

Minutes of a meeting of the **Borders NHS Board** held on Thursday 2 October 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	Mrs E Cameron
Dr D Steele	Dr S MacDonald
Mr J McLaren	Mrs E Rodger
Mrs K McNicoll	Mrs C Gillie
Mrs P Alexander	Mr D McLuckie
Cllr C Bhatia	

In Attendance:

Miss I Bishop	Dr C Sharp
Dr E James	Mr S Whiting
Mr P Lunts	Mrs J Stephen
Mrs J Scott	Dr B Magowan
Mrs C Oliver	Dr A Mordue
Mrs S Manion	Mr W Shaw
Mrs F Doig	

1. Apologies and Announcements

Apologies had been received from Dr Stephen Mather, Dr Eric Baijal, Mr Alasdair Pattinson and Dr Jonathan Kirk, Dr Hamish McRitchie.

The Chair confirmed the meeting was quorate.

The Chair welcomed Dr Alan Mordue, Consultant in Public Health who was deputising for Dr Eric Baijal, Dr Brian Magowan, Consultant in Maternity Services, and a range of other attendees to the meeting.

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.

The **BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 7 August 2014 were approved.

4. Matters Arising

4.1 Standing Item: The **BOARD** agreed to remove the Standing Item of Community Planning Partnership Audit in Scottish Borders from the action tracker.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Mrs Evelyn Rodger introduced Dr Brian Magowan who gave the first highlight presentation to the Board which had previously been agreed as a new format at the Strategy & Performance Committee. Dr Magowan presented on the testing and implementation of the new initiative the Safe Assessment Form to Evaluate Risks within the Obstetric Department. He spoke of the rationalisation of charts from several into one and its electronic make-up. The new format gave a management plan for the individual that was generated from the input information instead of staff having to manually work out calculations.

The Chairman enquired if it could be rolled out to other Clinical Boards. Dr Magowan advised that it was intended to see if it could be incorporated into Trakcare and reminded the Board that sole purpose of the form was to make things safer.

During the discussion several key points were made including: applicability across nursing assessments and other areas; simplifying case note reviews; potential use across specialties; potential standardising for use through IM&T; computer programme base and printout put in maternity record;

Mrs Karen Hamilton enquired if there was a risk in updating the notes and not the IT system. Dr Magowan explained that the computer programme had to be updated so that the outcome could be printed from the spreadsheet.

Mrs Rodger advised that the maternity team had been presented with the best patient safety storyboard at the national Maternity Quality Improvement Collaborative.

In discussing the Board Clinical Governance & Quality update Mrs Rodger highlighted:

- Another successful application for a Scottish Patient Safety Fellowship (SPSF).
- The significant improvement in reducing cancellation of executive walkrounds and inspections.
- The positive feedback of Health Care Improvement Scotland (HIS) regarding our management of Adverse Events.
- The successful application for a Health Foundation Award which will lead to improvements in patient safety and care of older people.
- The papers considered by the Shadow Integration Board in relation to Clinical and Care Governance.

- The submission of NHS Borders Older People in Acute Hospital (OPAH) self assessment to HIS.

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

6. Healthcare Associated Infection (HAI) Control & Prevention Update

Mrs Evelyn Rodger introduced Dr Ed James who gave an overview of the content of the HAI report.

Discussion focused on reassuring the Board that progress had been made with the ebola programme in regard to admitting patients with suspicious symptoms, recognizing the symptoms, isolation, transfer to national facilities; the take up of flu vaccinations and its regular reporting to the organisation.

With regard to hand hygiene, Mr Sam Whiting advised that the policy had been revised and relaunched to remind staff there was a zero tolerance approach to hand hygiene.

Mrs Rodger highlighted the plans to achieve the National target of 50% staff flu vaccination uptake.

The Chairman enquired about the HEAT target in relation to SABs. Mr James advised that the denominator for SABs remained of concern.

The **BOARD** supported staff flu vaccination and agreed to participate in internal promotion of the benefits of staff flu vaccination.

The **BOARD** noted the report.

7. Access to Treatment Report

Mr Philip Lunts highlighted the key issues within the report such as the deteriorating picture for in-patient and out-patient waiting times to provide assurance to the Board that the waiting times team were working robustly to deliver the waiting times standard.

Discussion focused on: progress with psychology waiting times; Stroke performance; revised pre-op assessment process; optimization of patients; physiotherapy workforce analysis and external review; improvement in the dermatology service with the recruitment to a second Dermatology Consultant.

Cllr Catriona Bhatia enquired about diagnostic performance and what happened if the target date was breached. Mr Lunts confirmed that the diagnostic test was the time from referral to the report and in terms of affecting the overall pathway it was part of the whole pathway.

Mr Lunts advised that the organization continued to perform well for cancer services with a 98.4% achievement rate for the last quarter.

Mr Calum Campbell advised the Board that the organization had received some unfair press coverage in regard to the breast screening programme and he assured the Board that the organization continued to perform exceptionally well in that area and that it had been clarified to the press.

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 ongoing challenges in Physiotherapy Waiting Times

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

8. Rehabilitation New Models of Care – An Update on Hydrotherapy Provision

Mrs Karen McNicoll gave an update on progress that had been made internally within the physiotherapy service as well as work undertaken with Borders Sport & Leisure Trust (BSLT).

Mrs McNicoll advised that she met monthly with the Borders Patient Action Group (BPAG) and was grateful for their interest and support in the work that was being undertaken.

Mr Warwick Shaw gave an update on the current status of progress with Scottish Borders Council on the use of Wilton Pool. He advised that the Jedburgh Leisure Facilities Trust remained enthusiastic and were incorporating an access ramp to their main pool as part of their routine maintenance and upgrade programme. Their potential for delivery of a new Hydrotherapy and Training Pool given the steps to be taken and processes to be followed was unlikely before December 2015.

Cllr Catriona Bhatia commented that she was disappointed that progress had been slow and offered assistance.

Mr Calum Campbell reminded the Board that the Chairman had been clear that everything would be done not to close the Hydrotherapy Pool ahead of the Jedburgh Pool being available and the organization would keep that under review and try to honour it. He emphasized it was important to look at the fabric of the Borders General Hospital and not to give a commitment that might not be able to be met.

The Chairman and Mrs McNicoll formally recorded their thanks to the BPAG who had been helpful in taking the work forward.

The **BOARD** noted the progress as outlined in the paper.

9. Borders Alcohol and Drugs Partnership (ADP) Annual Report 2013-14

Mrs Fiona Doig highlighted some key elements of the annual report including: statutory funded services, core outcomes, ministerial priorities and alcohol brief interventions.

The Chairman commented that the Naloxone kits was a success story and he understood there had been 28 kits issued and used so that many of the cases had saved peoples lives. Mrs Doig advised that potentially that was the case and the partnership continued to lead the way across Scotland.

During discussion several other issues were raised including: increased number of Naloxone champions in the community; anti natal brief interventions in relation to feotal alcohol syndrome; illicit and legal highs and impact on health and inequalities.

The **BOARD** noted the Annual Report.

10. Audit Committee

Mr David Davidson advised that the Audit Committee had confirmed the appointment of Pricewaterhouse Coopers for another 3 years as the organisation's internal auditors. He further advised the Counter Fraud Operational Group would in future deal with counter fraud papers and provide a summary report to the Audit Committee.

The **BOARD** noted the update.

11. Clinical Governance Committee

In Dr Stephen Mather's absence the Chairman read out his update under this item. The Clinical Governance Committee met on 10th September. A number of matters were discussed which would appear in the minutes for a future Public Board meeting.

Concern had previously been expressed at the poor take-up of manual handling courses and the potential relationship between that and staff sickness as a result of a moving & handling injury. The reasons for the poor take up were discussed and the Employee Director appraised the committee of the increased efforts to ensure greater attendance at future training courses.

A paper on blood transfusion had been presented at a previous meeting of the Clinical Governance Committee which had previously expressed serious concerns about a number of matters including staff training and failure to reach Key Performance Indicators. An update on progress had been presented by the chair of the Hospital Transfusion Committee who acknowledged that progress had been slow, largely relating to resources. Because of the potential risk to patient safety and the organisation's reputation, the matter had been placed on the risk register and further discussions would take place between the Director of Nursing & Midwifery, the Head of Clinical Governance & Quality and the chair of the Transfusion Committee to resolve the issues preventing progress on that matter.

The **BOARD** noted the update.

12. Public Governance Committee

Dr Doreen Steele advised that the Committee had focused its attention on integration and public engagement.

The **BOARD** noted the update.

13. Staff Governance Committee

Mrs Pat Alexander advised that the last meeting of the Committee had focused on 2 main items which were Health & Safety and national directives (iMatters) and their impact on staff governance.

The Chairman reminded the Board that following a Productivity and Benchmarking report into Health & Safety the Executive Team had been asked to commission an external review. He advised the external review had reported and wished to form a small group to oversee both reports and agree a way

forward on behalf of the Board. He suggested approaching both some Executive Directors and Non Executives to take the matter forward.

Mr John McLaren advised the Board of the current level of achievement for completion of the staff survey which was 51% compared to 31% being the average across Scotland. He advised the intention was to exceed the local target of 55%. Mr McLaren thanked the staff survey group for their commitment and the staff for engaging with the process.

The **BOARD** noted the update.

The **BOARD** agreed to a small short life working group being formed to review both Health & Safety reports.

14. Integration Shadow Board

Cllr Catriona Bhatia advised that the Integration Shadow Board had received a presentation on delayed discharges and had discussed a communication and engagement framework and financial exception reporting. She further advised that development sessions were being organized.

Mrs Susan Manion advised that a range of engagement sessions had been organized for October and November targeted at front line staff to outline the background to integration.

The **BOARD** noted the update.

15. Yearly Board Meeting Dates & Business Cycle

Miss Iris Bishop presented the Board business cycle for 2015. It was based on the same cycle of board meetings as previous years, ie the first Thursday of the month with the exceptions of February and June as detailed within the paper.

She confirmed that the cycle of Scottish Borders Council full council meetings had been taken into consideration in order to minimise any clash of meetings.

The **BOARD** noted and approved the Board Business Cycle and meeting dates schedule for 2015.

16. Board Committee Memberships

The Chairman presented the Board Committee memberships paper. It was noted that Dr Doreen Steele was now a member of the Community Planning Strategic Board, Mrs Karen McNicoll was now a member of the Clinical Governance Committee and Mr John McLaren was now a member of the Counter Fraud Operational Group.

The **BOARD** noted the revised membership of Non Executive members on Board Committees.

17. Financial Monitoring Report for the 5 month period to 31 August 2014

Mrs Carol Gillie advised that as at 31 August 2014 the Board was reporting a position of £1.5m in excess of budget. Expenditure budgets were cumulatively overspent by £1.6m and income budgets

were over-recovered by £0.1m. The rate of overspend had markedly reduced over the last two months as controls and actions were implemented. The key points to note in the month five position were: Borders General Hospital pressure areas continued to be medical staffing (£535k), nursing (£415k) and supplies (£197k). The External Healthcare Providers budget was reporting a £0.6m overspend, with the main pressure being UNPACS (£0.3m). The GP Prescribing budget was reported as £0.2m overspent at the end of month five. Income budgets were over-recovered by £0.1m overall at the end of August. The Board approved a balanced financial plan for 2014/15 which set a break even outturn for the year and that assumed £4.6m of efficiency savings would be achieved. At the end of August, the Board had withdrawn efficiency savings of £3.4m from budgets. Of the £3.4m released the recurring element was £2.4m against a target of £2.1m.

Mrs Gillie continued to report a year end break-even position.

Cllr Catriona Bhatia enquired about the levels of orthopaedic referrals from NHS Lothian given the financial and service risks. Mrs Gillie advised that there had been a reduced number of referrals received from NHS Lothian in the early months of the year and referrals in this area had now ceased.

Linked to the capital plan for 2014/15 Mr David McLuckie gave an update to the Board on the current car parking developments for car parks 2 and 3. He further advised that preparatory work had been undertaken with regard to theatre ventilation plans.

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

18. HEAT Performance Scorecard

Mrs Edwina Cameron presented the HEAT Performance Scorecard report and advised that performance was monitored closely throughout the organisation.

Dr Doreen Steele enquired if a short narrative could be made available to refer to the plans that were not on trajectory and how they would be addressed.

Mrs Pat Alexander enquired if the DNA rates were being addressed through text messages being sent to people. Mrs Cameron confirmed that text messages were being used.

Mr David Davidson noted the indication of costs for DNAs was £900k and sought to have it broken down into departments.

Cllr Catriona Bhatia enquired if for any young person under the age of 18, if their DNA was the responsibility of their parents. Mrs Jackie Stephen advised that responsibility was with whoever the letter/appointment had been sent to.

The Chairman noted the dementia figures were improving.

The **BOARD** noted the October 2014 HEAT Performance Scorecard (August performance).

19. Chair and Non Executive Directors Report

The Chairman outlined the changes to Board governance arrangements in regard to new Non Executive and Executive appointments. He mentioned the community planning strategic board and young persons guarantee and had given a strong indication that NHS Borders would want to support it.

The **BOARD** noted the report.

20. Board Executive Team Report

The **BOARD** noted the report.

21. Statutory and Other Committee Minutes

The **BOARD** noted the minutes.

22. SEAT Annual Report

The **BOARD** noted the SEAT Annual Report 2013-14.

23. Any Other Business

23.1 IM&T Issues: Mrs Jackie Stephen reported to the Board on an incident that had occurred which had affected various IM&T clusters. Some 21 applications had been affected with a loss of service. She advised that the resilience of the system was such that it should be able to withstand up to 3 hard disc failures. There had been 2 hard disc failures and the resilience system had not occurred and the service had gone into disaster recovery.

Mrs Stephen advised that following the incidents the service had learnt about its processes and had commissioned an external review on the hardware.

Mr David Davidson asked that Mrs Stephen provide the resilience committee with an update on what had happened and how it had been solved and what the triggers were for the future.

Mr Calum Campbell advised that an external review should be commissioned by the Resilience Committee.

The **BOARD** noted the update.

23.2 Directors Responsibilities: Mr Calum Campbell advised the Board that there had been some internal reorganization of responsibilities for Directors: Mrs Susan Manion, Chief Officer had taken on responsibility for the jointly managed services as well others that came under the integration remit; Mrs Carol Gillie would include the Procurement function within her portfolio of responsibilities and Mrs Jane Davidson had taken Pharmacy into her portfolio. Mr Campbell further advised that Mr McLuckie would be retiring at the end of December and discussions were taking place regarding arrangements for that department.

The **BOARD** noted the update.

24. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 4 December 2014 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 5.15pm.

DRAFT