

Minutes of a meeting of the **Borders NHS Board** held on Thursday 19 February 2015 at 3.00pm in the Board Room, Newstead.

Present:

Mr J Raine	Mrs J Davidson
Mrs K Hamilton	Mrs E Rodger
Mr D Davidson	Mrs E Cameron
Dr D Steele	Dr S MacDonald
Mr J McLaren	Dr E Bajjal
Dr S Mather	Mrs C Gillie
Mrs P Alexander	Mrs S Manion
Cllr C Bhatia	

In Attendance:

Miss I Bishop	Dr C Sharp
Dr J Kirk	Ms N MacDonald
Mrs S Errington	Ms L Cullen
Mr W Shaw	Mrs J Douglas
Mr E Witkowski	Mrs L Jones
Mr C Sinclair	Mr S Whiting
Mrs A Wilson	Mr P Lunts

1. Apologies and Announcements

Apologies had been received from Mrs Karen McNicoll, Mrs Jackie Stephen and Dr Hamish McRitchie.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of 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 4 December 2014 were approved.

4. Matters Arising

4.1 Any Other Business: Minute 30.2: Area Forums: Cllr Catriona Bhatia agreed to pursue the issue of formal recognition of NHS Borders within the Scottish Borders Council Scheme of Administration in regard to utilising the Area Forums as the formal engagement mechanism with Community Councils.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Mrs Laura Jones introduced the report and highlighted the following elements: 10 patient safety essentials now embedded as core practice; progress being made in new patient safety pilot areas; significant adverse event review process; expansion to research portfolio; forthcoming innovation interview for further health foundation projects; best performing Board across Scotland in regard to patient feedback and complaints performance; and participation standard and improvement work being developed in 2 areas in regard to patient flow.

During discussion several issues were raised including; impact of the new complaints procedure on the current procedure; commendations and the spike in December 2013; recruitment of volunteers; and improvements with patient satisfaction and what matters to patients and family through the patients care pathway.

Mrs Karen Hamilton enquired about the improvements being progressed to reach a zero delayed discharge position. Mrs Jones advised that work was being undertaken with the Red Cross and Scottish Borders Council in regard to accessing intermediate care and flex beds and developing a discharge hub with the aim of reaching and sustaining zero delayed discharges.

The Chairman welcomed the initiatives on volunteering and having a volunteer management training programme for staff.

The **BOARD** noted the Clinical Governance & Quality Report.

6. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting and Ms Natalie MacDonald highlighted some key areas within the report including reduction in SAB cases and figure 8 cleaning compliance.

During discussion several issues were raised including: training with supervisors for cleaning audits; legionella policy managed by Estates Department and flushing of water outlets for 2 minutes every day; Dr Eric Baijal championed the work of and pride domestics took in their work; ten critical moments of hand hygiene; Executive leadership walkrounds; peer review system of staff cross inspections; surgical site infection action plan; supporting patient hand washing; and infection control precautions and allocation of single rooms.

Dr Stephen Mather enquired about tackling antimicrobial compliance in community hospitals. Mr Whiting confirmed that progress had been made in regard to education and training, a briefing paper

had been issued to all Hospital Superintendent GPs to remind them of issues of antimicrobial stewardship and policies, and audits were being organized.

The **BOARD** noted the report.

7. Older People in Acute Hospitals (OPAH) Update

Mrs Evelyn Rodger gave an overview of the update confirming that each ward had undertaken a self assessment against the OPAH standards; an action plan had been formulated and was being progressed and Inspector master classes had been organized.

The **BOARD** noted the update on progress.

8. Access to Treatment Report

Mr Philip Lunts highlighted some key areas within the report including: positive improvement for in patient stage of treatment standards; challenges of impact of extreme acute medical pressures over January 2015; cancellation of operative procedures and incorrect treatment time guarantee dates due to a data system error.

During discussion several issues were raised including: recruitment rates and short term contracts for physiotherapy staff; establishing appropriate staffing levels for specialties; working through capacity plans; management of demand and reduction in referrals to the physiotherapy service; high number of locums in physiotherapy and increasing staff numbers in that service, whilst balancing flexibility in the workforce to redesign elements of the service to meet the demands of the future; continual review of workforce models and plans in light of demand and capacity; and introduction of skill mix through the productivity and benchmarking process.

Dr Doreen Steele commented that ENT demand appeared to be increasing and she enquired if it had been reviewed. Mr Philip Lunts responded that it was modeled on a sustainable basis and with a focus on balanced capacity and demand.

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 particular issues that will affect TTG performance for January - March 2015

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

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

9. Clinical Strategy – Health in Your Hands

The Chairman reported that he had received a Petition with in excess of 4000 electronic signatures. He commented that a substantial number of people had signed the petition urging the Board not to close the Community Hospitals. He reiterated that the closure of Community Hospitals had never been spoken of previously.

The Chairman introduced the report saying it was comprehensive and set the organisation on the road to review clinical services. A review was necessary in order to establish how services might need to change to meet the needs of a population that was ageing and increasingly dependent upon health services and also how best to achieve Scotland's 2020 vision that everyone should be able to live longer healthier lives at home or in a homely setting. The review would look at different models of care and service delivery identifying examples of good practice from elsewhere. The review would be clinically led.

It was unfortunate that the review had been hijacked by suggestions that community hospitals would be closed. There was no plan to close community hospitals and no hidden agenda. The Chairman drew attention to that part of the Executive Directors report which stated: 'Our community hospitals are integral and important to the way in which we deliver care to our patients and will continue to be so as we move forward.'

Mrs Stephanie Errington highlighted some key areas within the report including: paper produced with input from a number of key clinicians; paper developed from the commitment the Board made to the public in 2014; commencement of review focused on in-patient services, day hospitals and community services; any outcomes would emphasise the need for new models and see patients as partners in their healthcare and not just users.

Mrs Jane Davidson emphasized the need to engage with staff and patients and the public to propose and adapt to new models of care where appropriate.

Dr Sheena MacDonald reinforced the need to ensure the organization had sustainable quality services for the future.

Dr Jonathan Kirk advised that he completely supported the review and emphasized the need to put in place better alternatives that would provide continuous sustainable improvements to the care of the patient in the right place at the right time.

Mrs Evelyn Rodger commented that Nurses, Midwives and Allied Health Professionals (AHPs) could support the principles as training advanced practitioners would take time.

Dr Eric Baijal noted that the review was part of a major transformational programme.

Discussion then encompassed a range of views and reflections including: engagement with staff at the community hospitals given the level of anxieties that had been raised due to the media coverage; training of medical and non medical prescribers; timescales and resources; preventive and anticipatory care transition; health and social care levers for change and key themes of the integrated care fund;

Mrs Alison Wilson commented that the Area Clinical Forum were fully supportive of the review.

The Chairman thanked the Board for the discussion and commented that it had been helpful, constructive and encouraging.

The **BOARD** discussed and approved the commencement of a review of NHS Borders Inpatient Services.

10. Rehabilitation of New Models of Care

Mr Warwick Shaw highlighted some key areas within the report including: working with Borders Patient Action Group on accessing the vacant time at the Hydrotherapy pool at Borders General Hospital; and working with Borders Sport and Leisure Trust for the provision of steps at four pools.

The Chairman commented that the continued work with Jedburgh Leisure Trust was important in order to help them to secure their bid for funding.

Mr David Davidson enquired if hydrotherapy would be part of the Clinical Services Review.

Mrs Jane Davidson confirmed that the Clinical Services Review was about in patient services and whilst this would not be a part of that review in the first instance, it would feed into it through the complimentary section.

Mr Davidson enquired about the length of contracts and Mr Shaw advised they would be short term 3 month contracts.

Dr Doreen Steele enquired about the previous concerns regarding the cleaning schedule for usage of the pool by external groups. Mr Shaw advised that there were no implications as cleaning of the pool was undertaken during the out of hours period and the contract for usage was valid for in hours usage only.

The **BOARD** noted progress as outlined in the paper and approved the hire of the pool as described.

11. NHS Borders 2014/15 Festive Period Report

Mrs Evelyn Rodger highlighted some key areas within the report including: increases in activity; implementation of connected care programme; introduction of surge beds to increase bed capacity; 12.4% increase in attendances at the Emergency Department and 20% increase in Medical Admissions and negative impact on achieving Emergency Access Standard; and a 50% increase in Delayed Discharges.

During discussion several issues were raised including: improving resources available in the community whether through using independent contractors or other mechanisms; drop in centres; radio campaign to redirect people; validity of 4 hour Accident & Emergency (A&E) target in terms of quality of care; postcode analysis for A&E attendances; positive performance of GP Out of Hours service; presentation by age, illness and acuity; discharges looked at daily and movement towards criteria lead discharges; use of specialist nurses with prescribing ability and extended hours enhanced services within the GP contract (focus on week days); and discussions taking place with pharmacist prescribers to be available on Saturday mornings.

The **BOARD** recorded its congratulations to the Staff and GPs for their dedication over the festive period and asked that Mrs Jane Davidson convey the Boards' appreciation.

The **BOARD** noted the 2014/15 Festive Period Report, the performance of the system during this period and the outline recommendations for future winter planning

The **BOARD** noted a full Winter Period Report would be brought to the next Board meeting.

12. Delayed Discharges

Mrs Susan Manion highlighted some key areas within the report including: moving from a 4 week to a 2 week target in April 2015; impacts on occupied beds days and access to home care; and looking at step down facilities and dedicated social workers.

Dr Jonathan Kirk enquired about status compared to the rest of NHS Scotland. Mr Ed Witkowski advised that progress was being made across all the mainland Health Board with NHS Dumfries & Galloway being the best. He advised that NHS Borders had made good progress and towards to the top end of the quartile for performance.

Mrs Jane Davidson commented that the partnership working between Jane Douglas and Ed Witkowski had driven the improvements made locally and moved the focus from a system delayed discharge to the person and their delay.

The **BOARD** noted the report.

The **BOARD** agreed to receive a presentation on the inbuilt delays within the system at a future Board Development session.

13. Protocol for the Management of Individual Patient Funding Requests (Extra Contractual Referrals)

Dr Sheena MacDonald gave an overview of the content of the paper.

The **BOARD** approved the proposed changes.

14. Public Health Review

Dr Eric Bajjal highlighted some key areas within the report including: engagement events in March and April; broadening of public health practice; and proposed response submission to the Community Planning Strategic Board.

The **BOARD** noted the progress of the national review of Public Health in Scotland.

15. Audit Committee

Mr David Davidson advised of the forthcoming Audit Committee and the focus on the financial year end.

The **BOARD** noted the update.

16. Clinical Governance Committee

Dr Stephen Mather advised that the Committee had looked at the transfusion situation and improvements that had been made in regard to training and delivery.

The **BOARD** noted the update.

17. Public Governance Committee

Dr Doreen Steele reported that the last Committee meeting had focused on volunteering and the work of the Healthy Living Network.

The **BOARD** noted the update.

18. Staff Governance Committee

Mr John McLaren advised of the forthcoming meeting and highlighted that the committee workplan had been agreed, presentations on imatter were being given throughout the organization for Cohort 1, and the staff survey results had been received and would be analysed.

The **BOARD** noted the update.

19. H&SC Integration Shadow Board

Cllr Catriona Bhatia advised that the main items of business had been establishing the Strategic Planning Group, discussion of the Integrated Care Fund and approving a series of public communication and engagement events.

The **BOARD** noted the update.

20. 2014 Annual Review of the NHS Borders Code of Corporate Governance

Miss Iris Bishop confirmed that the Code of Corporate Governance Steering Group had completed the required annual review as requested by Borders NHS Board. The Audit Committee had reviewed the findings and recommended that Borders NHS Board approve the refreshed Code of Corporate Governance.

A discussion ensued which focused on the need to ensure equality and diversity impact assessments were clearly undertaken and recorded for all Board papers.

The **BOARD** noted that there were no further revisions to the Code of Corporate Governance and approved the current refresh.

The **BOARD** agreed to remind itself of its obligations under the new Members Code of Conduct.

21. Health & Social Care Integration Scheme

Mrs Susan Manion gave an overview of the content of the paper.

The **BOARD** delegated authority to the Chairman and Chief Executive to approve the finalised Scheme of Integration for submission to Scottish Ministers by 31 March 2015.

The **BOARD** noted that it would receive a report at the Strategy & Performance Committee meeting on 5 March 2015 regarding the disbandment by 31 March 2015 of the Community Health & Care Partnership (CH&CP).

22. Integration of Health & Social Care – Establishing a Strategic Planning Group

Mrs Susan Manion gave an overview of the content of the paper.

Cllr Catriona Bhatia commented that the paper had been discussed at the Health & Social Care Integration Shadow Board and at Scottish Borders Council meeting. Following the Scottish Borders Council meeting it was suggested that District Nurses be included in the membership of the Group and that 2 representatives from the Joint Staff Forum should also be included.

Mrs Karen Hamilton enquired where the Strategic Planning Group sat in relation to the Public Partnership Forum and the Patient Representative Group. Mrs Manion advised that the group was part of the overall governance structure to assist the Health & Social Care Integration Shadow Board.

The **BOARD** approved the recommendation of the Integration Shadow Board to establish the Strategic Planning Group in support of the local Integration of Health and Social Care arrangements.

23. NHS Borders Annual Review Letter

The **BOARD** noted the Annual Review Feedback Letter for 2013/14 and the key action points.

Mr John McLaren, Dr Eric Baijal, Mrs Susan Manion, Cllr Catriona Bhatia left the meeting.

24. Risk Management Policy

Mrs Evelyn Rodger gave an overview of the content of the paper.

Mr David Davidson sought assurance that as reviews proceeded there was an opportunity to update the documentation. Mrs Rodger confirmed that was the case.

Mrs Pat Alexander enquired about the various interim changes in management structure and how they would be reflected. Mrs Rodger advised that the policy had been agreed prior to the interim management changes. Mrs Carol Gillie clarified that the policy was written based on the permanent structure and would be updated if the permanent structure were to change in the future.

The **BOARD** noted and ratified the Risk Management Policy.

25. Financial Monitoring Report for the 9 month period to 31 December 2014

Mrs Carol Gillie advised that the Board was reporting a position of £1.8m in excess of budget at 31 December 2014. She continued to forecast a break even outturn for 2014/15 on both revenue and capital achieved through robust management and the introduction and reinforcement of a number of control members to contain or reduce expenditure levels.

Discussion focused on activity levels with NHS Lothian and their wish to withdraw from the additional orthopaedic and colonoscopy capacity that had been put in place; activity levels with Northumberland Clinical Commissioning Group; utilization of eating disorders placements; and the high risk areas of GP Prescribing and waiting times targets.

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

26. Update on Roxburgh Street Replacement Surgery

Mrs Carol Gillie reminded the Board that they had been advised virtually by email of the development around Roxburgh Street. The item was brought to the Board for formal ratification.

The **BOARD** noted and ratified that NHS Borders had moved to Stage 2 of the HUB procurement process for the delivery of the Roxburgh Replacement Surgery following virtual approval by the Board.

Dr Jonathan Kirk left the meeting.

27. HEAT Performance Scorecard

Mrs Edwina Cameron gave an overview of the content of the report.

The Chairman enquired about the level of sickness absence rates. Mrs Cameron confirmed that Health Boards across Scotland had also seen an increase in sickness absence rates. She confirmed that in reviewing the types of absence it was clear these were short term.

Dr Stephen Mather reminded the Board that it had heard of the efforts made in addressing the Did Not Attend (DNA) performance and enquired at what point the focus would move to another area where improvements could be sustained. Mrs Jane Davidson commented that the Board had previously received a presentation in the Strategy & Performance Committee meeting which had detailed some improvement in performance. She advised that the Information Management & Technology Team which included medical records and the appointment process, were reviewing what happened in other Health Boards in order to aid their learning and assist them in finding and introducing new mechanisms that were proven in other areas to further improve performance with DNAs.

The **BOARD** noted the February 2015 HEAT Performance Scorecard (December performance)

28. Chair and Non Executive Directors Report

The Chairman highlighted his attendance at the Public Audit Committee session on Community Planning Partnerships.

Mrs Jane Davidson suggested a development session be held with Scottish Borders Council colleagues regarding Community Planning. Dr Doreen Steele suggested Health Improvement Scotland could be invited to assist with the Health Inequalities work within the Community Planning Partnership domain.

The **BOARD** noted the report.

29. Board Executive Team Report

Mrs Carol Gillie advised that the Chief Internal Auditor has resigned his post. Mrs Gillie further advised the Board of the detail of the Mountview Resource Transfer.

Mrs Jane Davidson, advised that she had been offered a Trustee position at Burnfoot, Hawick.

The **BOARD** noted the report.

30. Statutory and Other Committee Minutes

The **BOARD** noted the minutes.

31. Scottish Borders Adult Protection Committee – Annual Report

The **BOARD** noted the Scottish Borders Adult Protection Committee Annual Report 2012/13

32. NHS Scotland Chief Executive Annual Report 2013/14

The **BOARD** noted the NHS Scotland Chief Executive's Annual Report for 2013/14.

33. Any Other Business

There was none.

34. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 2 April 2015 at 3pm in the Board Room, Newstead.

The meeting concluded at 6pm.