

DRAFT

Minutes of a meeting of the **Borders NHS Board** held on Thursday 6 December 2012 at 3.00pm in the Board Room, Newstead

Present:

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

In Attendance:

Miss I Bishop	Dr C Sharp
Mrs F Doig	Ms M Grieg
Mr T Cameron	Ms S Mowat

1. **Apologies and Announcements**

Apologies had been received from Cllr Catriona Bhatia, June Smyth, Pat Alexander and Dr Hamish McRitchie.

The Chair welcomed Maureen Grieg and Sue Mowat to the meeting, who were the interpreters for the deaf and hard of hearing within the public audience.

The Chair welcomed Fiona Doig, Health Improvement Lead, to the meeting who spoke to the Borders Alcohol and Drug Partnership item on the agenda.

The Chair welcomed Tim Cameron, Acting Planned Care Service Manager, to the meeting who spoke to the Winter Plan item on the agenda.

The Chair welcomed members of the public to the meeting.

2. **Declarations of Interest**

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

There were none.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting of the Borders NHS Board held on 18 October 2012 were approved.

4. Matters Arising

Minute 12: Property: Disposal and Surplus: David McLuckie reminded the Board that it had previously declared Crumhaugh House as a property that was surplus to requirements. With the refurbishment of Huntlyburn House now planned the mental health service had looked to various decanting facilities for clients during the refurbishment stage and had agreed that clients should decant to Crumhaugh House. Some minor changes were being progressed at Crumhaugh House to allow for the decant to take place on 12 December 2012.

Mr McLuckie advised that as a consequence of this he had not proceeded with the trawl process of public bodies in order to sell the building, however once Huntlyburn House had been completed and the clients returned the trawl would commence.

Minute 16: Board Executive Team Report: The Board noted that the aneurysm that had been detected through the Abdominal Aortic Aneurysm screening programme had been a false positive.

Item 5: Board Clinical Governance & Quality Update: Evelyn Fleck advised that all reports now included timeframes and that John Hammond and Sam Whiting had met and discussed the community hospital reports.

Item 5: Board Clinical Governance & Quality Update: The Chair suggested that this matter be borne in mind for all future signage and be marked as complete on the action tracker.

Item 6: Healthcare Associated Infection Control & Prevention Update: John Hammond advised that he had met with Elaine Peace and Sam Whiting and was content to close this matter.

Item 7: NHS Borders Patient Access Policy: Jane Davidson noted that the suggested leaflets had been handed round at the Board and she advised that they had been modelled on the English Patient Leaflets.

Item 10: Public Governance Committee: Evelyn Fleck advised that engagement through community forums would be discussed at the next Public Governance Committee to be held on 12 December.

Item 13: Financial Monitoring Report for the 5th Month period to 31 August 2012: The Chair advised that he had contacted Cllr Sandy Scott and a date in the New Year was being clarified.

Item 14: HEAT Performance Scorecard: Dr Sheena MacDonald confirmed that the information within the HEAT scorecard had been clarified and that it was an overall aim for NHS Borders to undertake some longer term work on developing the Minor Injury Units.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Evelyn Fleck spoke to the report advising of the Scottish Patient Safety Programme workstreams that were being implemented in NHS Borders. She also highlighted the management of adverse events and critical incidents work and gave feedback on the national person-centred health and care programme.

With regard to complaints and commendations she advised of good performance in these areas and an assurance that this level of performance would be sustained.

The Chair noted that an updated policy on the management of adverse events and critical incidents was currently being consulted upon and he enquired if this would be brought to the next meeting of the Board. Evelyn Fleck confirmed that it would be brought to a future Board meeting.

The Chair commented that the Scottish Public Services Ombudsman (SPSO) was seeking consistency across all NHS Scotland Boards on how incidents were defined and reported. Evelyn Fleck advised that when updating the NHS Borders policy on the management of adverse events and critical incidents the policies of other NHS Scotland Boards had been considered for consistency. She further advised that it was believed that NHS National Services Scotland would create a framework to provide all Boards with guidance around these specific policies and that the NHS Borders policy might then be required to be updated at that time following that guidance.

Catherine Duthie commented that she was interested to know the backgrounds to the patient safety appointments that had been made and Evelyn Fleck advised that she would share that information with Mrs Duthie outwith the meeting.

Adrian Lucas congratulated Evelyn Fleck on the progress that had been made in achieving and sustaining the complaints response target.

David Davidson enquired of the patient centred test questions that were utilised. Evelyn Fleck advised they were questions related to what frustrated them about the area they were working in. She advised that responses had been thoughtful and the main theme had been equipment issues which were been addressed through the Hospital Management Team route.

John Hammond questioned the number of complaints compared to themes and Evelyn Fleck clarified that some complaints contained more than one theme.

Jane Davidson enquired if the NHS Borders policy on adverse events put the organisation on the front foot in this regard and Evelyn Fleck confirmed that it did.

The **BOARD** noted the current progress in Safe, Effective and Person Centred activity in NHS Borders.

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

Evelyn Fleck updated the Board on the current status of healthcare associated infections and infection control measures in NHS Borders. She advised that the organisation was on target to achieve the SABs 2013 HEAT target. She highlighted that the current c.diff infection rate was higher than the 2013 target due to an increase in cases in July and August. She further advised that NHS Scotland currently had Norovirus within the system and it was possible that there may be additional c.diff cases identified due to the increased testing required with the norovirus being so prevalent across Scotland.

The Chair enquired if there was good co-operation from the public with regard to norovirus messages. Evelyn Fleck confirmed that in terms of media coverage and messages being put out by NHS Borders the public appeared to be better informed and appeared to be refraining from visiting.

David Davidson enquired if the norovirus was prevalent within the community hospitals and if this affected patients being sent to Lothian or other Health Boards and indeed receiving patients from other Health Boards. Evelyn Fleck advised that there was no differentiation between the acute and community hospitals and there had not been a specific increase in the community. Jane Davidson commented that the follow on effect would be the restricted management of the bed base and this had not been the case to date.

John Hammond enquired if NHS Borders checked the infection rates of other hospitals before transferring patients. Jane Davidson advised that NHS Borders would not do this. She clarified that in terms of quality standards, Health Improvement Scotland monitored infection rates across NHS Scotland. Evelyn Fleck assured the Board that NHS Borders would not transfer patients to another hospital if the ward they were to be transferred to was closed due to norovirus.

The **BOARD** noted the report.

7. **Older People in Acute Hospitals Report and Improvement Plan**

Evelyn Fleck advised that the action plan had identified 13 actions of which 9 were complete and 4 were in progress. The report provided an update on the status of those 4 actions that were in progress.

Dr Doreen Steele enquired at recommendation 6 in relation to signage if, coloured blindness and English as a second or third language had been taken into account. Dr Sheena MacDonald confirmed that the signs contained symbols and were the best colour for the visually impaired. David McLuckie also advised that “way finding” generally was being looked at throughout all corridors and as signs were being updated they were being updated to the specific standards required.

Calum Campbell advised the Board that other Boards had echoed the comments that NHS Borders had made following its’ Older People in Acute Hospitals (OPAH) Inspection report by Health Improvement Scotland (HIS) and he advised that HIS were reconsidering how to provide best value to patients and Boards in this area. He commented that HIS were considering a new methodology which would concentrate on 4 key areas such as pressure ulcers, falls, cognitive impairment and coordination.

Dr Doreen Steele and other Non Executives expressed their uncomfortableness with the language within the patient care leaflet.

Edwina Cameron reminded the Board that the target audience for the patient leaflets were predominantly the elderly who had never been in hospital previously. She cautioned against being over critical and suggested the patient leaflets be used as the basis on which to build patient interaction with staff around compassion, etc.

The Chair noted that on admission each patient received a leaflet and suggested that it all be built into one single leaflet to make it an all encompassing commitment to patients.

Evelyn Fleck advised that she would take on board the comments provided during the discussion around use of language.

The **BOARD** noted the update.

8. Winter Plan 2012/13

Tim Cameron advised that each year all Health Boards were required to produce a winter plan to address and mitigate issues which they would face over the winter period. He advised that the winter plan also included the festive period. The plan was a sign post to the various resilience plans that the organisation already had in place such as, severe weather, pandemic flu, etc. Mr Cameron advised that £3m had been put aside by the Scottish Government for winter plans for Health Boards and this had been distributed on a pro rata basis giving NHS Borders £40k.

David Davidson commented on the pharmacy aspects of the report.

Adrian Lucas commented that he understood that there had been a low take up of the flu jab for staff and enquired about what actions could be taken to increase the uptake by staff. Calum Campbell reminded the Board that previously NHS Borders had been the highest or second highest in Scotland for the uptake of the flu jab by staff and he also commented that some staff were vaccinated by their own GPs so any figures quoted were not in fact true figures.

Adrian Lucas further enquired if global emails remained as the most effective form of communication for severe weather warnings and suggested that other mediums be used such as text messaging, etc. Calum Campbell advised that the organisation tended to know in advance if severe weather was anticipated and in that respect this form of communication in advance to all staff was appropriate. He further commented that the organisation expected all staff to make every effort to attend their work during severe weather provided it was safe for them to do so.

Dr Cliff Sharp noted that the winter plan focused on additional staffing in the Borders General Hospital and Community Hospitals but did not mention the Mental Health Service. He advised that the winter plan had been put in place prior to the Mental Health services decant to Wilton View in Hawick and suggested that there could be difficulties in getting staff to Wilton View in times of severe weather. Jane Davidson advised that this should be fed into the transport hub so that mental health staff could be prioritised in being transferred from home to Wilton View to ensure safe services were maintained.

Dr Cliff Sharp commented that the Social Work and Housing Departments at Scottish Borders Council would be closed for the two week festive period and advised that given that Wilton View had fewer beds there was a need to ensure the emergency Social Work and Housing Teams were available should there be a need to discharge from Wilton View quickly during that period. Tim Cameron advised that he would pursue this matter with the Social Work and Housing Departments at Scottish Borders Council.

John Hammond commented that it was the second year that the Board had been asked to approve the Winter Plan electronically as it did not reach the Board until after the required date of submission to the Scottish Government.

Calum Campbell advised that the winter plan was pulled together through all of the Executive Directors Departments, ie Carol Gillie input the financial elements, Jane Davidson the operational elements, Evelyn Fleck the nursing elements, etc. He reminded the Board that the organisation was a category 1 responder and as such was in a state of preparedness all year round. The Winter Plan was a document that the Scottish Government wished to see and only related to a certain point in time.

The Chair commented that the report was a standard report produced by the organisation which included any lessons learned from the previous winter period as well as any specific points relating to current events.

David Davidson enquired about the lessons learned previously regarding the media and staff messages during periods of severe weather in the winter period. Calum Campbell advised that there were sometimes struggles on a multi agency basis to standardise messages. Edwina Cameron commented that the vast majority of staff made every effort to get to work during difficult periods and previous miscommunications with staff had now been addressed. Jane Davidson reminded the Board that the organisation did not expect staff to put themselves in an unsafe position during these difficult periods and Calum Campbell reminded the Board that the organisation now had a transport hub in order to assist staff during these periods.

Dr Cliff Sharp noted that the Fast Reaction Team initiative appeared to be a success and suggested rolling it out wider through the region for every patient. Dr Sheena MacDonald commented that it was a Change Fund initiative and was currently being evaluated. She further advised that discussions were focusing on a range of initiatives to be rolled out wider of which the Fast Reaction Team was one.

Shona Cameron commented that the Communications Team was well prepared for the winter period.

The **BOARD** approved the NHS Borders Winter Plan 2012/13.

9. **Property & Asset Management Strategy**

David McLuckie gave an overview of the key points from the Property & Asset Management Strategy (PAMS) reminding the Board that they had reviewed the full documentation at a previous Board Development & Strategy session. Mr McLuckie advised the Board that there was a requirement to approve the PAMS on an annual basis.

The **BOARD** approved the contents of the Property & Asset Management Strategy for 2012/13.

10. **Borders Alcohol & Drug Partnership Annual Report & Delivery Plan**

Fiona Doig advised the Board that the Alcohol & Drug Partnership was a multi agency function and it managed the work to reduce drugs and alcohol harm in the Borders. Mrs Doig highlighted several elements from the Annual Report and Delivery Plan including drug related litter, legal highs, prevention and early intervention, etc.

Dr Eric Baijal advised that he Chaired the Partnership and it was a good example of partnership working and should be seen as a good opportunity for organisations to develop their model principles.

David Davidson enquired about the diligence of the organisation in monitoring pharmacies who supplied fresh packs of needles to addicts as he was aware that fresh packs were only to be handed out on the receipt of full used packs being returned.

David Davidson noted it was a good report and enquired if the Community Health & Care Partnership (CH&CP) could receive it in a more user friendly form as there were lots of lessons learned contained within the report and it covered a vast range of agencies.

David Davidson further noted that the admissions for Borders appeared to be twice the scale of the problem in Scotland. Dr Cliff Sharp commented that he had no clear understanding as to why that would be and the difficulties with ISD figures were that they were dependent on drug diagnosis being noted on admission.

Dr Doreen Steele commented that she liked the outcome delivery approach and she noted that there were elected members on the Board but no NHS Non Executives on the Board. She enquired why that was. Dr Eric Baijal advised that there were 2 Elected Members on the Board, one of which was there by virtue of his role, ie he was the Chair of the Licensing Board, and the other was by quirk of circumstance as he was a Manager of a Voluntary Sector organisation and represented the voluntary sector on a sub group and therefore had a seat at the table.

Dr Eric Baijal commented that with regard to Mr Davidson's point on sharing the report with the CH&CP, he had taken the view that elected members had previously had the opportunity to scrutinise the report and had therefore proposed to share the report with the Borders NHS Board instead of the CH&CP.

Catherine Duthie sought information on the reference to service user involvement and how it was developing. Fiona Doig advised that service user involvement was a challenge due to the circumstances of the cohort of people involved. She advised that a service user consultation had taken place with about 90 people involved and feedback had been positive. The main challenge would be to sustain the appetite for service users involvement in a meaningful way.

The Chair noted that some 26 naloxone kits had been used and enquired if that equated to 26 lives being saved. Fiona Doig advised that potentially yes that was the case as it was known from the number of take home kits issued and that these were used by individuals on other people. She advised that there was a need to more proactively manage the information sharing from the Scottish Ambulance Service and Addiction Services.

The **BOARD** noted the Annual Report and Delivery Plan.

The **BOARD** agreed that a further report be presented to Members in September 2013 outlining the outcome of the Investment Review.

11. Paediatric Medical Workforce Update

Calum Campbell advised the Board of the current challenges faced in South East Scotland regarding the forecast position of gaps in the paediatric middle grade rotas. He noted the potential for one service in South East Scotland to potentially close temporarily due to the reduction in trainee numbers and advised of the engagement process that had been suggested by the Scottish Government.

The **BOARD** endorsed the proposed way forward to address Paediatric Medical Workforce issues.

12. **Audit Committee**

David Davidson advised that the Audit Committee were due to meet on 14 December to confirm the work plan for the future.

The **BOARD** noted the update.

13. **Clinical Governance Committee**

Adrian Lucas advised that the last meeting of the Clinical Governance Committee had received a report on the neonatal issue and had received a positive report on midwifery services.

The **BOARD** noted the update.

14. **Public Governance Committee**

Catherine Duthie advised that the next meeting of the Public Governance Committee was due the following week and one of the themes being explored was various mental health issues such as the patient voice and how that was heard in the mental health setting.

The **BOARD** noted the update.

15. **Staff Governance Committee**

Edwina Cameron advised that the Staff Governance Audit Tool was being developed and she anticipated NHS Borders being a pilot site for that tool.

The **BOARD** noted the update.

16. **Dental & Orthodontic Appeals Panel**

Dr Sheena MacDonald advised the Board that this was a proposal to repatriate work that had been sent to NHS Lothian in the past. NHS Lothian had asked NHS Borders to look to repatriate our appeals process. The structure and process for this is subject to regulation and there is a requirement for a Non Executive to chair the panels.

John Hammond advised that the only resource implication he could see was that General Dental Practitioners would need to be reimbursed to attend any panels.

The **BOARD** noted the contents of the paper.

The **BOARD** approved the establishment of a Borders Dental and Orthodontic Appeals Panel.

The **BOARD** approved the nomination of Dr Doreen Steele as the Non Executive Chair for the Appeals Panel.

17. **Extra Contractual Referral (ECR) Appeals Panel**

Dr Sheena MacDonald gave an overview of the content of the paper explaining that the NHS Borders ECR process was very robust.

The **BOARD** noted the content of the paper.

The **BOARD** approved the establishment of an ECR Appeals Panel.

The **BOARD** approved the nomination of Adrian Lucas as the Non Executive Director Chair for the Appeals Panel.

18. **Capital Programme 2013**

David McLuckie advised the Board of the current year Capital Plan which had been revised due to slippage within national programmes and additional funding provided by Scottish Government. Mr McLuckie highlighted several elements of the plan including the Lauder Health Centre expenditure and Roxburgh Street slippage into future financial years.

Calum Campbell advised that with regard to the Out Patients Department scheme the project would progress and the Hydrotherapy Pool would remain in its current location for the short to medium term. Discussions with Wilton School would be progressed in the meantime.

The Chair congratulated Mr McLuckie on the car parking resurfacing project.

Adrian Lucas sought assurance from Dr Sharp that the Mental Health Service were content with the decant arrangements from Huntlyburn House to Crumhaugh. Dr Cliff Sharp advised that the move was progressing well and some alterations had already been done to the building to ensure it was suitable for the decant.

The **BOARD** noted progress on the projects funded from within the initial capital formula allocation.

The **BOARD** noted the receipt of additional funding totalling £2.8m.

The **BOARD** approved the prioritised schemes being progressed against the additional resource made available by Scottish Government for use during 2012/13.

The **BOARD** recognised the need for amendment on the recommendation of the Audit Committee, and approved the amendment to the Board's Code of Corporate Governance in respect of procurement guidelines.

19. **Financial Monitoring Report for the 7 month period to 31 October 2012**

Carol Gillie updated the Board on the financial position to end of October reporting an outturn of £1m in excess of revenue budgets as at the end of October due to under recovery on patient related income in Northumberland linked to activity levels, overspend on external providers linked to UNPACs and the acute contract with NHS Lothian, and an overspend in the Borders General Hospital (BGH) of

£500k. She continued to highlight a projected breakeven position on capital and revenue at the year end. .

David Davidson enquired of the baseline for setting the prescribing budget. Mrs Gillie advised that the process for allocating resources to prescribing was led by the Medical Director and that the Director of Pharmacy, Alison Wilson reports to the Strategy Group meeting on an annual basis encompassing horizon scanning and a forward looking report. She reiterated that the setting of the prescribing budget was done in a structured and logical way.

John Hammond enquired what the £5.9m savings listed under “other” in the efficiency programme were. Mrs Gillie clarified that the first column of the spreadsheet set out the target figure and as schemes were progressed some would slip and be replaced by others. Mrs Gillie advised that she would be happy to share the wider detailed list of schemes under the “other” heading outwith the meeting.

The **BOARD** noted the report.

20. **Managing Our Performance Mid Year Report 2012/13**

Jane Davidson advised the Board that the Managing Our Performance report covered the previous six month period and included progress on the Single Outcome Agreement and Corporate Objectives.

David Davidson enquired about the funding stream for the EYAT Midwife post. Dr Eric Baijal advised that the funding stream for this post was part of the Change Fund and Jane Davidson commented that the post currently sat within the Children and Young Peoples Planning Partnership and discussions were taking place with regard to the post.

John Hammond commented on the number of HEAT targets that were currently under performing and slightly below trajectory. Calum Campbell advised that he remained comfortable overall that performance was on track to achieve the HEAT targets by the end of the financial year. Mr Campbell advised the Board that he remained concerned about the Dementia target.

Dr Doreen Steele noted the level of performance being achieved on eKSF. Calum Campbell reminded the Board that there was a zero tolerance for any Line Managers who failed to achieve the eKSF standard.

The **BOARD** noted the 2012/13 Mid Year Managing Our Performance Out Turn Report.

21. **HEAT Performance Scorecard**

This item was included in the Managing Our Performance discussion.

The **BOARD** noted the HEAT performance scorecard.

22. **Chair & Non Executive Directors Report**

The Chair advised that he had attended the Senior Medical Staff Committee where the main focus of discussion had been bed occupancy and boarding. Calum Campbell advised that progress had been

made with regard to length of stay and he would be attending a future Senior Medical Staff Committee to further discussions on any concerns that cohort may have with regard to bed pressures.

Dr Cliff Sharp suggested that Clinical Boards could be more proactive in disseminating information to their consultant bodies on actual bed occupancy figures.

Jane Davidson advised that for surgical NHS Borders was the highest performing board in terms of length of stay in Scotland. For Medical it was the fourth highest performing board in Scotland. She advised that NHS Borders area of weakness was for Older People.

David Davidson advised that he had met with the two new Chaplains and agreed a programme of work for the Spiritual Care Committee.

The Chair acknowledged the tremendous amount of work that had been undertaken by staff in supporting the Annual Review process.

The **BOARD** noted the report.

23. **Board Executive Team Report**

Dr Sheena MacDonald updated the Board regarding the newly negotiated GP contract settlement for 2013/14.

Evelyn Fleck advised that an appointment had been made to the post of Head of Clinical Governance & Quality subject to appropriate references. An appointment to the post of Infection Control Manager had not been made and an alternative process was being explored.

David McLuckie advised that NHS Borders had received a superior rating for its Procurement Capability Assessment Audit.

The **BOARD** noted the report.

24. **Statutory and Other Committee Minutes**

John Hammond commented that the ACF had discussed the usage of ipads and provision of training. Jane Davidson advised that the ipads were being tested in regard to information security to ensure they worked appropriately with NHS Borders IT systems.

The **BOARD** noted the Statutory and other Committee Minutes.

25. **NHSS Chief Executive Annual Report 2011/12**

The **BOARD** noted the NHSS Chief Executive Annual Report 2011/12.

26. **Any Other Business**

There was none.

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

The Chairman confirmed that the next meeting of Borders NHS Board would be held on Thursday 17 January at 3.00pm in the Board Room, Newstead.

The meeting concluded at 5.25pm.