

DRAFT

Minutes of an Extraordinary meeting of the **Borders NHS Board** held on Thursday 4 April 2013 at 2.30pm in the Board Room, Newstead

Present:

Mr J Raine	Mr C Campbell
Mr A Lucas	Mrs E Fleck
Dr D Steele	Mrs J Davidson
Mrs E Cameron	Mrs J Smyth
Mr J Hammond	Dr S MacDonald
Mrs C Duthie	Mr D McLuckie
Mrs P Alexander	Mrs C Gillie

In Attendance: Miss I Bishop Mr T Patterson

1. **Apologies and Announcements**

Apologies had been received from David Davidson, Cllr Catriona Bhatia, Dr Eric Baijal, Dr Cliff Sharp and Dr Hamish McRitchie.

The Chair confirmed the meeting was quorate.

The Chair explained the rationale for calling an Extraordinary meeting of the Board, confirming the requirement to formally approve the Local Delivery Plan for 2013/14 within a specific timeframe.

The Chair welcomed Dr Tim Patterson, Consultant in Public Health Medicine to the meeting who was deputising for Dr Eric Baijal.

The Chair announced that this was Edwina Cameron's final Board meeting in her role as Employee Director and recorded the thanks of the Board for all her help and support to the organisation during her time in that role.

The Chair announced that John McLaren had been elected as the nominated Employee Director for NHS Borders subject to Ministerial approval.

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.

There were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 7 March 2013 were amended and approved.

4. Matters Arising

The action tracker was reviewed and updated.

The **BOARD** noted the revised action tracker.

5. Local Delivery Plan 2013/14

June Smyth advised that the NHS Borders Local Delivery Plan (LDP) 2013/14 had been submitted to the Scottish Government by the end of March with the caveat that it was subject to formal Board approval.

Mrs Smyth highlighted that in previous years the organisation had been asked to focus on a critical issue within the Single Outcome Agreement; however for 2013/14 the organisation had been asked to cover NHS Borders' Contribution to Community Planning Partnership (CPP), focusing on locally developed improvements. A copy of the document was tabled at the meeting and Mrs Smyth confirmed that it had been submitted to the Scottish Government in support of the LDP by the deadline of 2 April 2013.

Mrs Smyth further advised that the Scottish Government had included a new HEAT target in addition to those previously reported at the February Strategy & Performance Committee which was that "95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment by year ending September 2014".

Adrian Lucas commented that the document had suitable and desirable qualities and he thanked the Board Executive Team for their flexibility in linking to individual Non Executives during the preparation of the document.

The **BOARD** approved the Local Delivery Plan for 2013/14.

6. 2013/14 Financial Plan

Carol Gillie presented the financial plan advising that it covered the next 3 financial years, apart from the capital plan which covered 5 years.

Mrs Gillie explained that the Scottish Parliament agreed its budget for 2013/14 and indicative budget figures for the following year in February. Future years would be dependant on the next spending review. Therefore although this was a 3 year financial plan she emphasised 2014/15 and 2015/16 should be seen as illustrative only.

Mrs Gillie then highlighted the key points from each section. For section 1 she advised that: NHS Borders presented a balanced financial plan for 2013/14, which was a move from the position a few years ago when expenditure levels were recurrently in excess of income; additional income to be received and generated in 2013/14 was approximately £5.2m however there were expenditure

commitments of £7.8m recurrently and £2.3 non recurrently. The excess of spend over income resulted in a savings target of £4.8m for 2013/14; non recurring commitments included support for the commission team and BIST; £500k recurring continued to be set aside for clinical excellence and £300k non-recurring for invest to save schemes; the financial plan set aside contingencies of £1m recurring and £1m non recurrently, with the expectation that the contingency was likely to be used to cover cost pressures which had not been funded, to cover unforeseen cost pressures or any slippage on the achievement of savings.

For section 2 Mrs Gillie advised that: a key element of the financial plan was the efficiency saving programme. The size of the cash releasing challenge facing the organisation was £4.8m which equated to 2.8% of the baseline budget. To date schemes of £5.6m had been identified although some of those schemes remained high risk and it was unlikely that all those schemes would be fully realised in 2013/14. However processes were in place to mitigate the risks and ensure the efficiency challenge was delivered. Mrs Gillie emphasised that the Scottish Government expected every public body to deliver efficiency savings of at least 3% per annum. In addition to the cash releasing savings of 2.8% the organisation was required to deliver a balanced financial position. NHS Borders would be taking forward a number of schemes resulting in increases in efficiency and productivity ensuring the challenge of 3% was achieved. The Board would receive an update on this within its 6 monthly efficiency report.

Mrs Gillie explained within section 3 that the Board had discussed the key assumptions and risks in detail at a previous Board Development and Strategy session and she highlighted specifically: pay growth advising that this had been finalised and was in line with the assumptions made in the financial plan; an estimate of the resulting increase in employers contributions for auto enrolment for work place pension schemes had been included in the financial plan; prescribing remained a volatile area for the Board and continued to be monitored by the Medicines Resource Group; a number of cost pressures identified in the system had not been funded and action plans had been agreed; income generation and the repatriation of out of area activity remained a key element of the efficiency programme; the release of efficiency savings was linked to staff turnover and remained an area of risk for the Board.

With regard to section 4 Mrs Gillie advised that the section concentrated on years 2014/15 and 2015/16 and was for illustrative purposes only. She advised that the key message based on current information was that savings levels continued to be required but at potentially a slightly lower level than in 2013/14. She reiterated that it was key that the Board continued to maintain its focus on efficiency to meet the challenges that lay ahead.

Mrs Gillie then advised that section 5 gave a high level draft plan for capital for the next 5 years. She reported that the allocation for 2013/14 had been set and as well as a formula allocation of just over £2m it included the balance of funding for Lauder, some funding from the Central Energy Efficiency Fund and as previously discussed some advance funding for Roxburgh Street Galashiels although building was unlikely to start until 2014/15.

A key point for the Board to note was that since the development session it had been agreed with Scottish Government that any proceeds generated from capital sales in 2013/14 would be retained by NHS Borders for investment in Borders. After 2013/14 any sales proceeds would revert to Scottish Government.

The key elements of the draft capital plan were: there were a number of schemes which started part way through 2012/13 which would flow through into 2013/14; linked to the State of the Estate Report

NHS Borders had committed an increasing amount of resource over the timescale of the plan to address priority risk assessed areas; in 2013/14 there was a balance of funds not yet committed however those were in the main linked to the Board's ability to generate sales proceeds; as in the case of revenue the capital plan for 2014/15 was indicative only.

Catherine Duthie enquired how realistic the sale of a number of NHS Borders properties was within the 2013/14 financial year. David McLuckie advised that he was optimistic that Dingleton Flats, and Whitefield Court would sell relatively easily. He confirmed that Orchard Park had been leased from NHS Borders and he was confident that issues regarding leasing and potential purchasing would be resolved shortly. His concern was the value of Crumhaugh, however he advised that a concerted effort would be made to dispose of all those properties identified within the 2013/14 financial year.

Adrian Lucas enquired if income generation was worth pursuing. Carol Gillie advised that it was about capacity and work was underway in Borders to develop capacity in services that were considered to be under pressure in the South East and Tayside (SEAT) region, in order to receive that activity in Borders.

June Smyth advised that an event was being planned for May/June in order to identify specialties where the activity flows could be rebalanced across the region as well as identifying other specialties for development and improvement methodologies to encourage the SEAT partners to work more proactively together.

Adrian Lucas enquired if progress was being made with regard to Northumberland discussions. Carol Gillie confirmed that dialogue was being maintained.

Pat Alexander enquired if NHS Borders and Scottish Borders Council explored opportunities for joint support services in order to assist each other with system efficiencies. Calum Campbell suggested the integration of Health and Social Care would be the route within which to explore joint back office services. Andrew Lowe advised that he was also keen to utilise the integration route for looking at efficiencies in the support services arena. Jane Davidson reminded the Board that there was a shared services agenda in NHS Scotland around HR and Finance services and she suggested it would be helpful to look more broadly across all agencies to strengthen services in the Borders.

The Chair enquired of the level of confidence of the £2m contingency. Mrs Gillie advised that it was a judgement based on experience and there was already a projection for 2014/15 based on current information.

The **BOARD** reviewed the report and approved the 2013/14 financial plan and noted the indicative outline of the financial challenge in 2014/15 and 2015/16.

7. Healthcare Governance Structure & Reporting Arrangements

Evelyn Fleck described local progress made since the Health Improvement Scotland (HIS) recommendations were published following the NHS Ayrshire & Arran Management of Significant Adverse Events report. Mrs Fleck advised of the HIS visit that had taken place on 12 March and presented the Board with the HIS presentation which gave a summary of their findings. Mrs Fleck highlighted several elements including: the potential to over classify major/extreme risks; commended engagement with Non Executive Directors; targeted training and the merging of clinical governance and risk.

Calum Campbell commented that the feedback was positive and he highlighted that HIS had been explicit in commenting that NHS Borders had an open culture and staff were encouraged to highlight matters, and that HIS did not consider some issues to be as significant as NHS Borders did.

Evelyn Fleck further commented that through the patient safety programme the organisation had reduced mortality rates by 19.6% which had exceeded the first target of the Patient Safety Programme and the new target of 20% by the end of December 2015 was within reach. She further advised that in regard to infection control rates it could be seen that SABs and C.Diff rates had improved significantly over the years through the local infection control programmes and measures put in place.

Adrian Lucas commented that the Clinical Governance Committee had noted that the leadership provided by Mrs Fleck had enabled the organisation to anticipate and address potential recommendations at an early stage and provide a better alignment and accountability for healthcare governance across the system.

Dr Sheena MacDonald left the meeting.

The Chair noted the positive discussion and welcomed the feedback that the organisation was viewed as having an open and supportive culture where staff felt confident about raising issues.

Mrs Fleck concluded that the draft report had now been received and was being checked for factual accuracy ahead of its anticipated publication towards the end of April.

The **BOARD** noted the progress made towards a single healthcare governance arrangement for NHS Borders, within the context of the wider work underway to improve the management of adverse events.

8. **Proposals for future Integration in Scottish Borders**

Calum Campbell advised that the proposals had been worked through jointly with Scottish Borders Council colleagues to ensure they were both practical and could be taken forward in complete partnership.

Andrew Lowe confirmed that the proposals had been discussed at the Scottish Borders Community Health & Care Partnership (CH&CP) meeting held on 25 March where they had been fully supported. The proposals were then laid before the Scottish Borders Council full meeting for approval the previous week and had been unanimously supported. Mr Lowe advised that it was a complex matter to a degree, as clearly the organisations were 2 distinct entities and were required to reach a common position. He further noted the requirement to establish a Joint Programme Director post in order to bring the proposals to fruition.

Calum Campbell clarified the reason for pursuing a Pathfinder Board approach given that the governance arrangements were not altered.

Dr Doreen Steele enquired if the Joint Programme Director would be a secondment from either organisation.

Calum Campbell suggested that both organisations would be explored in the first instance for suitable candidates.

Dr Doreen Steele enquired if there was a vision of separation of the Pathfinder Board from the CH&CP.

Calum Campbell explained that the CH&CP would be the vehicle for governance until legislation was passed when it was anticipated that the CH&CP would be dissolved and the Pathfinder Board would be revised to encompass the legislation.

Jane Davidson commented that it was likely that the membership of the Pathfinder Board would be expanded to ensure it could draw on clinicians and other experts for advice and it was expected to link to the CH&CP and not mirror those current arrangements.

With regard to the Joint Programme Director post, Jane Davidson suggested there may be an opportunity to look wider than NHS Borders and Scottish Borders Council however that was a matter for the Chief Executive's of both organisations to agree.

Pat Alexander enquired if funding had been identified for the Joint Programme Director post. Calum Campbell advised that both he and Tracey Logan were looking to fund the post from efficiencies.

Andrew Lowe commented that as the post itself was important and it was important to get the right person in post, neither organisation should limit itself to just a secondment approach. He further advised that the legislative Bill was expected to suggest a Jointly Accountable Officer post and there was therefore a need to identify someone now in order to deliver the business and then look for a more operationally focused post to sit across the partnership.

The **BOARD** endorsed the principles for the Integration of Adult Health & Social Care Services detailed in paragraph 5.2 of the report.

The **BOARD** agreed to further consultation on future proposals for Integration in the Borders by the partnership.

The **BOARD** supported in principle the establishment of a Pathfinder Health & Social Care Board by June 2013 and establishment of a Joint Programme Director to lead the implementation.

The **BOARD** agreed to support the recommendations to Scottish Borders Council.

9. Quality & Governance in Scotland

The Chair advised that his paper should be taken in conjunction with the following report of the Director of Nursing and Midwifery on Mid Staffordshire. His purpose in bringing this item to the Board was to emphasise the importance of Board level commitment to learning the relevant lessons identified in the Francis Report.

The Scottish Government were considering what actions were needed in response to the Francis recommendations and there was an expectation, emphasised by the Cabinet Secretary meeting with Board Chairs, that Boards should consider the implications of the Report for their organisations. Although the Scottish approach to healthcare organisation was very different to that in England there was no place for complacency.

It was for the Board to determine and instigate a programme to review the implications for quality of services and for governance including for the role of the Board itself. Consideration of the concluding questions posed in the accompanying report, presented to Chairs by the Quality Unit, was a good starting point.

Evelyn Fleck advised that her paper outlined NHS Borders plan to undertake a gap analysis and engage extensively in the recommendations in order to report back to the Board at a future meeting and enable the Board to answer the questions contained within the recommendations.

Adrian Lucas advised that the Clinical Governance Committee had discussed the Francis Report extensively and had suggested the recommendations on page 3 as a straight lift into the Committee's Terms of Reference. He suggested the new Healthcare Governance structure would enable the organisation to be more open and transparent.

Andrew Lowe commented that on the day the Francis Report was published he had spoken to Mrs Fleck about their respective roles and how Scotland might avoid many of the English system mistakes. He advised that he was keen to learn lessons for his own services and would be meeting with Mrs Fleck to further discussions.

Calum Campbell welcomed the comments from Andrew Lowe and suggested the lessons learned from the Francis Report across both health and social care services might be one of the first pieces of work that the new Pathfinder Health & Social Care Board should consider.

Jane Davidson commented that the NHS Borders number one priority was patient safety, and in terms of behaviour and culture it was vital that these elements were intertwined.

The Chair recognised that a main focus of the Francis Report had been on culture and behaviour from the top and throughout the organisation.

Dr Tim Patterson advised that on the back of the Francis Report, the General Medical Council (GMC) had written to all Doctors regarding duty of care guidance and anticipated that it would reinforce the culture among the medical fraternity. He suggested that there was now an expectation that Doctors would challenge medical colleagues and any other members of staff on poor practice.

Pat Alexander noted that the Francis Report commented on attitudes and behaviours of staff and she requested assurance that the organisation had the right processes in place to ensure it recruited people with the right attitude as well as experience and qualifications.

June Smyth advised that the recruitment process highlighted a range of criteria to be met and staff were then measured against competency frameworks as well as knowledge and skills frameworks. Evelyn Fleck commented that for several years in Scotland internships by qualified nurses were common place and they provided nurses with a year of additional education, training and development and embedded culture and expectations for newly qualified nurses. In terms of work experience she advised that there was on-going training and support for staff.

Pat Alexander enquired about the non professional staff. Evelyn Fleck advised that non registered staff were subject to Health Care Support Workers Regulations underpinned by education and a role development framework. There was a 3 month induction to ensure they were achieving those standards.

Calum Campbell commented that the Chair was keen to include key behaviours framework within the revised Corporate Objectives.

Evelyn Fleck advised that a great deal of work was happening across NHS Scotland in response to the Francis Report with the Chief Nursing Officer supporting the care and behaviours system; spiritual care; person centred programme; chaplains support for staff to be reflective in practice; peer support; etc.

Pat Alexander noted the recruitment process and questioned how you could recruit staff with the right attitude, noting that the most successful organisations appeared to excel at that. Evelyn Fleck suggested that links with the Universities and Napier was the first step in recruiting well qualified staff with the right attitude.

The **BOARD** confirmed its commitment to ensuring a full review of the lessons arising from the Francis Report; supporting the work already underway and noting that a further report would come to the Board in June 2013.

10. **Patient Opinion – National Roll Out**

Evelyn Fleck explained that Patient Opinion was a Scottish Government Health Department subscribed to website, funded for a year. She advised that it was being monitored and regular updates would be included in the regular Quality and Governance Report to the Board meetings.

Jane Davidson advised that the Discharge Lounge at the Borders General Hospital were keen to seek patients opinions on discharge and were about to put a process in place to capture what could be vital learning information for the organisation. The Chair enquired if the initiative had been on the part of the staff and Mrs Davidson confirmed that it had.

With regard to the Household Survey, Calum Campbell advised that another 600 homes in Borders were about to receive the survey which included health questions and Andrew Lowe advised that the survey was now a tri-annual survey.

The **BOARD** noted the implications of the roll out of Patient Opinion.

11. **Any Other Business**

There was none.

12. **Date and Time of Next Meeting**

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 2 May 2013 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 4.45pm.