

Minutes of a meeting of the **Borders NHS Board** held on Thursday 4 December.2014 at 3.00pm in the Board Room, Newstead.

**Present:**

Mr J Raine	Mr C Campbell
Mrs K Hamilton	Mrs C Gillie
Mr D Davidson	Mrs J Davidson
Dr D Steele	Mrs E Cameron
Mr J McLaren	Dr S MacDonald
Dr S Mather	Dr E Baijal
Cllr C Bhatia	Mrs E Rodger

**In Attendance:**

Miss I Bishop	Dr C Sharp
Mr G Arkley	Mrs S Manion
Mr P Lunts	Mr T Cameron
Mrs S Pratt	

## **1. Apologies and Announcements**

Apologies had been received from Mr David McLuckie, Mrs Karen McNicoll, Mrs Pat Alexander, Dr Hamish McRitchie and Dr Jonathan Kirk.

The Chairman confirmed the meeting was quorate.

The Chairman welcomed Gary Arkley, who was deputising for Mr McLuckie at the meeting.

The Chairman recorded the formal thanks of the Board to Mr Calum Campbell for his dedication and support to the organization and wished him well in his new appointment as Chief Executive of NHS Lanarkshire.

The Chairman recorded the formal thanks of the Board to Mr David McLuckie for his dedication and support to the organization and wished him well in his retirement.

The Chairman recorded the formal congratulations of the Board to the Huntlyburn Team and also to Mrs Jane Davidson with the wider system teams for their success at the Scottish Health Awards. He further thanked Mrs Davidson for committing to the Interim Chief Executive appointment of the organisation from 1 January 2015.

The Chairman commented on the recent press activity in regard to community hospitals. Mr Calum Campbell and Dr Sheena MacDonald reiterated to the Board the need to be true to the principles of the Clinical Strategy and the commitment made to review all of NHS Borders services against those principles.

The **BOARD** were disappointed with the recent media activity that had taken place and were keen that all staff were fully engaged with to ensure unnecessary anxieties were addressed.

The **BOARD** requested a review group be formed to review services against the Clinical Strategy, with a clear remit, timescale, engagement plan and methodology.

## **2. Declarations of Interest**

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

The **BOARD** noted there were none pertaining to times on the agenda.

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

The minutes of the previous meeting of the Borders NHS Board held on 2 October 2014 were approved.

## **4. Matters Arising**

**4.1 Naloxone:** Dr Eric Baijal confirmed a press release would be drawn up and released in relation to the number of kits issued and lives saved.

The **BOARD** noted the action tracker.

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

Mrs Evelyn Rodger introduced the report stating that this paper combined with the HEAT Performance Scorecard provided the Board with a clear line of sight from frontline services to the Board. In particular she noted and highlighted: the positive consistency around HSMR being in line with the control limits; the Margaret Murphy visit to the Board from the World Health Organisation (WHO) and that the evaluation report from that event had seen it as being well received. She advised that the adverse event management process was maturing to the point where a Significant Adverse Event Review (SAER) that had recently taken place had resulted in a member of the Non Executive Team being included in a meeting with the family concerned. She emphasised that maturity and an increasing research portfolio were indications of a highly performing organisation.

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

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

Mrs Evelyn Rodger introduced the report and advised that from a Clostridium difficile infection (c.diff) perspective the last case recorded had been on 1 December whereby the patient had been admitted with c.diff and the last recorded case of acquiring c.diff in hospital had been 20 November 2014 and the last deceased patient with c.diff recorded in 1A on the death certificate had been 2 July 2014. She advised the Board that all cases whereby c.diff was noted on the death certificate were subject to a significant adverse event review. She emphasized that there were no known cases of cross transmission of c.diff and there was no records of NHS Borders ever having had a case of cross transmission of c.diff.

Dr Stephen Mather noted the difficulties with the Staphylococcus Aureus Bacteraemia (SAB) target given the way it was counted. He enquired if there was any movement in the Scottish Government towards separating the secondary care target from the community target. Mrs Rodger advised that the target would not be changed at present, however she understood there would be a review of future targets in relation to SABs.

The **BOARD** noted the report.

## **7. Vale of Leven Hospital Inquiry**

The Chairman introduced the published report and advised that a gap analysis against the recommendations was currently being undertaken. The subsequent action plan would be submitted to the Strategy & Performance Committee on 15 January 2015 ahead of submission to the Scottish Government by its deadline of 19 January 2015.

The Chairman enquired if the service reviewed the Health Improvement Scotland (HIS) reports highlighting the recent report into NHS Grampian. Mrs Evelyn Rodger confirmed that all HIS reports were scrutinized by the service in relation to any learning outcomes and opportunities.

The **BOARD** noted the recommendations contained within the Vale of Leven Inquiry Report.

The **BOARD** noted that the final submission of an Action Plan would be given to the Strategy & Performance Committee on 15 January 2015.

## **8. Access to Treatment Report**

Mr Philip Lunts highlighted several key elements including: inpatient stage of treatment standards were improving; all ENT patients who had exceeded the target were treated; outpatients the position was deteriorating and would continue for a while however he assured the Board that it was being addressed; diagnostics there had been a sharp increase in patients waiting over 4 weeks for ultrasounds and a temporary fix had been put in place; in the Emergency Department flow 1 and flow 3 were both improving, flow 2 remained a challenge.

Discussion focused on the delivery of colonoscopy services and the use of advanced nurse practitioners and colonoscopists, as well as publicity around patients understanding their need to be medically fit for an operation.

The **BOARD** noted the ongoing challenges associated with scheduled care in particular the TTG and Outpatient Stage of Treatment standards and the work to address these

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

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

## 9. Winter Plan 2014/15

Mr Tim Cameron introduced the Winter Plan and highlighted some key elements including: additional bed capacity for the winter period; spot purchase of flex beds in care homes; surge capacity at 15% in addition to the normal foot print; creating in patient capacity and a test of an assessment unit led by Dr Jonathan Kirk.

Discussion focused on a communications plan for the festive period signposting people to the pharmacy, GP and NHS 24 services; working closely with the occupational health service to assist staff back to work and reviewing vacancies during the winter period.

Mrs Jane Davidson thanked Mr Cameron for his contribution and management of the winter plan process and advised that he had secured a service management position at NHS Lothian in the New Year. She congratulated him on his success to date.

The Chairman formally recorded the thanks and congratulations of the Board to Mr Cameron.

The **BOARD** approved the draft NHS Borders Winter Plan 2014/15.

## 10. Update on Out of Hours Primary Care

Dr Sheena MacDonald briefed the Board on the background to the current configuration of out of hours primary care services and the significant changes that had been made as a consequence of introducing a new service model. She highlighted that the Scottish Health Council had supported the direction of travel taken by NHS Borders in this regard.

Dr Stephen Mather noted the changes that had been made and enquired if the Scottish Government were inclined to offer inducements to encourage doctors to work in remote and rural areas. Dr MacDonald advised that the Scottish Government were scrutinising the redesigned service model with a view to rolling it out to other Health Boards in Scotland. She emphasized that the problems faced by NHS Borders were now being faced by other Health Boards and not just those that were remote and rural.

During discussion several key points were raised including: the potential to develop links across to day time working and not just limit to out of hours services; encouraging GPs to work in remote and rural areas; positive partnership working throughout the redesign process; engagement with Community Councils and frequent press releases to the press.

Mr. David Davidson enquired if the redesigned service satisfied the Deanery in terms of out of hours trainees. Dr MacDonald advised that she considered the service to be sustainable and was encouraged by the positive feedback received from out of hours trainees. She further commented that a considerable number of out of hours trainees were asking to undertake their training at NHS Borders as they felt more supported in the new model.

Mr. Calum Campbell advised that the current service was a business continuity model of working from a single site. He enquired if the Board wished to pursue it as a core model of service subject to the four requests being met from the Scottish Health Council, namely: carry out an Equality Impact Assessment

and taking forward appropriate actions; engagement with the Community Councils; continued engagement with the Public Reference Group; and gather and review patient feedback on the out of hours service.

The **BOARD** agreed to continue with the four requests made by the Scottish Health Council.

The **BOARD** agreed to receive a paper early in the New Year which would detail recommendations on how the current business continuity model might be established as the standard operating model.

## **11. Prescribing Shortlife Working Group**

Dr Stephen Mather advised the Board that the shortlife working group had met 3 times and had identified some clear savings within the prescribing domain. Dr Mather sought the endorsement of the Board to support GPs to progress with prescribing reviews of patients.

A discussion ensued which focused on: patient safety in regard to the health of the population at large; political and public expectation and judgement; and the effectiveness of the agreement of the Board to support GPs to change the statin threshold.

Mr David Davidson commented on the success of moving the gluten free service away from GPs and across to Pharmacists and he suggested time be given to evaluate all of the projects that were currently being undertaken. He further reminded the Board that certain drugs were replacement therapies as opposed to treatments.

The **BOARD** noted the update.

The **BOARD** endorsed the proposals as outlined within the paper.

The **BOARD** endorsed their support to GPs in their endeavours to rationalise and ensure patients have a safe drug regime.

The **BOARD** agreed to continue the shortlife working group.

## **12. Primary Care Premises Modernisation Programme**

Mrs Sandra Pratt gave an overview of the content of the paper.

During discussion several issues were raised including: regular contractual visits to GPs ensuring a continual dialogue around premises issues; NHS Borders staff located within some health centre facilities; priorities for premises to be included in the capital plan for the next 3-5 years; and inclusion of health centre facilities in Scottish Borders Council (SBC) policy on planning gain.

Cllr Catriona Bhatia enquired about linking to the Scottish Borders Council local plan. Mrs Pratt confirmed that there were linkages to the Planning Department at SBC and liaison took place around housing allocation and projections, indications of growth and the need to support health services to expand through possible developer gain.

The **BOARD** noted the work completed to date, in the preceding years and in the current financial year to develop and improve Primary Care facilities across NHS Borders.

The **BOARD** noted the ongoing work within the Primary Care Modernisation Programme which aimed to offer appropriate solutions at the four Band 1 sites and proposals for a second phase of the Programme at the two Band 1A sites.

*The Chairman left the meeting.*

### **13. The Establishment of the Integrated Health and Social Care Partnership Arrangements in the Scottish Borders**

Mrs Susan Manion explained the context of the paper and the aim of integration to be used as a lever for change. She outlined the model of integration that both the Board and Scottish Borders Council had chosen and the functions to be delegated. Mrs Manion detailed the next steps in order to achieve an agreed Integrated Scheme by 31 March 2015. Whilst the Integrated Joint Board would become a legal entity following the laying of a Parliamentary order it would not be able to take on the devolved functions until the Strategic Plan was formally agreed. Mrs Manion advised that the draft Strategic Plan would be available from April 2015 and the expectation was for it to be completed by October 2015.

Dr Eric Baijal drew the Board's attention to paragraphs 3.5 and 5.4 of the paper. He further advised that the locality work that was underway would allow some work in priority areas to make changes on the ground and provide people with experiences in a positive way.

Mrs Manion advised the Board of the positive and helpful feedback that had been gained from staff across both NHS Borders and Scottish Borders Council through the engagement sessions that had been held.

The **BOARD** noted the key elements required to be in place to establish the integrated health and social care arrangements in the Scottish Borders and noted the timescales as outlined.

### **14. Draft Health & Social Care Integration Scheme**

A discussion ensued in regard to the draft integration scheme and several comments were made including: governance structures and arrangements to cover the functions delegated to and to support the Integration Joint Board; membership of the Integration Joint Board; Audit Committee requirements of the Integration Joint Board;

Mrs Susan Manion advised that the detailed work in mapping out how integration would work through describing the operational arrangements would be taking place during the period of consultation. That detail would be contained within the appendices to the Integration Scheme and would provide the Scottish Government with the evidence it required that the legal requirements were being met.

Mr John McLaren suggested seeking a place for one staff side representative from each of the parent organisations to be non voting members of the Integration Joint Board. Currently the Chair of the Joint Staff Forum was the staff side representative on the Integration Shadow Board.

Mrs Manion commented that the latest guidance suggested that it could be more than one staff side representative. Mr Calum Campbell suggested the issue be fed in during the consultation period.

The **BOARD** gave approval to proceed to consult on the Draft Integration Scheme.

#### **15. Audit Committee**

Mr David Davidson advised that the next meeting of the Audit Committee was scheduled for Monday 15 December and on Tuesday 9 December there would be an annual visit from the Counter Fraud Service to NHS Borders.

The **BOARD** noted the update.

#### **16. Clinical Governance Committee**

Dr Stephen Mather advised that he had proposed to increase the number of Clinical Governance Committee meetings and align them closer to the Board meeting. The last meeting of the Committee had been suspended as the members had attended the Scottish Patient Safety Programme event in Edinburgh.

The **BOARD** noted the update.

#### **17. Public Governance Committee**

Dr Doreen Steele advised that the last meeting of the Public Governance Committee had focused on Integration. The Committee were due to meet again the following week.

The **BOARD** noted the update.

#### **18. Staff Governance Committee**

Mr John McLaren advised that the Staff Governance Committee had met earlier that week and the main items discussed had been car parking, staff survey, staff engagement and integration, training and the yearly workplan for the Committee.

The **BOARD** noted the update.

#### **19. Integration Shadow Board**

Cllr Catriona Bhatia gave an update to the Board from the last Integration Shadow Board and highlighted several key points including: agreement to 5 localities for planning purposes; presentation on the Scottish Borders Arms Length Organisation (ALO); agreement that a member of the Integration Joint Board would be appointed to the (ALO) strategic governance group to scrutinize the operation of the ALO; and that the next meeting was due to take place the following Monday where a presentation the Integrated Care Fund was the main agenda item.

The **BOARD** noted the update.

## **20. Financial Monitoring Report for the 7 month period to 31 October 2014**

Mrs Carol Gillie reported an outturn of £1.7m in excess of revenue budgets seven months into the financial year and a projected breakeven position on revenue and capital at the year end.

Dr Stephen Mather enquired about the control of patient referrals to NHS Lothian. Mrs Gillie confirmed that a referral hub had been set up in NHS Borders to assess and review GP referrals to NHS Lothian. She advised that there was now an agreement in principle that any Borders patients that NHS Lothian wished to refer on within NHS Lothian should be referred back to NHS Borders in the first instance where clinically appropriate.

Further discussion focused on: signing of the NHS Lothian contracts in the New Year and a new agreed methodology for agreeing SLAs earlier in the financial year in the future; capacity offered to NHS Lothian and not taken ; consequences of not achieving financial balance by the end of the financial year; and the involvement of finance in the integration programme of work.

*Mrs Evelyn Rodger left the meeting.*

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

## **21. HEAT Performance Scorecard**

Mrs Edwina Cameron detailed organisational performance.

Dr Stephen Mather sought the inclusion of reporting on poor performance within the report.

Dr Doreen Steele suggested linking the DNA work to Human Factors elements to explore how that might impact.

Mr David Davidson enquired about recording Did Not Attends (DNAs) on patients records. Mrs Jane Davidson confirmed that DNAs were recorded on patients records.

The **BOARD** noted the December 2014 HEAT Performance Scorecard.

## **22. Managing Our Performance Mid Year Report 2014/15**

Mrs Edwina Cameron reported on progress during the first six months of 2014/15 on the full range of HEAT targets and other key priority areas for the organisation.

The **BOARD** noted the 2014/15 Mid Year Managing Our Performance Report.

## **23. Property & Asset Management Strategy**

Mr Gary Arkley advised the Board that the Property & Asset Management Strategy (PAMs) was fundamental to the development and monitoring of support services provided through the management of Estates, IM&T, etc. He advised that it was the third annual PAMs document and had a direct impact on patient safety and the quality of care that the organisation provided to its patients.



The main items raised during discussion included performance in regard to back log maintenance and income generation through the laundry and dry cleaning services.

The **BOARD** approved the contents of the Property & Asset Management Strategy for 2014/15.

**24. The Director of Public Health's Annual Report 2013/14**

Dr Eric Baijal gave an overview of the Annual Report and highlighted connecting people; working in partnership with local communities; health inequalities and integration opportunities.

Cllr Catriona Bhatia enquired about the language used in relation to describing communities and how the communities themselves had been involved. Mr John McLaren confirmed that he was aware that at least one of the communities had been involved in a workshop in their area and was actively working with public health services and supportive of the outcomes from their workshop.

The **BOARD** noted the planned forward work in the Director of Public Health's Annual Report for 2013/14 in response to the previous consultation.

The **BOARD** endorsed the action plan.

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

The **BOARD** noted the report.

**26. Board Executive Team Report**

Mr Calum Campbell advised that he had been asked to join the national Public Health Review.

Cllr Catriona Bhatia suggested inviting the new Cabinet Secretary for Health & Wellbeing to visit the Scottish Borders. Dr Doreen Steele agreed to raise the suggestion with the Chairman.

The **BOARD** noted the report.

**27. Statutory and Other Committee Minutes**

The **BOARD** noted the committee minutes.

**28. Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection (MAPPA) Self-Evaluation**

The **BOARD** noted the report.

**29. Quality of Care Reviews Design Panel**

The **BOARD** noted the report.

### **30. Any Other Business**

**30.1 Interim Arrangements:** Mrs Jane Davidson briefed the Board on the organizational interim arrangements.

**30.2 Area Forums:** Mr Calum Campbell advised that he would ask the Chairman to decide on who should be present from the Board at the Area Forums for the coming year. Cllr Catriona Bhatia advised that she would pursue the formal recognition of Borders NHS Board members as members of the Area Forums and seek approval from the Community Councils to recognize the Area Forums as the formal engagement mechanism for NHS Borders to engage with local communities.

*Karen Hamilton left the meeting.*

**30.3 Risk Health & Safety:** Mr Calum Campbell advised that he had been in receipt of a letter from a Union with regard to the Risk Health & Safety review. He had met the union and the Risk Health & Safety Team and had agreed that the Risk Health & Safety Team would be invited to meet with the Board's Shortlife Working Group.

The **BOARD** noted the updates.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 19 February 2015 at 3.00pm in the Board Room, Newstead.

*The meeting concluded at 6.10pm.*