

Minutes of a meeting of the **Borders NHS Board** held on Thursday 4 August 2016 at 3.00pm in the Board Room, Newstead.

Present:

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

In Attendance:

Miss I Bishop	Dr C Sharp
Mr P Edie	Mrs C Oliver
Mrs E Reid	Mrs L Jones
Mr A Wood	Mr A Pattinson
Ms C Haylis	Mr D Thomson

1. Apologies and Announcements

Apologies had been received from Mrs Karen Hamilton, Dr Doreen Steele, Cllr Catriona Bhatia, Dr Hamish McRitchie and Dr Annabel Howell.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Paul Eadie, Chair of the Care Inspectorate and Board Member of Health Improvement Scotland.

The Chair welcomed Mrs Alison Wilson, Director of Pharmacy who had been elected as Chair of the Area Clinical Forum subject to ministerial approval.

The Chair welcomed a range of attendees to the meeting.

The Chair welcomed members of the public to the meeting.

The Chair announced that the NHS Borders Annual Review would be taking place on Tuesday 6 September 2016.

The Chair announced that the Scottish Health Awards nominations process had opened and any nominations should be submitted by the deadline of 1 September.

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 23 June 2016 were approved.

4. Matters Arising

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Mrs Laura Jones presented the report.

Mr John McLaren enquired about the patient helpline initiative. Mrs Jones advised that it was a system that was being tested in the Women and Childrens service. Feedback was being received on a weekly basis and issues were being highlighted, so that further guidance could be provided and tweaks could be made to the system.

Mrs Jane Davidson suggested a better description would be “help sign” instead of “helpline” as the service was more about sign posting and guidance for patients, carers and families.

Dr Stephen Mather enquired if patient flow had translated into an improvement in the number of patients discharged as the narrative had suggested ongoing numbers of patients were medically fit to discharge. Mrs Jones commented that there had not been an increase in discharges, however there were less delays encountered for those who were ready for discharge.

Mrs Evelyn Rodger enquired if there was a reduction in length of stay. Mrs Jones advised there had been an initial reduction in length of stay which had plateaued, although throughput had increased.

Mr David Davidson enquired what additionality would be achieved. Mrs Davidson responded that the intention was to be very open with people, so that they could raise matters at a ward level and if they felt nothing was moving forward they would be empowered to escalate their concerns up to more senior teams.

Mr Andrew Murray supported the initiative commenting that it was a real time initiative to get a response within an hour and he suggested it would empower those people who felt disenfranchised.

Mrs Pat Alexander enquired if there were suitable spaces for clinicians to have conversations with families and carers. Mrs Rodger confirmed that the majority of wards now had quiet rooms available.

The **BOARD** noted the report.

6. Healthcare Associated Infection Control & Prevention Update

Mr Adam Wood drew the attention of the Board to table 1 on page 9 and advised that 3 of the 4 outstanding action plans had been received.

Dr Stephen Mather offered his congratulations to the Infection Control Team on completing all of the actions within the work plan for 2016/17.

Mrs Jane Davidson enquired about how the new approach, that had been introduced 6 months previously, was operating. Mr Wood advised that spot checks were undertaken to support standard infection control precautions, audit results were shared to recognise improvement across the system as a whole and commented that it had made a difference; however there was still room for further improvement.

During further discussion several issues were raised including: antimicrobial stewardship; antimicrobial guardians; reduced cases of antimicrobials; national surveillance, strategies and control measures for new strains of microbials; admission procedures; working with Health Protection Scotland and the NHS Borders Resilience Committee; root cause analysis of Staphylococcus aureus Bacteraemias (SABs); and pandemic flu plans.

The **BOARD** noted the report.

7. Draft Winter Plan 2016/17

Mr Alasdair Pattinson presented the draft winter plan for 2016/17 to the Board, he advised that it had been built on learning lessons from the previous winter period. He highlighted the two key principles that were being applied to the 2016/17 plan, being: a focus on actions that will be delivered by winter - all actions are clearly in the process of being implemented; and a pragmatic assessment of likely impact.

Mr Pattinson reiterated assurance to the Board that winter planning was in progress and on track to deliver and that the winter planning process had been a driver in developing new models of care that should sustain beyond the 2016/17 winter period and contribute to an improved position for the future.

Dr Stephen Mather enquired about the requirements for weekend discharge. Mr Pattinson responded that there was not a good managed approach to weekend discharges and it was not being coordinated well. A more team based approach was being initiated to improve weekend discharge activity.

Further discussion focused on: front door activity; input from social work to support weekend discharges; criteria lead discharge planning; emergency duty team; access to provisions; social care providers; presentation to a future Board Development session with input from a senior social work colleague to provide the Board with assurance around the provision of social care and social care facilities to enable weekend discharges to be successful; 2 additional beds in the stroke unit for surge usage unless stroke patients admitted; flexible job planning for consultants and specialist nurses over the winter period;

The Chair enquired about performance in regard to boarding patients and discharging patients before 11am. Mr Pattinson commented that boarding figures had increased and in terms of 11am discharges the aspiration was a 40% discharge rate, however, in reality the average had been less at around 24%.

The Chair enquired about mental health services. Mr Pattinson advised that work was on going with mental health colleagues in regard to attendance at the front door of the hospital and repeat admissions. Dr Cliff Sharp commented that the mental health service normally managed to avoid difficulties over the festive period and tried hard not to admit patients. The biggest issue was usually availability of housing and the 2 weeks over the festive period the Housing Department was closed. Whilst the Homeless Accommodation and Emergency Duty Team were available it was often Housing Department issues that required resolution. He further commented that the mental health service and Crisis Team continued as normal over the festive period.

Mr Jane Davidson suggested it was critical to factor mental health and housing services into the winter plan as engagement took place on a wider partnership basis.

Mr David Davidson clarified that Housing was not part of the Health & Social Care Integration Joint Board remit and Mrs Davidson confirmed that whilst it was not formally part of the remit, the winter plan was about enhancing the links to wider services and operationally ensuring the plan worked across the whole region and linked to all those services required during that period.

The **BOARD** noted the Draft Winter Plan 2016/17 presentation.

8. Vale of Leven Update

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

Mr Andrew Murray sought assurance that all of the previous recommendations were monitored as business as usual. Mrs Rodger confirmed they were monitored through the infection control work plan.

The **BOARD** noted the update.

9. Nursing & Midwifery Workforce Planning

Mr David Thomson highlighted several elements within the paper including the age profile information.

Mrs Pat Alexander enquired if the Shift Pattern Group had reconvened? Mr Thomson confirmed that it had and the shift pattern literature had been reviewed and revised and would be kept under review.

Mrs Alexander sought assurance that cost and benefit to staff and patients had been considered. Mr Thomson confirmed that it had along with safe working practice, welfare for staff, cognizance to staff lifestyles, core shifts, long shifts, and ensuring working within an efficiency envelope.

Mr John McLaren sought assurance around the work taken forward in terms of application of outcomes. Mrs Rodger confirmed that it would be consistent within the parameters of clinical practice.

Mr David Davidson commented that the predictable absence allowance appeared high and he questioned how sustainable that would be in times of pressure. Mr Thomson commented that it was a

nationally agreed allowance and NHS Borders were tighter than some other Health Boards. Work continued on sickness absence rates and utilising the occupational health service as a preventative measure.

Mrs Carol Gillie assured the Board that NHS Borders was resourced in line with the national target of 4% for nursing, however it was proving difficult due to sickness absence levels being higher than the target to stay within the funded budget 1. Work to reduce actual sickness levels was being taken forward through the efficiency programme to try and address the situation.

Further discussion focused on: safety of 12 hour shifts; benchmarking and NHS National Services Scotland Information Services Division (ISD) data collection systems; staff moving and handling injuries; staff musculoskeletal injuries; open access drop in for physiotherapy for staff; and stress and distress are not always work related.

The **BOARD** noted the report.

10. Inpatient Services Review: Health In Your Hands

Mrs June Smyth highlighted the national and local initiatives that had emerged over the past 12 months and the impact on the design of the implementation phase, as had been discussed during the previous Board Development session.

Mr John McLaren commented that in regard to the Galavale re-provision he had received feedback that staff were keen for an update on the scheme. Mrs Carol Gillie commented that she was committed to the scheme and work continued behind the scenes on the design and identification of a procurement partner and she advised she would ensure a staff update was issued.

Dr Cliff Sharp assured the Board that there had been communication with staff through project meetings, however he acknowledged that formal engagement had not taken place.

Mr David Davidson sought an explanation of the projects awaiting Integrated Care Funding as mentioned on page 4 of the report. Mrs Susan Manion commented that the Eildon Community Ward was identified as an early project which was about moving away from a virtual ward to look at a different model of care.

Further discussion focused on: GP feedback in terms of looking for the provision of reliable home care; development of the children and young people's centre; strategic direction of the Borders General Hospital; and future planning of services.

The **BOARD** noted the update.

11. Audit Committee

Mr David Davidson commented that the next Audit Committee meeting would be held in September. Whilst the agenda had yet to be confirmed, he envisaged it would focus on the coming year work plan, code of corporate governance revisions and also engagement with the new external auditors.

The **BOARD** noted the update.

12. Clinical Governance Committee

Dr Stephen Mather commented that the previous meeting had been held on 13 July and the meeting had focused on the Significant Adverse Event Reports (SAERs) and potential for them to be presented to the Board and be made available on the NHS Borders external website. Dr Cliff Sharp raised a concern in regard to suicides and Dr Mather agreed to discuss with Mrs Laura Jones a suitable format for future publication.

In regard to the Scottish Public Services Ombudsman reports, Dr Mather advised all recommendations with them had been completed and any outstanding actions were being addressed.

The **BOARD** noted the report and were supportive in principle in regard to publication of SAERs.

The **BOARD** agreed to receive a report on SAERs as part of the Clinical Governance and Quality report.

13. Public Governance Committee

As Dr Doreen Steele was absent from the meeting an update was not provided.

14. Staff Governance Committee

Mrs Pat Alexander commented that the previous meeting of the Staff Governance Committee had focused on the local workforce plan, an update on training and a presentation on medical education. She advised that the next meeting was due on 12 September and would focus on a deep dive into sickness absence.

The **BOARD** noted the update.

15. NHS Borders Corporate Objectives 2016/19

Mrs June Smyth presented the revised Corporate Objectives for 2016/19.

The **BOARD** approved the Corporate Objectives for 2016/19.

16. Care Inspectorate Report – Joint Inspection of Services for Children and Young People in Scottish Borders

Mrs Evelyn Rodger presented the Joint report and drew the Board's attention to the main conclusion and recommendations. She suggested that in regard to the health services element, the Clinical Governance Committee should monitor progress against the action plan.

Mrs Rodger advised she would supply Mr John McLaren with the membership of the group.

The **BOARD** noted the main conclusions within the inspection report, along with the improvement work that was being progressed to address the key findings.

The **BOARD** requested the Clinical Governance Committee monitor progress against the action plan and provide the Board with an update in 12 months time.

17. NHS Borders Board Committees

Miss Iris Bishop advised the Board of 2 amendments to the Committee chart which were, that Karen Hamilton was also a member of the Staff Governance Committee and that Mr Andrew Murray was the Executive Lead for the Public Governance Committee.

The **BOARD** approved the membership and attendance of Non Executive Directors on its Board and other Committees subject to the amendments noted.

18. Local Delivery Plan 2016/17 Feedback Letter

The Chair commented that the feedback letter appeared to be relatively straightforward.

Mrs June Smyth highlighted to the Board that there had been a slight change made to the Local Delivery Plan following its approval by the Board. On receipt of feedback from the Area Clinical Forum there was an inaccuracy in that not all optometrists had access to an information system. The proposed amendment was discussed with Scottish Government colleagues and their advice was to make the amendment and republish the document.

The **BOARD** noted the Local Delivery Plan 2016/17 feedback letter.

19. Financial Monitoring Report for the 3 month period to 30 June 2016

Mrs Carol Gillie presented the financial monitoring report to the end of June 2016 and highlighted that the Board was reporting an overspend position of £1.7m on revenue and breakeven on capital. She highlighted the main pressure areas of, nursing, medical costs, Health & Social Care Integration Joint Board directed services and external health care providers. She further commented that of the £11.4m savings target for 2016/17, £3.5m had been withdrawn from budgets. She said she was increasingly concerned about the financial situation and clear robust action was required to ensure financial targets were delivered.

Mr David Davidson commented that he was concerned with the level of overspend at such an early stage in the financial year and sought assurance that Executive colleagues were supporting the Director of Finance to address the situation and deliver on efficiency savings.

Mrs Gillie assured the Board that Board Executive Team colleagues were in receipt of a regular financial position update and were working with her to address the position. Mrs Gillie reminded the Board that they had requested a sub committee be set up to report to the Strategy and Performance Committee which would focus on financial issues. She felt it was imperative the Board increased scrutiny of the financial position and suggested she provide a regular monthly update.

Mrs Gillie commented that some action had been taken in order to address the financial position through scrutiny of the unexpected overspend on nursing and scrutiny of medical budgets through the medical oversight group. This had been done by redirecting resources from the finance department and placing the Deputy Director of Finance full time to work alongside the general managers. A

further conversation had been commenced with the Health & Social Care Integration Joint Board Interim Chief Financial Officer and Chief Officer on the set aside budget.

Mrs Jane Davidson commented that it was important to discuss with Scottish Borders Council and the Health and Social Care Integration Joint Board how to deliver on pressures.

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

The **BOARD** noted the seriousness of the current position and agreed to receive monthly updates.

The **BOARD** noted the formation of the Financial Performance Group which was a sub committee of the Strategy & Performance Committee and that it would provide additional scrutiny of the financial position of the Board, with a view to giving increased assurance on financial issues.

20. NHS Borders Performance Scorecard

Mrs June Smyth advised that the report contained performance against 2016/17 standards as well as local indicator performance at the end of May. She further reminded the Board of the 6 week campaign that had been launched in regard to Did Not Attend (DNAs) rates.

Dr Stephen Mather suggested the organisation might be at the point of being unable to influence DNAs within some services and he suggested sifting out those services in order to concentrate on where influence could be applied.

Dr Mather then commented that in regard to the 18 weeks Referral to Treatment target (RTT), the position appeared to worsen and seemed to be related to outpatient clinic problems and he enquired if areas of greatest need were being targeted as a priority in the first instance? He further raised the worsening position in diagnostic waiting times and asked when the position was likely to improve.

Dr Cliff Sharp commented that in regard to psychological waiting times a new consultant had been appointed to the Child and Adolescent Mental Health Service (CAMHS) as well as additional funding. Dr Sharp reminded the Board that often when capacity was increased, referrals also increased and he confirmed that a clearer acceptance criteria for referrals was being explored to assist the service with waiting times.

In regard to out patients, Mrs Katie Morris advised that the service was moving in the right direction, and additional outpatient clinicians were being held in the evenings and at weekends. She commented that there were issues with the Ear, Nose & Throat (ENT) service and they were being addressed. She further commented that there was an improving position in regard to DNAs. With regard to the diagnostic service she explained that there had been an improved position in June and there had been pressures in radiology and CT, however additional locum support had been put in place to address those long waiting times. Mrs Morris reassured the Board that all urgent referrals on suspicions of cancer were addressed and she continued to focus on capacity and demand issues.

Mr David Davidson enquired about the role of the Health & Social Care Integration Joint Board in regard to cancellations and community hospital length of stay costs.

Mrs Jane Davidson suggested the Health & Social Care Integration Joint Board would not be aware of the costs as it was not an operational body. She suggested that briefing the Health & Social Care

Integration Joint Board on the winter plan would allow it to be brought up to date and understand the impact on the acute sector, of delayed discharges, hospital cancellations, length of stay, and where it might be able to influence flow to ensure delays and cancellations were minimised where absolutely necessary.

The Chair enquired about delegated performance to the Health & Social Care Integration Joint Board and how that related to the Health Board's performance. Mrs Smyth advised that it was the terminology that had been used in the Scheme of Integration.

Mrs Davidson commented that the Health & Social Care Integration Joint Board would be in receipt of a performance management framework which would record performance in regard to the delegated functions from both Scottish Borders Council and NHS Borders.

Mrs Susan Manion commented that the performance framework for the Health & Social Care Integration Joint Board would be in relation to outcomes and would contain lots of indicators, and the Health & Social Care Integration Joint Board would seek assurance from the Health Board and the Council in terms of delivery.

The Chair sought clarification that the Health Board and the Council would be held to account for delivery of services that were commissioned by the Health & Social Care Integration Joint Board and that the performance was for the Health Board and Council to monitor as it had not been delegated. Mrs Smyth suggested she review the language to ensure it was clear.

The **BOARD** noted the August 2016 Performance Scorecard (May 2016 data).

21. Chair and Non Executive Directors Report

The **BOARD** noted the report.

22. Board Executive Team Report

The **BOARD** noted the report.

23. Statutory and Other Committee Minutes

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

24. Scottish Borders Child Protection Committee Annual Report 2014-2015

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

25. NHS Borders Celebrating Our Success in 2015/16

The **BOARD** noted the Celebrating Our Success in 2015/16 report.

26. Any Other Business

26.1: Security in the context of Terrorists. Mrs Pat Alexander raised the issue of assurance in relation to adverse events and terrorism. The Chair commented that given the NHS was a 24 hour a

day, open service it was a difficult matter to address however he welcomed the point given the global terror threat.

Mr David Davidson suggested the NHS Borders Resilience Committee might be asked to look into possibilities for security at NHS Borders premises.

Mrs Jane Davidson advised that she would raise the matter at the National Health Board Chief Executive's meeting being held the following week.

Mrs Carol Gillie advised that security matters now came within her remit and a Working Group chaired by Natalie MacDonald, General Services Manager, was currently looking into security matters, and reviewing the guidance received from Health Facilities Scotland. She suggested sharing the Health Facilities Guidance with Board members.

Mr Tim Patterson advised that Council colleagues were also undertaking a review of their premises in regard to security.

The **BOARD** noted the update.

27. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 27 October 2016 at 3.00pm in the Board Room, NHS Borders, Newstead.

The meeting concluded at 5.05pm.

Signature:

Chair