Borders NHS Board



Minutes of a meeting of the **Borders NHS Board** held on Thursday 23 June 2016 at 2.00pm in the Board Room, Newstead.

Present: Mr J Raine

Mrs K Hamilton

Mr D Davidson
Dr D Steele
Cllr C Bhatia
Dr A Murray
Dr S Mather
Dr T Patterson
Mrs K McNicoll
Mrs E Rodger
Mrs P Alexander
Mrs C Gillie

In Attendance: Miss I Bishop Dr C Sharp

Mrs C Oliver Mrs V Buchan

Ms H Tait

1. Apologies and Announcements

Apologies had been received from Mr John McLaren, Mrs Susan Manion, Mr Warwick Shaw, Dr Hamish McRitchie, Dr Annabel Howell, Mrs Laura Jones and Mr Sam Whiting.

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.

The Chair announced that this would be the last meeting of the Board for Karen McNicoll, Chair of the Area Clinical Forum as she had accepted a post with NHS Highland. The Chair on behalf of the Board thanked Mrs McNicoll for all her help and assistance since being a member of the Board and wished her well in her future career.

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 7 April 2016 were approved.

4. Matters Arising

- **4.1 Minute 8: Access to Treatment:** The Chairman sought confirmation that Dr Stephen Mather had received the information he had requested. Dr Mather confirmed that he had.
- **4.2 Minute 18: Chair & Non Executive Directors Report:** The Chairman advised that a Masterclass would be held in September in Murrayfield and NHS Borders had been allocated 4 places for Non Executive attendance and 4 places for Executive attendance. Miss Iris Bishop would be coordinating attendance.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Mr Andrew Murray provided an overview of the content of the report highlighting activity within the areas of Patient Safety, Clinical Effectiveness, Person Centred Health and Care and Patient Flow.

Mrs Evelyn Rodger advised that the Draft Older People in Acute Hospital (OPAH) report had been received and was being checked for factual accuracy. She further advised that the Joint Childrens Services Inspection Report would be published on 28 June and a communication plan had been drawn together with colleagues in Scottish Borders Council.

Mrs Karen Hamilton enquired if the rapid assessment and discharge team were located in the Acute Assessment Unit or another location? Mrs Rodger confirmed that they were collocated in the Emergency Department.

Mrs Pat Alexander sought further information on the blue print planning initiative. Mrs Jane Davidson explained that it was connected to the organisations willingness to assist in shaping health services for the future on the back of the national clinical strategy as well as looking at the model for elective centres and our own improvement work that was taking place with the learning from the Institute of Healthcare Optimisation (IHO) on operations management and optimising systems for theatres usage and surgical flow.

Dr Doreen Steele suggested a similar paper of such calibre be worked up for the Health & Social Care Integration Joint Board that included the social care elements (home care safety, approaches, variations, complaints) so that all parties were fully informed of performance. The Chairman suggested it would be for the Health & Social Care Integration Joint Board to request the Chief Officer produce such a paper.

Dr Stephen Mather advised that he had requested the Chief Officer for Health & Social Care Integration produce a report in terms of clinical governance for the community as he was concerned that there was a lack of readily available information on what happened in the home care sector and care homes that had a direct impact on what treatment was provided in the acute sector.

The **BOARD** noted the report.

6. Healthcare Associated Infection Control & Prevention Update

Mrs Evelyn Rodger updated the Board on the current status of Healthcare Associated Infections (HAI) and infection control measures in NHS Borders. She highlighted that the organisation remained off trajectory to achieve the *Staphylococcus aureus* Bacteraemias (SAB) target and confirmed that there had been less SAB infections to date than at the same time the previous year. She further confirmed that the organisation was on trajectory to achieve the *Clostridium difficile* infection (CDI) target.

Dr Stephen Mather raised the matter of performance slipping in regard to the national cleaning standards at the end of 2015. Mrs Carol Gillie accepted that performance had reduced and assured the Board that there was an improving position in the Borders General Hospital as a number of rostering changes had been made. In regard to the community she advised that it remained challenging in one particular area and an action plan had been drawn up to improve the situation which would involve independent auditing, peer review auditing and more frequent auditing of the area. She further advised that there had been challenges over the winter period with providing cover for sickness absence and that it was an ongoing issue in the community.

Mrs Gillie further commented that there had been a reduced frequency of cleaning in non clinical areas which had adversely affected the overall score and she was liaising with the national group in that regard. Other health boards across Scotland were also considering reducing their cleaning frequency in non clinical areas.

Dr Stephen Mather suggested an explanatory note be included in the paper in future and Mrs Jane Davidson suggested it also set out the data for the clinical and non clinical areas.

Further discussion focused on benchmarking for cleanliness and surgical surveillance monitoring.

The **BOARD** noted the report.

7. Winter Plan – Outline Plan 2016/17

Mrs Evelyn Rodger described the lessons learned from the Winter Plan for 2015/16 which included: focus on Admission avoidance - Community and Front Door; model inpatient footprint to ensure appropriate beds; coordinated Discharge Planning; addressing Delayed Discharges; earlier planning and implementation of actions; whole-system plan including acute, community and social care and improved clinical and staff engagement and consultation.

During discussion several issues were highlighted including: reducing surge beds and balancing operations across the year; staffing theatres differently; preventing unnecessary admissions; reablement; social care packages; and delivery of services by both NHS Borders and Scottish Borders Council as commissioned by the Health & Social Care Integration Joint Board.

Mrs Karen McNicoll advised that the Area Clinical Forum had received the presentation earlier in the week and had highlighted the need to work with other agencies specifically in regard to accessing the Borders Ability Equipment Store where demand wa predictably increased during the winter period and Easter holidays. She further advised that the ACF were keen to assist in promoting the appropriate use

of A&E, the Emergency Department, minor ailment schemes and reducing pressures at the front door of the acute hospital.

The **BOARD** noted the presentation.

8. Health in Your Hands: What Matters to You?

Mrs June Smyth provided the Board with an update on the outputs and feedback of the Health *in Your Hands: What Matters to You?* public engagement exercise. She advised the engagement exercise had been launched alongside the NHS Borders Inpatient Services Review. She further explained the next steps to be taken in relation to how the feedback from the exercise would be used to support future service planning.

The Chairman welcomed the report and enquired at what point the review of clinical services had been reached. Mrs Smyth explained that the review had changed since its inception and the information gathered from the engagement process had been fed back to the individual services to inform their redesign for the future. She advised that a more targeted approach to engagement by services was expected in the future under the Health In Your Hands approach.

Mrs Smyth further advised that a number of projects had been worked up but were not delivering at the pace expected and the intention was to take stock over the summer period and factor in the national clinical strategy to arrive at a feasible position from which to move forward.

Cllr Catriona Bhatia suggested looking at the age and location profile of respondents to understand engagement with the wider rural communities and also suggested accessing the Scottish Borders Council rural proofing work.

Further discussion focused on: recruitment of GPs; public expectation; primary care interface with the public; first contact through pharmacies and nurses; hand held devices for consultants; appointments with consultants made directly by GPs whilst the patient is in the room; findings from the Eyemouth GP practice trials; patient letters; palliative care patients using ipads; access to rapid care; and frequent hospital attendees.

The **BOARD** noted the update and the outputs and feedback from the NHS Borders *Health in Your Hands: What Matters To You?* engagement exercise.

The **BOARD** agreed the actions outlined within the paper.

9. Deanery Visit Update

Mr Andrew Murray updated the Board on the current status of the action plan that had been formulated following the Deanery Visit that had taken place in April 2016. He confirmed that the report had been received and several of the recommended actions had been addressed. A task force had been formed and a return visit was expected in November. It was anticipated that all actions within the action plan would be completed by mid August 2016.

Mr Murray suggested a further session take place with the Board to explore reflections on the process, trainees experience and the improvements made.

The **BOARD** noted the update.

10. Local Delivery Plan 2016/17

Mrs June Smyth sought formal approval of the 2016/17 Local Delivery Plan (LDP). The LDP had been submitted to the Scottish Government Health Department on 31st May 2016 in line with required timescales, subject to Board approval.

The **BOARD** approved the Local Delivery Plan for 2016/17.

11. Scottish Borders Health and Social Care Integration Joint Board Formal Written Directions 2016/17

Mrs Carol Gillie advised the Board on the written directions issued to NHS Borders by the Scottish Borders Health and Social Care Integration Joint Board (IJB) and recommended that they be accepted.

Mr David Davidson sought clarity on the resources element of the directions. Mrs Gillie confirmed that the paper had been produced for the Health & Social Care Integration Joint Board but the paper had not given clear direction on the amount of the set aside budgets. She was of the view that it had been an error in that paper and directions would apply to the set aside budgets.

Mr Davidson further noted there was no timeline within the paper. Mrs Gillie confirmed that the timeline was dependent on the development of the performance framework. She offered to support the Chief Officer Health and Social Care Integration to confirm the timeline.

The **BOARD** noted the Scottish Government best practice note on the form and content direction should take.

The **BOARD** accepted directions as issued by the IJB.

The **BOARD** noted the requirement for further detailed work with partner organizations establishing an appropriate performance management framework.

12. Scottish Borders Health & Social Care Integrated Joint Board Update on the Draft Commissioning and Implementation Plan

Mrs June Smyth brought to the Board's attention the Scottish Borders Health & Social Care, Integration Joint Board (IJB) draft Commissioning and Implementation (C&I) Plan, which was presented to the Integration Joint Board (IJB) at its meeting on the 18th April 2016. She advised that the document outlined service delivery actions for year one to achieve local objectives.

The **BOARD** noted that a draft Commissioning and Implementation Plan had been presented to the Integration Joint Board which outlined service delivery actions for year one to achieve local objectives.

13. Audit Committee

Mr David Davidson recorded his thanks to the finance staff on producing the annual accounts and for their support to the Audit Committee over the previous financial year. He further thanked the external auditors for their assistance and advised that in future Audit Scotland would be the external auditors to NHS Borders.

The **BOARD** noted the update.

14. Clinical Governance Committee

Dr Stephen Mather advised the Board that meetings of the committee had been aligned to the Board meeting dates. Discussion at the previous meeting had focused on: infection control and whether SABs were influenced by poor blood sampling techniques; mortality rates for those admitted over the weekend period; risks with IT and the windows platform; the IT strategy in regard to clinical work; patient safety annual report and the Scottish Public Services Ombudsman reports.

The **BOARD** noted the update.

15. Public Governance Committee

Dr Doreen Steele advised the Board that the last meeting of the Committee had been a topic session that had focused on the spiritual care service with attendance from Mr David Thomson and Mr Bob Deveney. They had advised that the bereavement policy was being updated, and were looking to form a Cremation Group as well as looking at the signage directing people to the Chaplaincy Centre. They also wished to enhance the community aspect to the service and provide an on call service.

The Committee had also discussed public involvement in primary care and the Carers Scotland Bill.

Mr David Davidson advised the Board that the Spiritual Care Committee was considering changing its name to the Spiritual Care Advisory Committee and that he would be meeting with the Associate Director of Nursing to talk about a replacement for the vacant Chaplaincy post.

Mrs Karen McNicoll advised that the ACF had been keen to support the Public Governance Committee with the review of patient letters language and style.

The **BOARD** noted the update.

16. Staff Governance Committee

Mrs Pat Alexander advised the Board that training had been the key feature of the last meeting, specifically medical education and she also commented on the need for all the governance committees to link together as some topics covered more than one committee remit.

The **BOARD** noted the update.

17. NHS Borders Corporate Objectives 2016-19

Mrs June Smyth set out the NHS Borders Corporate Objectives for 2016/19.

A discussion took place regarding the inclusion of the word "care" within the key corporate objective and amplifying the values.

The **BOARD** noted the comments and agreed to receive a revised version at the next meeting.

18. Borders Health Board Code of Corporate Governance Update

Mrs Carol Gillie commented that having received feedback earlier in the day she wished to withdraw the paper and defer it to a future meeting.

The **BOARD** deferred the updated Code of Corporate Governance - June 2016 for further amendment and submission to a future meeting.

19. NHS Borders Annual Accounts for 2015/16

Mrs Carol Gillie introduced Ms Viv Buchan.

Mrs Gillie advised that the Board had achieved its financial targets with an outturn of £90,000 underspend against the Revenue Resource Limit and a small underspend of £6,000 against the capital resource limit. This was an excellent achievement in a year which had been particularly challenging in light of the wider economic situation.

Ms Buchan highlighted a few key points for the attention of the Board.

Dr Doreen Steele enquired if a communication plan would be drawn up for any press interest in the autumn when the accounts were laid before parliament. Mrs Gillie confirmed that she would work with the communications team to formulate a plan.

Mrs Gillie then highlighted several element of the accounts to the Board including: page 22 as part of the Governance statement a number of disclosures had been made in line with the Audit Scotland recommendations following a review of NHS Scotland board accounts that Boards should disclose in the accounts some of the key issues they were dealing with; also worth noting due to potential media interest was the remuneration and staff report which provided salary and pension details for Board Members and Senior Employees for ministerial appointed posts but also some new tables provided information on staff.

She further advised that the Board's External Auditors Scott Moncrieff, had concluded their audit of the accounts and had advised the Audit Committee that their audit certificate was unqualified in respect of the accounts presenting a true and fair view and in respect of their regularity compliance.

Scott Moncrieff had asked that it be minuted that the Chief Executive had agreed to sign a letter of representation on behalf of the Board confirming that in production of the accounts the Board had fully disclosed all relevant information.

Mrs Gillie then recorded her thanks to Chris Brown and his team of external auditors for the very professional manner in which they had undertaken the audit. She further recorded her thanks to the Finance team for all their hard work in producing the accounts and supporting the organisation to deliver its financial targets.

Mrs Gillie further advised that the Accounts had been considered by the Audit Committee on the 13 June and she invited the Chair of the Audit Committee to comment.

Mr David Davidson as Chair of the Audit Committee confirmed that the accounts were considered and reviewed at a number of Audit Committee meetings, including a detailed session on the 30th May which a number of Board members had attended. The accounts had been approved at the Audit Committee meeting on the 13th June.

As well as reviewing the content of the accounts the Audit committee has received reports from all of the governance committees detailing their work during the course of the year. They were included in the governance statement which was discussed and reviewed by the Audit Committee.

The external auditors Scott Moncrieff had submitted a clean audit certificate. The audit and the annual report which was presented at the June meeting raised only a number of minor points to be taken forward and as an indication of the issues raised the external auditors felt it unnecessary to be in attendance at the Board meeting. Based on that and the process that had been followed he was content to approve the annual assurance statement

The signed annual assurance statement gave the Board assurance around the current governance framework in place across the organisation which in turn gave the Board assurance about the content of the accounts.

The Chair recorded the thanks of the Board to the finance team and the chair of the Audit Committee for their hard work and commitment in concluding the annual accounts.

The **BOARD** adopted and approved for submission to the Scottish Government, the Statement of Accounts for the financial year ended 31 March 2016.

The **BOARD** authorised:-:

- (i) The Chief Executive to sign the Performance Report;
- (ii) The Chief Executive to sign the Statement of Accountable Officers' responsibilities in respect of the Accounts;
- (iii) The Chair and Director of Finance to sign the Statement of Health Board Members' responsibilities in respect of the Accounts;
- (iv) The Chief Executive to sign the Governance Statement in respect of the Accounts; and
- (v) The Chief Executive and Director of Finance to sign the Balance Sheet.

20. NHS Borders Endowment Fund Annual Accounts for 2015/16

Mrs Carol Gillie introduced the Endowment Fund Annual Accounts for 2015/16 and advised that the Board note that the accounts had been given an unqualified audit certificate by the external auditors Geoghans and the Endowment Board of Trustees had approved the accounts at their meeting on the 6th June.

She advised that as a corporate parent for Borders Health Board endowment funds the International Accounting Standards 27 required the corporate parent body to produce consolidated accounts. Therefore the endowment accounts were consolidated within NHS Borders accounts.

The **BOARD** noted the Endowment Fund Annual Accounts for 2015/16.

21. Patient's Private Funds Statement for 2015/16

Mrs Carol Gillie advised the Board to note the statement had been given an unqualified audit certificate by the external auditors Geoghans and the audit committee had reviewed the statement at its meeting on the 13th June and recommended that the NHS Borders Board approve the statement

The **BOARD** adopted and approved the Patient's Private Funds Statement for the financial year ended 31 March 2016.

The **BOARD** authorised the Director of Finance to sign the Patient's Private Funds Statement to certify its accuracy;

The **BOARD** authorised the Chief Executive to sign the Patient's Private Funds Statement to confirm its approval by the Board;

22. Capital Plan Update

Mrs Carol Gillie advised that the paper provided more detail to the Board on the 2016/17 capital plan which had been agreed by the Board on the 7th April as part of the LDP and outlined an indicative capital plan for the next 4 years. She highlighted the following key points: the resources in the table on page 1 for 2016/17 had been confirmed including the local retention of capital receipts during 2016/17; detail on how capital resources would be spent this financial year; the progress made in the first quarter of the year; and what was planned for the second quarter; linked to the prioritisation process that had been put in place there were a number of projects which had been reviewed and scored but for which no funding had been identified.

Mr David Davidson enquired if there was an ability to make any variance in the priority listing (Appendix 2). Mrs Gillie advised that if a priority were identified the capital programme would be reconsidered in terms of what could be slipped given there was a finite amount of resource available.

Mrs Pat Alexander commented that there was nothing in the report in relation of the Newstead site. Mrs Gillie advised that as she was unable to progress the relocation of staff from the site the disposal of the property had been put in abeyance.

The **BOARD** noted the update provided on the current year capital plan.

The **BOARD** noted the indicative capital resources and commitments for 2017/18 - 2020/21.

23. Primary Care Premises: Eyemouth Health Centre & Day Hospital – Update and Award of Contract

Mrs Carol Gillie reported that one of the schemes for development in the primary care premises business case for which the Board had been awarded national funding was the upgrade and extension of the Health Centre at Eyemouth. Following a procurement process the Board was now asked to give delegated authority to the Chief Executive and the Director of Finance to award the contract for that capital project

Mr David Davidson suggested the Chair be included as part of the panel reviewing the final decision given the sums involved.

The Chair suggested financial authority levels be picked up as part of the Code of Corporate Governance review.

The **BOARD** noted the update on the Eyemouth Health Centre and Day Hospital project

The **BOARD** approved the delegation of the award of the contract to the Director of Finance, the Chief Executive and the Chair.

24. Financial Monitoring Report for the one month period to 30 April 2016

Mrs Carol Gillie presented the finance report to 30th April 2016 which was one month into the financial year. The key points to note from the report were that at the end of April NHS Borders was reporting an outturn of £0.5m in excess of its revenue budgets and a break even position on capital. That level of overspend in 1 month was concerning.

The key issues to note from the reported position were: Acute Services are overspent by £0.4m; principally in the Borders General Hospital (BGH) linked to medical £(0.1m) nursing budgets £(0.3m); under external health care providers there was a reported overspend of 0.1m based in the main on previous year's activity trends as limited new year information was available; also under the IJB directed services GP prescribing budgets were reporting break even due to the limited information currently available; in the case of efficiency savings £3.3m of savings had been withdrawn from budgets against a target of £11.4m.

Mrs Gillie further commented that delivery on the challenging efficiency programme remained a concern.

During discussion several issues were raised including: focusing on recurring schemes and efficiencies; impact of realistic medicine and the national clinical strategy; sickness absence; supplementary staffing workstream and nursing costs; prescribing short life working group outcomes; and the accounting process for the social care fund monies.

The **BOARD** noted the report and considered the current financial position.

25. Quality and Efficiency Programme 2016/17 - Clinical Productivity Workstream

Mrs June Smyth gave an overview of the content of the paper explaining that the Clinical Productivity workstream was being undertaken as part of the 2016/17 Quality and Efficiency programme. In order to progress that work a procurement exercise was being undertaken to appoint external providers to provide the additional capacity and expertise required to support a rapid initial change programme, but also create the impetus for change. The timescale for the award of tender fell outwith the cycle of NHS Borders Board meetings so a request was being made for the Board to authorise that delegated authority for the award of tender be given to the Chief Executive, a Non Executive Board Member and the Director of Finance.

A discussion took place that focused on: efficiency and productivity; counterbalancing; equalization; learning from the meridian work; patient experience; and VAT implications.

The **BOARD** approved delegation of authority for the award of the tender to the Chief Executive, a Non Executive Board Member and the Director of Finance.

The **BOARD** nominated the Chairman (seconded by David Davidson) to approve the tender award.

26. NHS Borders Performance Scorecard

Mrs June Smyth introduced the new format performance scorecard which incorporated the access to treatment report. She further highlighted that there had been an underreporting error for delayed discharges, which had been rectified and she assured the Board that there had been no impact on national data submissions or reporting. She further advised that it was intended to introduce a workforce section within the report in the future.

Dr Stephen Mather noted that the DNA rate appeared to be static and enquired how NHS Borders compared to other Health boards. Mrs June Smyth gave a commitment to find out outwith the meeting.

Further discussion focused on: DNA rates for children; media campaign; working with social work colleagues; cancelled operations; IHO improvement work in theatre utilisation; patient flow and delays in the system; data and coding issues; and validation of data.

The **BOARD** noted the June 2016 Performance Scorecard (April 2016 performance).

27. Managing Our Performance Year End Report 2015/16

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

Dr Stephen Mather enquired if there were too many inappropriate referrals for Gastroenterology and Chronic Pain services. Mrs Karen McNicoll commented that the Chronic pain service had been running with a number of vacant posts which were now being recruited to and she believe an improved performance was becoming visible.

Mr Andrew Murray advised that he was involved in the job planning for the team within the ENT service in order to ensure that only appropriate follow on appointments were made.

Discussion also focused on the provision of IVF treatment cycles; and the physiotherapy performance in achieving the 9 week target and moving to the 4 week target.

The **BOARD** noted the 2015/16 Year End Managing Our Performance Report.

28. Chair and Non Executive Directors Report

The **BOARD** noted the report.

29. Board Executive Team Report

Mr David Davidson enquired if other private providers could be identified to access the Hydrotherapy pool leading to a potential funding opportunity. Mrs Karen McNicoll advised that it had been difficult to identify slots for the current private practitioner to use the facility, given it was more than just the physiotherapy service that utilised the pool.

The **BOARD** noted the report.

30. Statutory and Other Committee Minutes

The **BOARD** noted the committee minutes.

31. Any Other Business

There was none.

32. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 4 August 2016 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 4.55pm.