Borders NHS Board

DRAFT

Minutes of a meeting of the **Borders NHS Board** held on Thursday 2 May 2013 at 3.00pm in the Board Room, Newstead

Present:	Mr J Raine	Mr C Campbell
	Mrs C Duthie	Mrs J Davidson
	Mr D Davidson	Mr D McLuckie
	Cllr C Bhatia	Mrs J Smyth
	Mr J McLaren	Dr S MacDonald
	Mr A Lucas	Dr E Baijal
	Mr J Hammond	Mrs C Gillie
	Mrs P Alexander	Dr H McRitchie
		Dr C Sharp
In Attendance:	Miss I Bishop	Mrs K McNicoll
	Mrs J Beattie	Mrs R Bacon
	Mrs L Jones	Mrs A Wilson
	Mrs J Stephen	Mrs D Keddie
	Mr P Lunts	Mr G Ironside

1. **Apologies and Announcements**

Apologies had been received from Dr Doreen Steele and Evelyn Fleck.

The Chair welcomed John McLaren to his first meeting of the Board in his role as Employee Director and Non Executive.

The Chair welcomed Diane Keddie, Senior Nurse/Operational Manager Older People Services & Long Term Conditions to the meeting who was shadowing Jane Davidson.

The Chair welcomed Laura Jones, Head of Clinical Governance & Quality to the meeting who contributed to the discussion on Clinical Governance & Quality.

The Chair welcomed Philip Lunts, Head of BIST to the meeting who gave a presentation on Cancer waiting times.

The Chair welcomed Rachel Bacon, General Manager and Jackie Stephens, Head of IM&T to the meeting who contributed to the discussion on waiting times.

The Chair welcomed Jan Beattie, Rehabilitation Project Support and Karen McNicoll, Associate Director of AHPs to the meeting who gave a presentation on the Rehabilitation New Models of Care item on the agenda.

The Chair welcomed George Ironside, Senior Health Information Manager and Alison Wilson, Director of Pharmacy to the meeting who contributed to the discussion on the Management of Private Overseas and Co Payment Patients Policy.

The Chair welcomed members of the public and press to the meeting.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda. No declarations were made.

The **BOARD** noted the Declarations of Interest form for John McLaren.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 4 April 2013 were amended and approved.

4. Matters Arising

Minute 8: Proposals for Future Integration in Scottish Borders: Calum Campbell advised the Board that he had met with Tracey Logan, Chief Executive, Scottish Borders Council in order to take forward the integration agenda.

The **BOARD** noted there were no outstanding actions.

5. Board Clinical Governance & Quality Update

Dr Sheena MacDonald introduced the report and highlighted several items including the second phase of the Scottish Patient Safety Programme that had been announced in June 2012 with Phase 2 to be launched in August 2013. She advised that the organisation was testing several indicators on behalf of the national programme which included catheters, falls and cardiac arrest. In regard to the Leadership Walkrounds these had amalgamated the Scottish Patient Safety Programme and Older People in Acute Hospital walkrounds into one single walkround. She advised that the Management of Significant Adverse Events report had been published and highlighted areas of good practice as well as areas for improvement around patient and carer involvement. Dr MacDonald report that audits remained on going.

In relation to Research Governance, Dr MacDonald advised that 5 new studies and service evaluations had been approved and she reiterated assurance to the Board that as part of the wider review of healthcare governance arrangements the organisation would capture specific recommendations from the Mid Staffs report.

Dr MacDonald further highlighted the disappointing complaints performance for February 2013 and explained the detail behind that performance.

Catherine Duthie enquired if the evaluation of the catheter tool had been completed and if there was

any timescale for it to be rolled out across the system. Dr MacDonald advised that it was currently being piloted within another area in order to ensure all the IT issues had been resolved before the roll out could be progressed.

Catherine Duthie enquired about the STACCATO tool for anticipatory care. In relation to STACCATO, Dr MacDonald advised that this was in respect of social aspects of anticipatory care and that she would provide the Board with an update.

David Davidson enquired about the background to the patient opinion feedback. Laura Jones advised that the feedback was the information that was directly obtained from the Patient Opinion website and that each element was put into the service to provide an action plan for improvement. Mrs Jones confirmed that each opinion had received a response from NHS Borders. She further advised that for future reports to the Board she would provide feedback on progress that had been made since the patient opinion website had been launched and how it was being encapsulated within internal structures.

Jane Davidson reminded the Board that the Discharge Lounge staff at the Borders General Hospital were keen to undertake a patient experience feedback initiative and were currently working with the Clinical Governance and Patient Experience Team in order to bring that to fruition. She advised that in turn that knowledge gained should feed into how the organisation could improve its services.

The **BOARD** noted the report.

6. **Healthcare Associated Infection Control & Prevention Update**

Dr Sheena MacDonald introduced the report and highlighted several points including: improvement in SABs; improvement being undertaken in respect of catheter acquired infections; c.diff target; review of hand hygiene data; norovirus episodes and temporary closure of some wards; infection control audits; surgical site infections and the appointment of an anthroplasty nurse.

Calum Campbell reminded the Board of the reduction locally in both SABs and c.diff rates and commented that whilst the target remained challenging it should be viewed in the context that NHS Scotland was probably the safest system nationally at the present time.

Pat Alexander enquired why the overall reduction in infection rates had reduced but was not in tandem if the underlying infection control measures were the same for both. Dr Hamish McRitchie advised that both infections were different in concept explaining that the SABs infection was something that would not normally be within a person and were therefore created by interventions and c.diff infections were bacteria that people had within them but would not manifest as an illness. He further confirmed to the Board that the measures for SABs and c.diff were different.

David Davidson enquired if comparison figures on cleanliness could be produced for SABs and c.diff to see how the organisation compared nationally. Calum Campbell reminded the Board that the report was produced in the Scottish Government standard format and could not be altered. He suggested the information be made available to the Board as a separate attachment to the report in future.

Catherine Duthie enquired if community hospitals were to be included in future HEI inspections and if so if the organisation had the capacity to ensure its learning from the Borders General Hospital

inspections was shared with community hospitals as a form of preparation. Dr Sheena MacDonald reported that the Scottish Patient Safety Programme had been extended to include community hospitals and the expectation was that all areas would be visited on a rolling 6 month cycle.

The **BOARD** noted the report.

7. **Board Report on Waiting Times**

Jane Davidson introduced the report. Rachel Bacon reported that the national referral to treatment target (RTT) was over 90% and locally this had been delivered at 90.8% in March 2013. She confirmed that there had been challenges in the areas of radiology and orthopaedics and improvements were expected to be seen in the figures the following month. She further advised that in patient non availability remained static. Mrs Bacon advised the Board that an audit of the local RTT system was run to provide assurance that the organisation was keeping within policies.

John Hammond enquired if those cases that had waited over 18 weeks in orthopaedics were as a result of the increase in cases being referred from NHS Lothian. Jane Davidson confirmed that there were some capacity issues in a couple of areas including orthopaedics which had had a detrimental effect on waiting times, however these were being addressed and the influx of referrals from Lothian had not disadvantaged any Borders patients.

June Smyth advised that in terms of the Rebalancing Care project this went live from 1 October 2012, and that the investment agreed through the Local Delivery Plan process results in increased capacity to meet projected local increased demand, with the spare capacity then utilised by Lothian patients.

John Hammond enquired if there had been many refusals of patients from Lothian not wishing to come to Borders. June Smyth confirmed that the organisation was unaware of how many patients were approached by NHS Lothian to undertake a referral to NHS Borders but confirmed that there had been a number of referrals who had DNAd or changed their minds at the last minute. She confirmed that both teams in NHS Borders and NHS Lothian were working together to address this. Given that this was the first project through the regional planning network of South East and Tayside it had been anticipated that there may be some refinement to the model in the first few months of it becoming operational.

Calum Campbell advised the Board that patient feedback in regard to referrals from NHS Lothian had been positive and he commented that NHS Lothian and NHS Fife were interested in pursuing capacity and demand on a regional basis to smooth the peaks and troughs in demand within the region for a number of specialties. A regional event was planned for late summer when this would be explored further. Given the experience around orthopaedics NHS Borders were involved in the design of this event and would be sharing lessons learnt from the current project.

Cllr Catriona Bhatia enquired what the difference was between the waiting times RTT and the Treatment Time Guarantee (TTG). Jane Davidson explained that the 18 week RTT definition was that if a patient was referred they must be treated within 18 weeks of their date of referral and the target for that was 90% of patients. She explained that the TTG was the statutory legal requirement of 12 weeks for inpatients to be treated from the date it was agreed they would be treated. The target for TTG was 100% of patients. Mrs Davidson confirmed that if the organisation was going to breach the TTG target

it was duty bound to contact the patient and offer for them to be treated elsewhere. Calum Campbell assured the Board that contact was made in every case.

Mrs Davidson highlighted that there had been some breaches of TTG as a consequence of the ASDU issue and this was clearly outlined in the report. She confirmed that all patients had been spoken to at the time and offered alternative venues for treatment or a rescheduled appointment. Mrs Davidson advised that she would expand the content of the paper to be more explicit on TTG and suggested a broader discussion take place at a future Board Development session .

David Davidson noted that there was a consistent 17-18% level of unavailability and enquired how this could be addressed or influenced. Calum Campbell advised the Board that given the consistent level of unavailability they should be assured that the organisation was not marking patients as unavailable on the approach to deadline dates.

Dr Hamish McRitchie advised that unavailability was a patient driven number which added complexity to planning services as the patients next period of availability was not known. He confirmed that the Board should feel assured that the organisation was being honest in its recordings as it was a patient driven figure.

David Davidson commented that he was content with the assurance provided and enquired if there was anything that could be done to educate the public further in regard to DNAs. Jane Davidson advised that there was some person centred work currently underway around this area.

Pat Alexander enquired what happened if someone got in contact and couldn't make a specific date, were they offered an alternative appointment date at that time. Jane Davidson confirm that they would be offered 2 reasonable alternative dates and then if that did not suit they could be referred back to their GP. Mrs Davidson was clear that the service did not routinely refer patients back to their GP but undertook open dialogue with the patient to understand how the service could deliver the health care that the patient needed to fit the patient. She assured the Board that the service was as proactive as it could be in this area and confirmed that the system audit being undertaken would evidence this approach.

Philip Lunts gave an informative presentation on cancer waiting times, highlighting the good performance that had been sustained in NHS Borders in this area.

Cllr Catriona Bhatia enquired if resulting outcomes were improved as a result of adhering to the waiting times targets. Philip Lunts reported that for the majority of patients cancer was a worrying diagnosis and they wished to be treated as quickly as possible. Fundamentally the organisation was committed to detecting cancer at an early stage in order to treat it as early on as possible. Dr Eric Baijal echoed Mr Lunts comments and confirmed that those patients who presented positive results as a result of the cancer screening programmes were treated as quickly as possible.

Pat Alexander noted that some patients were required to be treated at regional centres and she enquired how they were counted in regard to the Treatment Time Guarantee (TTG). Mr Lunts confirmed that the process remained in place and the target was to be met regardless of where the treatment was delivered. Calum Campbell reminded the Board that the organisation was part of the South East and Tayside (SEAT) regional group and also a part of the Regional Cancer Advisory Group (RCAG) and

all cancer patients referred to Edinburgh or elsewhere within the region were tracked to ensure the TTG was met.

John McLaren noted the content of the report and suggested recognition be given to the significant amount of work that the staff contribute to enable the TTG and RTT targets to be achieved and sustained. The Chair echoed Mr McLaren's sentiments.

The **BOARD** noted the report.

8. Rehabilitation New Models of Care – Hydrotherapy

The Chair introduced the item saying the report before the Board was extensive and represented many months of work undertaken by clinical and other staff along with members of the community and patients. The report dealt with different options for hydrotherapy services and the Board would hear from the Medical Director, Dr Sheena MacDonald; the Associate Director of Allied Health Professionals, Karen McNicoll, and from Jan Beattie, Rehabilitation Project Support who co-authored the report.

The Chair acknowledged that the issues had attracted much attention and concern among members of the public. The report was seeking approval from the Board to move forward with an option for change to the service which had been identified as a result of much engagement. The NHS in Scotland is committed to a process of public engagement in relation to service change and the Board would need to be satisfied that the engagement had been properly conducted and had been full and proportionate to the issues and the Board would need to focus on the merits of the case for change and the merits of the preferred option as against other options.

Just prior to the meeting, the Chair had received a petition from the Borders Patient Action Group headed "Save our Hydrotherapy Pool and Gym". This petition was referenced in the report to the Board. Whilst members of the group would not be able to engage directly with the Board at the meeting, he had offered to read a statement from the Group and had encouraged them to set out any particular questions the Board should answer that they felt were not covered in the report. He would also highlight relevant comments made on the Group`s on line petition.

The statement read: "*The huge number of signatures collected both on paper and online is indicative of the local strength of feeling at the proposed closure of the hydrotherapy pool within the Borders General Hospital. All who signed this petition know that the Borders has a treasure, a facility to deliver a radically different form of physiotherapy which works not only on the physical but also on the mental aspects of disability and in both these areas it performs really well. The pool is compact, not enormous like some. Its layout is perfect. However there is a problem. After being in the right place for 25 years, now it would appear to be suddenly in the wrong place due to the redesign of the hospital. It is hoped that NHS Borders will take heed of public opinion in their deliberations on the continuing provision of hydrotherapy in the Borders.*"

The Chair highlighted some of the comments from the online petition which referred to public pools being "too cold" for patients and the difficulty some patients would have getting in and out of public pools "with dignity".

Written questions and points set out by the Group just prior to the Board meeting were:-

Patients with Parkinson's could only exercise in warm water (34 degrees); one person in 400 in the Borders had Parkinson's and the number was rising because of the increasing age of the population; treatment and therapy for these patients needed to be continuous and not in blocks; Patients with neurological problems also needed warm water for exercise. How certain was it that planning permission would be granted for the Jedburgh pool? How adequate was the space provision for changing facilities? Patients with serious mobility problems required a lot of space. Would a full-time/part-time physio be employed? How many days/hours would be allocated? What transport provision would be organised? How much consultation had there been with BSLT and what were the views of BSLT? Could we have a firm assurance that the pool at BGH would not close until an alternative provision of equal or higher standard was ready for use? The Chair asked those presenting the report to include responses to those questions and comments.

Dr Sheena MacDonald reported that the purpose of the report before the Board was to bring to the Board a proposal on Rehabilitation in the wider context of the redesign of Out Patients Department.

Karen McNicoll and Jan Beattie presented the proposal to improve access and equity to rehabilitation services in the Scottish Borders, highlighting the Allied Health Professionals new approaches to rehabilitation; improvements in physiotherapy waiting times; water based exercise and hydrotherapy; various options; engagement and involvement process; and next steps, etc.

Dr Sheena MacDonald advised that the Scottish Health Council had provided feedback on the engagement process and had advised that it had been considered proportionate to the changes proposed and that the organisation should continue its engagement and feedback to stakeholders as the process moves forward.

Dr MacDonald advised that the clinical perspective and public engagement had allowed the organisation to undertake the process to look at delivery of water based therapies to a wider population in the Borders and this fitted well with the organisations commitment to be a health promoting health service.

The Chair enquired about the concern regarding how committed the Borders Sport & Leisure Trust (BSLT) were to the proposal. Jan Beattie advised that the organisation already worked with BSLT on the falls programme once people had finished their acute episode of treatment. She confirmed that BSLT staff were given competency based training by NHS Borders and the discussions for the new proposal had followed the same premise.

Dr Eric Baijal echoed the commitment of BSLT to the proposal and advised that a member of his team sat on the BSLT Board and the feedback received had been both positive and collaborative. Calum Campbell confirmed that he would be looking for contractual sign off before any reprovision commenced.

Pat Alexander enquired if through the BSLT there would be dedicated sessions for therapy. Jan Beattie confirmed that if a positive decision was made, then a service level agreement would be drawn up on the basis of providing dedicated sessions for therapy and she further advised that there was already verbal agreement that individual sessions would be provided if required.

The Chair enquired about the provision of space to ensure the preservation of people's dignity. Jan Beattie advised that in the proposed new development in Jedburgh that this issue was already being considered and individual needs addressed accordingly and the ongoing discussions with BSLT had been useful in terms of offering them advice on reconfiguring their space, providing chairs with arms, etc.

Calum Campbell confirmed that discussions had taken place with the Local Authority who were keen to work with NHS Borders around the potential utilisation of Wilton Pool for paediatrics. He confirmed there would be a need for some investment to improve facilities in order to progress this potential option.

Cllr Catriona Bhatia commented that in relation to paediatrics this made up 25% of the current usage of the hydrotherapy pool and she noted that Wilton Pool was not captured within the recommendations. Cllr Bhatia suggested the inclusion of Wilton Pool in the recommendations if the Board wished to move forward on exploring Wilton Pool for paediatrics.

Calum Campbell confirmed that he had spoken to Andrew Lowe, Glen Rodger and Tracey Logan who were all keen to explore the Wilton Pool scenario further.

Cllr Catriona Bhatia enquired if there would be a minimum water temperature indicated within the contractual agreement with BSLT given that hydrotherapy pools operate at a higher temperature and whether the assistive equipment would be located at all pools or only specific pools. Dr Hamish McRitchie confirmed that temperature would be covered by the contractual arrangements.

Jan Beattie commented that there were already warmer pools in Jedburgh and Eyemouth and there were defined parameters within which they worked. She confirmed that humidity levels, accessibility, equipment and choice, etc would all be taken into consideration in determining which pools were utilised.

Dr Hamish McRitchie outlined the current usage of the out patient department noting there were in the region of 70,000 attendances per year with 30,000 new patients. He explained that the current out patient department accommodation was no longer fit for purpose and was difficult to make HEI compliant and bariatric friendly. He further suggested it was confusing for patients and did not assist with good patient flow. Dr McRitchie highlighted that in order to provide equity of access and equity of service to this increasing patient group a redesign of the front of house including unifying a range of services and clinics within the same vicinity would be appropriate.

David Davidson enquired of the heating requirements of hydrotherapy pool users, how many actually required a higher temperate pool and what percentage were paediatric need. Jan Beattie confirmed that 18% of current users could use mainstream swimming pools with no requirement for a pool temperature rise, however they did require clinical expertise to know what to do with regard to correct exercise. A further 28% could potentially use mainstream pools if appropriate alterations were made. For Paediatrics she advised that 25% of existing hydrotherapy pool users were paediatric cases and that some of those children already utilised the Wilton Pool during the summer period.

Dr Eric Baijal referred to the number of out patient department attendances noting that the investment in a new out patient department was marginal. He further clarified that every investment was a public health opportunity and the organisation had to weigh up the health benefits of a large number of people

attending out patients competing against a small number of people utilizing water based therapies. He suggested it was a "win:win" for health equity as the out patients department would be reprovided to a high standard and at present was unable to provide the quality of care required to improve the patient journey through a series of linked services within the same vicinity.

Dr Baijal commented that water based therapies could be reprovided at a variety of places across the region which would assist patients to access these services closer to their areas of residence in line with Scottish Government directives. Dr Baijal confirmed that the Equality Impact Assessment that had been undertaken had been a robust process.

Adrian Lucas commented that he had listened to the important points and wondered if during the engagement process the over-riding emphasis had been placed on the redesign of an out patient department with less emphasis given to the reprovision of water based therapies and how beneficial it would be to have this provision out in the community at several locations as opposed to the one single location at Borders General Hospital. The Chair suggested the comments from Dr Eric Baijal and Dr Hamish McRitchie had highlighted the benefits to the 70,000 patients who passed through the out patients department each year.

John Hammond noted that it had been indicated that there may be a gap between the Hydrotherapy pool closure and access to local alternatives. Calum Campbell gave a commitment that facilities would be made available. He confirmed that there could potentially be a time delay in providing services at Jedburgh and assured the Board that the organisation would remain both clinically and financially responsible to provide hydrotherapy services to those patients who required those facilities. Karen McNicoll advised that hydrotherapy was one single element to the full physiotherapy suite of services and she confirmed that all patients would continue to receive the treatment appropriate to their individual needs.

John Raine referred to the Borders Patient Action Group question on how certain was it that full planning permission would be granted for the Jedburgh pool? Calum Campbell advised that the Health Board had no control over the planning process. He did not envisage problems with planning permission but this was not within NHS Borders gift to promise. In the event that planning permission was not granted the issue would have to return to the Board.

John McLaren echoed the Scottish Health Council (SHC) response in terms of engagement and robustness of process. He commented that he was confident that the level of staff engagement and public involvement in the process had been sound and he sough assurance that the same level of engagement would be provided through the implementation and communication phases.

David McLuckie commented that with regard to equity he had noted that within the report it advised that 91% of users were from within a 15 mile radius of the Borders General Hospital and he suggested in making the provision of water based services more widely available across the whole region there may be an increase in the number of patients being able to take up this form of therapy treatment. Mr McLuckie further commented that the area the region covered was some 1800 square miles and the provision of water based therapies at one central site was not an appropriate service to the regions population of 115,000 people.

Dr Hamish McRitchie commented that during the option appraisal process one of the reasons that Option 5 had scored so highly had been so that wider access to water based therapies could be provided to the whole population of the Scottish Borders.

The Chair enquired about additional costs and Calum Campbell confirmed that if a current patient receiving hydrotherapy treatment was deemed to require that treatment and during the implementation phase they had to incur extra costs, the organisation would meet those costs in order to ensure that cohort of patients were not disadvantaged during the implementation phase.

The Chair thanked both Jan Beattie and Karen McNicoll for their presentation and contributions to the Board discussion. The Chair further thanked the public and patients who had been a part of the engagement process and had attended the meeting.

The Chair put the four recommendations to the Board:-

- to note the work progressed with the development of options for the provision of Hydrotherapy across Borders;

- to approve the preferred option identified including the use of Wilton Pool for the paediatric cohort of patients;

- to agree to meet additional costs for users at the point of service transfer for the duration of that episode of care;

- to approve the ongoing development of a Communication & Implementation plan.

The **BOARD** approved the recommendations unanimously.

The Chair concluded the item by acknowledging that the decision would be disappointing for the Action Group. But the decision did now pave the way for much improved facilities for patients. The out patients department was the busiest part of Borders General Hospital, coping with 70,000 patient visits a year. Moving the whole department from outdated accommodation on the first floor to purpose designed accommodation on the ground floor would now be possible. This had long been a priority for medical staff. The full development was now possible as a result of the decision to close the pool in the centre of the ground floor and to re-provide hydrotherapy services elsewhere across the Borders. As a result, water based exercise and hydrotherapy would be made more accessible for people across a wider area of the Borders.

The Board had also been influenced in its decision by the fact that the changes had been advocated by medical and clinical staff and were supported through public engagement.

9. **Audit Committee**

David Davidson updated the Board on discussions held at the last Audit Committee meeting, reporting that a letter had been received from Derek Feeley asking that Audit Committee Chairs sign off an assurance letter on waiting times. He advised that he was grateful to all those in the Finance and other Departments for their input to ensure that the assurance letter could be signed off. He further advised that a Board Development session on waiting times would be held during the summer. Mr Davidson

further advised that an interim management letter had been received from the external auditors and he was pleased to confirm that there were no significant issues highlighted.

The **BOARD** noted the update.

10. **Clinical Governance Committee**

Adrian Lucas updated the Board on discussions held at the last Clinical Governance Committee meeting advising that the meeting had been dedicated to business planning for the next 12 month period. He further advised that a full discussion had taken place with regard to the Mid Staffs report and assured the Board that the report was being examined and appropriate learning actions were being taken forward.

The **BOARD** noted the update.

11. **Public Governance Committee**

Catherine Duthie updated the Board on discussions held at the last Public Governance Committee meeting highlighting the initiative of rotating the meeting around the region in order to make the Board more accessible to the public and utlising the Scottish Borders Council Area Forums.

The **BOARD** noted the update.

12. **Staff Governance Committee**

An update was not provided.

13. **NHS Borders Board Committees**

The Chair introduced the paper and explained the proposed membership of each committee. He highlighted some further changes to the schedule advising that Catherine Duthie would no longer be a member of the Staff Governance Committee, Adrian Lucas would become Vice Chair of the Public Governance Committee and John Hammond would become a member of the Public Governance Committee.

The Chair sought the endorsement of the Board to the proposal that Calum Campbell become a member of the Borders Strategic Board.

John McLaren advised that with regard to the Staff Governance Committee, which was a key responsibility of the Employee Director, in moving forward he would prefer to have a Co Chair arrangement for an initial period so that he could benefit from the knowledge and skills of those Non Executives who were existing members on that Committee. The Chair agreed that this was a sensible proposition and advised that he would discuss with the Non Executives outwith the meeting how best to take this forward.

David Davidson advised that he was an attendee at Tryst Trust meetings acting as Board liaison.

Subject to the alterations outlined above the **BOARD** approved the current membership of Non Executive members on Board Committees.

14. **Management of Private, Overseas (NON NHS) and Co-payment Patients Policy**

Dr Sheena MacDonald explained that the policy statement summarised the principles to be addressed through the procedure which were in effect that when a patient elected to be seen privately that this would not be at the detriment of NHS patients and they would be treated fairly and equitably. Dr MacDonald referred to the flow charts in appendices 3 and 4 which crystallised the text of the document.

In regard to co-payments Dr MacDonald explained what co-payments were and confirmed that NHS Borders received a small number of requests for co-payments.

George Ironside confirmed that the number of patients covered by the policy was small and that staff identified overseas patients at the point of contact with the service. He advised that the Overseas and Visitors regulations themselves are very complex and external advice was often sought.

Adrian Lucas suggested the term Veterans be included within the policy as this cohort of people were a priority for the NHS even though their numbers were low. Jane Davidson suggested bringing a paper to a future Board meeting on how Scotland was engaging with the NHS to treat veterans equitably and how NHS Borders was taking this forward.

John Hammond enquired if someone chose to go to have their treatment privately and were removed from the NHS waiting list and then had their treatment provided through the NHS did that become their point of needing treatment and did that cut down their waiting list time. Calum Campbell advised that once the patient decided to go privately and pay for their treatment, their treatment journey would start at that time and they would be treated the same. Dr Sheena MacDonald advised that the interpretation was that their treatment time guarantee would stay the same as other NHS patients.

The Chair sought clarification that on the provision of conduct NHS Borders sought to recover all costs. Alison Wilson confirmed that payment was taken in advance. Carol Gillie clarified that advance payment was taken in regard to co-payments. George Ironside clarified that for overseas payments recovery of costs was pursued whilst the patient was within the system and before they left the country.

Pat Alexander commented that European Union (EU) patients received free treatment given their designated status and she enquired if this should be included within the policy. George Ironside confirmed that any EU health income was sought by the United Kingdom government on a reciprocal basis.

Pat Alexander noted that if private patients purchased a single room for their stay in hospital it was possible that they might not actually be able to utilize it and she enquired if there was a possibility for NHS patients to be given the choice to purchase a single room for their stay as there was nothing within the procedure to say how this might be handled. Calum Campbell suggested this might be something that could be looked at. He reminded the Board that NHS Borders had the highest percentage of single bedded accommodation in Scotland and would not wish to get into a debate around someone wishing to purchase a single room as opposed to someone specifically needing a single room. Dr Hamish

McRitchie clarified that single rooms would be allocated on the grounds of the patients medical requirements.

With regard to "on cost" charges David Davidson enquired why it was limited to 5%. Dr Sheena MacDonald explained that it mirrored the NHS Lothian "on cost" percentage. She confirmed that NHS Borders would endeavour to cost any additional elements if they became aware of them.

David Davison enquired about the use of Health Board premises by consultants and how the costs were recovered. Dr Sheena MacDonald confirmed that indemnities were provided by each consultant and Carol Gillie confirmed that they were on the payroll system so that costs could be recovered.

David Davidson noted that clinicians must not advise patients to transfer to private healthcare provided by the same clinician or business associates and he enquired how this was enforced. Calum Campbell confirmed that this would be both a financial and moral ethical irregularity and it would be flagged to Susan Swan as the Counter Fraud Services Liaison Officer and Dr Sheena MacDonald would flag it to the General Medical Council. He further confirmed that it was checked through the programme of internal audit.

David Davidson enquired if support was given to GPs to assist them in identifying some of the patient groups listed within the document. Dr Sheena MacDonald confirmed that all GPs received the national guidance and NHS Borders encouraged Practices to assure themselves of patient eligibility.

The **BOARD** approved the Policy Statement and supporting procedures.

15. **NHS Borders Vision, Values and Corporate Objectives 2013-2016**

June Smyth explained that this was the first stage of the revision and revisiting of the Vision, Values and Corporate Objectives for NHS Borders. The existing Corporate Objectives had been in place for 3 years and now required a refresh and relaunch for 2013-2016. Traditionally a revisit would occur at the start of the financial year.

Mrs Smyth explained that as part of the revisiting process, engagement with staff and clinicians had taken place and it had been agreed to retain 4 corporate objectives as these were recognizable to staff. An underlying proposal was a commitment to No Harmful Delays and this had been tested with staff.

Mrs Smyth clarified that the paper had been brought to the Board for early sight and feedback.

Calum Campbell suggested that each Non Executive provide feedback to the Executive they had been matched to for the Local Delivery Plan process.

The **BOARD** noted the options and agreed to provide feedback on the content.

16. **Financial Monitoring Report for the 12 month period to 31 March 2013**

Carol Gillie reported the provisional position to 31 March 2013 subject to review by external audit. She advised of an outturn of £0.1m less than budget and confirmed the Board had achieved its financial target for 2012/13. She detailed the key issues to be noted including: income from treating non Borders residents had been lower than expected; there had been an external healthcare providers overspend due

to unplanned out of area treatments; Clinical Boards overspend of £0.7m was linked to nursing and medical budgets; the contingency had been used to offset financial pressures to ensure the financial target was achieved; £6m of efficiency savings were delivered against a target of £5.9m; there was a small underspend of £10k on capital with the allocation of £7m having been spent.

The Chair congratulated Carol Gillie and her Team for their excellent achievement.

David Davidson noted that the Efficiency Director had now returned to his substantive post and he enquired how the efficiency agenda would be addressed moving forward. Carol Gillie advised that the programme of efficiencies would be continued and she commented that a series of systems and processes had been put in place to enable this to happen.

David Davidson noted the contribution that Vince Summers had made to the efficiency programme and Carol Gillie echoed his sentiments.

The **BOARD** noted the financial performance for the twelve months of the financial year subject to review by external audit.

17. **HEAT Performance Scorecard**

June Smyth highlighted the areas of strong performance for the period to March 2013. She advised that a fuller update on year end performance against the HEAT targets and standards would be provided through the Managing Our Performance report later in the year.

The **BOARD** noted the HEAT Performance Scorecard for March 2013.

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

The **BOARD** noted the report.

19. **Board Executive Team Report**

Carol Gillie extended and invitation to members of the Board to attend a session on 21 May to go through the Annual Accounts in detail.

David McLuckie advised the Board that the Scottish Ambulance Service had now received full planning consent to build an Ambulance Station on the Borders General Hospital site, which would allow NHS Borders to commence the Roxburgh Street Health Centre reprovision.

Dr Sheena MacDonald confirmed that an interim Clinical Director for Community Dental Services appointment had been made for a period of 2 years.

The **BOARD** noted the report.

20. **Statutory and Other Committee Minutes**

The **BOARD** noted the various committee minutes.

21. **Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 27 June at 3.00pm in the Board Room, Newstead.

The meeting concluded at 5.35pm.