

**DRAFT**

Minutes of a meeting of the **Borders NHS Board** held on Thursday 26 June 2014 at 3.00pm in the Board Room, Newstead.

**Present:**

Mr J Raine	Mr C Campbell
Mrs K Hamilton	Mrs J Davidson
Mr D Davidson	Mr D McLuckie
Dr D Steele	Mrs E Cameron
Mr J McLaren	Dr S MacDonald
Dr S Mather	Dr E Baijal
Mrs K McNicoll	Mrs E Fleck
Mrs P Alexander	Mrs C Gillie

**In Attendance:**

Miss I Bishop	Dr C Sharp
Dr J Kirk	Mrs S Swan
Mr A Pattinson	Mr S Whiting
Mrs L Cullen	Mrs J Douglas
Mr K Lakie	Mrs R Marples

**1. Apologies and Announcements**

Apologies had been received from Cllr Catriona Bhatia and Dr Hamish McRitchie.

The Chair confirmed the meeting was quorate.

The Chair welcomed various members of staff to the meeting who were contributing to the discussion of various items on the agenda.

The Chair welcomed members of the public to the meeting.

The Chair congratulated Evelyn Fleck on her recent wedding and noted that she had now changed her name to Mrs Evelyn Rodger.

The Chair reminded the Board that whilst they had copies of the Annual Accounts within their Board papers packs, these would not become public documents until they were laid before Parliament in the Autumn.

**2. Declarations of Interest**

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

The **BOARD** noted the Declarations of Interest for Calum Campbell, John McLaren and Edwina Cameron.

### **3. Minutes of Previous Meeting**

The minutes of the previous meeting of the Borders NHS Board held on 3 April 2014 were approved.

### **4. Matters Arising**

**4.1 Board Executive Team Report:** Mrs Karen Hamilton enquired when the car parking working group would be meeting again. Mr David McLuckie confirmed that it had met in February 2014 and would meet again after the Car Sharing and Shuttle Bus arrangements had been put in place.

The **BOARD** noted the action tracker.

### **5. Board Clinical Governance & Quality Update**

Mrs Evelyn Rodger introduced the extensive report and gave an overview to the Board on progress in relation to the areas of Patient Safety, Person Centred Health and Care, Clinical Effectiveness and Patient Flow.

Mrs Rodger highlighted the implementation of the Adverse Event Management Policy in May 2014, the significant increase in non-commercial research studies in the first part of the year, the inaugural meeting of the Scottish Improvement Science Collaborative Centre (SISCC) and the Clinical Governance teams support of the Connected Care Programme.

During discussion several issues were highlighted including the formatting of the report and enabling the information to be more meaningful to Board members; in particular the key generated by the excel charts in relation to labeling. Mrs Rodger confirmed that when complaints were raised in relation to direct care; attitudes and behaviours where they were attributable to core groups of staff and if there was an instance of a trend identified with a single member/group of staff it would be dealt with through the organisations HR policies.

Mrs Rodger confirmed that the Patient Opinion website had been more widely promoted and patient information and information boards had been updated.

The **BOARD** noted the Clinical Governance and Quality report.

### **6. Healthcare Associated Infection Prevention & Control Report**

Mr Sam Whiting introduced the report advising that it provided an overview of Infection Prevention and Control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government HEAT targets, together with results from cleanliness monitoring and hand hygiene audit results.

During discussion several issues were highlighted including: being on trajectory to achieve the c.diff target; being unlikely to achieve the SAB target and a workshop held to identify actions to reduce surgical site infection rates.

Mr David Davidson enquired if the lower thresholds for surgery had an impact on finances. Mr Calum Campbell confirmed that there was a financial impact.

The **BOARD** noted the report

## 7. Board Report on Waiting Times

Mrs Jane Davidson updated the Board on progress against Waiting Times and other access guarantees, targets and aims including the Treatment Time Guarantee (TTG). Health Boards were to ensure at least 90% of patients were seen within 18 weeks from a referral by a GP to start of treatment, which was known as Referral to Treatment (RTT). The building blocks to achieve access to treatment were set at 12 weeks for inpatient/daycase and 12 weeks for new outpatients. Locally the aim was to achieve 9 weeks for each moving forward.

Discussion focused on medical unavailability; pre surgical assessment procedures; national reporting on Emergency Access broken down by flow.

Dr Stephen Mather enquired if the AHP numbers for physiotherapy services were patients waiting for appointments or total referrals. Mrs Davidson advised that they were the number of patients waiting over 9 weeks. Mrs Davidson advised that she would amend the table description and include a percentage proportion for future reports.

Dr Mather noted that one patient had waited more than 12 hours in A&E in May and enquired as to how this had occurred. Mr Kirk Lakie commented that it was the first 12 hour breach he had been aware of over the past 5 years. He advised that it had been the consequence of a specific set of circumstances and the event was subject to an adverse event review level of scrutiny.

Mrs Pat Alexander enquired if the number of referrals to the physiotherapy service was unusually high in relation to other Health Boards. Mrs Karen McNicoll as Associate Director of AHPs, advised that the service was unable to determine that at present, however, it was reviewing patterns and trends around referrals to increase productivity and efficiency. Mrs Davidson commented that the service was also promoting open access through telephone engagement in the first instance.

The **BOARD** noted the ongoing performance and the challenges associated with scheduled care in particular the TTG and Outpatient Stage of Treatment standards.

The **BOARD** noted the improvement in TTG performance for all specialties other than orthopaedics.

The **BOARD** noted the ongoing challenges in Physiotherapy Waiting Times.

The **BOARD** noted the challenging context in delivering 4-hour ED standard.

The **BOARD** noted the AHP position and endorsed the external review of the service.

## 8. Delayed Discharges

Mrs Jane Davidson reported that progress continued to be made in relation to understanding and jointly managing delayed discharges by NHS Borders and Scottish Borders Council. There was clear partnership commitment to continue to realign and rebalance working practices in response to changes across the system.

Mr Alasdair Pattinson and Mrs Jane Douglas advised that the number of delayed discharge cases and the number of associated occupied bed days had both reduced over the previous 3 years to March 2014, and that improvement had been maintained since then. It was imperative that joint working continued in order to sustain improvement and achieve a zero tolerance to delays for patients.

During discussion care home moratorium was raised including admissions to care homes; quality of care at care homes; tendering for specialist beds across the Borders for high level needs people with dementia; provision of home care and home care providers; national eligibility criteria and the tendering process for the provision of home care.

Mrs Pat Alexander suggested a presentation on delayed discharges be given to the Integration Shadow Board in order to form a higher level of understanding and collective responsibility for the impact of delayed discharges on both patients and systems. Mrs Davidson suggested that would be an appropriate way forward and also noted the potential impact on delayed discharges that the proposed Scottish Borders Council's arms length organisation might have.

Mrs Douglas suggested NHS Borders might wish to provide input to the tendering process for home care and Mr Calum Campbell welcomed that opportunity.

The **BOARD** acknowledged the progress made and noted the report.

The **BOARD** welcomed the involvement of health in the tendering process.

**The BOARD proposed a presentation be given to the Integration Shadow Board on delayed discharges.**

## **9. Local Unscheduled Care Action Plan 2014/15**

Mrs Jane Davidson reported that issues associated with unscheduled care planning for 2014-15 were being addressed with reference to 3 specific programmes, and the operational management arrangements made in respect of flow management on a day to day basis. Each programme was in the process of developing action plans, and those had been brought together within the body of Local Unscheduled Care Action Plan (LUCAP) return.

Discussion focused on several elements including the trajectory against national access standard for unscheduled care; expectation to perform at 98% and not 95%; flow and capacity within the system; medical assessment unit bottleneck; provision of ambulatory care; discharge planning; day of care audit results; national flow work with IHO to test and pilot solutions, and redirection leaflets in GP surgeries.

Dr Stephen Mather recorded his congratulations to those who had been involved in achieving the positive performance in A&E. He noted that the default position should be not to attend A&E. Mr Kirk Lakie commented that the matter of redirection had been discussed nationally and it had not been thought that a specific policy on redirection was required. Locally there did not appear to be an issue even through attendances at A&E had increased.

Dr Cliff Sharp noted the symptoms of those who were regular attendees in A&E and Dr Jonathan Kirk commented that if people continued to attend A&E inappropriately then there was potentially an unmet need that required to be addressed.

The **BOARD** noted the trajectory against national access standard for unscheduled care.

The **BOARD** noted the overall application of funds supporting delivery of 2014-15 LUCAP.

The **BOARD** agreed the Local Unscheduled Care Action Plan.

## **10. NHS Lothian – Full Business Case for the Re provision of the Dept of Clinical Neuroscience and Royal Hospital for Sick Children**

Mrs Carol Gillie advised the Board that in December 2011 NHS Lothian had produced an outline business case (OBC) for the re provision of the Royal Hospital for Sick Children (RHSC) and the Department of Clinical Neurosciences (DCN), relocating to the Royal Infirmary Edinburgh at Little France site.

NHS Lothian had now finalised the Full Business Case (FBC) paper. Since the OBC the additional revenue cost had increased in the main due to changes in the clinical model including the implementation of single bedded rooms. For a significant period of time NHS Borders had been planning for such re provided services and there was an acceptance that it would result in an increase in costs. In the financial plan based on the OBC a sum of £450k had been set aside from 2017/18. Based on the information in the FBC that was required to be increased to £616k. In summary there had been a £7m increase in the revenue costs since the OBC, which was almost a 100% increase in the additional running costs. As NHS Borders share of activity had decreased the increase for Borders was £116k which was a 25% increase.

Mrs Gillie reported that NHS Lothian had sought written support in principle from partner Boards by 16 June 2014, to enable submission of the FBC to the Scottish Government in July. Due to that timeline the Financial Performance Oversight Group (FPOG) had met with representatives of NHS Lothian to understand the cost increase. Following that meeting support in principle was given to NHS Lothian subject to Board approval. However in the letter to NHS Lothian the Board requested that the good joint working that had taken place to date continued to challenge the cost increases and consider the patient pathways

Dr Stephen Mather enquired if a ceiling could be put on the costs of the scheme. Mrs Gillie confirmed that costs would continue to be driven down and she was keen for a ceiling on costs to be agreed.

Mrs Evelyn Rodger commented that through the workforce planning group of SEAT, work would be progressed to support the reduction in costs whilst supporting the provision of the services that were required.

Dr Cliff Sharp enquired if the East Coast Costing Model (ECCM) was the correct model to use in this instance. Mrs Gillie confirmed that it was as it was focused on acute costs and had been developed and agreed by the SEAT Boards. The ECCM has also been independently audited by a West Coast Costing Model colleague.

The **BOARD** noted that NHS Lothian was finalising a full business case (FBC) for the reprovision of the Royal Hospital for Sick Children (RHSC) and the Department of Clinical Neurosciences (DCN) at Little France.

The **BOARD** noted that no capital funding contribution was required from NHS Borders.

The **BOARD** noted the proposal that all Boards contribute proportionately to funding the revenue gap, based on the accepted East Coast Costing Model (ECCM).

The **BOARD** agreed that NHS Borders confirm to NHS Lothian that the Board formally gave support for the FBC.

The **BOARD** approved the financial support for that development from 2017 onwards to a maximum of £616k pa and noted the ongoing scrutiny of the financial implications.

## **11. Property – Surplus & Disposal**

Mr David McLuckie advised the Board of properties that had been identified as surplus for disposal. The offices at West Grove in Tweedmount Road, Melrose were identified. The site contained 2 buildings which were vacant. Following a robust space utilisation exercise, the services and personnel operating from West Grove had been relocated to other NHS Borders premises.

The **BOARD** declared the property, namely, West Grove, Tweedmount Road, Melrose, surplus to requirements.

The **BOARD** approved the disposal of the property as per the NHS Scotland Property Transactions Handbook.

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

## **12. Audit Committee**

Mr David Davidson advised that the Chief Internal Auditor, David Wood had now moved employers. He advised that people had been invited back to the Audit Committee to provide evidence against targets set.

The **BOARD** noted the update.

## **13. Clinical Governance Committee**

Dr Stephen Mather gave an update on business discussed and highlighted that transfusion had been a major topic. He spoke of attending a national meeting where the definition of adverse incidents had been discussed.

The **BOARD** noted the update.

#### **14. Public Governance Committee**

Dr Doreen Steele spoke of a follow up to the committees' session on transport and were keen that transport was integral to the clinical strategy. The committee had discussed way finding/sign posting of Borders General Hospital and a number of concerns raised on inaccurate information. The committee had received the results of the leaflet audit and had emailed the waiting times leaflets to members for their feedback. The next Committee Development session would focus on integration and engagement.

The **BOARD** noted the update.

#### **15. Staff Governance Committee**

Mrs Pat Alexander commented that the Committee had met earlier in the month and had discussed the Staff Survey Action Plan, Staff Governance Action Plan, HR Shared Services Option Appraisal, Training, PIN policy development and the Annual Reports from the Risk Health & Safety Team and the Remuneration Committee.

Mr John McLaren advised that the Staff Governance Sub Group had met and moved work forward on the staff governance action plan. He further advised that the Staff Survey was due to be released in September 2014.

The **BOARD** noted the update.

#### **16. NHS Borders Annual Accounts for 2013/14**

Mrs Carol Gillie advised that the External Auditors, Scott Moncrieff, had completed their audit of the Accounts and confirmed to the Audit Committee on 16 June 2014 that their audit certificate on the financial statements for the year ended 31 March 2014 was unqualified in respect of their true and fair opinion, and in respect of their regularity opinion. Mr Chris Brown a Partner with Scott Moncrieff had advised that he would not be attendance at the Board as there were no items of significance for the Board to note from the accounts.

Mrs Gillie advised the Board that it had achieved its financial targets with an outturn of £65,000 underspend against the Revenue Resource Limit and a small underspend of £5,000 against the capital resource limit. This was an excellent achievement in a year which had been particularly challenging in light of the wider economic situation.

Mrs Gillie highlighted a few key points to the Board such as the change in the 2013/14 accounts in format of the key statements of the accounts from page 28 to 32. Mrs Gillie advised that for the first time the 2013/14 Annual Accounts of the Borders Health Board Endowment Fund had been consolidated with the Borders Health Board Annual Financial Statements. The financial reporting requirement was in accordance with IAS 27 Consolidated and Separate Financial Statements.

NHS Borders endowment accounts, as per the Governance statement were reviewed by the Audit Committee and there were no significant control weaknesses and failures identified.

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

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

Mrs Gillie recorded her thanks to Mrs Susan Swan and the finance team for all their hard work in producing the accounts and supporting the organisation to deliver its financial targets.

Mrs Swan advised the Board on the new format of the Remuneration Report highlighting the elements of the total remuneration figures.

Mr David Davidson as Chair of the Audit Committee commented on the Annual Accounts and confirmed that they had been considered and reviewed at a number of Audit Committee meetings . Mr Davidson advised that he was content to approve the annual assurance statement which gave the Board assurance around the governance framework across the organisation and the content of the accounts. Reports had been received from all of the governance committees detailing their work during the course of the year. They had been included in the consolidated governance report that was discussed and reviewed by the Audit Committee.

Mr Davidson recorded his thanks to Mrs Gillie and her Team.

The **BOARD** adopted and approved for submission to the Scottish Government, the Statement of Accounts for the financial year ended 31 March 2014.

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

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

The **BOARD** authorised the Chief Executive to sign the Governance Statement in respect of the Accounts;

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

## **17. Letter of Representation**

The **BOARD** noted the letter of representation.

## **18. Endowment Fund Annual Accounts for 2013/14**

Mrs Carol Gillie asked the Board to note the Endowment Fund Annual Accounts for 2013/14. The accounts had an unqualified audit opinion from independently appointed auditors 'Geoghegans' following the 2013/14 audit of the Endowment Fund Financial Statements.

The **BOARD** noted the Endowment Fund Annual Accounts for 2013/14.



## **19. Patient's Private Funds Statement for 2013/14**

Mrs Carol Gillie advised that the registered auditor, Geoghegans, had audited the Abstract of Receipts and Payments of Patient's Funds for financial year 2013/14 in accordance with approved Auditing Standards. Geoghegans had provided a clean audit opinion of the Patient's Private Funds Statement for 2013/14 this had been noted by the Audit Committee at its meeting on 16 June 2014.

The **BOARD** adopted and approved the Patient's Private Funds Statement for the financial year ended 31 March 2014.

The **BOARD** authorised the Director of Finance to sign the Patient's Private Funds Statement to certify its accuracy.

The **BOARD** authorised the Chief Executive to sign the Patient's Private Funds Statement to confirm its approval by the Board.

The Chairman recorded the thanks of the Board and commended the staff of NHS Borders for achieving the balanced financial position for 2013/14.

## **20. Financial Monitoring Report for the 2 month period to 31 May 2014**

Mrs Carol Gillie advised that the Board was reporting an outturn of £0.8m in excess of its revenue budget two months into the financial year. Based on the limited financial information available the Board was currently forecasting a year-end break even position. However the predicted outturn position would only be achieved if action was taken to ensure that the current level of overspend was contained.

Mrs Gillie advised that the report also included details of expenditure to date against the Board's capital allocation for 2014/15.

The Chairman commented that the Financial Performance Oversight Group (FPOG) had taken a keen interest in medical staffing and nursing costs. Progress reports would be submitted to the September meeting of the FPOG. The Chairman further noted that assurance had been given to the FPOG by Mrs Isabel Swan that a reduction in the nursing overspend would be achieved by September.

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

## **21. Capital Plan 2014/15 and 2015/16**

Mr David McLuckie advised the Board of the proposed Capital Investment Plan for 2014/15 and the outlining Plan for the financial year 2015/16. He highlighted several key elements including: investment in rolling programmes which had been suspended in the previous financial year; IT investments; backlog maintenance and equipment replacement.

Dr Doreen Steele enquired about the £300k for flood and site investigation at Roxburgh Street. Mr McLuckie explained that the capital allowance of £300k was required to address the issues associated with building on a brown field site and also the concerns raised by SEPA in regard to flooding.

Mr David Davidson noted that back log maintenance could be considered a revenue rather than a capital investment. Mrs Gillie confirmed that this could be the case for some areas of expenditure and as a result funding had been transferred nationally from revenue to capital to accommodate this.

The **BOARD** approved the capital plan for 2014/15 and noted the outline capital plan for 2015/16.

## **22. HEAT Performance Scorecard**

Mrs Edwina Cameron advised the Board that the report had been compiled in the new format as discussed at the last Board Development session. She have an overview of the report highlighting the 12 targets that had been achieved, 6 that remained on trajectory and 8 that were outwith target and of those 8 there were 2 areas of decreasing performance.

The Chairman noted that achievement of the dementia target was progressing.

The **BOARD** noted the June 2014 HEAT Performance Scorecard (April performance).

## **22. Managing Our Performance Year End Report 2013/14**

Mrs Edwina Cameron advised that the 2013/14 Year End Managing Our Performance (MOP) report remained an important part of the organisational performance management framework as it provided a mechanism to report progress across the full range of HEAT targets and summarised performance during 2013/14, along with a selection of priority areas and Corporate Objectives.

Mr John McLaren reiterated to the Board that NHS Borders had been the only territorial board in Scotland to have achieved the 80% target for eKSF and he recorded his thanks to the eKSF Champions for that achievement. Mr McLaren acknowledged the improved position for Personal Development Plans (PDPs) within the Borders General Hospital.

Mrs Jane Davidson advised the Board that the challenging occupied bed days target that had been set the previous year had again been set as an ambition target and would be used as an indicator as the integration of adult health and social care progressed.

The **BOARD** noted the 2013/14 Year End Managing Our Performance Report.

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

The Chairman advised the Board of the visit by the Cabinet Secretary for Health & Wellbeing on 24 June 2014 when he had acknowledged the significant achievement of the Borders General Hospital in achieving a UK Top40 CHKS Award.

The Board extended its congratulations to the staff of the Borders General Hospital on attaining such an achievement.

The **BOARD** noted the report.

## **24. Board Executive Team Report**

Dr Eric Baijal commented on the work of the flu vaccine programme being developed in to a learning package.

Mrs Edwina Cameron commented on the high profile of NHS Borders at the NHS Scotland event.

The **BOARD** noted the report.

## **25. Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

## **26. Any Other Business**

**26.1 Breastfeeding in the Borders Support:** Dr Eric Baijal gave a presentation on Breastfeeding in the Borders Support (BiBs) and highlighted that the project had commenced in the summer of 2012. It aimed to support pregnant and breastfeeding mums by offering help and guidance from trained volunteers which was in addition to the support they received from core services.

Mrs Rachel Marples spoke about the rolling training programme for volunteers and evaluation of the longer term results, initial anecdotal responses had indicated that it could help women to experience a more rewarding start to their parenting journey.

Discussion focused on increasing breastfeeding rates, raising standards of care and improving outcomes for mothers and babies through a multi agency approach. Engaging with local leaders in the community in order to change behaviours and challenging the myths around social classes in relation to breastfeeding and bottle feeding.

The **BOARD** noted the update.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 7 August 2014 at 3.00pm in the Board Room at Newstead.

*The meeting concluded at 5.50pm*