

Minutes of a meeting of the **Borders NHS Board** held on Thursday 27 October 2016 at 3.00pm in the Board Room, Newstead.

Present:

Mr J Raine	Mrs J Davidson
Mrs K Hamilton	Mrs J Smyth
Dr D Steele	Mr A Murray
Mr J McLaren	Mrs S Manion
Dr S Mather	Mrs C Gillie
Mrs A Wilson	Dr T Patterson
Cllr C Bhatia	

In Attendance:

Miss I Bishop	Mrs K Morris
Mr E James	Mrs E Reid
Mr P Lunts	

1. Apologies and Announcements

Apologies had been received from Mrs Pat Alexander, Mr David Davidson, Mrs Evelyn Rodger, Mr Warwick Shaw, Dr Annabel Howell and Dr Cliff Sharp.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Ed James and Mr Philip Lunts who were presenting items on the agenda.

The Chair advised that the Audit Scotland Report on the NHS in Scotland 2016, published that day, was tabled for Board members information.

The Chair commended the “Black Box Thinking” book by Matthew Syed as worth a read by Board members and NHS staff. Matthew had recently presented a masterclass for NHS Board members.

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 Dr Doreen Steele and Mrs Alison Wilson.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 4 August 2016 were approved.

4. Matters Arising

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Mr Andrew Murray gave an overview of the content of the report and highlighted: Hospital Standardised Mortality Ratio (HSMR); breakdown of complaints and concerns by area; and Patient Opinion.

Discussion focused on several key matters including: staff share mechanism; HSMR recalculation methodology; assurance that SPSO actions had taken place; change from reviewing all deaths to 25% of all deaths to aid learning and free up resource; day of care audit; complaints related to various communication elements including language and discharge letters; viewing complaints through the eyes of patients.

Dr Doreen Steele enquired if there was a triangulation of data for increased complaints, falls and pressure sores in line with increased sickness absence? Mr Murray advised he would look into the matter outwith the meeting.

Dr Stephen Mather commented that reviewing expected deaths would not provide increased learning and he suggested limiting the analysis of deaths to those that were unexpected in order to maximize learning outcomes to improve systems.

Mr Murray assured the Board that NHS Borders did not have a higher death rate for patients admitted at weekends.

Cllr Catriona Bhatia enquired in relation to the graph on page 16 if 100% equated to a different number of beds at any one time and if that was the case, should that be represented in the graph. Mr Murray clarified that the purpose of recording occupancy was to show best performance in a safe organisation and the day of care audit methodology would record above 100% occupancy in the event there were patients on trolleys.

The **BOARD** noted the report.

6. Healthcare Associated Infection Control & Prevention Update

Mr Ed James gave an overview of the content of the report and highlighted several key areas including World Antibiotics Day.

Dr Doreen Steele commented that antimicrobial prescribing was one of the greatest challenges to the health service and she had attended an event where the Chief Nursing Officer for NHS Scotland had intimated that the majority of antibiotics came via food sources and had suggested work was required with veterinary colleagues to look into how that could be addressed. Mr James acknowledged that there was a wider issue to be explored in terms of livestock farming practices. Dr Tim Patterson commented that there was a national group looking at microbial prescribing.

The Chair noted the national figures and progress that had been made in terms of a reduction in *Staphylococcus aureus* Bacteraemias (SAB) and *Clostridium difficile* infection (CDI) for those over 65 years of age.

The **BOARD** noted the report.

7. NHS Borders Winter Plan 2016/17

Mr Philip Lunts gave an overview of the content of the winter plan and highlighted several key areas including: Winter Planning Operational Group; Winter Planning Board; and monitoring of activities and challenges in regard to delivering services over the winter period.

Mr Andrew Murray commented that it was an integrated winter plan with engagement and input from GP colleagues.

Mrs Jane Davidson clarified that whilst the Winter Plan was for the Health Board to approve it had also been shared with and was supported by the Health & Social Care Integration Joint Board.

Mrs Davidson sought assurance on staffing levels and costs for the winter period and Mr Lunts confirmed that appropriate staffing levels had been built into the plan as well as recruitment for additional capacity and vacancies taking into account costs. Mrs June Smyth also confirmed that recruitment procedures had been reviewed with further improvements put in place to ensure new staff were pulled through the system at a faster pace.

Mrs Davidson sought assurance in regard to mental health patients and the provision of housing over the winter period. Mr Lunts confirmed that the mental health service had been involved in the discussions from an early stage and had been assured that the Housing Department would be available and contactable specifically during the festive period.

Mrs Karen Hamilton enquired if conversations had taken place with the voluntary sector around the provision of transport over the festive period. Mr Lunts confirmed that initial discussions had taken place as well as an analysis of what additional transport requirements might be during that period.

The **BOARD** approved NHS Borders 2016/17 Winter Plan.

8. Audit Committee

Whilst Mr David Davidson was absent from the meeting he had submitted a written update as detailed below, which was shared with the Board.

The update covered the welcoming of new audit personnel, Audit Scotland had taken over from Scott Moncrieff as External Auditors for the next five years. Margaret Kerr is to lead the PWC team as Internal Auditors. The Committee had tremendous support from the Scott Moncrieff team and thanked them for it.

Mr Davidson had proposed that the Chairs of the Audit Committees of NHS Borders, the IJB and SBC should meet to discuss and share appropriate information. A mutually convenient date was to be identified. The Audit Chair thanked Mr Paul McMenamin and Mrs Jill Stacey for their support for the

start up of the new Audit Committee of the IJB and repeated his thanks for the “wonderful support” of our Finance Department lead by Mrs Carol Gillie to enable our Audit Committee to ensure compliance in following up actions arising from both External and Internal Audit.

The **BOARD** noted the update.

9. Clinical Governance Committee

Dr Stephen Mather advised that at the last meeting of the Committee held on 28 September the focus of discussion had been HSMR, the Deanery action plan, Scottish Public Services Ombudsman (SPSO) reports, and pressure wounds in care homes.

Mr Andrew Murray confirmed that within the Deanery action plan the majority of actions had been completed and an 8am and 8pm consultant led hospital handover had been instigated which was resource neutral.

The **BOARD** noted the update.

10. Public Governance Committee

Dr Doreen Steele reported that the last meeting had focused on cremations and burials, the language used in appointment letters, terms of reference, formal links to the Health & Social Care Integration Joint Board and implementation of Our Voice.

Dr Steele advised that the next Committee meeting was planned for the following week and would be a topic session focusing on corporate parenting, health improvement, communications and infant cremations.

The **BOARD** noted the update.

11. Staff Governance Committee

Mr John McLaren advised that the last Committee meeting had received the workforce plan; undertaken a deep dive session on sickness absence, received the risk and safety report on needlestick injuries and the next meeting would focus on violence and aggression incidents.

The **BOARD** noted the update.

12. Borders Health Board Code of Corporate Governance Update

The Board had received previous drafts of the Code and the Code of Corporate Governance Steering Group would review the documentation on an on-going basis, providing the Board with an annual refresh normally in February each year. Mrs Gillie highlighted the sections that had been updated and confirmed that the Audit Committee had reviewed the document on 19 September 2016 and recommended it to the Board for approval.

The **BOARD** approved the NHS Borders Code of Corporate Governance refresh for October 2016.

13. Borders NHS Board Business Cycle 2017

Miss Iris Bishop introduced the paper and highlighted the proposed cycle of meetings for 2017.

The **BOARD** approved the Board meeting dates schedule for 2017.

The **BOARD** approved the Board Business Cycle for 2017.

14. Consultant Appointments

Mrs June Smyth advised that the local appointment process had been revisited and a regular report would be brought to the Board on consultant appointments. The Chair, or his representative, would confirm appointments on behalf of the Board following the interviews.

The **BOARD** authorised the Chair or his deputy to make consultant appointments with subsequent reports back to the Board.

15. Financial Monitoring Report for the 6 month period to 30 September 2016

Mrs Carol Gillie gave an overview of the content of the report and highlighted that at the end of September the Board was reporting an overspend of £4.7m on revenue and break even on capital. The financial position gave increased cause for concern and she reiterated that the Board was not on course to deliver its financial targets. On 1 September 2016 the Strategy and Performance Committee had agreed a number of actions to address the financial position and whilst those had been successful they would not fully offset the financial pressures across the organisation. Mrs Gillie further commented that she had set aside contingency funds in 2016/17 of £2m. This had not been factored into the financial position and would not be sufficient to address the financial pressures of the organisation.

The Chair reminded the Board that it had undertaken an in-depth discussion of the financial position at the Development session that morning and he re-emphasised that it was a serious situation. There was no consolation in knowing that NHS Borders was not the only health board in Scotland in such a difficult financial situation.

Dr Stephen Mather formally recorded that one of the main factors that impacted on the financial position was the volatility in drug costs which were outwith the control of all health boards in Scotland.

The Chair enquired about the potential for any additional monies from the Health & Social Care Integration Joint Board (H&SCIJB) to support the financial pressures in NHS Borders. Mrs Gillie advised that it had been clear at the October H&SCIJB meeting that the H&SCIJB expected NHS Borders to share its' recovery plan with them at their next meeting on 21 November 2016.

Mrs Jane Davidson commented that NHS Borders was still aiming as far as possible to achieve a breakeven position at the year end. She commented that the H&SCIJB had committed £500k towards the winter bed pressures as those surge beds had remained open across the whole year. She further advised that a financial recovery plan would be developed for 2016/17 and 2017/18 and shared with colleagues in the Scottish Government Health & Social Care Department.

The **BOARD** noted with concern the current financial position and the current projection that the Board was not on course to deliver financial targets.

The **BOARD** noted the ongoing dialogue with Scottish Government Health & Social Care Directorate on the financial options available to the Board.

16. NHS Borders Performance Scorecard

Mrs June Smyth gave a brief overview of the content of the report.

Dr Stephen Mather noted the declining performance in physiotherapy waiting times and DNA rates and enquired if there were areas of performance that the Board should allow to slip. He suggested it could improve areas such as being seen quickly for diagnosis, and then allow a longer time to wait for actual treatment.

Mr Andrew Murray advised that a communications exercise had taken place in August around DNA rates and he commented that the exercise had been both cost effective and had had a positive impact. Mrs Smyth advised the Board that a deep dive session on DNA rates was planned for the Board Development session in January 2017.

Mrs Jane Davidson welcomed Dr Mather's suggestion and commented that there may be choices to be made and she suggested looking at demand management, best practice, conversion rates and variation as a first step.

Mr John McLaren enquired about breast feeding rates. Both Mr Tim Patterson and Mrs Smyth agreed to explore the issue with Mr McLaren outwith the meeting.

Dr Doreen Steele enquired about the total throughput for outpatients waiting times and whether they were broken down by specialty and if anything could be predicted from those figures. Mrs Katie Morris advised that the projection was 678 waiting over 12 weeks in totality to the year end. She further advised that she did have the figures broken down by specialty and would include those in the performance report in future. Mrs Morris further commented that she had sent plans to the Scottish Government seeking additional resources to reduce the figures.

Dr Steele reminded the Board that in regard to cancer waiting times, she had previously been given assurance that the two sessions that NHS Lothian had declined was not an issue for NSH Borders however the narrative provided suggested otherwise. Mrs Morris clarified that it could be a potential issue but did not impact on performance at present.

Mrs Karen Hamilton enquired about the spike in diagnostic waiting times for colonoscopy in June. Mr Murray advised that there had been a further increase in August and explained that there had been a change in accessibility for colonoscopy which was screening for cancer and he was aware that capacity issues required addressing. Mrs Morris assured the Board that actions were being taken to address the situation including the provision of non medical practitioners support, increasing capacity, reducing demand and the provision of short term funding to support an additional Endoscopist to the end of March 2017.

The Chair commented that the Board should rightly scrutinise areas of under performance but it should also be recognised that the report contained several areas of strong performance such as in the Child and Adolescent Mental Health Service.

The **BOARD** noted the July 2016 Performance Scorecard.

13. Chair and Non Executive Directors Report

The **BOARD** noted the report.

14. Board Executive Team Report

Mrs Jane Davidson drew the attention the Board to the Buurtzorg events being held on 30 November in Hawick and Galashiels.

Dr Doreen Steele enquired if there was anything that NHS Borders could look at in terms of the procedures of limited clinical value as publicised by the Academy of Oncologists. Mr Andrew Murray welcomed the findings which had identified about 40 surgical procedures as well as a list of questions for patients to challenge their consultants and doctors on before agreeing to a surgical procedure or treatment.

The **BOARD** noted the report.

15. Statutory and Other Committee Minutes

The **BOARD** noted the minutes.

16. Any Other Business

16.1: Chief Officer: The Chair advised the Board that Susan Manion had been appointed as Chief Officer for the East Dunbartonshire Integration Joint Board, and extended the Board's congratulations to Susan.

The **BOARD** noted the update.

17. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 1 December 2016 at 3.00pm in the Board Room, Newstead.

The meeting concluded at 4.52pm.

Signature:
Chair