

Minutes of a meeting of the **Borders NHS Board** held on Thursday 7 April 2016 at 10.00am in the Board Room, Newstead.

Present:

Mr J Raine	
Mrs K Hamilton	
Mr D Davidson	
Dr D Steele	Mrs J Davidson
Mr J McLaren	Mr A Murray
Dr S Mather	Dr T Patterson
Mrs K McNicoll	Mrs J Smyth
Mrs P Alexander	Mrs C Gillie
Clr C Bhatia	Mrs S Manion

In Attendance:

Miss I Bishop	Dr C Sharp
Dr A Howell	Dr H McRitchie
Mrs N Berry	Ms Tamara Mulherin
Mr Chris Thacker	Mrs C Oliver
Mrs L Jones	Mr S Whiting
Mr A Pattinson	Mrs K Morris

1. Apologies and Announcements

Apologies had been received from Mr Warwick Shaw and Mrs Evelyn Rodger.

The Chair confirmed the meeting was quorate.

The Chair formally welcomed Mr Andrew Murray, Medical Director to the Board.

The Chair welcomed Ms Tamara Mulherin who was shadowing Mrs Karen McNicoll and Mr Chris Thacker who was shadowing Mrs June Smyth.

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 the Declarations of Interest for Mr Andrew Murray.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 25 February 2016 were approved.

4. Matters Arising

- 4.1 Minute 8: Winter Plan Update:** Both Mrs Karen Hamilton and Dr Doreen Steele enquired about the inclusion of adaptations and funding sources within the Winter Plan. Mrs Jane Davidson suggested addressing the questions in the substantive Winter Period report item later on the agenda.
- 4.2 Minute 11: Roxburgh St Replacement:** The Chair enquired if any progress had been made in regards to the Space Utilisation Group discussing the usage of health facilities at new health centres. Mrs Carol Gillie confirmed that work was underway and had not yet concluded.
- 4.3 Minute 11: Roxburgh St Replacement:** Mrs Karen Hamilton sought feedback on the matter of potential additional funding from the Scottish Ambulance Service. Mrs Gillie clarified that the Scottish Ambulance Service had already contributed £65k and had confirmed they were unable to contribute any further funds.
- 4.4 Minute 19: NHS Borders Annual Review Letter 2014/15:** The Chair reminded the Board that it had agreed to have a further meeting with carers and asked Mrs June Smyth to take the action forward.
- 4.5 Minute 23: HEAT Performance Scorecard:** Mrs June Smyth advised that there was a Board Development session later that day which would focus on future Board reporting and commence the thinking around the consideration of delegation of targets to the Health & Social Care Integration Joint Board.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Mrs Laura Jones highlighted the learning from the patient safety programme and adverse events and advised the Board that priorities had been refocused for the current year in order to retain a focus on medication, deteriorating patients, falls, and work on handovers.

Mr David Davidson noted the Emergency Access Standard was 95% and whilst progress had been made in performance the target remain unachieved. He enquired if there was a particular variance? Mr Andrew Murray suggested the GP referrals and referrals to the Acute Assessment Unit were impacting the target and he reminded the Board that it was a new model that had been put in place and there was further analysis to be done to understand the optimum model.

Dr Doreen Steele appreciated the on going work on complaints and sought assurance that “Power of Attorney” details were collected as part of the admissions process. Mrs Jane Davidson advised that within the Borders General Hospital a new process had been introduced that was checked on a daily basis for such requirements. Mrs Nicky Berry confirmed that the information was captured in the

Adult Unitary record with audit of compliance. She confirmed that the daily Older People in Acute Hospital (OPAH) audit was also being rolled out to the Community Hospitals.

Further discussion focused on: a lower number of complaints upheld for investigations into death; and a Vale of Leven update to a future Board meeting;

The Chair noted the organisation's 7 complaints referred to the Scottish Public Services Ombudsman (SPSO) and enquired if the organisation was an outlier in that regard. Mrs Jones confirmed that the organisation was not an outlier. She further advised that the SPSO had been down to visit the organisation to look at the improvement work that had been carried out in regard to complaints handling and members of the Complaints Team had been invited to visit the SPSO to better understand their role in complaints.

The **BOARD** noted the report.

6. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting confirmed that an update on the actions and recommendations that had been taken from the Vale of Leven report was scheduled for a future Board meeting. Mr Whiting drew the attention of the Board to his reference to a 39% reduction in *Staphylococcus aureus* Bacteraemia (SAB) cases and clarified that the final figure for the financial year was in fact 35% compared to the previous year.

Mr David Davidson enquired what preventative and screening work could be achieved with GPs and social care colleagues to identify carriers? Mr Whiting clarified that it was about where there was an active infection in the blood and he assured the Board that each case was investigated to find the cause and any potential themes.

Further discussion also highlighted: clinical alerts for MRSA on patients notes; and cleaning compliance levels.

The **BOARD** noted the report.

7. NHS Borders 2015/16 Winter Period Report

Mr Alasdair Pattinson reminded the Board that they had been receiving regular update reports and presentations on the winter plan and he emphasised that there had been a more rigorous approach to winter planning for 2015/16 in terms of monitoring and measuring and the findings had informed the recommendations within the report.

He further explained that a table top exercise would be undertaken to consider learning from both the winter and Easter periods as well as resilience planning.

Mrs Karen Hamilton enquired about progress in regard to morning discharges. Mr Pattinson advised that there had been an initiative to increase morning discharges and in some cases a 30% discharge rate had been achieved, however it remained inconsistent. An action plan had been developed to embed processes within the system which should lead to sustainable improvement.

Dr Stephen Mather enquired in regard to prevention of admissions, if the take up rate of the influenza vaccination by staff had had an impact. Dr Tim Patterson advised that whilst there had been a low level of take up of the vaccination there had been no significant increase in cases across the Borders population.

A further discussion ensued which focused on: emergency access standard achievement; bed footprint, surgical bed footprint and impact of patients boarded out of specialty; weekend discharges; Scottish Ambulance Service and GP Practices in Hawick working collectively to test responding to urgent care within day time hours; Community Hospitals length of stay; access to aids and adaptations to support discharges; the role of Registered Social Landlords; expectations of the public around discharges from community hospitals to the right environments to enable patients recovery; impact of morning discharges to catering projections; highest food wastage area was mental health services; day of care audit to be rolled out across all community hospitals; Staff Governance Committee to look at staff wellbeing in the context of sickness absence; preemptive recruitment for the winter period and planning recruitment for the next 15 months; and the 12 week timeline for recruitment with an 80% achievement rate of recruiting and in post within 8 weeks.

Mr David Davidson highlighted the increased reliance on agency nursing and increased sickness absence rate amongst nursing and midwifery staff. Mrs Nicky Berry confirmed that sickness absence levels were being reviewed and recruitment to nursing and midwifery posts had taken place. She highlighted that Health Boards across Scotland all faced difficulties with nursing and midwifery recruitment.

The Chair summed up the conversation and highlighted that it had been a positive report and reflected the substantial amount of work that had been undertaken and the learning that had been gleaned from it. He suggested that the staff involved should be commended for what was in the report.

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

8. Access to Treatment Report

Dr Stephen Mather enquired about the reasons behind the large numbers of medical unavailable patients. Mrs Katie Morris advised that she would source the information and clarify the position outwith the meeting.

Mrs Pat Alexander enquired about the increase in physiotherapy waiting times for February. Mrs Karen McNicoll confirmed that there had been vacancies within the service and referrals had increased. However, the service was working with NHS 24 as well as supporting individuals to self manage. She predicted that waiting times would improve and at that point in time there were 70 patients waiting over 9 weeks and the average wait was 6 weeks.

Mrs Pat Alexander enquired if there was any difference between localities for psychological therapies. Dr Cliff Sharp advised that the Child & Adolescent Mental Health Services (CAMHS) and West Team were the pressure points for psychological therapies.

During discussion several issues were highlighted including: access to treatment for eating disorders; local stretched targets; publicity campaign on the cost of wasted appointments equated in terms of

nurses in the hospital; work with SB Cares and other providers to increase access to home care and provide support to complex packages of care;

Dr Doreen Steele sought assurance that Scottish Borders Council had commissioned SB Cares as a provider of home care as it had the ability to flexibly move staff to different areas quickly.

Mrs Jane Davidson advised that it was Scottish Borders Council that contracted with SB Cares and she had spoken to the Chief Executive of Scottish Borders Council who was content to provide general information to the Board. She further commented that an Executive Management Team meeting which included members of Scottish Borders Council Executive Team and NHS Borders Executive Team was due to meet the following day and part of the discussion would be on home care as well as resolving the impact on each other, by each other, and looking at innovative ideas for the provision of health and social care for the future.

Dr Doreen Steele sought assurance that Occupational Therapy waiting times were being addressed. Mrs Karen McNicoll confirmed that they were being addressed and would also form part of the Executive Management Team discussion being held the following day.

Cllr Catriona Bhatia advised that she had requested the SB Cares Business Plan be shared with the Health & Social Care Integration Joint Board in due course. She further advised that SB Cares had subsumed 2 private providers during the last year.

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 ongoing challenges in Physiotherapy Waiting Times.

The **BOARD** noted the challenging context in delivering the 4-hour 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. Local Delivery Plan 2016/17

Several points were raised during discussion including: the public needing to understand that during the provision of 7 day services, 24 hours a day, discharges would occur over the weekend period; Child & Adolescent Mental Health Service (CAMHS) access target; IM&T review; and a refresh review of clinical services wording.

Mr David Davidson sought a breakdown of expenditure from the Integrated Care Fund.

Mr David Davidson also enquired if there was any feedback from NES on GP training, and in regard to enhanced services he sought an update on the discussions that had taken place with the LNC and GP Sub Committee. Mrs June Smyth advised that she would collect the detail and provide responses outwith the meeting.

Mrs Susan Manion advised that there was a report on the Integrated Care Fund being submitted to the Health & Social Care Integration Joint Board on Monday 18 April which would detail all the projects,

timescales and expected expenditure. She advised she would share the report with Mrs Smyth to share with the Health Board.

Dr Doreen Steele suggested the Professor Lewis Ritchie report be reviewed as it might further inform the Local Delivery Plan.

Mrs Jane Davidson advised that a report was being drawn up for submission to a future Health Board meeting.

The **BOARD** noted the work in progress on the draft Local Delivery Plan 2016/17.

10. NHS Borders 2016/17 Indicative Financial Plan

Mrs Carol Gillie highlighted the key issues in the report to the Board reminding them that the plan had been discussed with the Board on a number of occasions over the last few months. She presented to the Board the financial plan which covered the following 3 financial years for revenue and 5 years for capital although as the Scottish Parliament had agreed a 1 year budget the focus was on 2016/17 and future years could only be considered as illustrative.

She further confirmed that the plan was indicative as the final financial plan was due to be submitted to the Scottish Government on 31 May as part of the Local Delivery Plan for review and agreement. Nevertheless she emphasised that it was important that the Board agreed a financial strategy at the start of the new financial year

Mrs Gillie confirm that NHS Borders presented a balanced financial plan for 2016/17 but that it was dependent on a number of assumptions and was heavily dependent on the delivery of an efficiency programme a significant proportion of which was high risk.

The specific points highlighted by Mrs Gillie were that the Board would end the financial year 2015/16 with a £1.66m deficit; based on income and expenditure assumptions for 2016/17 the quantum of efficiency requirement was £8.795m recurrent and £2.656m non recurrent, £11.4m in total which was a significant challenge and significantly higher than seen previously; overall the plan matched the efficiency requirement but there was a small element of £425k which was yet to be identified; 60% of the schemes in the programme were considered high risk; and there was a mismatch between the recurring and non recurring programme and the target to be delivered which unless addressed would result in the Board remaining in deficit and carrying that deficit forward to future years.

In regard to the capital plan, Mrs Gillie confirmed that the plan remained draft for the years after 2016/17. She further advised that she had received an early indication that the bid for additional resources for primary care premises had been successful.

Mr David Davidson enquired where the Health Board was positioned in comparison to other Health Boards. Mrs Gillie advised that all had submitted their Local Delivery Plans and had significant financial challenges. She advised that whilst NHS Borders had managed to submit a balanced plan not all Health Boards had been able to do the same.

Mr Davidson commented that in regard to the efficiency schemes not all of them had been developed and he enquired how much it equated to. Mrs Gillie advised that it was in the region of £7m.

Mr Davidson enquired about the status of the proposed Children and Young Peoples unit. Mrs Gillie confirmed that it had been intended to fund the unit from charitable funds; however that funding would not be adequate to cover the whole project. A business case would be drawn up for submission to the Scottish Government Capital Investment Group to secure further funding.

The Chair enquired about the ring fenced social care fund allocation of £5.2m to the Health & Social Care Integration Joint Board. Mrs Gillie advised that NHS Borders had received clear guidance that anything for the social care fund was to be passed to the Health & Social Care Integration Joint Board. Alongside that guidance there had been dialogue between John Swinney and Leaders of Local Authorities confirming 50% of the social care fund was to be ring fenced to support pressure in social care (living wage). Mrs Jane Davidson commented that it was a matter for each Health & Social Care Integration Joint Board to consider.

Mrs Karen McNicoll commented that the Area Clinical Forum had reviewed the Local Delivery Plan and the Financial Plan. She emphasised that the clinical community were very aware of the level of challenge facing services and were keen to be supportive.

The Chair acknowledged that 2016/17 would be the toughest year faced by the organisation in terms of finance and turning efficiency savings into reality.

The **BOARD** reviewed the report and approved the 2016/17 indicative revenue and capital financial plans and noted the indicative outline of the financial challenge in 2017/18 and 2018/19.

The **BOARD** agreed that the Financial Performance Oversight Group become a formal sub committee of the Board and be renamed the Finance and Resources Committee.

11. Audit Committee

Mr David Davidson reported that the Audit Committee had met earlier that week to discuss the outstanding actions from the Internal Audit Report on Integration.

Mr Davidson further advised that the Resilience Committee had also met the previous week.

The **BOARD** noted the update.

12. Clinical Governance Committee

Dr Stephen Mather reported that a zero tolerance approach to hand hygiene, zero tolerance to pressure injuries, SPSO reports, blood transfusion training and the approval of the Annual Report had been the key focus items of the Clinical Governance Committee at the last meeting.

The **BOARD** noted the update.

13. Public Governance Committee

Dr Doreen Steele reported that the main topic of discussion at the last Public Governance Committee meeting had been the draft public involvement & community engagement strategy along with the Public Governance Committee Annual Report.

The **BOARD** noted the update.

14. Staff Governance Committee

Mr John McLaren and Mrs Pat Alexander both reported that car parking, embedding imatter into the system, the workforce conference and whistleblowing had been the main items of discussion at the last Staff Governance Committee meeting.

The **BOARD** noted the update.

15. Financial Monitoring Report for the 11 month period to 29 February 2016

Mrs Carol Gillie highlighted to the Board that based on current information NHS Borders was reporting an outturn of £2.1m in excess of its revenue budgets and a break even position on capital costs at the end of February. NHS Borders was currently 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 the overspends and utilisation of the Boards contingencies.

Mrs Gillie further raised several key specific issues including: £2.3m overspend by Clinical Boards, principally in the Borders General Hospital; £1.3m overspend on external health care providers; GP prescribing budgets; and the withdrawal of £6.5m efficiency savings against the target of £6.9m.

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

16. Provision of Resource to Integration Joint Board 2016/17

Mrs Carol Gillie recommended to the Board the approval of the provision of £110.7m of resource to the Health & Social Care Integration Joint Board. The figure was linked to the functions that were delegated to the Health & Social Care Integration Joint Board as per the Scheme of Integration which the Board had previously agreed. Mrs Gillie emphasised to the Board that the figure was to be considered indicative as in line with national agreed timescales the Scottish Government had not yet agreed the Local Delivery Plan and within that the financial plan.

Mrs Gillie reminded the Board that the calculation of the figure had been discussed with the Board on various occasions and she highlighted the key points including: the detailed information on the due diligence work that was undertaken to provide the baseline figure - the detail gave the Board assurance that the level of the integrated budget is realistic; the uplift applied to that baseline budget was in line with the funding NHS Borders would receive in 2016/17 and was based on the principles to be applied to all NHS Borders budgets; the social care fund of £5.2 m had been passed in full to the Health & Social Care Integration Joint Board as per guidance; also passed in full was the Health & Social Care Integration Joint Board's share of the efficiency challenge including the unidentified shortfall.

Mrs Gillie further highlighted that there were risks associated with the new arrangements, however current assumptions were that the resources provided with the exception of the social care fund would be directed by the Health & Social Care Integration Joint Board back to the Health Board.

Mr David Davidson enquired if the allocation for the coming year would be subject to reduction given that shortfalls had been identified in several Health Boards. Mrs Gillie responded that assuming there was no change to the Local Delivery Plan, once approved, all budgets across the organisation would be calculated in the same consistent manner with efficiency challenges attached. The Health & Social Care Integration Joint Board would be in receipt of the budget in regard to the functions delegated to it and that would include a pro-rata share of the efficiency savings.

Mr Davidson queried if the Health & Social Care Integration Joint Board would be required to play a part in the efficiency programme. Mrs Gillie confirmed that it would, however in practical terms it would direct the finance back to the Health Board and the efficiency challenge would be part of that amount.

Mrs Jane Davidson commented that the organisation had been given an indication that it would be business as usual for the Health Board going into the new financial year. She further commented that she anticipated that it would change over time as it was a powerful opportunity to create strategic change in the Borders.

The **BOARD** approved the provision of 2016/17 resource to the Health and Social Care Integration Joint Board, for it to undertake the functions delegated to it by the Health Board, as set out in the Health and Social Care Integration Scheme for the Scottish Borders; this in the amount of £110.7m to include £18.13m of resource set aside for the large hospitals element, all as summarised as Appendix 2, pending agreement of the Local Delivery Plan by the Scottish Government.

The **BOARD** considered and noted the risk landscape and the financial management necessary in the early years of the establishment of the Health & Social Care Integration Joint Board.

The **BOARD** invited a final report to the Board demonstrating the concluding work necessary in terms of the Integration Scheme as it related to the Health Board and in terms of the Health Board's Code of Corporate Governance.

17. NHS Borders HEAT Performance Scorecard

Mrs June Smyth highlighted to the Board that the format of the report had been updated to include trends for each standard and narrative on current performance.

Mr Andrew Murray recorded that it was a fantastic achievement that every single patient with cancer in NHS Borders was treated within the target time period.

The Chair noted that there had been 54 breaches of the diagnostic waiting time target. Mrs Smyth reminded the Board that they were in relation to the local stretched target and the national target period was 6 weeks.

Mrs Pat Alexander welcomed the conversation that was due to take place in the Development session that afternoon around the potential transfer of targets from the Health Board to the Health & Social Care Integration Joint Board, such as delayed discharges.

Mr John McLaren drew the attention of the Board to the Personal Joint Development Reviews target and advised that he anticipated the target would be met again for 2015/16. He further reminded the Board that NHS Borders was one of only a few Health Boards that had achieved the target every year.

The **BOARD** noted the April 2016 HEAT Performance Scorecard.

18. Chair and Non Executive Directors Report

The Chair highlighted the quality agenda, master classes and development opportunities. He advised the Board that it would be part of the Board Diagnostic Tool initiative towards the end of the year and he recorded his thanks to Marilyn Aitkenhead for the work she had done in pulling together the Board 360 poster, which had been one of the posters shortlisted for the NHS Scotland event, but unfortunately had not been successful in being selected.

The **BOARD** noted the report.

19. Board Executive Team Report

Mrs Carol Gillie reminded the Board that a session to review the Annual Accounts had been organised for 30 May.

Mrs Pat Alexander sought sight of the circulars that were released and Mrs Jane Davidson suggested they be included in the weekly Board Round Up.

Mrs June Smyth drew the attention of the Board to the next Staff Awards event that would take place on Saturday 30 April.

Mr Andrew Murray commented that he had visited Coldstream Health Centre where discussions had focused on issues that General Practices found challenging. He further commented that he, Jane Davidson and Tracey Logan, Chief Executive, Scottish Borders Council would be visiting all GP Practices across the region to speak about integration.

The **BOARD** noted the report.

20. Statutory and Other Committee Minutes

The **BOARD** noted the various committee minutes.

21. Scottish Borders Adult Protection Committee Annual Report 2014/15

The **BOARD** noted the Scottish Borders Adult Protection Committee Annual Report 2014/15.

22. Any Other Business

22.1 NHS Scotland Event: Mrs Jane Davidson championed the NHS Scotland event that was to be held on 14 and 15 June 2016 in Glasgow.

23. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 23 June 2016 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 12.38.

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