

DRAFT

Minutes of a meeting of the **Borders NHS Board** held on Thursday 30 June 2011 at 3.00pm in the Victoria Hall, Selkirk

Present:

Mr J Raine	
Mrs C Duthie	
Mrs J Edey	Mr C Campbell
Mr D Davidson	Mrs J Smyth
Cllr S Scott	Dr R Cameron
Mrs E Cameron	Dr E Baijal
Dr D Steele	Mrs C Gillie
Mrs P Alexander	Mrs S Wright
Mr J Hammond	Mrs J Davidson

In Attendance:

Miss I Bishop	Mrs S Errington
Mrs K McNicoll	Dr A Mordue
Mr A McLean	Mr R Forrest

1. **Apologies and Announcements**

Apologies had been received from Adrian Lucas and David McLuckie.

The Chair welcomed Stephanie Errington, Senior Performance & Planning Manager to the meeting who spoke to the Inpatient Specialist Palliative Care Unit item on the agenda.

The Chair welcomed Dr Alan Mordue, Consultant in Public Health Medicine to the meeting who spoke to the Implantable Cardioverter Defibrillators and Primary Prevention of Cardiovascular Disease items on the agenda.

The Chair welcomed Andrew McLean, Senior Finance Manager, and Rory Forrest, Engagement Manager, PricewaterhouseCoopers, to the meeting who would be speaking to the Annual Accounts item on the agenda.

The Chair welcomed members of the public to the meeting.

The Chair thanked Calum Campbell, Chief Executive, Iris Bishop, Board Secretary and members of the Board for the courteous and considerate manner in which he had been received in his first few weeks as Chair of NHS Borders. He advised that he had undertaken an in-depth induction programme of NHS Borders sites and services and had been made to feel very welcome by the staff he had met.

The Chair further advised that he had attended the Derek Feeley visit to NHS Borders the previous week where staff had been given the opportunity to showcase new initiatives and developments. He

recorded his thanks to Stephanie Errington, Senior Planning & Performance Manager for such a well organised and productive event.

2. **Declarations of Interest**

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

Pat Alexander advised that she had a personal interest in the item regarding Implantable Cardioverter Defibrillators (ICDs) and Cardiac Resynchronisation Therapy (CRT).

The **BOARD** noted the revised Declarations of Interest for Dr Doreen Steele.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting of the Borders NHS Board held on 31 March 2011 were amended and approved.

4. **Matters Arising**

Minute 11: Local Delivery Plan: Stephanie Errington confirmed that the Local Delivery Plan had been approved by the Board and submitted to Scottish Government and had now received sign off by the Scottish Government.

The **BOARD** noted the action tracker.

5. **Healthcare Quality Safety Update**

Sheena Wright detailed the content of the report and highlighted several items including the Scottish Patient Safety Programme (SPSP) focus on standardisation of improvement methodology, the progress being made in the Paediatric Patient Safety Programme and the developments being made in the Scottish Patient Safety in Mental Health Programme and Safety in Primary Care Project 2.

Calum Campbell gave feedback to the Board following the Patient Safety Programme Faculty visit that had taken place on 9 June 2011. He advised that feedback had been positive and had specifically highlighted clinical leadership and engagement with staff, for which he thanked Sheena Wright, Dr Ross Cameron and Dr Eric Baijal.

John Hammond commented on the red status of the SPSP Medicines Management workstream and enquired if a target had been set. Sheena Wright advised that a delay had been caused in the roll out of the activity which was being addressed.

Pat Alexander commented that the information on Page 4 in relation to medicines management did not tie into the red status given on page 7. Sheena Wright advised that it was a correlation with sustainability.

The **BOARD** noted the report.

6. Healthcare Associated Infection Control & Prevention Report

Sheena Wright detailed the content of the paper. She highlighted several issues including, hand hygiene audit, norovirus outbreak and the achievement of the Clostridium difficile (c.diff) HEAT target reduction by 50% by 31 March 2011. She advised that although the Staphylococcus aureus Bacteraemia HEAT target of a 15% reduction by 31 March 2011 had not been achieved there had been considerable improvement made.

The Chair enquired about the practicalities of the hand hygiene audit and Sheena Wright commented that people were observed using the gel containers, staff could be followed and observed and the audit also covered visitors. Dr Eric Baijal advised that the Executive Directors undertook Healthcare Environment Inspection (HEI) walkrounds and observed staff washing their hands and asked them about the five points of hand hygiene. The Chair enquired if light boxes were used and Dr Baijal advised that they were not presently used.

David Davidson congratulated Sheena Wright on the excellent work that had been undertaken and progressed in this regard and enquired if signage had been reviewed. Calum Campbell advised that Sheena Wright had been progressing the review of signage and location of gel dispensers. Jane Davidson advised that communication highlighting HEI and hand hygiene would be made with members of the public both as they entered the Borders General Hospital and any clinical areas.

Catherine Duthie enquired about the volume of “out of hospital infections”. Sheena Wright advised that the numbers were small and an Infection Control Nurse had been appointed to work across the community and acute sectors.

Dr Doreen Steele commented that the influx of new staff in the summer had previously contributed to a dip in hygiene targets and enquired if this was addressed in the induction programme for new staff. Sheena Wright advised that she and Dr Ross Cameron had discussed this matter and worked closely with the Associate Medical Director and Associate Directors of Nursing to emphasise good practice to clinical staff on the six month rotation.

The **BOARD** noted the report.

7. Implantable Cardioverter Defibrillators (ICDs) and Cardiac Resynchronisation Therapy (CRT)

Dr Alan Mordue detailed the background to the item advising that there was an increase in demand for the fitting of ICDs and CRT in Borders residents. Dr Mordue highlighted the criteria for ICDs and CRT and the appeals process. He further advised of the importance of effective and cost effective interventions earlier in the patient pathway to prevent the development of CHD reducing both incidence and prevalence (primary prevention), and delay disease progression (secondly prevention). He advised that the proposals should improve population health, patients’ quality of life and limit the number of patients requiring ICDs and CRT in the future.

John Hammond commented that he had attended the Clinical Governance Committee meeting at which this matter had been discussed. He further advised that the Area Clinical Forum had discussed the matter and were supportive of the proposal and were keen to endorse the recommendations and the appeal procedures.

Cllr Sandy Scott advised that he had discussed the matter in some depth previously and was supportive of the proposal.

The Chair highlighted that the matter had been widely consulted upon particularly with the medical community.

The **BOARD** discussed the findings of the needs assessment and approved:-

- the adoption of the interim local criteria in Appendices 2 and 3;
- an agreed number of ICD devices and CRT devices to be implanted each year or a budgetary equivalent – 7/8 ICDs and 7/8 CRT devices are recommended per annum, plus an estimated 5 replacement devices pa;
- implementation of the recently agreed mechanism to approve individual device implants through the UNPACS system;
- improved monitoring arrangements for the future;
- providing an appeals mechanism through the ECR Panel;
- a review of this policy and its implementation after one year;
- engagement with colleagues in SEAT and the Regional Cardiac Planning Group to develop a regional consensus for the longer term.

8. **Primary Prevention of Cardiovascular Disease**

Dr Alan Mordue detailed the content of the paper and highlighted two key issues - firstly which population groups should have their 10 year CVD risk assessed, and secondly what should be the threshold for considering treatment with statins.

Edwina Cameron enquired about the quality impact on the patient and the quality of service they would be receiving. Dr Mordue advised that the service was provided within the Keep Well initiative. Patients would be invited to a detailed check of CVD risk and would then be supported to review their lifestyle and if necessary be referred on for lifestyle support, for example for smoking cessation. Should the patient be over a 30% risk threshold they would be referred to their GP for a discussion about the potential for statins to be prescribed. Dr Mordue advised that feedback on the service was sought from patients and in general this was positive and there had been some redesign of the service to improve it further.

John Hammond advised that this proposal had been presented to the Area Drugs and Therapeutic Committee and had been discussed at the Area Clinical Forum. He commented that the Area Clinical Forum had specifically noted the importance of the lifestyle support service and were content to endorse the recommendations.

David Davidson enquired if the lifestyle change was the most imperative input to the package of care and enquired if the Board should consider further support for this aspect of the service. Dr Mordue confirmed that the lifestyle support element was critical as it reduced risk, avoided the need for drug interventions and therefore any subsequent side effects. He advised that the lifestyle services supported changes to diet, physical activity and smoking particularly.

David Davidson enquired if there would be any media campaigns about the lifestyle change and support service. Dr Mordue commented that the service was continually brought to the attention of key professionals so that they could refer suitable patients, but that self-referral although possible had the potential to exceed service capacity.

Dr Ross Cameron commented that he was comfortable with the recommendations and felt it struck the right balance.

Dr Eric Baijal commented on a number of observations and underlined the importance of lifestyle change commenting that the evidence for this was very robust. He was keen to avoid medicalising people's health and felt it important to stress that drug treatments should be considered much further down the line of the patient pathway. He commented that on the issue of media campaigns and advertising, those initiatives were not always the most effective forms of communication for targeting certain client groups.

Julia Edey commented that it was important to engage with colleagues in Scottish Borders Council regarding charges for leisure activities such as swimming, when under the lifestyle change and support service NHS Borders was encouraging the local population to exercise more for their health.

Dr Eric Baijal responded that like other local authorities, Scottish Borders Council was operating under severe financial constraints and he commented that he was pursuing alternatives to the more conventional leisure facilities through the Forestry Commission.

The **BOARD** approved the updated policy and the guideline at Annex 5 and supported the implementation within NHS Borders.

9. Inpatient Specialist Palliative Care Unit

Dr Ross Cameron presented the Business Case for the development of a Palliative Care Specialist Inpatient Unit along with the plans to refurbish the Stroke Unit. Dr Cameron outlined the background to the provision for an Inpatient Specialist Palliative Care Unit highlighting the Margaret Kerr legacy, community palliative care team, financial constraints and fundraising.

Catherine Duthie commented that the intention was to run the overall fundraising campaign through "THE DIFFERENCE" which was the public face of Borders Health Board Endowment Fund (registered charity). She advised that the final costs would be confirmed shortly and at present the intention was to raise funds in the region of £4m. She further advised that at present some three quarters of the overall target would be met through a series of pledges from generous contributors. Mrs Duthie commented that the intention was to launch the public appeal on 1 September.

Dr Cameron highlighted that updated costs figures had been received from Framework Scotland which related to costs to the building and the underlying construction in the region of an extra £500,000. Extensive discussions had taken place and it was expected that a reduction of 10% of the total costs would occur which would bring the project back closer to £4m.

David Davidson enquired if there were a team of people ready to get out and about to publicise the fundraising and speak at events if invited. Mrs Duthie advised that this was an area that Clare Oliver, Fundraising Manager would be leading and thanked Mr Davidson for his interest.

Carol Gillie commented that it was a decision the Board needed to make whilst being fully aware of the challenging financial environment in which the organisation was working. The case for the unit in clinical terms was clear and convincingly stated in the paper. Mrs Gillie advised that the resources that could have been saved by reducing the number of beds in Ward 11 as per the business case were required to be reinvested into nursing and domestic staff and on-going accommodation costs linked to the unit. Whilst this was an opportunity for savings, due to the clinical arguments given the resource would be used to improve services provided for stroke and palliative care patients although there would be some non recurring savings identified during the building of the unit. Mrs Gillie reminded the Board that quality and efficiency needed to go hand in hand when making such decisions.

Dr Doreen Steele commented that it was a good design with comforting synergy to it and the organisation had done well in terms of quality.

The **BOARD** noted the work progressed in developing the Business Case.

The **BOARD** noted the work progressed in securing firm pledges for the capital costs of the scheme.

The **BOARD** approved the plans described in the Business Case to be progressed with the development of the Specialist Inpatient Palliative Care Unit and refurbishment of the Stroke Unit.

The **BOARD** approved the launch of the public fundraising campaign for the 1st of September 2011.

10. **NHS Borders Vision, Values and Corporate Objectives 2011/12**

Calum Campbell introduced the refreshed Vision, Values and Corporate Objectives for 2011/12. He advised that monitoring systems were in place and good progress had been made.

Julia Edey commented that it would be helpful to see reference to prevention and detection of fraud in the document and suggested addressing some of the abbreviations. Calum Campbell advised that the next iteration would include prevention and detection of fraud as well as having the abbreviations de-jargonised.

David Davidson commented that he was delighted that Health Improvement was a key feature. Dr Eric Baijal commented that he was grateful for David Davidson's support around health improvement and reiterated his commitment to Patient Safety remaining as the first key corporate objective for NHS Borders.

Dr Doreen Steele commented that she was pleased to see knowledge management as one of the key objectives as this is an important concept and that she did not see anything relating to equality under the Performance and Delivery corporate objective. She further enquired about progress around reducing the number of meetings. Jane Davidson commented that the organisation was aiming to make meetings more effective, valuable and outcome focused.

The **BOARD** approved NHS Borders Vision Values and Corporate Objectives for 2011/12.

11. **NHS Borders Annual Accounts 2010/11**

Carol Gillie presented the 2010/11 Annual Accounts for NHS Borders. She sought the approval of the Board to the accounts prior to their submission to the Scottish Government for laying before Parliament

in the Autumn. She advised the accounts would be made public after they had been laid before Parliament.

Carol Gillie advised that it had been a challenging year and the statutory financial targets had been achieved with a year end position of an underspend on revenue and capital. Mrs Gillie recorded her thanks to the Finance Team in particular Andy McLean for his support and production of the accounts.

Mrs Gillie advised that the Audit Committee had considered the Accounts at their meeting on 23 June and had also undertaken two sessions prior to that meeting to discuss the accounts in detail. The Accounts had then been reviewed by PricewaterhouseCoopers and a clear audit certificate had been received. Mrs Gillie recorded her thanks to PricewaterhouseCoopers for the professional manner in which they had conducted their reviews over the past five years and emphasised the good working relationship that the organisation had built up with them over that period.

Julia Edey reported that the Annual Assurance Statement set out the current governance framework for the Board and that it should be assured that the current processes in place enabled the Audit Committee to expedite its statutory duties. She advised that reports had been received from all the governance committees setting out their workplans for the year.

Rory Forrest, Engagement Manager for PricewaterhouseCoopers highlighted the key elements of the external auditors report. He confirmed that PricewaterhouseCoopers had issued a clean audit certificate and he was complimentary regarding the quality of the draft accounts that had been produced. He further advised that there had been no need to undertake adjustments regarding disclosures or carry forward surplus, which he commented was a good testament to the quality of the financial team in place at NHS Borders.

Mr Forrest assured the Board that the organisations financial procedures were robust. He thanked the Board and advised that PricewaterhouseCoopers had enjoyed a good working relationship with NHS Borders over the past five years in which there had been very few issues from a delivery or financial perspective.

The Chair thanked Mr Forrest for the complimentary way in which he spoke of the Financial Team and Directors of NHS Borders.

The **BOARD** adopted and approved for submission to the Scottish Government Health Directorate, the Statement of Accounts for the financial year ended 31 March 2011.

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 Statement on Internal Control in respect of the Accounts.

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

12. **Endowment Annual Accounts 2010/11**

Carol Gillie introduced the Endowment Fund Annual Accounts and advised that a clean audit certificate had been received in respect of those accounts.

The **BOARD** noted the Endowment Fund Annual Accounts for 2010/11.

13. **Patients Private Funds Statement for 2010/11**

Carol Gillie introduced the Patients Private Funds Statement for 2010/11 advising that it had been noted at the Audit committee held on 23 June 2011. She further advised that a clean audit certificate had been received in respect of the statement.

The **BOARD** adopted and approved the Patients Private Funds Statement for the financial year ended 31 March 2011.

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

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

14. **Managing Our Performance Outturn Report 2010/11**

June Smyth introduced the performance management framework outturn report for 2010/11.

Jane Davidson commented that the Board were regularly appraised of performance against the national HEAT targets and emphasised that there were no surprises contained within the report.

Cllr Sandy Scott enquired about the national target regarding Diagnosis of Dementia. Dr Ross Cameron advised that the target related to the recording of early dementia by GPs. He advised that the numbers were worked out through GP Practice systems.

The **BOARD** noted the 2010/11 Managing Our Performance Outturn Report.

15. **HEAT Performance Scorecard**

June Smyth detailed the contents of the paper advising that it was the first report containing data against the targets for 2011/12. She advised that a quality scorecard was being developed to support the quality strategy. With regard to performance data some performance reports required to be recreated with the introduction of the Trakcare system. Mrs Smyth highlighted the following key areas of performance: pre-operative; cancer treatment and A&E 4 Hour waiting target.

Catherine Duthie enquired about the sickness absence data. June Smyth advised that all services received sickness absence reports. Calum Campbell advised that he and Staff Side colleagues believed that the sickness absence policy required to be more explicit and it had been revised and consulted upon by the organisation. The proposed new policy would be considered at the next Area Partnership Forum meeting.

Edwina Cameron conferred that the revised policy was a positive example of partnership working and emphasised that a robust application of the policy would be put in place to assure the Board that there was evidence of good practice in staff management in this area.

Julie Edey enquired about progress being made with regard to identifying targets for access to psychological therapies services. June Smyth advised that the definition of the national target were awaited, however the overall target will look to deliver faster access to mental health services by delivering 18 weeks referral to treatment for Psychological Therapies from December 2014.

Dr Doreen Steele enquired if development reviews were included in the training gap analysis? June Smyth advised that there were issues around affordability and it was anticipated that this would highlight expectation outwith statutory mandatory training.

Edwina Cameron advised that the eKSF system had heightened the issue of training and development as it contained core standards. She further advised that a local group were considering statutory and mandatory training and every manager was required to produce a training needs analysis for every group of staff they managed to ensure that the training offered is fit for purpose.

Calum Campbell commented that in reassuring the Board there was a considerable amount of time spent on training yet not all training sessions were run at full capacity. He advised that there needed to be at least a 75% attendance rate in order to ensure effective training took place.

Pat Alexander advised that she did not see regular reporting for psychological therapies. June Smyth advised that the reporting for psychological therapies was built into the mental health performance reporting and she would tease this out for Mrs Alexander.

John Hammond commented with regard to eKSF he understood that this was laborious and not welcomed by members of staff. He advised that this had been discussed with the Area Clinical Forum who were keen to collect evidence to see if it could be made more user friendly. Calum Campbell welcomed the initiative and advised that it was likely to change in moving forward however the reality was that it did ensure staff received an annual appraisal and a discussion to address their performance and training needs. Edwina Cameron commented from a staff side perspective that eKSF was not particularly user friendly and that the system could be influenced and improved in moving forward.

June Smyth reminded the Board that eKSF had been a HEAT target the previous year and remained a HEAT standard for 2011/12. She reiterated that managers would again be expected to sit down with staff for their yearly appraisals.

The **BOARD** noted the HEAT Performance Scorecard for May 2011.

16. **Financial Monitoring Report for the two month period to 31 May 2011**

Carol Gillie highlighted that on page 8 there was a mistake as the sub total should read 786 and not 781 as currently stated. Carol Gillie then detailed the content of the report and reported that at the time of producing the report the annual accounts for the previous year were being finalised and whilst it was not expected that there would be an impact on this report she advised that this report should be read with caution. Mrs Gillie highlighted the key issues facing the organisation at the end of May including reporting a £500,000 overspend in excess of operational budgets and the continued forecast of a break

even position at the year end; increase in respect of external healthcare providers; significant overspend on nursing budgets; increase in supplies budget linked to theatres and orthopaedics; increase in Estates & Facilities spend due to an unmet savings target.

Mrs Gillie confirmed that at the end of May £1.2m savings had been delivered with potential schemes to take the figure to over £5m. Re capital reporting the capital spend to the end of May was linked to Jedburgh Health Centre and it is forecast that the capital targets will be achieved in the financial year. By keeping tight controls and continuing to focus the organisation on efficiency schemes there was a forecast year end position of break even.

John Hammond enquired why the budget was not phased equally across the year and Carol Gillie clarified that the budget was phased in to meet the needs of the expenditure plan.

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

17. **Capital Investment Plan 2011/2012**

Carol Gillie presented the Capital Plan in the absence of David McLuckie. She advised that the capital allocation was confirmed as £3.772m however there may be an opportunity for this to increase if a solution was found to the Health Centre and retained sales. She further advised that against the allocation £2m would be utilised for the Jedburgh Health Centre scheme and the balance of £1.692m would be used for the expenditure programme detailed in the paper.

Cllr Sandy Scott thanked the Board for the work that was currently taking place with regard to the Jedburgh Health Centre and requested clarification that Scottish Government had agreed in principle that the capital sales of premises would be retained by the Health Board concerned. Carol Gillie confirmed that this had indeed been agreed in principle however each sale would be considered by the Scottish Government.

Julia Edey noted the rolling programme regarding SCBU and raised concerns. Carol Gillie advised that she did not have the full background to the matter. Mrs Gillie advised that she would ask David McLuckie to email the Board with the detail to this matter.

David Davidson enquired about the on-going share of the new unit at Livingstone. Carol Gillie confirmed that this related to NHS Borders contribution to the initial set up costs of the unit. In moving forward NHS Borders would only pay when it admitted a patient to the unit.

The **BOARD** noted the current year capital formula allocation.

The **BOARD** considered and approved the proposed Capital Investment Plan for the current year.

The **BOARD** noted that the formula allocation for 2012/13 was likely to be no more than the allocation for the current year, but also noted that the allocation was likely to be supplemented by:-

- Proceeds from property sales, to be confirmed by Scottish Government;
- Capital resource released from the community health centre programme, on the assumption that the DBFM, revenue, option through HUB was confirmed following approval of the full business cases.

The **BOARD** noted the priority projects for which there was no capital allocation for the current financial year.

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

The **BOARD** noted the report.

19. **Board Executive Team Report**

Dr Ross Cameron drew the attention of the Board to the PMS update. He advised that one of the key elements of the Trakcare system was the Order Comms and reported that unfortunately this had been delayed beyond the end of 2011 due to a lack of capacity by the provider company.

Sheena Wright highlighted that under the Review of Community Nursing Workforce Group the implementation group had reached agreement with the exception of the UNITE union to confirm proposed establishments in community nursing. She advised that there had been no further dissent to the proposal and agreement had been reached to move forward. Edwina Cameron commented that UNITE had advised that they would continue to work with the organisation as it moved forward.

June Smyth advised that the Workforce Conference had taken place on 13 June and had been a successful event. Some of the outcomes had included agreeing key objectives around good communication with front line staff, good dialogue and debate with staff, moving to a normal planning cycle for workforce.

Julia Edey advised that the Counter Fraud liaison service had been approached to provide a session at the Workforce Conference and she understood that it had been successful.

Sheena Wright commented that with regard to the Healthcare Governance consultation the process had been paused due to a variety of reasons, however it had now been restarted. She advised that Iris Bishop would email the Board a copy of the consultation and that it could also be found on the NHS Borders Intranet.

The **BOARD** noted the report.

20. **Statutory and Other Committee Minutes**

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

21. **SCAN Annual Report**

The **BOARD** noted the SCAN Annual Report for 2009/10.

22. **Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 4 August at 3.00pm in the Tait Hall, Kelso.

The meeting concluded at 4.50pm.