

Minutes of a meeting of the **Borders NHS Board** held on Thursday 3 August 2017 at 10.00am in the Board Room, Newstead.

**Present:**

Mr J Raine	Mrs J Davidson
Mrs K Hamilton	Mrs C Gillie
Mr D Davidson	Mrs J Smyth
Mr M Dickson	Dr C Sharp
Mr J McLaren	Dr T Patterson
Dr S Mather	Mrs C Pearce
Mrs A Wilson	Mr J Cowie
Mr T Taylor	Mr W Shaw
Cllr D Parker	

**In Attendance:**

Miss I Bishop	Ms L McIntyre
Mr E James	Mrs R Gray
Ms A Scott	Mrs K Wilson
Mrs S Swan	Mrs J Smith

**1. Apologies and Announcements**

Apologies had been received from Mrs Elaine Torrance.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting.

The Chair welcomed Mr Tris Taylor and Mr Malcolm Dickson, who had been formally approved by the Cabinet Secretary as Non Executive members of the Board for the next 4 years.

The Chair welcomed Ms Amber Scott from Healthcare Improvement Scotland (HIS) who was visiting various Boards to improve her understanding of Board level discussions to assist with her HIS Board members development.

The Chair welcomed Ms Laura McIntyre, newly appointed Communications Officer.

The Chair announced that we had now appointed to all of the Associate Medical Director (AMD) posts those being, Dr Amanda Cotton for Mental Health & Learning Disabilities, Dr Annabel Howell and Dr Janet Bennison for the Borders General Hospital and Dr Nicola Lowdon for Primary & Community Services. All of the AMDs had an open invitation to attend the Board meetings depending on their clinical commitments.

The Chair announced that a third Non Executive appointment had been made of Mrs Fiona Sandford who would take up the appointment the following year.

## **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

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

The minutes of the previous meeting of the Borders NHS Board held on 29 June 2017 were amended at page 5, last line change “overtime” to “over time.” and with that amendment the minutes were approved.

## **4. Matters Arising**

**4.1 Action 12:** Mrs Ros Gray advised that the Clinical Governance Committee had discussed GP complaints and she would follow up that conversation with Dr Stephen Mather in terms of providing assurance to the Board.

**4.2 Action 13:** It was noted that the Equalities Mainstreaming Action Plan was a substantive item on the meeting agenda.

The **BOARD** noted the action tracker.

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

Dr Cliff Sharp provided an overview of the report and highlighted: the clinical and cancer audits; review of clinical documentation to ensure fit for purpose; complaints and commendations; the majority of complaints are dealt with at stage one on a face to face basis; Care Opinion feedback; volunteering resource; and attention to be focused on early discharge.

Mrs Karen Hamilton enquired about public member involvement and support. Mrs Ros Gray confirmed that responses were targeted in the right direction for people to contribute. She further advised that the public involvement team had been involved in the clinical strategy and the clinical statement on public involvement and engagement.

Mr David Davidson noted the variation changes in the feedback received through the patient feedback volunteers. Dr Sharp confirmed that there was slightly more variation that would be explored. He commented that people had an increasingly high expectation which would be part of the equation.

The Chair suggested expanding on the 3 core questions and encouraging the volunteers to delve further. Dr Sharp confirmed that the unsatisfied people would be explored further and he commented that in some cases there was a greater dissatisfaction with families than with the patient.

Mr Tris Taylor enquired about the balance of commendations from acute and primary care settings. Dr Sharp advised that the majority of commendations were from the acute sector with the Mental Health

Service being a 10% proportion of those. In terms of primary care it was difficult to collect commendation data as GPs were independent contractors and did not need to register or share such information with the Health Board. He further advised that GPs also had their own complaints procedure.

Further discussion focused on: Clinical Governance to facilitate a statistical review for the Board; roll out of help signs; complaints process; feedback and commendations through various routes including Care Opinion; patient flow; roll out of daily dynamic discharges from the end of September; and

The Chair commented that he had attended the volunteering celebration event the previous week and Volunteer Scotland had once again accredited NHS Borders as a volunteer organisation for the next 3 years. He further commented that the focus of the accreditation had been on how NHS Borders recruited, trained and offered support to its volunteers.

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: key healthcare associated infection headline and Staphylococcus aureus Bacteraemia (SABs); Hand Hygiene and Surgical Site Infection; and mandatory reporting for Ecoli Bacteraemia.

Dr Stephen Mather commented that in regard to surgical site infections for hip operations, whilst NHS Borders was not an outlier, there had been an increase over the previous 12 month period. Mr James assured the Board that there was an analysis that was undertaken with the surveillance coordinator examining the notes of each case where infection had met the Health Protection Scotland (HPS) criteria and remedial factors were put in place around those.

Discussion also focused on: reiteration of the zero tolerance policy for hand hygiene; gathering hand hygiene comparative data in other organisations; and cleaning compliance across all inpatient units.

The **BOARD** noted the report.

## **7. Borders MacMillan Centre Extension**

Mrs Carol Gillie gave an overview of the content of the business case to extend and refurbish the Borders Macmillan Centre in the Borders General Hospital.

Dr Stephen Mather enquired of the pharmacy implications. Mrs Alison Wilson commented that there were various implications for pharmacy, including modulatory products, aseptic work, and regionalisation, and they were yet to be quantified.

Mrs Judith Smith commented that the business case was focused on the infrastructure and the building and it would future proof the service to deal with the increased workload. In terms of pharmacy and nursing resources that was a separate issue that the cancer team were already exploring.

Dr Mather was keen to ensure the Board were fully aware of the financial consequences of the repatriation of patients back to the Scottish Borders. Mrs Smith confirmed that all NHS Borders cancer patients had been repatriated back from NHS Lothian and the refurbished building would assist the

cancer team and other services involved to change the way they worked to be more efficient and effective for the patient.

Mr David Davidson enquired if there were other opportunities to attract funding and connect with the palliative care service and various endowment funds. Mrs Smith advised that close working had been developed with colleagues in regional cancer and chemotherapy services, with regional reviews taking place to share best practice. She further commented that NHS Borders cancer services were held in high regard regionally.

The Chair enquired of the degree of confidence officers had in funding the project through charitable funds. Mrs Karen Wilson acknowledged there was a fundraising campaign required to meet the gap in funding. She advised she was confident that the over-all target in each income stream was realistic and achievable and commented that discussions with palliative care services colleagues were taking place.

Mrs Susan Swan advised the Board of the process in terms of Valued Added Tax (VAT) recovery and the use of specialist VAT advisers.

Mr Tris Taylor sought clarity that as the business case was not a change in service provision there was no requirement to engage with the public. Mrs Jane Davidson confirmed that was the case and Mrs June Smyth commented that even though it was not a service change a patient involvement day had been set up to look at mood boards and what patients would like the space to look like. Mrs Judith Smith further commented that those patients who had concluded their treatment, were provided with a satisfaction survey for completion. The surveys had been reviewed and comments had been fed into the architects drawings, such as additional shelf space for stoma patients, and private seating areas.

The **BOARD** noted the work progressed in developing this business case and the planned works to extend, redesign and refurbish the existing Macmillan Cancer Centre.

The **BOARD** approved the project within the estimated capital costs as per the recently completed feasibility work of £804k.

The **BOARD** noted the recurring costs resulting from the extension (estimated at £13k per annum) will be covered by the existing Cancer Services Endowment Fund (Fund 30).

The **BOARD** requested of the Borders Health Board Endowment Fund Board of Trustees that the project be wholly supported through charitable funding from Macmillan Cancer Support, existing Endowment Funds and a Fundraising Campaign including a Public Fundraising Appeal.

## **8. East West Brig Mitigation Works**

Mrs Carol Gillie updated the Board on the mitigation works identified to address the risks associated with the mental health rehabilitation inpatient service remaining on the East/West Brig site in Galashiels.

Dr Stephen Mather enquired, given that backlog maintenance was unlikely to be mitigated, if the works would proceed anyway? Mrs Gillie advised that backlog maintenance was progressed on a prioritised basis as there were many more issues than funding available, but the works associated with clinical risk would be addressed.

Dr Cliff Sharp reminded the Board that the reason for originally wishing to relocate to Crumhaugh, Hawick was due to clinical risk, however it had now been realised that those clinical risks could be mitigated and should be for a manageable sum of capital.

Dr Mather suggested that the dignity issues should be addressed first, such as the showers. Mrs Gillie advised that although the showers were in working order some refurbishment was required. Dr Sharp commented that in order to facilitate the original move to Crumhaugh changes had been required at a cost in excess of £1m and by comparison the mitigation works suggested were relatively modest in terms of cost.

Mr Malcolm Dickson noted the language about postponing and then stopping a move to Crumhaugh in Hawick and enquired if there was a notion that services required to be centrally based for medical and nursing provision. Dr Sharp advised that not all services required centralisation, however for some services there was a benefit in being centralised. He commented that the specialist mental health unit for patients with chronic mental health problems and addictions, was best placed for individuals to be close to leisure facilities, being able to undertake voluntary work and have a normal living environment whilst having access to professionals close by.

Mr David Davidson enquired about the next steps in terms of the Crumhaugh property and any potential to use it as a step down facility for the Borders General Hospital. Mrs Gillie advised that Mr Murray Leys was leading a visit of the site for that very purpose and the outcome of that visit was awaited.

The **BOARD** approved the mitigation works identified to address the risks associated with the mental health rehabilitation inpatient services remaining on the East/West Brig site in Galashiels following the Board decision to stop the planned move to Crumhaugh in Hawick.

The **BOARD** approved the allocation of funding from the 2017/18 Capital Plan to cover the costs of the required works, estimated at £115,200.

## **9. Equalities Mainstreaming Report 2017-2021**

Mr Warwick Shaw advised that the statistical information had been submitted in accordance with the national framework and template. He thanked Human Resources (HR) colleagues for the amount of information they had supplied and commented that NHS Borders had the lowest known unknowns for religious affiliation in NHS Scotland. He further commented that the document was published within the necessary timescales on the NHS Borders external website and a further piece of work was being taken forward to closely align it to Scottish Borders Council work on equalities.

The Chair enquired if there were any triggers for the pay gender gap for NHS Borders as an employer. Mr Shaw advised that there was nothing for NHS Borders to date.

Mr David Davidson commented that the organisation would wish to recruit the highest quality staff with the particular skills required. Mr Shaw advised that in any modern workforce you would wish to have as wide a diversity as possible and the work involved in the mainstreaming report has enabled the organisation to reflect that it is under represented in terms of black and ethnic employees, particularly in nursing.

Mrs Jane Davidson commented that where a range of applicants were appointable she would expect a balance of 50:50 in terms of ethnicity, gender and colour and suggested this was an opportunity to look at how we recruited staff.

Mr Malcolm Dickson suggested that the profile of the staff of the organisation could affect who would apply, especially if some protective characteristics were under represented such as Lesbian, Gay, Bisexual & Transexual (LGBT). Mr Shaw advised that work on equalities had been discussed with a number of diverse groups and regular meetings were held where all groups and public services were represented.

Mr Tris Taylor commented that structural inequality existed and the report went some way to recognising and addressing it. The Chair suggested distilling the learning from the report, identifying where the issues resided in terms of gender pay gap, and ensure the workforce was representative of the population.

Further discussion focused on: resourcing for equalities and diversity; mainstreaming; five key objectives and enablers through employment, advocacy, workforce and training; duty not to discriminate; Board Development session to start to bring focus to equalities and identify 3-4 key areas where we can make a difference and focus on those.

The **BOARD** noted the Mainstreaming Report.

The **BOARD** noted the publication of the Mainstreaming Report.

The **BOARD** noted the “next steps” proposed.

## **10. Audit Committee**

Mr David Davidson advised the Board that Audit Scotland were undertaking work on the financial situation across all Health Boards in Scotland with the intention of publishing their findings in October. He planned to invite Audit Scotland to a future Audit Committee meeting to discuss their report. In terms of other issues he advised that the Committee was focused on efficiencies and seeking guidance from other individuals, and reviewing the internal audit plan.

The **BOARD** noted the update.

## **11. Clinical Governance Committee**

Dr Stephen Mather advised that the last meeting had discussed hospital mortality rates (HSMR) and NHS Borders was an outlier in terms of the Margaret Kerr Unit palliative care figures being included in the HSMR data for NHS Borders. It had also discussed the Scottish Public Services Ombudsman (SPSO) reports and a move towards undertaking a quality adverse event focusing on 4 areas: falls; pressure areas; food, fluid and nutrition and communication with patients and families, which it was anticipated would build on the work of the SPSO and demonstrate constant improvement.

The **BOARD** noted the update.

## **12. Public Governance Committee**

Mrs Karen Hamilton advised that she had now taken on the mantle of Chair of the Committee and it had last met in March. Current issues the committee were focused on included adult changing facilities, engaging with local community councils, interpretation services, and equality and diversity.

The Chair enquired in regard to adult changing facilities if progress had been made through charity funding arrangements. Mrs Carol Gillie advised that the matter was being taken forward through the “Walk the Walk Charity” who had been positive about the bid and feedback was awaited.

The **BOARD** noted the update.

## **13. Staff Governance Committee**

Mr John McLaren reported that the Committee had not met since the previous Board meeting. He was however looking forward to welcoming two new Non Executive members to join the Committee to ensure it was legally standing in line with the Staff Governance Standard.

The **BOARD** noted the update.

## **14. Area Clinical Forum**

Mrs Alison Wilson advised that the Forum had met earlier in the week and had been focused on membership, the clinical strategy and ensuring all advisory groups were engaged on it.

The **BOARD** noted the update.

## **15. Financial Monitoring Report for the 3 month period to 30 June 2017**

Mrs Carol Gillie gave an overview of the financial position to the end of June and advised that NHS Borders was reporting an overspend of £3.2m on revenue and break even in terms of capital. She highlighted several key elements of the report including: overspend on operational budgets namely medical and nursing costs in the Borders General Hospital, prescribing costs and external health care providers; limited progress on the implementation of the draft efficiency programme with only £1.3m of savings implemented at the end of June.

Cllr David Parker commented that he was uncomfortable in noting the report given the overspend and enquired if corrective action would be taken as soon as possible. Mrs Gillie assured Cllr Parker that work had been progress on addressing the situation.

Dr Cliff Sharp explained the difficulties in regard to recruiting medical and nursing staff and the consequences of utilising expensive locum doctors and agency nursing staff. Work was on going in regard to reducing the number of locum doctors within the organisation and continuing to recruit to doctor posts. He anticipated that whilst the overspend was expected to be less than last year it would still remain an overspend.

Mrs Jane Davidson commented that in the Board Development session later that afternoon there would be discussion on the degree of scrutiny that the Board gives to the areas of delivery and non delivery of

the efficiency programme to understand what can and can't be progressed any further and what mitigating actions will be required.

Cllr David Parker enquired if there were areas of underspend that could be transferred to address the overspend? Mrs Gillie welcomed the scrutiny of the financial position and advised that there were no areas of underspend, however approved funding and allocations were retained and delayed in order to support the financial position and she would explain that in further detail in the Board Development session.

Further discussion focused on: shortfall on identified efficiency schemes; increasing the focus and pace of efficiency schemes through the Better Borders programme; Financial Performance Group meeting on a quarterly basis to further increase scrutiny and support delivery of the efficiency programme; delays in appointing to vacancies; scrutinising backfill arrangements; capital funds for NHS Borders of £7m were good given there had been a reduction in capital nationally of 50%-60% over the past 5 years; 28% had been taken out of back room support services in NHS Borders over the past 5 years; potential for more efficiency savings; settlement for 2017/18 was £774k which was a 0.4% uplift, against a position of nationally agreed pay awards of 1% which equated to £1.4m for NHS Borders as well as a 12% increase in drug costs; some previously ring fenced allocations were now included in the general allocation for NHS Borders, such as the social care fund which was to be allocated directly to the Health & Social Care Integration Joint Board via NHS Borders; and formulation of a recovery plan.

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

The **BOARD** requested sight of the Financial Recovery Plan at the next meeting.

## **16. NHS Borders Performance Scorecard**

Mrs June Smyth gave an overview of the content of the report and highlighted that a number of local stretched targets remained in place and the drug and alcohol treatment standard stretched target had been removed and reverted back to the national standard target due to funding being removed.

Dr Stephen Mather enquired about cancer waiting times for those referred to NHS Lothian for treatment. Mrs Smyth confirmed that NHS Lothian was the regional provider and the first place to refer for treatment, however if they could not treat within the timescales alternative providers were explored.

Dr Stephen Mather commented that in regard to Psychological Therapies waiting times, despite increased capacity being available there was no progress with the waiting times figures. Dr Cliff Sharp commented that often when waiting times began to reduce, more referrals were made into the service. He suggested the referral criteria would be revised to ensure it was more robust and that areas of good practice would be reviewed with the intention of implementing them in other teams where possible to address waiting times performance.

Dr Stephen Mather enquired if the Health & Social Care Integration Joint Board (IJB) should be asked to prioritise delayed discharges given it was a major problem for NHS Borders in terms of bed blockages, people being in the wrong environment and additional financial costs. Mrs Jane Davidson commented that it was one of the IJBs strategic change outcomes and she was aware that Mrs Elaine Torrance and Mrs Claire Pearce were working together to address delayed discharges. She reminded



the Board that the measure for delayed discharges was occupied bed days and she was keen to see what progress had been made following the Professor John Bolton initiatives.

Dr Stephen Mather enquired if addressing Community Hospital average length of stay would assist with the winter plan. Mrs Davidson commented that community hospital length of stay was completely linked to delayed discharges and in turn the winter plan.

Further discussion focused on: updating narratives to describe improvements made and actions taken; through the clinical productivity programme, new ways of working were being implemented in the Allied Health Professionals services to address physiotherapy waiting times; pockets of higher sickness absence levels within the organisation; progress in regard to diagnostics to be included in the next report; and opening of winter surge beds and financial consequences.

The **BOARD** noted the May 2017 Performance Scorecard.

#### **17. NHS Borders Celebrating Our Success in 2016/17**

Mrs June Smyth highlighted a number of achievements within NHS Borders over the previous year. She further commented that arrangements were being progressed for the next Celebrating Excellence event in the Spring of 2018.

The **BOARD** noted the “Celebrating Our Success in 2016/17” report.

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

The **BOARD** noted the report.

#### **19. Board Executive Team Report**

Mrs June Smyth highlighted that the IM&T Roadmap update would be brought to the Board Development session in September to bring Board members up to speed on the programme.

Mr John McLaren gave an overview of the Pay Review Body visit and thanked the organisation for supporting and facilitating the visit.

The **BOARD** noted the report.

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

The **BOARD** noted the various committee minutes

#### **21. Child Protection Committee Annual Report 2015-16**

The **BOARD** noted the Annual Report.

#### **22. Any Other Business**

There was none.

**23. Date and Time of next meeting**

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 26 October 2017 at 10am in the Board Room, Newstead.

*The meeting concluded at 12:50*

*Signature: .....*  
*Chair*

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