrs E Fleck
		Dr C Sharp
In Attendance:	Miss I Bishop	Mr K Lakie
	Mrs R Bacon	Mr A McLean

1. Apologies and Announcements

Apologies had been received from Catherine Duthie, Cllr Catriona Bhatia, Jane Davidson and David McLuckie, Hamish McRitchie, Elaine Peace.

The Chair recorded the thanks of the Board to Catherine Duthie for her 8½ years service as a Non Executive member of the Board. He advised that Catherine's appointment would conclude on 31 July 2013 and this would therefore have been her last official Borders NHS Board meeting. As Catherine was unable to be present she had been invited back to the Board on 1 August 2013 for an official farewell.

The Chair welcomed Rachel Bacon, General Manager, Acute, to the meeting who was deputising for Jane Davidson.

The Chair welcomed Kirk Lakie, Service Manager Unscheduled Care, to the meeting who contributed to the Unscheduled Care item discussion on the agenda.

The Chair welcomed Andy McLean, Acting Senior Finance Manager, to the meeting who contributed to the Annual Accounts item discussion 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.

The **BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 2 May 2013 were amended at page 11, minute 13, paragraph 2, to read "Community Planning Strategic Board" and page 12, line 2 to read "..Board Committees and the Chief Executive as a member of the Community Planning Strategic Board." and with those amendments the minutes were approved.

4. Matters Arising

Minute 19: Board Executive Team Report: John Hammond asked why the Clinical Director for Community Dental Services was an appointment for a 2 year period only. Dr Sheena MacDonald confirmed that the intention of the 2 year appointment was to allow for service redesign to take place so that joined up working, changes to delivery and managing the service could be explored.

Minute 14: Management of Private, Overseas (NON NHS) and Co-payment Patients Policy: Adrian Lucas requested that the wording of the policy reflect that "veterans" were included as a priority group. Calum Campbell confirmed that by virtue of their veteran status they were a priority group and confirmed that it would be made more explicit within the policy.

Action Tracker Update: Minute 6: Healthcare Associated Infection Control Prevention Update: David Davidson confirmed that the item was now complete as he had now met with Colin Redmond who was progressing the matter.

The **BOARD** noted the action tracker.

5. Clinical Governance & Quality Update

Evelyn Fleck highlighted several elements from the report including within the Scottish Patient Safety Programme - harm free care, Scottish Patient Safety Index elements ie falls, pressures ulcers, cardiac arrest; key improvements; leadership stream; research governance; person centred work including improvement methodology. Complaints performance continued to be sustained and the number received during May had reduced.

John McLaren commented that the person centred work of NHS Borders had been highlighted at the NHS Scotland conference and continued to be further developed.

Dr Doreen Steele enquired if the trigger tool that had been approved for use as an appraisal evidence tool was for corporate or personal appraisals. Dr Sheena MacDonald confirmed that it was for personal appraisal usage.

John Hammond commented that the Chair of the Area Medical Committee had suggested that none of his clinicians had been able to attend the full Management of Adverse Events Training sessions, as they had been held during the day and the clinicians had been called away. Evelyn Fleck reflected that there had been a couple of sessions held and to date she was unaware of any clinicians being called away from the sessions. She advised that a further 2 sessions were planned to take place in July with further training sessions to be organised.

John Hammond commented that the Area Clinical Forum had discussed the Patient Opinion Feedback referring to the Orthopaedic clinics and had noted that the clinics often overran and he enquired if more time needed to be allocated for appointments or the timings of the clinics needed to be altered. Evelyn Fleck commented that observation work in Outpatients had been taken forward on the back of waiting times in the orthopaedic clinics and she advised that a patient focused questionnaire had been developed seeking comments on the care provided and what could be done better, as one of the methodologies to make improvements to services to patients. Dr Sheena MacDonald commented that the timings of clinics would be looked at as the Outpatients Department redesign progressed.

John Hammond enquired if the impact of patients being unable to attain appointments with their GPs had an impact on attendances at A&E. Dr Sheena MacDonald advised that specifically within the GP contract there was a requirement to provide primary care within 48 hours to a member of the public and this could be by a GP or a primary care team member. Above that there was no contractual requirement. Dr MacDonald advised that the 48 hour access was a self reporting mechanism in terms of monitoring and all GP practices were asked to report on this to NHS Borders. Dr MacDonald further advised that the patient survey contained questions regarding access and some GP Practices had received poor results and action plans had been put in place for those GP Practices.

David Davidson enquired if complaints about GP Practices were automatically copied to the GP Practice and a response was sought from them. Calum Campbell advised that the complaints process for GPs was such that the complaint was sent straight to the GP and the Board was expected to facilitate support to the complainant through the journey and this was the mechanism that was delivered through the joint service with NHS Lothian.

Dr Doreen Steele advised that she understood under the Patients Rights Act that GPs had to report to the Board on the number of complaints they received. Dr Sheena MacDonald confirmed that all independent contractors did this retrospectively on a quarterly basis.

Dr Doreen Steele enquired if the organisation had the right to question the themes from those complaints. Calum Campbell confirmed that if the same issues and themes were recurring then those would be raised directly with the independent contractor as well as any shortfall in contractual responsibilities.

John Hammond enquired if the independent contractors provided the number of complaints and the themes as well. Dr MacDonald confirmed that this was a new system and presently it was only the number of complaints that were reported.

David Davidson enquired if complaints performance was part of the Quality Outcome Framework (QOF). Dr MacDonald confirmed that it was not as the QOF was voluntary.

The Chair commented that this matter was worthy of further consideration and suggested a report back to a future Strategy & Performance Committee on independent contractors performance, access and complaint themes, in the context of the public assuming that the local health board had overall responsibility for them. Calum Campbell suggested that after the next national survey, Jonathan Kirk be asked to lead a Board Development and Strategy session on Independent Contractors.

The Chair commented that in regard to the Patient Opinion Feedback the organisers had suggested that where patients had commended specific clinicians, those clinicians could send a personal thank you response back. Evelyn Fleck advised that this was a helpful suggestion and in line with current practice of responding to commendations publicised within the local media. Mrs Fleck advised that she would progress this suggestion.

The **BOARD** noted the current activity in the areas of patient safety, clinical effectiveness and person centred care.

6. Implications of the Mid Staffordshire Public Inquiry Report

Evelyn Fleck noted that members had been regularly updated on local progress with mapping NHS Borders position against the recommendations from the Public Inquiry and that a development session with non-executive directors had also afforded them the opportunity to contribute to NHS Borders self assessment. Mrs Fleck gave an overview of the content of the report highlighting the joint working that was taken place with Scottish Borders Council. She advised that a similar report had been taken to the Pathfinder Health and Social Care meeting earlier in the week and confirmed a final paper would be submitted to the Board in September at the conclusion of the mapping process. Mrs Fleck confirmed that this timescale was in line with NHS Scotland reporting timelines.

The **BOARD** noted the work underway to assess the position within NHS Borders and Scottish Borders Council against the recommendations contained within the Francis Report.

The **BOARD** endorsed the proposal to work in collaboration to identify opportunities for joint actions to address the recommendations.

7. Healthcare Associated Infection Control & Prevention Update

Evelyn Fleck highlighted the improvements made with regard to the Staphylococcus aureus Bacteraemia (SABs) figure on page 3. Mrs Fleck advised that the HEAT targets for 2013/14 now included a new SAB target to further reduce HAI so that by March 2015 SAB cases were expected to be 0.24 or less per 1000 acute occupied bed days.

John Hammond enquired with regard to the c.diff figures if the ward closed for 13 days was a reasonable amount of time and if 24 hours was a reasonable period of time for the single bay closures. Evelyn Fleck advised that the closure of wards and bays due to infection control procedures was taken very seriously. A period of 13 days was not unreasonable and would depend on the status of the wards and patients in the infection cycle. In terms of a 24 hour quarantine period she advised that this would probably be precautionary as the patient may have been showing infection type symptoms however on receipt of the diagnostics this may not be the case. Mrs Fleck confirmed that screening took place for norovirus and on occasion c.diff was found through that process.

John Hammond commented on the c.diff report cards for community hospitals and congratulated Mrs Fleck on a zero rating. .

John Hammond enquired of the reporting cycle for surgical site infection. Mrs Fleck confirmed that it was an April to April reporting cycle.

John Hammond noted the number of Hip replacements carried out in 3 months had increased to 147 and enquired if this was due to an increase in demand or referrals from other Boards. Calum Campbell confirmed that the rise in activity had been due to the increase in investment in orthopaedics service to allow the organization to take on referrals from other Boards.

The **BOARD** noted the report.

8. **Local Unscheduled Care Action Plan 2013-14**

Kirk Lakie gave an overview of the content of the paper highlighting its cultivation of the winter planning process. He advised that an action plan had been developed and it was intended that it be submitted to the Scottish Government subject to Board approval.

The Chair enquired if there had been any additional resource made available nationally. Kirk Lakie confirmed that NHS Borders had made a bid for additional resources and funding for ¾ of a consultant post on a non recurring basis had been achieved.

David Davidson noted that on the summary on page 1 there had been a failure to deliver to the standard on 9 occasions and he enquired how many patients this involved. Calum Campbell advised that this varied on a month by month basis and whilst there were 4 hour breaches, there had been zero 12 hour breaches. Kirk Lakie advised that to achieve delivery of the target at 98% there could be no more than 60 patients waiting over 4 hours. He further commented that it was a multi-factorial problem related to activity surge and number of attendances.

John Hammond enquired about the impact of bed closures on meeting the target. Kirk Lakie confirmed that the target was in relation to access and in general bed closures were associated with length of stay across the system.

John Hammond enquired about the impact of bed closures in terms of infection control. Kirk Lakie advised that in terms of infection control if capacity is lost due to infection control it can limit ability to achieve the target. He advised that there had been an increase recently in the number of single rooms available in the hospital and in moving forward there would therefore be a greater number of isolation rooms available to balance the impact of infection outbreaks.

Rachel Bacon advised that when there was an infection issue, beds would be quarantined and it limited the ability of the service to move patients and staff around the system. She advised that resilience to this had improved significantly and continued to be a learning opportunity for the service.

David Davidson requested that information on infection outbreaks be submitted to the Resilience Committee in future. Rachel Bacon confirmed that she would action this.

The Chair commented that meeting the A&E target was a reflection of the quality of the whole health system.

Pat Alexander enquired if Kirk Lakie was expecting comments directly from Board members. Kirk Lakie confirmed that he would welcome comments from Board members.

The **BOARD** noted the requirement to ensure that 98% of patients are seen, treated or admitted to hospital within 4 hours of attending as an emergency.

The **BOARD** noted the requirement to submit an action plan by the 30th June that demonstrates clear plans on how this will ensure sustainable improvement ahead of winter 2013/14.

The **BOARD** noted the requirement to submit detailed plans on how NHS Borders will ensure the Emergency Access Standard is maintained in the longer term.

The **BOARD** supported the proposal that the action plan is submitted in line with required timescales but subject to Board approval.

9. **Board Report on Waiting Times**

Rachel Bacon gave an overview of the content of the report highlighting delivery against the HEAT target.

The Chair sought clarification if the Orthopaedic issues were due to the work in servicing NHS Lothian patients. Rachel Bacon advised that there was a capacity plan that was multifactorial in terms of challenges in Orthopaedics. She commented that there were more patients in the system but the impact of NHS Lothian work was only one element of the challenges faced by the service. She suggested that if the NHS Lothian patients were removed it would not solve the issue.

June Smyth reminded the Board that the investment was not just in relation to capacity to cope with NHS Lothian patients but was to also create capacity for NHS Borders as well.

John McLaren said these were important targets and he sought assurance that staff were aware of the value in achieving them. Rachel Bacon confirmed that the service worked closely with staff to ensure engagement of clinical and administrative teams in order for them to understand how important their roles were to ensuring patients were being given the best possible care.

John Hammond enquired who the 60 patients waiting in the Orthopaedic service were. Rachel Bacon confirmed that they were a mix of both NHS Borders and NHS Lothian patients.

John Hammond enquired if the admittance of NHS Lothian patients into the service was at the detriment of NHS Borders patients. Calum Campbell advised that the rules were clear that a Health Board could not differentiate residency on accepting referrals.

David Davidson enquired if there was any value in sharing staff with NHS Lothian to address capacity shortages. Rachel Bacon advised that in terms of the Dermatology service, one of the consultants was employed by NHS Borders and the other was a shared post between NHS Borders and NHS Lothian so this already happened and wherever possible the best fit for both Health Boards in relation to specialties was explored.

David Davidson requested that Rachel Bacon return to a future Board meeting or Development session to discuss these challenges further.

The Chair enquired in terms of Treatment Time Guarantee (TTG) that had to be achieved, if the breaches sustained were associated with equipment issues, why the organisation was unable to offer an alternative hospital. Calum Campbell advised that this was possible but it had to be a real offer, with the appointment being deliverable by the provider and had to be within a period of 2 weeks notice to the patient.

The Chair noted the facts and suggested that NHS Greater Glasgow & Clyde had zero breaches and enquired if that was due to their size. Calum Campbell advised that the elective capacity at NHS Greater Glasgow and Clyde was much greater in comparison through their use of Garnavel, the Royal, and the Golden Jubilee which were all located within their Board boundary area. He advised that they did still sustain some breaches of the target.

The Chair had sought views from Derek Feely on the reasons for the high TTG performance of NHS Greater Glasgow & Clyde. Mr Feeley's response was that NHS Greater Glasgow & Clyde had applied strong focus on achieving the TTG. Rachel Bacon advised that waiting times locally were being brought to the 9 week waiting time measure which would give the organisation some flexibility around achieving the TTG targets.

Carol Gillie reassured the Board that the TTG breaches had not been as a result of funding issues.

The **BOARD** noted the report.

10. **National Waiting Times Report and Internal Waiting Times Audit Report Update**

Rachel Bacon updated the Board on delivery against the audit reports and action plans. In relation to the national audit she advised that all the actions required had been completed.

David Davidson commented that the audit report from PricewaterhouseCoopers (PWC) had been satisfactory and there had been a recent Board Strategy and Development session held to broaden the awareness of Board members on the waiting times process and challenges.

Carol Gillie advised that arrangements had been made for PWC to return to NHS Borders to undertake a follow up report, the specification of which was being determined nationally. She further advised that Audit Scotland would also undertake a follow up report and this was anticipated to occur before the end of December 2013.

The **BOARD** noted the update.

11. **Property – Surplus & Disposal**

Carol Gillie advised that the new Lauder Health Centre was nearing completion and the previous premises would therefore be surplus to requirements. She reminded the Board of the aspiration to reduce the property portfolio and sought the Board's support to test the market for the potential sale of the Westgrove and Newstead sites.

Pat Alexander enquired if Scottish Borders Council had been approached regarding surplus properties in the spirit of partnership. Carol Gillie said that at this stage the intention was to get a feel for the

open market value and likelihood of sale and should that prove positive then the detailed work in line with the national regulations on disposal of public body owned buildings would be undertaken.

David Davidson commented that the Westgrove site housed Scottish Borders Council staff as part of the Joint Learning Disability Service and enquired if they were aware of the intention to vacate the property. Carol Gillie confirmed that Scottish Borders Council were aware of NHS Borders direction of travel in regard to reduction of property portfolio, and that discussions regarding Westgrove specifically had not yet been undertaken.

June Smyth clarified that the Joint Learning Disability Service were intending to relocate from the Westgrove site, so both organizations were aware of each others direction of travel in regard to property portfolio reduction.

Dr Doreen Steele suggested the Board support the paper as it would be remiss not to gather the evidence to support or otherwise reducing the property portfolio.

The **BOARD** declared the property, namely, Factors Park, Lauder, surplus to requirements and approved the disposal of the property in accordance with the NHS Scotland Property Transactions Handbook.

The **BOARD** approved the delegation of authority to approve/accept the best offer, to the Chair and/or Non Executive Director, the Chief Executive Officer and the Director of Finance.

The **BOARD** supported the exploratory work which may within the foreseeable future permit the Board to declare Newstead and Westgrove surplus to requirements.

12. **Audit Committee**

David Davidson advised that the focus of the Audit Committee at the last few meetings had been the Annual Accounts and he was grateful to colleagues on the Audit Committee and the staff who had been so open during the Annual Accounts process. He commented that they were a credit to the organisation and thanked the Audit Team who had been helpful over the past year.

The **BOARD** noted the update.

13. **Clinical Governance Committee**

Adrian Lucas advised that a meeting had been held earlier in the month to review adverse reporting and Mid Staffs work and he confirmed that he was content with the way forward and pace of work being undertaken in this respect.

Mr Lucas recorded his thanks to the Clinical Governance Team for their performance in respect of clinical governance arrangements.

The **BOARD** noted the update.

14. **Public Governance Committee**

Dr Doreen Steele advised that the Committee was pulling together a new format for the Committee with business meetings being separated from engagement/topic based sessions in order to be more proactive in engaging with members to glean their views.

She commented that the committee was finalising Non Executive Board member attendance at Area Forums and the role of what they would fulfill. The intention was for the Non Executive Directors on the Committee to attend one Area Forum each per year although other Non Executives were welcome. They would be supported by other colleagues such as Public Health to deliver concentrated messages and open up for engagement. Operational queries arising from attendance would be referred to the right person within the Board via the secretariat.

Dr Steele further advised that Laura Jones was being invited to attend the next Public Governance Committee to glean the views of the Committee on the engagement strategy.

The **BOARD** noted the update.

15. **Staff Governance Committee**

Pat Alexander commented that both she and John McLaren were now co-chairing the Staff Governance Committee, which would be through chairing alternate meetings. An agenda setting meeting had been held to look at its structure and the work plan and terms of reference would also be reviewed.

John McLaren reminded the Board that the staff survey had one more week to run and to date the organisation had achieved a response rate of 33%, which placed NHS Borders at the top of the territorial mainland health boards for returns.

John McLaren recorded his thanks to those on the staff survey group for their hard work in pursuing completion of the staff survey to date.

The **BOARD** noted the update.

16. **Community Planning Partnership Audit in Scottish Borders**

The Chair gave an overview of the content of the paper and sought the full backing of the Board to the involvement of NHS Borders in the Community Planning Partnership. He advised that NHS Borders had a strong role to play and that it should be supported at Board level. To that end both he and Calum Campbell sat on the Community Planning Strategic Board with the underpinning work being carried out by a network of task groups. Calum Campbell was leading the group on performance management.

The Chair highlighted the concerns raised through the Audit Report on the Community Planning Partnership which were around leadership, governance and performance management. Whilst Scottish Borders Council had the lead role, all partner agencies were required to engage. Some partners had spoken of community planning being council centric and whilst Scottish Borders Council did have the statutory responsibility for initiating it, he clarified that NHS Borders also had a statutory duty to co-operate with it. The Chair suggested it might be helpful to check that the concerns the Audit Accounts Commission had expressed were cross checked in 6-12 months to ensure that all parties were fully engaged.

The Chair advised that there was an improvement plan and NHS Borders had played an active part in the Community Planning Partnership and should affirm a commitment to being a full partner and to do everything it could to ensure community planning was a success and that delivery of the Single Outcome Agreement and targets were met.

Calum Campbell commented that the principles of community planning were sound and the audit report had been critical and he urged members of the Board to review the report and note the challenges it provided were for all partners.

Dr Doreen Steele commented that she had attended a meeting and had heard that there was not a Third Sector representative on the Community Planning Strategic Board and that housing only got a mention once in the Single Outcome Agreement. The Chair clarified that housing was represented on the Strategic Board.

Dr Eric Baijal clarified that specifically housing was taken seriously and the new SOA and prevention plan incorporated within, had been through a rigorous independent quality assurance process. He further advised that the SOA had been held up as an excellent example of an SOA to other Boards in Scotland.

David Davidson enquired if the findings of the audit and the actions taken would be discussed at the Health and Social Care Pathfinder Board. Calum Campbell suggested there may be an overlap in the roles of the Community Planning Strategic Board and the Health and Social Care Pathfinder Board.

Dr Eric Baijal suggested that given the limited number of members on the Health and Social Care Pathfinder Board that it was advantageous to bring this report to the Board to ensure all Board members were aware of the issues.

The Chair commented that it had been made clear at a ministerial level that neither group would be subservient to each other but that they would be complementary.

The **BOARD** noted the areas of improvement and gave continued support to the community planning process in Scottish Borders.

Pat Alexander departed the meeting.

17. **NHS Borders Annual Accounts for 2012-13**

Carol Gillie advised that attached with the Board papers were the NHS Borders Annual Accounts for 2012/13.

Mrs Gillie was pleased to advise the Board that it had achieved its financial targets with an outturn of £75,000 underspend against the Revenue Resource Limit and a small underspend of £7,000 against the capital resource limit. This was an excellent achievement in a year which had been particularly challenging in light of the wider economic situation.

Mrs Gillie highlighted several issues to the Board including: -

On page 15 the new disclosure introduced the previous year following the Hutton review of public sector pensions had been recalculated for 2011/12 as a result of updated guidance that was issued from the Scottish Government. This compared NHS Borders highest paid director with what had been calculated as the average salary of all employees during 2011/12 and 2012/13. The ratios for each of the respective years were 6.03 and 6.04

Regarding the Governance statement, that had been reviewed by the Audit Committee, there were no significant control weaknesses and failures identified.

The Board's External Auditors Scott Moncrieff had concluded their audit of the accounts and had advised the Audit Committee that their audit certificate was unqualified in respect of the accounts presenting a true and fair view and in respect of their regularity compliance.

Chris Brown a Partner with Scott Moncrieff felt that due to there being no items of significance to note to the Board from the accounts that he was not be in attendance and had asked Mrs Gillie to advise the Board of that position.

Scott Moncrieff had asked that it be minuted that the Chief Executive had agreed to sign a letter of representation on behalf of the Board confirming that in production of the accounts the Board had fully disclosed all relevant information.

Mrs Gillie then recorded her thanks to Chris and his team for the very professional manner in which they had undertaken the audit.

Mrs Gillie advised that the Accounts had been considered by the Audit Committee on the 17th June where the committee had been content to approve the annual assurance statement.

Mrs Gillie recorded her thanks to Susan Swan, Andy McLean and all the staff in the finance department for all their hard work during 2012/13.

Andy McLean supported the comments that Carol had made about the accounts and confirmed that the audit had gone smoothly. A meeting had been arranged with Scott Moncrieff in September to discuss the 2013/14 process and any further improvements that could be made.

David Davidson commented that as Chair of the Audit Committee he could confirm that the accounts were considered and reviewed at a number of Audit Committee meetings during April and May and finally at the meeting on the 17th June and as a result he was content to approve the annual assurance statement. The annual Assurance Statement given by the Audit Committee gave the Board assurance around the current governance framework across the organisation.

Mr Davidson further commented that the external auditors Scott Moncrieff had submitted a clean audit certificate which had raised only a number of minor points to be taken forward and therefore the external auditors had felt it was unnecessary for them to be in attendance. Again during the audit Scott Moncrieff had commented on processes of best practice undertaken by NHS Borders highlighting specifically the session with the Board members which was held on the 21st May to go through the accounts in detail.

Mr Davidson confirmed that reports had been received from all the governance committees detailing their work during the course of the year. These had been included in the consolidated governance report that was discussed and reviewed by the Audit Committee.

Based on those statements Mr Davidson was content to approve the annual assurance statement

The Chair recorded the congratulations of the Board to Carol Gillie and her team on the production of the Annual Accounts.

The **BOARD** adopted and approved for submission to the Scottish Government, the Statement of Accounts for the financial year ended 31 March 2013.

The **BOARD** authorised the Chief Executive to sign the Directors' Report.

The **BOARD** authorised the Chair and Director of Finance to sign the Statement of Health Board Members' responsibilities in respect of the Accounts.

The **BOARD** authorised the Chief Executive to sign the Statement on Internal Control in respect of the Accounts.

The **BOARD** authorised the Chief Executive and Director of Finance to sign the Balance Sheet.

18. **NHS Borders Endowment Fund Annual Accounts for 2012-13**

Carol Gillie introduced the Endowment Fund Annual Accounts and noted that the 2 page audit report was now available and had been tabled at the meeting. She noted that the accounts had been given a clean audit certificate by the external auditors Hogg and Thorburn and the Endowment Board of Trustees had approved the accounts at their meeting on the 21st May

The **BOARD** noted the Endowment Fund Annual Accounts for 2012/13.

19. **Private Patients Funds Statement for 2012-13**

Carol Gillie introduced the Private Patients Funds Statement for 2012/13 and asked the Board to note that the statement had been given a clean audit certificate by the external auditors Hogg and Thorburn and the Audit Committee had reviewed the statement at its meeting on the 17th June and recommended that NHS Borders Board approve the statement

The **BOARD** adopted and approved the Patients Private Funds Statement for the financial year ended 31 March 2013.

The **BOARD** authorised the Director of Finance to sign the Patients Private Funds Statement to certify its accuracy;

The **BOARD** authorised the Chief Executive to sign the Patients Private Funds Statement to confirm its approval by the Board;

20. **Financial Monitoring Report for the 2 month period to 31 May 2013**

Carol Gillie advised the Board that as at 31st May 2013, the Board was reporting a position of £0.7m in excess of budget. Expenditure was overspent by £0.6m and income was under recovered by £0.1m. Expenditure budgets were overspent on external healthcare providers (£0.2m), clinical boards (£0.3m) and corporate directorates (£0.1m). Income was under recovered by £0.1m mainly in relation to patient related income for non Borders residents.

Mrs Gillie highlighted several key points including: estimated external healthcare providers overspend (£0.2m) mainly related to UNPACS; the Clinical Boards overspend of £0.3m primarily related to the Borders General Hospital; the Corporate Directorates overspend of £0.1m was in Estates and Facilities costs for utilities and patient transport; income derived from external healthcare purchasers was under recovered by £0.1m linked to decreased activity levels principally with Northumberland Health Authority and a decrease in activity from other health boards presenting at Borders General Hospital for treatment.

Mrs Gillie advised that the Board had approved a balanced financial plan for 2013/14 which set a break even outturn for the year and this assumed £4.8m of efficiency savings would be achieved. At the end of May, the Board had withdrawn efficiency savings of £3.4m from budgets against the target of £4.8m. In terms of recurring savings £2.3m had been released from budgets against a target of £2.6m.

Dr Doreen Steele sought clarification of the budget phasing and Mrs Gillie confirmed that it reflected expenditure plans.

David Davidson commented that he was delighted at how positive it was to achieve savings so early in the year and enquired if this gave scope to look at other things in the second part of the year. Carol Gillie commented that there was still work to be progressed to fully achieve the target.

In regard to Medical Staffing costs Dr Sheena MacDonald said that there were issues with both recruitment and absence. The areas that were most under pressure were Dermatology, Out of Hours, Medicine and Emergency Care services. She advised that there were difficulties nationally with the retention of Out of Hours Doctors as well as a lack of qualified Dermatologists. She was unable to assure the Board that all the risks financially could be mitigated but confirmed that every avenue was being explored in order to reach resolution.

David Davidson enquired about the drugs and diagnostic supplies and sought clarification as to whether it was a Borders General Hospital issue or included GP prescribing. Carol Gillie confirmed that it was a Borders General Hospital issue. Rachel Bacon commented that the drugs overspend related to specific patient groups with high drug costs. This was a time limited issue and work was progressing to resolve the matter. The diagnostic supplies related to plasma products. The responsibility had been dispersed from a nationally managed budget last year to Health Boards. The additional monies identified at NHS Borders had unfortunately not covered all of the anticipated costs. In terms of other supplies Mrs Bacon advised that reviews were taking place and work continued to see if any further savings could be identified.

David Davidson enquired if plasma products were part of the national procurement scheme. Rachel Bacon confirmed that it had previously been a nationally procured product with the budget held nationally.

Carol Gillie confirmed that the national budget had been under pressure and had been devolved to Boards to manage more appropriately. She confirmed that this budget remained a risk as it was patient demand led. Mrs Gillie also commented that Pharmacy were putting in an updated system and work was ongoing between pharmacy and finance to ensure that it did not impact on the financial information received.

The Chair commented that the Northumberland Service Level Agreement (SLA) was a continual problem and enquired if that was usual at such an early point in the financial year. Calum Campbell commented that it was not unusual given the different operating systems for the NHS in England and Scotland. He advised that there was a meeting taking place the following week with the potential outcome of moving to arbitration.

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

21. **Managing Our Performance End of Year Report 2012-13**

June Smyth introduced the report which recorded progress during 2012/13 against the full range of Health, Efficiency, Access and Treatment targets and other key priority areas for the organisation.

June Smyth highlighted that the first part of the report focused on performance against the Health, Efficiency, Access and Treatment target which formed part of the Local Delivery Plan for 2012/13.

Page 6 laid out those areas that delivered strong performance, those that were outwith trajectories at the end of March and those that were significantly outwith trajectory. Performance against those HEAT targets were reported at each Board meeting through the HEAT scorecard.

Pages 7 to 19 provided detail related to performance for each HEAT target throughout the year 2012/13.

Those HEAT targets for which monthly performance information was not available had a progress narrative on pages 20 to 25.

Section 4 of the report provided an update on the Health Inequalities and Early Years section of the previous Borders Single Outcome Agreement (SOA) for 2012/13. NHS Boards were required to focus on one key area within the SOA collaboratively with the Council and others.

Section 5 of the report (page 27 onwards) provided a brief update on key pieces of work within NHS Borders during 2012/13 under each Corporate Objective, including Patient Safety walkrounds; Hospital Standardised Mortality Ratio (HSMR); Developing a health protection plan in collaboration with Scottish Borders Council; Statutory and Mandatory training within NHS Borders; and the management of significant adverse events.

Dr Doreen Steele preferred the colours and format of the report and June Smyth confirmed that the format had been tested previously with the mid year Managing Our Performance report.

Dr Doreen Steele enquired of the sickness absence figures whether, if the long term absences were removed, would there be a significant difference? June Smyth said that the short term sickness absence rates had reduced and overall continued to reduce. The rolling 12 month average had reduced

significantly and she noted that NHS Borders was one of the strongest performing mainland Health Boards in Scotland for sickness absence rates, a much improved position on the previous year.

Dr Doreen Steele noted on page 20 there was a reduced suicide rate, and enquired why staff were being taken out of that particular provision given the emphasis and importance of it. Dr Eric Baijal advised that a part time post had been retained with the previous incumbent remaining in post in order to address the work described within the target. Dr Baijal advised that he was developing "Mentally Well Workplace" to ensure both NHS Borders and Scottish Borders Council would be able to sign the "see me" pledge in the future.

John Hammond commented that on page 8 the narrative did not mention that the same day surgery target had not been met.

John Hammond commented that on page 12 the narrative advised that "outpatient targets were broadly delivered" and felt this was ambiguous given the detail in the supporting graph. Calum Campbell disagreed but accepted that it was a poor diagrammatical representation and advised that this would be amended for future reports.

The Chair noted that the service did well on smoking cessation and he enquired if information was gathered on how many long term quitters there were. Dr Eric Baijal advised that this information was not collected as it would require additional resource to be put in place.

David Davidson enquired of those who began smoking cessation then relapsed, if there was any joint work done on the individuals and their households. Dr Eric Baijal advised that he would check but he was unaware that this would take place as people were treated as individuals and the only work done on smoking in the home environment was that on smoking around children.

John McLaren commented that if smoking cessation was picked up at assessment of an individual it would be included in any clinical action plan for that individual.

The **BOARD** noted the 2012/13 End of Year Managing Our Performance Report.

22. **HEAT Performance Scorecard**

June Smyth gave an overview of the content of the paper and highlighted areas of strong performance including: smoking cessation; pre-operative stay; online triage of referrals; treatment of cancer within 31 days; 18 weeks RTT; delayed discharges; CAHMS waits and stroke unit admissions.

The Chair noted the excellent examples of the strong performance.

John Hammond enquired about recruitment in relation to the 4 week waiting time for diagnostics. Dr Sheena MacDonald advised that there was some recruitment taking place as well as a scrutiny of the service.

John Hammond enquired if there was sufficient machinery available for diagnostics. Rachel Bacon advised that there had been an issue with the MRI scanner for a week which had caused a minor blockage in the system and confirmed that staffing levels were the main issue.

The Chair enquired about the Dementia target. Dr Cliff Sharp said that identified cases had increased and the "deep dive" report from an external review was now awaited. It was anticipated that the report would assist the service to better understand the anomalies in Scottish Borders to assist with further progress. Dr Cliff Sharp then added that the target had been further revised for the organisation to find an additional 150 cases.

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

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

The Chair highlighted several elements from the report. The arrangements for the Royal Opening of the Margaret Kerr Unit had been excellent and he had received complimentary letters from the Duke and Lord Lieutenants offices. The presentation to the Scottish Borders Council meeting had received positive feedback and Cllr Graham Garvie had suggested NHS Borders present to the Council on a frequent basis. The Cabinet Secretary's meeting with Chairs had focused on Chronic Pain Services and the proposed establishment of residential pain management services.

Rachel Bacon advised that work was progressing locally on improvement plans for chronic pain services and she would provide and update to the Chairman.

David Davidson advised that he had been asked by NHS Health Scotland to participate in the production of documentation on health inequalities and health improvement and Dr Eric Baijal was assisting him with this.

The **BOARD** noted the report.

24. **Board Executive Team Report**

Calum Campbell highlighted that the Public Bodies (Joint Working)(Scotland) Bill had been introduced into the Scottish Parliament on 28th May. It was anticipated that it would be debated in the Autumn of 2013 and receive Royal Assent in 2014 for implementation on 1st April 2015. Mr Campbell advised that he would provide the Board with a presentation on the content and implications of the Bill at a future Board Development & Strategy session.

Evelyn Fleck highlighted that the Delirium bundle may assist with the Dementia target.

Carol Gillie advised that Martin Campbell Smith, Internal Auditor, would be leaving his post at the beginning of July and she reassured the Board that temporary arrangements to fill the gap were being put in place as well as consideration being given to how internal audit services would be procured in the future.

Calum Campbell highlighted that the Scottish Ambulance Service planning application matter had now been resolved.

The Chair reflected on the Cabinet Secretary's visit to NHS Borders and Calum Campbell commented on John Mathesons' visit to NHS Borders.

June Smyth highlighted the "Everyone Matters 20:20 Workforce" initiative and suggested members of the Board view the website for further information. She advised that NHS Borders had been successful in submitting 2 items for showcasing on the website.

Dr Sheena MacDonald commented that at the NHS Scotland event a patient from Galashiels had presented to a parallel session on the Lifestyle Advisor service and how his personal experience of that service had turned his life around for the better.

The **BOARD** noted the report.

25. **Statutory and Other Committee Minutes**

John Hammond advised the Board that he would be standing down as Chair of the Area Clinical Forum in line with the end of his term of office as Chair of the Area Dental Committee at the end of October 2013.

The **BOARD** noted the minutes.

26. **Any Other Business**

Interim Appointment: NHS Scotland Chief Executive: Calum Campbell advised the Board that John Connaghan had been appointed as Interim NHS Scotland Chief Executive until such time as a successor to Derek Feeley was appointed.

Pharmacy Practices Committee: Dr Doreen Steele as Chair of the Pharmacy Practices Committee (PPC) advised the Board of a requirement to appoint 2 contractor and 2 non contractor pharmacists as deputies to the PPC in line with the PPC terms of reference.

The **BOARD** ratified the appointments.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 5 September 2013 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 5.35pm.