

Minutes of a meeting of the **Borders NHS Board** held on Thursday 1 October 2015 at 3.00pm in the Board Room, Newstead.

**Present:**

Mr J Raine	Mrs J Davidson
Mr D Davidson	Mrs C Gillie
Mrs P Alexander	Mrs J Smyth
Mr J McLaren	Mrs E Rodger
Dr S Mather	Mrs S Manion
Mrs K McNicoll	Dr T Patterson
	Mr W Shaw

**In Attendance:**

Miss I Bishop	Mr P Lunts
Mr S Whiting	Mr A Pattinson
Mrs C Oliver	Dr C Sharp
Dr E Baijal	

## **1. Apologies and Announcements**

Apologies had been received from Mrs Karen Hamilton, Dr Doreen Steele, Cllr Catriona Bhatia and Dr Sheena MacDonald.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting who spoke to various items on the agenda.

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 no Declarations of Interest.

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

The minutes of the previous meeting of the Borders NHS Board held on 6 August 2015 were approved.

## **4. Matters Arising**

**4.1 Minute 23: Scottish Government Response to the Freedom to Speak Up Review:** The Chair reiterated that Mrs Pat Alexander had been nominated by the Board as the Non Executive

Whistleblowing Champion for NHS Borders and that guidance on that position had now been received from Scottish Government.

The **BOARD** noted the action tracker.

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

Mrs Evelyn Rodger reassured the Board that the content of the paper had been critically reviewed by the Clinical Governance Committee.

Mr John McLaren enquired about the possibility of analysing commendations in the same way as complaints. Mrs Rodger reminded the Board that commendations were not received in the same format to allow such an analysis to be taken forward.

Mrs Jane Davidson highlighted to the Board the changed performance with regard to complaints performance. She reminded the Board that there had been a reduction in response time due to a different approach being undertaken in order to provide more personal responses that better addressed the concerns being raised, and supported service improvements.

In discussing the Quality of Care Review the Chairman enquired if the Board itself should respond to some of the bigger consultations and he sought a report to the Board on a suggested approach to responding to such.

Mr David Davidson recognised that the Board would not necessarily choose to respond to all consultations due to timescales and the technical nature of some initiatives. He suggested that the Board receive assurance that responses had been sent within time and that specific points and any difficulties be highlighted to the Board.

The Chairman suggested responses to national consultations that impinged on the work of the Board should be submitted to the Board for approval prior to submission.

Mrs Davidson suggested that the Board Secretary review what was appropriate for the Board to approve and have sight of.

The **BOARD** noted the Clinical Governance and Quality Report and the work underway to revise the complaints approach in the first instance.

The **BOARD** agreed to receive a report outlining its approach to responses to national consultations.

## **6. NHS Borders response to the report of the Morecambe Bay Investigation**

Mrs Evelyn Rodger assured the Board that the report of the Morecambe Bay Investigation had been rigorously reviewed and that a gap analysis had been undertaken and submitted to the Scottish Government.

Dr Stephen Mather advised the Board that the matter had been discussed at length at the Clinical Governance Committee and had been demitted to the Staff Governance Committee in regard to staffing matters.

The **BOARD** were assured that NHS Borders delivered a safe and high quality service to infants and mothers.

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

Mr Sam Whiting presented the report and advised that NHS Borders had intentionally deviated from national policy in relation to cleaning products in Theatres. The products used had been approved by the Infection Control Team and the Clinical Executive Operational Group. Oversight and approach had been sought and obtained from the Clinical Governance Committee. He reminded the Board of the Unannounced Follow Up HEI Inspection of Theatres that had taken place earlier that week and confirmed the draft report was expected to be released to NHS Borders on 14 October for factual accuracy checking with the final report released on 11 November.

Dr Stephen Mather suggested including the recommendation and proposal for each identified Staphylococcus aureus Bacteraemia (SAB) case so that any themes could be clearly identified. Mr Whiting agreed to provide that information.

Dr Mather sought information on the classification used for each Anthroplasty element. Mr Whiting agreed to provide that information in future reports.

Dr Mather advised the Board that he had undertaken a mock HEI Inspection of Theatres following the initial inspection in May and had received positive feedback from staff.

Dr Mather highlighted the Antimicrobial policy compliance charts and Mr Whiting confirmed that the definitions and criteria had changed and would be more meaningfully expressed in future reports.

Mr David Davidson sought an explanation of the “breakdown in the admission process” for the carbapenemase-producing Enterobacteriaceae (CPE) patient. Mr Whiting explained the issue and assured the Board that Infection Control were part of the Borders General Hospital Safety Huddle every morning, where such matters were reminded to staff, reinforced and the outcomes were fed back.

Mrs Jane Davidson commented that the morning Safety Huddle was a new forum that looked across the system and included the community setting and community hospitals.

The **BOARD** noted the report.

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

Mr Philip Lunts on behalf of Ms Katie Buckle, updated the Board on progress against waiting times and other access guarantees, targets and aims.

Dr Stephen Mather enquired about the capacity in regard to chronic pain referrals. Mrs Evelyn Rodger confirmed that an indepth piece of work was being taken forward in regard to chronic pain and further information would be available in the next month.

Dr Mather noted the improvement in Diagnostic performance.

Mrs Evelyn Rodger updated the Board in regard to the work that was being undertaken in regard to cancellations. The aim was to improve patient flow and reduce cancellations. The current situation was a consequence of variation. Mrs Jane Davidson reiterated to the Board that statistics would show a deterioration in performance for cancellations in the month of August as there had been a significant issue with laminar flow.

Mrs Pat Alexander noted that performance of the Child & Adolescent Mental Health Service (CAMHS) had deteriorated. Dr Cliff Sharp confirmed that the CAHMS had met the 18 week waiting times target for the past 3 years, however due to sickness, retirements and intensive patient needs, performance had deteriorated. He confirmed that he was confident that the position would be recovered shortly as new staff had been appointed, the sickness absence issue had been resolved.

Mrs Susan Manion highlighted that in regard to Physiotherapy waiting times, there were currently 416 people waiting which was an improvement on previous months.

The **BOARD** noted the ongoing challenges associated with scheduled care in particular the Treatment Time Guarantee (TTG) and Outpatient Stage of Treatment standards and the work to address those.

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

The **BOARD** noted the challenging context in delivering the 4-hour Emergency Department (ED) standard.

The **BOARD** noted the challenges being faced to maintain no delays over 14 days for discharges and the requirement to work toward no delays over 72 hours.

## **9. NHS Borders Winter Plan 2015/16**

Mr Philip Lunts and Mr Alasdair Pattinson, advised the Board of the content of the Winter Plan for 2015/16, reminding the Board that it was a live document.

Dr Stephen Mather sought further detail on the communications plan. Mr Lunts confirmed that the communication plan was an attachment to the Winter Plan. He assured the Board that the winter plan encompassed a focus on delivery and implementation of weekend discharges as well as social work services and their support through the winter period. Additionally, Mr Pattinson confirmed that Community Hospital length of stay and delayed discharges were factored into the plan.

Mrs Karen McNicoll reminded the Board that the Joint Borders Ability Equipment Store (JBAES) operated from Monday to Friday and might be pivotal to weekend discharges. She further commented that it sat within the Scottish Borders Council Arms Length Organisation and suggested it be reflected in the Winter Plan. Mr Alasdair Pattinson confirmed that the Joint Management Group for Scottish Borders Council and NHS Borders had discussed the provision of equipment aids and reached agreement that the JBAES would operate on the Monday public holiday (28 December) as a normal service. He further confirmed that plans were in place to ensure weekend access was available and support was provided to clinicians to access equipment. Satellite stores would also be replenished to support demand.

Further discussion focused on: involvement of the Health & Social Care Integration Joint Board in future winter planning; inclusion of health visiting, and womens and childrens services; effectiveness of the flu vaccination programme in reducing mortality rates over the winter period; the mechanism for engaging at an operational level was through Mrs Susan Manion who had responsibility for adult social work services as well as primary and community care and mental health services; and for next year the intention as that there would be a Scottish Borders Winter Plan.

The **BOARD** approved the NHS Borders Winter Plan 2015/16.

#### **10. Consultation on the Draft Health & Social Care Strategic Commissioning Plan**

Dr Eric Baijal sought the endorsement of the Board to use the revised draft of the Strategic Commissioning Plan for health and social care integration for formal consultation.

Mrs Susan Manion teased out some of the key areas that had been revised from the previous version and reminded the Board that they had also had sight of a tracked changed version of the document.

Mrs Pat Alexander commented that she had found the tracked changed version useful and also advised that the current draft was being viewed as a model for other Boards to look at.

Mr David Davidson enquired if the Borders Sport and Leisure Trust (BSLT) were involved in the inequality section, particularly in regard to disability access and engagement with GPs. Dr Tim Patterson advised that a Health Inequalities workshop was being held on 6 October to which BSLT colleagues had been invited. The purpose of the workshop was to discuss the role of partners in engaging with staff to work more closely together as well as focusing and targeting services. With regard to GP engagement Dr Patterson advised that GPs were involved in the Lifestyle Adviser Support Service (LASS) project and referrals to LASS for assessment might involve a referral to BSLT.

The **BOARD** endorsed the draft strategic commissioning plan “Changing Health and Social Care for you – a further conversation” for public consultation, subject to any further revision required.

#### **11. NHS Borders Clinical Services Review – Inpatient Services: Health In Your Hands**

Mrs June Smyth gave an overview of the content of the paper.

Mr John McLaren sought assurance in regard to the Eildon model that District Nursing staff and other staff members had been fully engaged with over the development of the project. Mr Alasdair Pattinson confirmed that engagement sessions had taken place and continued to take place with key stakeholders over the development of the project. Mrs Jane Davidson assured the Board that the District Nursing Team Leader was involved.

The **BOARD** noted the update provided in the paper.

#### **12. Update on the Roxburgh Street, Galashiels, Replacement Surgery Project**

Mrs Carol Gillie updated the Board on the progress made on the Roxburgh Street Replacement Surgery capital project. She highlighted the procurement process and work that had been on-going with Hub Co South East to ensure the project remained within the financial cap as agreed by the Board.

The Chairman enquired if there was any contribution from the Scottish Ambulance Service. Mrs Gillie clarified that the arrangements had been to complete a land swap with the Scottish Ambulance Service that was cost neutral to both organisations. The demolition of the building therefore fell to NHS Borders to complete and had been detailed in the business case.

Mr David Davidson enquired if the building works could be taken over a different period across different annual funds given the capital plan would have been notionally spent. Mrs Gillie advised that whilst it was within the current financial year capital plan it would impact on the following financial year capital plan and that would require reprioritisation as part of the annual Local Delivery Plan process.

Mr Davidson enquired about the possibility of a national contribution. Mrs Gillie responded that she continued to work with national colleagues in regard to financial planning but did not expect to receive any additional resource. She further advised that in looking at alternative sources of funding she had managed with Hub Co to identify some enabling funds.

The **BOARD** noted the progress made on the Roxburgh Street Replacement Surgery project.

The **BOARD** approved flexibility in the capital plan up to the level of £300k to enable the replacement of Roxburgh Street Surgery to be progressed.

The **BOARD** requested an update with the finalised cost of the scheme at the Board meeting in February 2016.

### **13. Annual Review Feedback**

The Chairman gave feedback to the Board on the Annual Review 2014/15 that had taken place. He paid tribute to the work and efforts of all staff involved in the day and especially those who worked behind the scenes. He advised that it had been the third Non Ministerial Annual Review for NHS Borders and whilst the public turn out had not been high there had been positive publicity following the event.

Dr Stephen Mather commented that it had been a positive event and well organized. He had been involved in the public/carers/GP focus group session and commented on the positive discussions that had taken place during that session. He sought confirmation that those discussions would be followed up.

Mrs Jane Davidson commented that she had found the public/carers/GP session very powerful in terms of listening and hearing about what the organisation got right, what it got wrong and what the small changes were that could be made to make a big difference to patients, carers, GPs, families and staff.

Mrs Pat Alexander also reflected on the public/carers/GP session outcomes and urged Board members to improve their microphone skills.

The **BOARD** noted the feedback.

#### **14. Audit Committee**

Mr David Davidson advised that Mrs Karen Hamilton had attended her first meeting as a new Non Executive member of the Audit committee.

He further advised that the Audit Committee would be reviewing its Terms of Reference at the next meeting.

The **BOARD** noted the update.

#### **15. Clinical Governance Committee**

Dr Stephen Mather advised that the Clinical Governance Committee had met on 16 September and discussed the HEI inspection of theatres, annual pharmacy report, the need to review its terms of reference and its intention to review nutrition for all patients.

The Chairman enquired if the nutrition review was a new piece of work. Mrs Evelyn Rodger advised that the new Nutritional Care Standards had been published in January 2015 and the service had advised it would undertake a gap analysis and action plan and report to the Clinical Governance Committee. The report was expected at the November meeting.

The **BOARD** noted the update.

#### **16. Public Governance Committee**

There was no update.

#### **17. Staff Governance Committee**

Mr John McLaren reported that the organisation had achieved a 49% response rate to the Staff Survey which was a 4% drop against the previous years achievement. He further advised that iMatter was being rolled out to cohort 2 and awareness raising sessions had commenced.

He reported that in regard to the Staff Governance Committee it had met on 14 September and undertaken a deep dive into Statutory and Mandatory training. An interim report was expected back at the Committee in December with a full report in March 2016.

The **BOARD** noted the update.

#### **18. Health & Social Care Integration Joint Board**

Mrs Susan Manion advised that the Integration Joint Board had met in August where the main agenda item had been the draft Strategic Commissioning Plan.

The **BOARD** noted the update.

#### **19. Financial Monitoring Report for the five month period to 31 August 2015**

Mrs Carol Gillie gave an overview of the content of the financial report advising that NHS Borders was reporting an outturn of £1.1m in excess of its revenue budgets and a break even position on capital costs at the end of August. NHS Borders was predicting a break-even outturn on revenue at the year end, but that was predicated on clear action being taken to robustly manage expenditure budgets and minimise overspends.

Mrs Gillie advised that the key issues to note from the reported position included: Clinical Boards were overspent by £0.5m; overspend was principally in the Borders General Hospital £0.8m linked to medical, nursing budgets and some supplies costs; under external health care providers there was an overspend of £0.4m; the NHS Acute contract was based on 2014/15 activity as no actual activity had been received from NHS Lothian; within family health services GP prescribing budgets were reporting £0.2m over and the organisation continued to incur financial pressure due to the short supply of some drugs.

In the case of efficiency savings Mrs Gillie reported that the target of £4.7m of savings had been withdrawn from budgets against a target of £6.9m. Within the £6.9m efficiency savings target was a £5.2m recurring element with £2.6m achieved. She emphasised that unless recurring schemes delivered in the latter part of the year and new schemes could be found NHS Borders would be entering 2016/17 with a recurring deficit.

Mrs Gillie reminded the Board as part of the financial plan for the current year the Board had agreed a contingency. The contingency would be utilised to offset the overall financial position of the Board, with further non recurring support being made available through slippage. The capital budget was break even.

Mr David Davidson asked that a paper be submitted to the Audit Committee highlighting areas of difficulty in regard to efficiencies. Mrs Gillie advised that a paper would be presented to the Financial Performance Oversight Group in the first instance.

Mrs Jane Davidson highlighted the matter of due diligence in regard to delegated functions to the Health & Social Care Integration Joint Board and confirmed that a due diligence exercise would be carried out.

Mrs Pat Alexander commented that she had been unclear how the movement of funds from the primary care budget to the acute budget to underpin overspends would be addressed in future given the role of the Health & Social Care Integration Joint Board. Mrs Davidson confirmed that the due diligence process would address those issues and the strategic commissioning plan would assist in detailing the movement of resources to ensure success.

Mrs Davidson advised the Board that following a discussion at Clinical Executive Strategy Group it was proposed that the Board enter into a contract with an external company to support the organisation to implement an improvement programme in mental health and learning disability services with a view to increasing the quality, productivity and efficiency of those services.

Dr Cliff Sharp spoke of the anticipated gains from the agreement to pursue an improvement programme in the mental health and learning disability services.



Mr John McLaren commented that as Employee Director he was unable to give his support for the use of public funds at that level. The reason for that was due to his role being on the basis of him being elected by the Area Wide Staff Side to represent them and staff. The majority of the staff side were not in support of using any private company to undertake work that they felt should and could be achieved internally.

Although he was required to represent that view on that decision and requested that it was noted he also recognised his responsibility as a Non Executive member of the Board and to be bound by its majorative decision. He assured the Board that he would continue to work in Partnership with the final outcome and support NHS Borders to work with its staff on such an outcome.

He urged that the organisation continued to work with the Trade Unions to ensure that the concerns they had were taken on board and would assist in ensuring the best outcome for the patients, the staff and the service.

Mrs Susan Manion expressed her initial concerns at the proposal and confirmed that during discussions with the Clinical Boards it had been apparent that the services were keen to progress matters as they viewed it as adding value to the service and patient care.

Mrs Davidson advised that it would be short term input to both services to make change, make a difference and enhance quality time with patients.

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

The **BOARD** supported the proposition and endorsed the use of an external consultancy Meridien, to support staff to deliver better service to patients.

The **BOARD** noted the staff side concerns that had been raised.

## **20. HEAT Performance Scorecard**

Mrs June Smyth gave an overview of the content of the paper.

Mr David Davidson enquired in regard to new patient Did Not Attend (DNA) rates, which geographical areas had a difficulty and which types of treatment were most affected. Mrs Smyth agreed to provide detailed information outwith the meeting. Mrs Jane Davidson reminded the Board that they would be receiving an update on DNAs in the new year.

Dr Stephen Mather suggested running a publicity campaign about what a DNA really meant in term so impact on the rest of the population. Mrs Davidson suggested that be part of the plan that the Medical Records Team were working on.

Mrs Pat Alexander queried the stroke unit performance. Mrs Evelyn Rodger confirmed that patients had been appropriately not placed in the stroke unit which had led to a consequential appropriate fall in performance for the stoke target.

The **BOARD** noted the October 2015 HEAT Performance Scorecard (August 2015 performance).

## **21. Chair and Non Executive Directors Report**

The **BOARD** noted the report.

## **22. Board Executive Team Report**

Mrs Jane Davidson advised the Board that work had been taken forward with a company called Neugensis to formulate "System View". The programme of work had been funded through the Scottish Government.

With regard to the Connected Care Programme she advised that she had been asked to present the initiative to the NHS Scotland Board Chief Executive's meeting along with Jane Douglas from Social Work at Scottish Borders Council and the Red Cross. The intention was to provide assistance on the concepts of underpinning Connected Care in other Health Boards.

Mrs Davidson advised that she had recently met with GPs in Eyemouth to listen to their concerns and hear about the small changes that could be made to reduce the barriers to providing quick, efficient and quality care to patients.

Mrs Evelyn Rodger advised that discussions had also taken place about a nurse consultation resource to work with GPs and suggested that it would be helpful to marry the discussions together.

The **BOARD** noted the report.

## **23. Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

## **24. Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 3 December at 3.00pm in the Board Room, Newstead.

*The meeting concluded at 12.10*