

Minutes of a meeting of the **Borders NHS Board** held on Thursday 2 April 2015 at 3.00pm in the Board Room, Newstead.

**Present:**

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

**In Attendance:**

Miss I Bishop	Dr C Sharp
Dr J Kirk	Mr C Sinclair
Mrs L Jones	Ms K Smith
Mrs J Stephen	Mrs E Cameron
Mr S Whiting	Mrs N Amos
Mrs S Doyle	Mrs C Oliver
Mr G Arkley	Mr P Lunts
Mrs S MacDougall	Dr C Wheelans
Mr K Lakie	Mrs A Wilson
Mrs D Carmichael	Mr A McKenzie

## **1. Apologies and Announcements**

Apologies had been received from Mrs Pat Alexander, Mr David Davidson, Mrs Karen McNicoll, Dr Hamish McRitchie and Mr Warwick Shaw.

The Chairman confirmed the meeting was quorate.

The Chairman welcomed Mrs June Smyth back from her maternity leave as Director of Workforce & Planning, and formally recorded the thanks of the Board to Mrs Edwina Cameron for undertaking the role over the past 12 months.

The Chairman recorded the thanks of the Board to Mr David McLuckie who had retired as the Director of Estates & Facilities at the end of 2014. The Board had made a formal presentation of thanks to Mr McLuckie prior to the meeting commencing.

The Chairman formally recorded the thanks of the Board to Dr Eric Baijal, who was retiring as the Joint Director of Public Health on 30 April 2015. However, a formal farewell from the Board would not take place until later in the year as Dr Baijal had agreed to assist in leading the Integration Strategic Planning work.

The Chairman on behalf of the Board congratulated Mrs Pat Alexander on achieving a 2:1 degree in History.

The Chairman welcomed a range of attendees to the meeting.

The Chairman welcomed members of the public to the meeting.

## **2. Declarations of Interest**

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

The **BOARD** noted the Declarations of Interest for

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

The minutes of the previous meeting of the Borders NHS Board held on 19 February 2015 were amended at page 9, last paragraph, second line, delete “Improvement” and with that amendment the minutes were approved.

## **4. Matters Arising**

**4.1 Minute 21: Health & Social Care Integration Scheme:** The Chairman thanked all those who had contributed to the draft Scheme of Integration and noted that it had been approved and submitted by the due date of 31 March 2015. He advised that feedback was awaited from the Scottish Government.

**4.2 Minute 28: Chair and Non Executive Directors Report:** The Chairman requested that Community Planning be noted on the Board Development schedule of meetings. He was keen that the Board were sighted on the implications of the Community Empowerment Bill.

**4.3 Action Tracker: Minute 4:** The Chairman requested that the Area Forums schedule be shared with the Non Executives with a suggestion that one forum per quarter might be populated by a Non Executive.

The **BOARD** noted the action tracker.

## **5. Pressure Ulcer Thematic Adverse Event Report.**

Mrs Evelyn Rodger introduced Mrs Kim Smith, Practice Development Lead and drew the attention of the Board to the areas of improvement in regard to pressure ulcer treatment.

Dr Stephen Mather enquired if there were any specific measures being taken to look at the Medical Assessment Unit (MAU) and Ward 12 specifically. Mrs Smith advised that it was evident that patients had been admitted with pressure ulcers. She commented that improvement work had been carried out around the assessment of patients in MAU to help the staff understand that it was a priority especially given the fast throughput of patients in that area.

Mrs Jane Davidson commented that the work and the approach that had been taken was to ensure change became a sustainable change.

Mrs Rodger commended the report to the Board and suggested it be an annual report to the Board. She further thanked Mrs Smith for her improvement work in making the environment safer for patients. The Chairman echoed Mrs Rodgers comments.

The **BOARD** noted progress within the organisation to reduce the number of hospital developed pressure ulcer incidents and data surrounding all avoidable and unavoidable pressure ulcers development within 2014.

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

Mrs Laura Jones gave an overview of the content of the report and highlighted elements of: person centred care matters; increase in patient feedback responses; and work on readmissions.

The Chairman enquired if the changes for the Critical Care Outreach Team in moving to the new National Early Warning Score (NEWS) had been welcomed. Mrs Jones confirmed that the NEWS system did not take away the use of the Significant Adverse Event Review (SAER) tool that the organisation had been using, so there was in effect no change to the Critical Care Outreach Team. It was anticipated that the NEWS system would reduce errors in the movement of patients between hospitals and a wide programme of engagement had been undertaken to ensure people were content with the design of the new system.

Dr Jonathan Kirk commented that critical care outreach was the response to abnormal observations and the way they were recorded, therefore the distinction was the new system did not rely on laboratory data. Mrs Jane Davidson advised that the nursing staff were keen to move to the new method. Mrs Evelyn Rodger commented that the new system was more sensitive to the more subtle changes in the patients condition as opposed to the surge.

Dr Doreen Steele noted that the top 4-5 complaints were on the same theme each time and she enquired how that would be addressed. Mrs Jones advised that individual clinical areas were given more detail on their specific complaints. The detail of the complaint themes was being reflected in the Ward Quality and Safety Boards.

Mrs Rodger reminded the Board of the move to make Senior Charge Nurses (SCNs) supervisory and she advised that evidence gathered from other Boards where this had happened had lead to a reduction in complaints regarding communication as there were daily conversations take place with people about what mattered to them.

Further discussion also focused on complaints performance, action plans for complaints and the initiative that Mrs Jane Davidson was taking forward in offering to meet with complainants. Mrs Davidson took responsibility for the drop in performance in regard to the complaints response time target.

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

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

Mr Sam Whiting gave an overview of the report and highlighted several key elements including: cleaning compliance levels; training supervisors to be self critical and audit each others areas; allocation of resources for clinical and non clinical areas; norovirus and current outbreaks in 7 Health Boards across Scotland. Mr Whiting further confirmed that the organization was 80% compliant against the new infection control standards.

Dr Stephen Mather enquired if the practical education session of doctors taking blood cultures was mandatory training for junior doctors. Mr Whiting confirmed that it was.

Dr Mather enquired how much effect reducing to an 80% bed occupancy rate would have on isolation. Mr Whiting confirmed that reduced bed occupancy would provide a better opportunity for moving patients based on gender in order to gain empty single rooms.

Dr Mather noted that infection bundle rates were at 36% and enquired how that was being addressed. Mr Whiting advised that historically insertion bundles were lower than maintenance bundles. He commented that the organisation was innovative in having insertion bundles and was looking to improve the embedding of the process.

Further discussion encompassed issues relating to antibiotic prescribing policy, auditing by junior doctors and cleaning and the healthcare environment.

The Chairman noted that single room accommodation would assist isolating patients with MRSA, etc if an 80% bed occupancy rate could be achieved and he enquired what scope there was to increase the number of single occupancy areas in the hospital. Mrs Rodger advised that the Annex had been created the previous year to assist with surge capacity and one of the propositions was that single rooms would be used for isolating patients but in reality that did not happen, as once a patient was diagnosed as infectious they should not be moved. Mrs Rodger confirmed that there had been zero cases of any cross transmission of MRSA from patients, and assured the Board that clinical practice was sound in regard to infection control.

The **BOARD** noted the report.

## **8. Older People in Acute Hospitals Update**

Mr Charlie Sinclair gave an update on the Older People in Acute Hospitals visit due on 7 May 2015. He highlighted the good return of ward assessments and the Health Improvement Scotland masterclass that had been held in terms of relationships of scrutiny and improvement.

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

## **9. Draft Strategic Plan – A Conversation with You**

Dr Eric Baijal spoke to the early draft of the Health & Social Care Partnership Strategic Plan 2015-18. Dr Baijal sought the feedback and comments of members of the Board on the content of the draft document.

Discussion focused on the status of the document being a preliminary draft; the input of workstreams to the document and the engagement process to be followed.

The **BOARD** noted the first phase of the joint consultation and engagement exercise in support of the production of a Borders Strategic Commissioning Plan.

## **10. Access to Treatment Report**

Mr Philip Lunts briefed the Board on the current status of inpatient and outpatient waiting times against the 12 week waiting times standard and progress towards a 9 weeks waiting time.

Dr Stephen Mather enquired what improvement could be made to address the “patient medically unavailable” coding. Mr Lunts advised that work had been undertaken to produce a more robust system at the pre operative assessment stage so that patients would not be listed if they were going to be “medically unavailable” for a long period of time and further work was being progressed to establish a protocol.

Further discussion focused on physiotherapy waiting times and the actions being taken to improve performance; staffing ITU and cancellations; access to beds and impact on electives.

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 those.

The **BOARD** noted the predicted performance against TTG for April to June and the actions taken to address future performance

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

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

## **11. NHS Borders 2014/15 Winter Period Report**

Mr Kirk Lakie gave an overview of the content of the report and emphasised the recommendations for future winter planning.

Discussion focused on the effectiveness of the flu vaccine; increasing re-enablement in people’s homes; use of flex beds; treating and managing patients in the most appropriate environment for their care needs; engagement with social work and boarded patients; and delayed discharges.

Cllr Catriona Bhatia requested the winter plan be shared with the Health & Social Care Integration Joint Board especially in regard to delayed discharges. Mrs Evelyn Rodger confirmed that the report had been co-produced with colleagues from Scottish Borders Council and she was content for it to be shared.

The **BOARD** noted the learning and improvement opportunities for next year which would be taken forward by the Winter Planning Group.

## 12. Strategic Risk Register 2014/15

Mrs Sheila MacDougall presented the strategic risk register and confirmed that the risk score was determinate after all existing controls and the efficacy of those controls had been taken into account. She advised that the implementation of the clinical strategy would raise some issues and there was a new risk on the register in that regard.

The Chairman noted there was a risk associated with technology solutions which was recorded as “very high” and he enquired how it was being mitigated. Mrs Jackie Stephen advised that it was about raising the issue of the significant contribution that technology could make to the delivery of the clinical strategy, and that the current infrastructure would not support some of the new technologies that were available.

Dr Eric Baijal suggested that things were more robust than the register might indicate and advised that the Resilience Committee had been and that Information & Management Technology Department (IM&T) had a resilience plan in place.

Dr Doreen Steele enquired if the Industrial Action risk had been updated. Mrs MacDougall confirmed that it had been reviewed.

Dr Steele enquired about addressing “unacceptable clinical performance”. Mrs Jane Davidson clarified that it would encompass all levels of staff including Doctors, Nurses, Allied Health Professionals, etc.

Dr Steele enquired about the reputational risk in regard to not achieving the Treatment Time Guarantee (TTG). Mrs MacDougall advised that the TTG matter would be covered by operational risk as opposed to long term strategic risk.

Cllr Catriona Bhatia questioned the wording “failure to meaningfully implement the clinical strategy”. Dr Sheena MacDonald advised that the risk was in relation to the clinical strategy principles that had already been identified ie the delivery of care as close to home as possible. She suggested she would review the wording.

The **BOARD** noted the revised Strategic Risk Register and the ongoing actions to indentify additional strategic risks moving into 2015/16.

## 13. Public Health Review

Dr Eric Baijal appraised the Board of the final response of NHS Borders and Scottish Borders Council to the National Review of Public Health in Scotland.

Cllr Catriona Bhatia noted that the national direction appeared to be moving away from the successes that had been achieved in the Scottish Borders such as the implementation of the Health Living Networks.

Dr Sheena MacDonald suggested including the “Small Change Big Difference” initiative.

Dr Baijal gave feedback to the Board on the discussion that had been held at Scottish Borders Council’s full Council meeting earlier in the day in regard to proactively supporting active travel.

The **BOARD** approved the NHS Board and Scottish Borders Council Engagement Process Response to the national review of Public Health in Scotland.

#### **14. Update on Borders Emergency Care Service**

Dr Craig Wheelans provided the Board with feedback from the engagement process that had been undertaken with Community Councils.

The Chairman thanked Dr Wheelans for leading the engagement process, dealing with a lot of correspondence around the matter as well as meeting with several individuals.

Dr Sheena MacDonald reminded the Board that the paper was an update and formal feedback was awaited from the Scottish Health Council.

Dr Stephen Mather recorded his admiration for the way the matter had been handled and he urged the Board to support the initiative as it was clearly defined as a clinical requirement. He suggested given the progress that had been made that the principles be rolled out across the rest of primary care services.

Dr Jonathan Kirk recorded his support for the initiative and advised that it was important to separate routine care from emergency care and the potential to enhance the roles of nurses, paramedics, and pharmacists to bolster unscheduled care demand.

Mr John McLaren enquired in terms of Information Technology (IT) solutions if pilot areas had been identified. Dr Wheelans confirmed that care homes were being looked at in order to roll out telemedicine and the Borders plan was to roll out telemedicine for young diabetic patients, enabling the medicine to be taken to the patient instead of them taking time off school or work to come into the hospital.

Dr Doreen Steele commented on the number of responses received from the east side of Borders. Dr Wheelans commented that a large proportion of patients from Hawick had been engaged with the process.

The **BOARD** noted the comments made by the Community Councils and the responses provided.

The **BOARD** noted that the outcome of the engagement process had been shared with the Scottish Health Council and that a paper on their feedback would be brought to the Board.

#### **15. Pharmaceutical Care Services Plan 2015**

Mrs Alison Wilson updated the Board on the Pharmaceutical Care Services Plan changes. She advised that a new pharmacy had been opened in Langlee in Galashiels and there was a plan to open a pharmacy in Burnfoot, Hawick.

Dr Stephen Mather enquired why the minor ailments services and level of engagement was variable across the area. Mr Adrian McKenzie commented that in theory a patient could register with any pharmacy and that lead to the variation.

Dr Doreen Steele enquired in looking at the new regulations whether there was a vision of GP prescribers, and how that would be defined in terms of numbers of people for a business case.

Mrs Alison Wilson confirmed that the definition of controlled localities had been explored nationally. Locally both Newcastleton and Stow had been identified however both had access to pharmaceutical care through an individual pharmaceutical prescriber. The area that remained of concern was Coldingham.

The **BOARD** approved the plan.

## **16. Local Delivery Plan 2015/16 – 2015/16 Financial Plan**

Mrs June Smyth advised the Board that the Local Delivery Plan (LDP) 2015/16 had been submitted to the Scottish Government subject to Board approval. .

Mrs Carol Gillie gave an overview of the substantive part of the financial plan that accompanied the LDP and advised that Mr John Connaghan had confirmed that he was content to sign off the NHS Borders LDP subject to the Boards approval.

Mrs Gillie highlighted several key issues in the report and advised that the financial plan covered the next three financial years for revenue and 5 years for capital.

The Scottish Parliament in February agreed a one year budget for 2015/16. Whilst funding for 2015/16 was confirmed, future years would be dependent on the next spending review which was due to take place later in 2015. Therefore although a three year financial plan was presented to the Board the projections for 2016/17 and 2017/18 were to be seen as illustrative only.

Key points to note from the 2015/16 plan in section 1 were that NHS Borders presented a balanced financial plan for 2015/16; the level of uplift was confirmed as 1.8% plus 0.2% to be added to the old change fund money to create the new integrated care fund, funding for new drugs of 0.4% and funding of 0.4% to support the emergency department and patient flow, giving a total uplift of 2.8%; the Board were to note that £500k recurring set aside clinical excellence had been suspended for 2015/16; the financial plan set aside a contingency of £2m for 2015/16; and although a balanced financial plan was being presented any shortfall against target in the delivery of recurring savings would be carried forward into future financial years and thereby increase the level of financial challenge.

With regard to section 2 a key element of the financial plan was the efficiency savings programmed. The size of the cash releasing challenge facing the organisation in 2015/16 was £6.9m which equated to 3.66% of the baseline budget above the 3% which was a requirement of public sector bodies. To date schemes of £6.9m had been identified although some of those schemes remained high risk. It was a particularly challenging year financially and the shortfall in meeting the recurring savings targets was concerning. The Board would be kept informed on efficiency delivery in a number of ways including: updates in the regular finance report; a detailed report on efficiency every 6 months; the financial position oversight group, a sub committee of the audit committee, would receive an update on efficiency at each of its meetings; in the case of recurring savings Mrs Gillie proposed that the Strategy and Performance Committee at each of its meetings would receive an update on progress on addressing the shortfall.



Mrs Gillie advised that in regard to section 3 of the report key assumptions and risks were identified and had been discussed by the Board previously, however she highlighted that prescribing remained volatile and assumptions had been made on how the national new medicines funds would be distributed between Boards. A national short life working group had been set up to consider it and the outcome could potentially have a financial impact. Although a lot of work had been done in the case of horizon scanning and improving efficiency it continued to be a high risk area for the Board. It would continue to be monitored by the Medicines Resource Group. Mr Gillie reiterated that efficiency remained a challenging target.

Section 4 concentrated on years 2016/17 and 2017/18 and was illustrative only. The key message based on the current information was that savings levels continued to be required and certainly in 2016/17 the level was similar to 2015. It was key that the Board continued to maintain its focus on efficiency to meet the challenges that lay ahead.

Finally in regard to section 5, Mrs Gillie highlighted that it gave a high level draft plan for capital for the next 5 years. The capital allocation for 2015/16 had been set and following discussion with the Scottish Government to support the national position there had been slippage from 2015/16 of £0.5m which would be reinstated in 2016/17.

Agreement had also been reached that NHS Borders would retain capital proceeds generated during 2015/16. However it was a one year deal only. Beyond 2015/16 a number of assumptions had been made about the formula allocations and additional resources that might become available however they were not confirmed. Mrs Gillie confirmed that the Board would receive updates on the capital plan at its meetings in June and December.

Dr Stephen Mather enquired if the prediction for 2016/17 was based on real knowledge. Mrs Gillie advised that it was based on her professional judgement and she worked across NHS Scotland and was content that her assumptions were in line with other Boards assumptions. She further advised that the financial section was reviewed by the Scottish Government and had been considered to be realistic.

Dr Mather enquired if at the end of 2015/16 there was a shortfall how a balanced budget could be achieved. Mrs Gillie confirmed that in year the Board had a plan to balance its books however as its recurring spending was higher than its recurring income unless the situation was addressed there would be a recurring deficit going forward. She advised the Board needed to address the recurring shortfall by the end of the financial year and ensure plans were in place to reduce the recurring situation and revert back to a balanced situation.

The **BOARD** approved the Local Delivery Plan for 2015/16.

The **BOARD** approved the 2015/16 financial plan and noted the indicative outline of the financial challenge in 2016/17 and 2017/18.

## **17. Transforming Outpatients Services**

Mrs Dawn Carmichael provided the Board with an update on the Transforming Outpatients project and progress that had been made locally.

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

#### **18. Audit Committee**

Mrs Carol Gillie advised that the last Audit Committee at the end of March had received the interim audit report from the auditors, approved the internal audit plan for 2015/16, received a mid year update from the risk management group and also reviewed a paper in regard to potential changes to the Healthcare Governance Committee structure and reporting arrangements, which had been supported by the Audit Committee.

Mrs Evelyn Rodger commented that the auditors had commended the risk management report.

The **BOARD** noted the update.

#### **19. Clinical Governance Committee**

Dr Stephen Mather advised that the Clinical Governance Committee meetings were being realigned to make them more parallel with the Board meetings. The Annual Report had been written and the annual work plan was being finalized.

Mrs Jane Davidson enquired if Dr Mather was content with attendance levels at the Committee and Dr Mather advised that attendance levels were being addressed.

The **BOARD** noted the update.

#### **20. Public Governance Committee**

Dr Doreen Steele advised that the Committee had not met since the previous Board meeting.

The **BOARD** noted the update.

#### **21. Staff Governance Committee**

Mr John McLaren advised that the Committee had met in March and covered a range of issues including: car parking and appeals panels; staff governance action plan and equality audit on appraisal and PDP; and staff awards update.

The **BOARD** noted the update.

#### **22. Health & Social Care Integration Shadow Board**

Cllr Catriona Bhatia advised that the Integration Shadow Board had met on 9 March 2015 and the main item of discussion had been the Draft Strategic Plan. Discussions had also taken place in regard to childrens services and the Integrated Care Fund.

The **BOARD** noted the update.

#### **23. Health & Social Care Scheme of Integration**

Mrs Susan Manion confirmed that references to childrens services had been removed from the draft Scheme of Integration and it had been submitted to the Scottish Government on 31 March 2015. Feedback was now awaited.

The **BOARD** noted the update.

#### **24. Equalities Mainstreaming Progress Report.**

Mrs Simone Doyle tabled an easy read version of the report and gave an update to the Board against the NHS Borders Equality Outcomes.

Dr Doreen Steele congratulated Mrs Doyle and Mrs Nic Amos on producing the report.

Dr Stephen Mather enquired about the parity between domestic violence against women and that against men. Mrs Amos confirmed that domestic violence against men was recognized and tied into the gender analysis. She commented that the mens helplines were able to break down the data and the vast majority of men who called were actually the perpetrators of domestic violence and other work was being taken forward in that regard.

Mrs Karen Hamilton enquired about next steps and timescales. Mrs Amos advised that an action plan and risk analysis was being taken forward and would be reported back through to the Board Executive Team in June.

Mrs Jane Davidson advised that Mr Warwick Shaw would be the lead Director for the Equalities agenda.

Mrs Evelyn Rodger suggested Mrs Doyle and Mrs Amos provide a presentation to the Clinical Executive Operational Group and the Clinical Executive Strategy Group.

Mr John McLaren commented that the wealth of information was overwhelming and he reminded the Board that the Area Partnership Forum was there to support the action plan.

The **BOARD** approved the report for publication.

#### **25. Financial Monitoring Report for the 11month period to 28 February 2015**

Mrs Carol Gillie reported an outturn of £1.7m in excess of revenue 11 months into the financial year before factoring in the contingency as planned throughout the year. She advised that the Board's efficiency programme had been fully delivered at the end of February. The Board continued to be on course to deliver its financial targets.

The **BOARD** noted the financial performance for the 11 months period of the financial year.

#### **26. HEAT Performance Scorecard**

Mrs June Smyth updated the Board on areas of strong performance and areas outwith trajectory.

Dr Doreen Steele suggested an explanation be included in the narrative to confirm that challenge was being made where matters were outwith trajectory and that an explanation was provided if the narrative was unchanged from the previous report.

Mrs Jane Davidson advised that in regard to the Referral To Treatment (RTT) trajectory being off line the main reason had been that the length of waiting lists and as they were being brought under control she expected the trajectory to back on target by June/July.

The **BOARD** noted the April 2015 HEAT Performance Scorecard.

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

The **BOARD** noted the report.

**28. Board Executive Team Report**

Mrs Carol Gillie reminded the Board of the Annual Accounts briefing session that had been organized for 20 May.

Mrs Jane Davidson advised the Board that both the Emergency Department and the Intensive Therapy Unit (ITU) had been under significant pressure, but had worked well together to ensure patients were cared for. She further advised that the new Southern General Hospital in Glasgow had opened and Boards had an open invitation to visit it.

The **BOARD** noted the report.

**29. Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

**30. Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 26 June 2015 at 3.00pm in the Board Room, Newstead.

*The meeting concluded at 5.45pm.*