

DRAFT

Minutes of a meeting of the **Borders NHS Board** held on Thursday 17 January 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	Mrs J Smyth
Cllr C Bhatia	Mr D McLuckie
Mrs E Cameron	Dr S MacDonald
Mr A Lucas	Dr C Sharp
Dr D Steele	Mrs C Gillie
Mrs P Alexander	Mrs E Fleck
Mr J Hammond	Dr H McRitchie

In Attendance:

Miss I Bishop	Mrs J Stephen
Mrs R Bacon	Mr S Litster
Mrs M Grieg	Mrs S Mowat

1. **Apologies and Announcements**

Apologies had been received from Dr Eric Baijal.

The Chair announced that Betty Williamson, Ophthalmology Nurse had received a BEM, British Empire Medal in the New Years Honours. A letter had been sent to Betty congratulating her on her award on behalf of the Board.

The Chair also advised that he had written to the Lord Lieutenant for Tweeddale, David Younger, to congratulate him on receiving a Knighthood in the New Years Honours.

The Chair welcomed Rachel Bacon, General Manager, Steve Litster, Information Analyst, and Jackie Stephen, Head of IM&T to the meeting who contributed to the Internal Audit Report on Waiting Times item on the agenda.

The Chair advised that Item 6.2 The Management of Co-payment patients in NHS Borders on the agenda would be taken as a verbal item.

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 6 December 2012 were amended and approved.

4. Matters Arising

Minute 24: Statutory & Other Committee Minutes: John Hammond enquired if there was any further update to the use of ipads in the service. Jane Davidson confirmed that issues with the operating systems continued to be addressed with regard to firewall security, compatibility, etc and it was anticipated that the devices would be available for testing towards the end of February. John Hammond enquired if the other handheld devices that were not Apple based had been purchased. Jane Davidson confirmed that they had and that the organisation was committed to utilising them.

Minute 7: Older People in Acute Hospitals (OPAH) Report and Improvement Plan: The Chair sought an update on the meeting that had been held with Robbie Pearson, Director of Scrutiny at Health Improvement Scotland (HIS). Evelyn Fleck advised that a meeting had taken place between the Chair, Calum Campbell, herself and Robbie Pearson to discuss the OPAH inspection that had been undertaken in the autumn and the progress HIS was making in improving its methodology for such inspections. Mrs Fleck advised that Mr Pearson had shared with them that HIS had taken on board the comments received from NHS Borders and other Health Boards and were now refreshing the documentation.

Calum Campbell advised that Mr Pearson had acknowledged that the last OPAH visit to NHS Borders had been the best that HIS had undertaken and he had appreciated that those standards had not been reflected in the report as well as they had been advised at the time.

The Chair commented that HIS were now looking at a more comprehensive view of care of older peoples services.

Minute 20: Managing Our Performance Mid Year Report 2012/13: The Chair enquired if any progress had been made with regard to disseminating information, specifically the Key Performance Indicator information on length of stay and bed availability to consultants on the front line. Dr Sheena MacDonald advised that the last two Senior Medical Staffing Committee (SMSC) meetings had been cancelled and the committee had undergone a change in Chairmanship. She advised that she would be meeting with the Chair of the SMSC in advance of the next meeting in order to discuss some of the approaches they could take in regard to dissemination of information.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Evelyn Fleck gave an overview of the content of the paper and highlighted several key points including: hospital mortality reviews and capturing non elective diabetic patients blood glucose measurements; collaborative workstreams; harm free care; management of significant and adverse events; Healthcare Governance Steering Group; complaints improvement trajectory exceeding the national average of 68% for responding to complainants four months in a row and in the last 2 months

100% of complaints had been responded to within the 20 working day standard. She explained further work was being undertaken in relation to scrutinising and improving the quality of responses and reducing 2nd and 3rd complaints and the number of referrals to the Scottish Patients Safety Ombudsman (SPSO).

David Davidson enquired of the representative level on the proposed Healthcare Governance Steering Group. Evelyn Fleck advised that it would be Clinical Board representatives, Heads of Service/Department such as the Associate Medical Directors, Associate Directors of Nursing, etc.

Catherine Duthie enquired with regard to complaints handling, how a level of independent assessment would be included as the process moved on so that it was not perceived as the service answering the complaint and perhaps not being as far sighted on issues. Evelyn Fleck advised that the NHS complaints system was focused on local resolution in the first instance and the new system that had been introduced was in line with that. She reported that the clinicians involved in the patient care were the first line in responding and then the service manager or equivalent would take a view on the response. Evelyn Fleck and Dr Sheena MacDonald would provide the external assessment if required and ultimately Calum Campbell would then sign off the response.

Adrian Lucas congratulated the Clinical Governance & Quality Team on their complaints performance, noting that it was no longer a single person dependent service, and he suggested the team effort would contribute towards sustaining the good performance already achieved.

Calum Campbell commented that the organisation received far more commendations compared to complaints and he advised that nationally there was a significant increase in the number of complaints being referred to the Scottish Public Services Ombudsman.

Pat Alexander enquired what involvement was now available for Non Executive Directors to join the leadership walkrounds. Evelyn Fleck advised that Non Executive Directors remained welcome to join the leadership walkrounds and she was aware that a new diary of dates was being drawn together and she would provide those to the Non Executives as soon as they were available.

The Chair enquired what changes were made as a result of the patient feedback forms. Evelyn Fleck advised that improvements to services where appropriate were made as a result of patient feedback and she would include this in future reports.

The **BOARD** noted the report.

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

Evelyn Fleck gave an overview of the report highlighting several points including: achievement of the SABs target; cdiff target and as of this date we were 0.5 cases away from achieving the target.

Dr Doreen Steele enquired if a route cause analysis had been carried out in order to achieve the SAB target. Mrs Fleck confirmed that that was correct.

John Hammond enquired with regard to the Infection Control Workplan if the wound care policy and route cause analysis had been completed. Mrs Fleck confirmed that the wound care policy had been completed and advised that she would report back with regard to the status of the route cause analysis.

The Chair enquired with regard to anti depressant prescribing of any outcome of reviewing the levels. Dr Sheena MacDonald advised that it was a clinically led discussion and that unusual circumstances were explored for higher or lower prescribing levels and there had been some improvements made.

David Davidson suggested that the Board receive a session on effective prescribing, noting that it had received a session on Polypharmacy during the summer of 2012.

Calum Campbell commented that there had been reductions in GP prescribing on antibiotics but not in dentistry and he suggested that further information required to be analysed and a session on prescribing be held if there would be clear value around it.

The **BOARD** noted the report.

7. South East & Tayside Paediatric Workforce

Dr Sheena MacDonald gave an overview of the content of the paper and highlighted the key elements including: reduction in trainee numbers forecast in 2008 and the implementation of a local 5 year plan to ensure NHS Borders service would not be trainee rota dependent; paediatric training workforce; SEAT issues and difficulties for St John's and Borders General Hospital.

Calum Campbell reported that all Health Boards in SEAT had been asked to present the paper to their respective Boards. He advised that there was a commitment from local staff to maintain the service at the Borders General Hospital and recognized the investment of £700k that had been made locally to sustain the service.

Dr Hamish McRitchie advised that with the introduction of up skilling staff to become Advanced Nursing Practitioners the service had been able to flex when trainee numbers fell at short notice and both consultants and nursing staff were enthusiastic about the viability of the model.

June Smyth advised that the press interest locally had been of concern to the public and updates were being given to the public engagement groups to begin the process of reassuring the public. Mrs Smyth highlighted that NHS Borders was currently in year 4 of the original 5 year plan to sustain its paediatric and neonatal services.

David Davidson enquired about timescales for the measures to address the workforce issues. Calum Campbell advised that some measures had already commenced and were being taken forward regionally. He further commented that if the international recruitment campaign was successful it might assist in sustaining St John's paediatric and neonatal service.

David Davidson enquired if the Borders General Hospital (BGH) had a more positive position than St John's with regard to funding support given that the BGH was rural and not as close to Edinburgh as St John's. Calum Campbell advised that the Post Graduate Dean was focused on training and recognized the progress that had been made in Borders and given the proximity of St John's to Edinburgh it could potentially be at greater risk than the BGH.

David Davidson enquired if there was any potential future risk to maternity services at the BGH. Calum Campbell advised that NHS Borders consultant and nursing staff were content with the

workforce model that had been developed for paediatric services and he suggested that the same model could be replicated for other specialties in order to sustain services.

Adrian Lucas congratulated the service on being flexible in its approach to its workforce model to sustain services into the future. Calum Campbell advised that the previous Board Executive Team deserved credit for having the foresight to get the organisation to such a positive position by this time.

Catherine Duthie commented that NHS Lothian had been scoping out the potential for GPs to support the service and she enquired if that was a potential way forward for NHS Borders. Dr Sheena MacDonald advised that it had been considered previously in 2008 and she was unaware of it being considered again as an option. Edwina Cameron advised that there had been discussions around GPs with special interests being approached, however the aim had been to sustain the service at the hospital for the future and the preferred model was to have the higher level of higher trained nursing staff.

Cllr Catriona Bhatia enquired what feedback had been received from the public and what the strategy was for the future. Calum Campbell advised that the paper endeavoured to make it clear that there had been a strategic direction agreed 5 years previously and the organisation was currently in year 4 of that 5 year plan. He confirmed that there were now 3 additional paediatricians and consultants and 7.2 whole time equivalent (wte) Advanced Nurse Practitioners (ANPs). In order to ensure the service was no longer training grade dependent the service required a further 2.3 wte ANPs. Dr Hamish McRitchie advised that the model had been positively received by patients and their families.

Evelyn Fleck advised that Edinburgh Napier University had now been commissioned to look at NHS Borders model of Advance Neonatal and Advanced Paediatric Nurse Practitioners to see if there was anything further that was required.

The **BOARD** re-affirmed its commitment to ensuring safe and sustainable paediatric and neonatal services at BGH.

The **BOARD** re-emphasised the importance of the strategic approach of the Board to sustain services based on service redesign including investment in advanced nurse practitioners to enable out of hours paediatric and neonatal services to be provided by a non training grade workforce.

The **BOARD** supported the efforts of SEAT in working to provide a regional solution to the provision of safe services across south east Scotland.

The **BOARD** supported the need for close monitoring of the situation with further reports back to the Board.

The **BOARD** endorsed the public engagement arrangements as outlined in the report.

The **BOARD** noted that the Clinical Governance Committee would receive 6 monthly update reports.

8. **Audit Committee**

David Davidson advised that the waiting times report that had been commissioned with PricewaterhouseCoopers had been received and the Committee had been delighted that the report had been so positive and commented on the co-operation and openness of staff in NHS Borders. Other

business that had been recently discussed included assurance of the Audit Committee on the capital plans.

The **BOARD** noted the update.

9. **Clinical Governance Committee**

Adrian Lucas advised that next meeting was scheduled to be held in February.

The **BOARD** noted the update.

10. **Public Governance Committee**

Catherine Duthie advised that the Committee had met on 12 December and had agreed to set up a short life working group to look again at the Terms of Reference and membership of the Committee. The aim was to consider ways of increasing public engagement and representation from the Scottish Health Council and Public Patient Forum. Mrs Duthie further advised that the Chairmanship of the Committee had now passed to Dr Doreen Steele.

The Chair advised that Cllr Catriona Bhatia was now a member of Public Governance Committee.

The **BOARD** noted the update.

11. **Staff Governance Committee**

Edwina Cameron reported that NHS Borders would become a pilot site for measuring the effectiveness of the self assessment audit tool.

The **BOARD** noted the update.

12. **The Management of Co-payment patients in NHS Borders**

Dr Sheena MacDonald advised that co payments were unique where a patient had chosen to continue their care from the NHS, but with some of the treatment not approved for use in NHS Scotland. Once the Individual Patient Treatment Request (IPTR) process has been followed the patient can then pay privately for the element of their treatment that is not resourced through the NHS. Dr MacDonald advised that a wider document was currently out for consultation which included co payments, private and overseas patients.

David Davidson enquired if the co-payments process was consistent with other Health Boards handling of these matters. Dr Sheena MacDonald confirmed that it was consistent with NHS Lothian policy on co-payments.

The Chair noted the new orphan drug fund announcement and suggested it would impact on the way in which medicines were allocated and dispensed on IPTRs.

Calum Campbell advised that there were only 6 orphan drugs prescribed in NHS Scotland that were covered by the Scottish Medicines Consortium (SMC) so the vast majority would fit with the co-

payment process. He advised that the new fund announced by the Cabinet Secretary would make the number of orphan drugs much greater and the organisation would be able to bid for funding should a patient wish to utilize an orphan drug.

Dr Sheena MacDonald assured the Board that the NHS Borders had IPTR processes carried out in a robust and timely.

The **BOARD** noted the update.

13. **Internal Audit Report – Waiting Times**

Jane Davidson advised the Board that the report provided assurance to the Board that waiting times in NHS Borders were managed appropriately. Mrs Davidson quoted the PricewaterhouseCoopers (PWC) statement on page 6 of the report.

Mrs Davidson further advised that the Audit Scotland report on waiting times management was due for release at the end of February and she anticipated it being consistent with the PWC findings.

David Davidson advised that the Audit Committee had scrutinized the report on behalf of the Board. He further reported that PWC had praised the openness, helpfulness and co-operation of all staff whilst this matter had been audited. The Audit Committee had noted a number of issues of a technical nature including: recording and handling of oral contact with patients, recording of information and IT systems.

The Chair advised that the Cabinet Secretary had given a presentation to Board Chairs earlier in the week and he tabled a copy of the slides from the presentation.

Jackie Stephen advised that it had been encouraging as a team to have been through the review and to have received the validation from PWC. Rachel Bacon commented that staff had worked hard to ensure waiting times were delivered for patients in Borders and she welcomed the report which demonstrated that that had been achieved.

Edwina Cameron acknowledged the report to the staff within NHS Borders noting the wider issues around waiting times had had a significant effort on staff throughout NHS Scotland. Calum Campbell recorded that staff across the system deserved credit for their openness and transparency during the review.

Jane Davidson advised that the recommendations within the report would be concluded by the end of February. Steven Litster commented that extra training was being considered and given the spirit of the audit now was a good opportunity to take stock and reflect.

Catherine Duthie enquired how Trakcare fitted into waiting times management. Jane Davidson advised that the audit pointed to the fact that there were a high number of people with access to Trakcare and that Trakcare was not just a waiting times management system. She advised that there were several sub sets of staff that accessed the system for information other than waiting times.

John Hammond enquired if those who accessed Trakcare could contribute to the waiting times numbers and Mrs Davidson advised that there were only a small proportion of staff who could actually record

and access waiting times data. Jackie Stephen confirmed that Trakcare worked on role based access so only a very small and limited number of staff could actually change waiting times information, however a wider audience could view the waiting times information.

The **BOARD** noted the report and commended staff for their commitment and sought wider publicity on the recommendations.

14. **2012/13 Annual Review of the NHS Borders Code of Corporate Governance**

Carol Gillie advised that the review of the Code of Corporate Governance was an annual exercise and the paper detailed the changes proposed by the Code of Corporate Governance Steering Group. She advised that the Audit Committee had reviewed the proposed changes and recommended to the Board that they be accepted.

The **BOARD** approved the changes.

15. **Capital Programme 2012/13 & 2013/14**

David McLuckie gave an overview of the content of the paper and highlighted several key issues including: establishment of a ward surge capacity project; provision of 8 single bedded wards as an annex to ward 6; mental health reconfiguration and rationalization of NHS Borders properties. He further advised that high priority projects such as rolling programmes of IM&T, Estates works and medical equipment would undertake a detailed review to ensure appropriate capital plans were in place at the beginning of the next financial year.

Mr McLuckie then went on to discuss the Roxburgh Street proposals advising that should the project be delayed there was an opportunity to use those funds to bring other projects forward but only on the understanding that those monies would need to be repaid to ensure the Roxburgh Street project proceeded when all the issues had been resolved. He further advised on additional funds identified through the central energy efficiency fund.

The Chair enquired about the bed surge capacity project. Dr Hamish McRitchie advised that it was an elegant solution to a recurring problem around variation in demand and single occupancy rooms.

The Chair enquired of the financial consequences of the project. Carol Gillie advised that the surge capacity unit would be small and only operate when extra beds were required. Jane Davidson emphasized that the equivalent beds would not be permanently staffed and that the unit would most likely be used from an infection control perspective. She clarified that the cost envelope would be neutral.

Adrian Lucas enquired if there were any alternative plans for Roxburgh Street should the Scottish Ambulance Service (SAS) appeal fail. Calum Campbell advised that Scottish Borders Council had identified an alternative site for the Scottish Ambulance Service on the Borders General Hospital (BGH) campus and he had tried to broker a deal between the two organizations, however the SAS were keen to pursue their appeal and he advised that it could take some time to resolve.

Cllr Catriona Bhatia was concerned about the surge capacity unit indicating that she understood the organisation had been pursuing a reduction in hospital beds and she enquired if a business case had

been drawn together and what the projected occupancy levels were. Calum Campbell advised that the case for pursuing surge capacity beds related to the difficulties the service had in providing single rooms for infectious patients. He advised that there were only a small number of single rooms in the BGH and there was potential for this to impact on breaches in the 4 hour A&E Target.

In addition Mr Campbell advised that having the flexibility of a surge capacity provision would assist in mitigating clinical risk for other neighbouring Boards in taking orthopaedic, endoscopy and general surgery transfers. In the long term the facility would provide a safer environment for patients and a more sustainable service for the population of the Borders.

David McLuckie further advised that the provision of a surge capacity unit would assist Estates in being able to upgrade existing facilities with minimal disruption to services.

The **BOARD** approved the development of a BGH bed surge capacity project.

The **BOARD** approved the use of capital resources through the re-profiling of the Roxburgh Street replacement project capital allocation, £500k being committed to the BGH bed surge capacity project during 2013/14 and the Board Capital Formula allocation being utilised during 2014/15 and 2015/16 to supplement the SGHD allocation of £1.7m for the scheme, thereby fully funding the Roxburgh Street replacement project.

The **BOARD** noted the limited uncommitted balance of capital funds during 2013/14 and highest priority projects competing for such resource.

The **BOARD** noted and supported a detailed review of the future requirements of the Rolling programmes, the SOTE risk based backlog maintenance and the Efficiency/Service redesign programmes.

The **BOARD** noted the risks associated with the current capital plan.

The **BOARD** noted the allocation from the central energy efficiency fund

16. **Financial Monitoring Report for the 8th month period to 30 November 2012**

Carol Gillie gave an overview of the content of the report advising of an overspend on budgets as at the end of November 2012. She highlighted several key issues including: under recovery of income from Northumberland; external healthcare providers overspend of £0.9m; high cost case from NHS Greater Glasgow & Clyde; lower than planned decrease in level of activity going to NHS Lothian; Clinical Boards overspend of £0.6m. However, she continued to forecast a break even position at the year end.

With regard to the efficiency plan, Mrs Gillie advised that £5.5m savings had been withdrawn from budgets at the end of November and she was forecasting achievement of the savings target of £5.9m for 2012/13. She further advised that the capital expenditure plan was in line with the capital allocation and she was forecasting to achieve the capital resource limit.

John Hammond requested the definition of “other” as listed on page 10. Carol Gillie advised that following the last meeting she had provided Mr Hammond with the detail behind the heading “other”. Mr Hammond advised that he found it difficult to put a report in the public domain that referred to

“other” and was not explicit. Mrs Gillie offered to add a full list in future but advised that it would make the spreadsheet more difficult to interpret at a glance.

In working through the query Jane Davidson enquired if the report provided sufficient assurance to the Board and advised that in her opinion it did and that having 10% described as “other” was reasonable.

Calum Campbell suggested that the detailed efficiency programme be brought to the Board on a six monthly basis so that the Board could be clear on the projects and initiatives that were classed as “other” on the spreadsheet.

Adrian Lucas enquired if the Northumberland issue had been resolved. Mrs Gillie advised that income from Northumberland was based on activity levels for the previous financial year. She advised that it had increased slightly, however in December Northumberland had invited neighbouring Boards to an engagement event where they had set forward their priorities for the future which had included a reduction in contracting out for services.

Catherine Duthie enquired if the nursing overspend would be fully addressed through the action plans. Mrs Gillie confirmed that the revised year end position had been agreed and a number of control measures had been put in place to reduce spending on nursing, with any variation in the year end position being investigated. Jane Davidson advised that the intrinsic core of the overspend had happened in the first quarter of the previous year and training and support continued to be given to the key problem area where progress was being made.

Evelyn Fleck advised that specifically in relation to the overspending areas discussions had been held with staff and support provided through mentoring, rostering, etc.

The **BOARD** agreed to receive a six monthly report on the efficiency programme commencing after the year end.

The **BOARD** noted the report.

17. **HEAT Performance Scorecard**

June Smyth gave an overview of the content of the paper and highlighted several key issues including: suicide rates; pregnant women; sickness absence and eKSF.

John Hammond commented that on page 5 regarding waiting times, the top 8 were all showing a downward trend which would indicate that waiting times were deteriorating. Jane Davidson advised that there were currently pressures around orthopaedics which remained challenging but were being addressed. She assured the Board that the organisation continued to achieve its waiting time RTT.

David Davidson enquired if the 90% of drug referrals was due to increased demand over service provision. Dr Cliff Sharp advised that there had been a period in the summer and autumn where the service had a reliance on consultant cover due to staff changes. Dr Sharp advised that the team was once again fully staffed and he was confident performance would improve.

David Davidson enquired about performance against the A&E 4 hour target. Dr Hamish McRitchie advised that part of the HEAT T10 target was to make the public more aware of their options with

regard to accessing services, ie through their GP, A&E attendance and other avenues to healthcare provision. Dr Sheena MacDonald advised that nationally NHS Borders had the second lowest attendance rates at A&E in Scotland.

Adrian Lucas enquired about attendance levels at the various Minor Injury Units (MIU) at Community Hospitals. June Smyth confirmed that the Clinical Boards reviewed MIU attendance rates.

Pat Alexander enquired about the relationship between NHS Borders and NHS 24 and how patients were signposted to A&E or MIUs. Dr Sheena MacDonald confirmed that there was a detailed analysis of how patients accessed services if they phoned NHS 24. She confirmed that they were directed to MIUs and that the Scottish Ambulance Service were very aware of what community hospitals could provide and what would need to be sent directly to the BGH. She advised that the biggest challenge to NHS Borders were walk in patients from central Borders. Dr MacDonald further assured the Board that a T10 action plan had been drawn together and as part of that plan a review of MIUs would take place to ensure full standardization of the units and the services they provide.

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

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

The **BOARD** noted the report.

19. **Board Executive Team Report**

Jane Davidson highlighted the A&E standard and reiterated its importance to the Board. She further advised that the dementia target remained challenging and there was risk to delivery. An external review of practices in the Borders would therefore be commissioned.

The Chair enquired who the external review would be carried out by and Mrs Davidson confirmed that it would be Stirling University.

The **BOARD** noted the report.

20. **Statutory and Other Committee Minutes**

The **BOARD** noted the 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 7 March 2013 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 5.15pm.