

Minutes of a meeting of the **Borders NHS Board** held on Thursday 26 October 2017 at 10.00am in the Board Room, Newstead.

Present:

Mr J Raine	Mrs J Davidson
Mrs K Hamilton	Mr R McCulloch-Graham
Mr D Davidson	Dr C Sharp
Mr M Dickson	Mrs J Smyth
Dr S Mather	Dr T Patterson
Mrs A Wilson	Mrs C Pearce
Mr T Taylor	Mrs C Gillie
	Mr W Shaw

In Attendance:

Miss I Bishop	Dr A Howell
Mrs R Gray	Mr S Whiting
Mr P Lunts	Ms H Fairburn
Ms S Smith	Ms S Yates
Mrs C Oliver	Mr P Lepiniere

1. Apologies and Announcements

Apologies had been received from Mr John Cowie, Dr Janet Bennison, Dr Amanda Cotton, Cllr David Parker and Mr John McLaren.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Robert McCulloch-Graham, Chief Officer Health & Social Care.

The Chair welcomed a further range of attendees to the meeting.

The Chair welcomed members of the public to the meeting.

The Chair recorded the congratulations of the Board to Mrs Jackie Stephen, Head of IM&T who had been appointed as regional implementation lead for IM&T across the East Region.

The Chair recorded the congratulations of the Board to Dr Tim Patterson who had been formally appointed by Scottish Ministers as the Joint Director of Public Health.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **BOARD** noted the Declarations of Interest for Mr Robert McCulloch-Graham.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 3 August 2017 were amended at page 2, item 2 to read “The BOARD noted there were none.” and at page 3, paragraph 2 to delete “; and” and replace with a fullstop, and with those amendments the minutes were approved.

4. Matters Arising

- 4.1 Action 12:** Mr Tris Taylor enquired if the GP complaints report could include a section on the actions taken. Dr Cliff Sharp advised that he would ask the GPs if they would be willing to include such information.
- 4.2 Minute 7: Borders MacMillan Centre Extension:** Mrs Karen Hamilton advised that she had undertaken a walkround of the Macmillan Centre and had spoken with patients about the proposed upgrade. She reported that she had received positive feedback and patients had advised that they had felt fully involved in the proposals.
- 4.3 Minute 8: East West Brig Mitigation Works:** The Chair enquired if Mr Murray Leys had completed his visit to view Crumhaugh. Mrs Carol Gillie advised that she was awaiting feedback from Mrs Tracey Logan, Chief Executive, Scottish Borders Council (SBC) who had intimated that SBC were interested in pursuing a number of options in relation to Crumhaugh but required some further time to consider them.
- 4.4 Minute 12: Public Governance Committee:** The Chair was keen that the adult changing facilities issue remained on the action tracker for the Public Governance Committee. Mrs Karen Hamilton confirmed that it was recorded on the action tracker and also on the Endowment Committee action tracker.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Dr Cliff Sharp gave an overview of the content of the report and highlighted: patient safety remained the organisations number 1 priority and an overarching improvement plan had been developed; leadership walkrounds continued; medicines reconciliation; mental health safety programmes and a visit by a Norwegian delegation; research governance and medical management of gallstones; completion of documentation; complaints and compliments; and the use of care opinion.

During discussion several key points were raised including: the format and process of Healthcare Improvement Scotland (HIS) inspection reports; communication style of HIS Inspectors when providing feedback to staff on the day of the inspections; the essential need for the Board to receive reports on the quality of care and the reactions of patients to the care they receive; complaints and commendations as well as Care Opinion being recognised and used as a source of organisational intelligence; and benchmarking of clinical governance reports in terms of content.

Mrs Alison Wilson noted that concerns had decreased in January however complaints had increased. Mrs Ros Gray advised that the process for complaints handling had changed with many concerns addressed at Stage 1 in the complaints process, which was to handle them at the point of service

delivery with less formality. Dr Cliff Sharp suggested revising that section in the report to reflect the change in how concerns were handled.

Mrs Gray further commented that 82% of NHS Borders stories on Care Opinion were positive compared to the Scottish average of 64%. Dr Lynn McCallum was the champion for Care Opinion for the organisation and testing was currently underway to see how to put stories up in the Admissions Unit to raise awareness of the facility.

Mr Malcolm Dickson suggested it would also be a good facility to have in GP waiting rooms and Mrs Gray confirmed that those stories that included GPs and the Scottish Ambulance Service were shared with them.

Mrs Karen Hamilton enquired how the leadership walkrounds information was used by the organisation. Dr Cliff Sharp advised that the documentation for the walkrounds had been refreshed and there was a system in place to note the outcomes and expectations of the walkrounds and track them to ensure they were actioned.

The **BOARD** noted the report.

6. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting updated the Board in respect of an omission in the report in regard to colorectal surgery. He advised that in April 2017 the recording of Surgical Site Infection (SSI) following Colorectal Surgery became mandatory for all Health Boards. At the same time the process was changed nationally and the impact of that change meant that data could not be compared pre April 2017. Mr Whiting further advised that Norovirus was an improving situation in the Borders General Hospital and the Community Hospitals.

Mr David Davidson enquired if Hawick Community Hospital had the space to facilitate cleaning given the large numbers of delayed discharges in that facility. Mr Whiting commented that in Hawick Community Hospital there were 4 bedded bays and more spacious rooms which meant fewer patients sharing toileting facilities. There was still a focus on discharging but other rooms were available to move patients in order to be able to clean and then reopen the bays and rooms.

The **BOARD** noted the report.

7. NHS Borders/Scottish Borders Council Joint Winter Plan 2017/18

Mr Tris Taylor left the meeting.

Mr Philip Lunts presented the final winter plan for submission to the Scottish Government at the end of October 2017. He advised that the Health & Social Care Integration Joint Board had discussed the plan earlier in the week and there were some minor final amendments to be made such as the inclusion of a transport section and further reference to housing. He confirmed that fundamentally the plan would not change.

Mr Robert McCulloch-Graham commented that it would be a particularly challenging winter period and the plan focused on 3 main areas those being, minimising admissions, pushing the process of

moving patients out of secondary care as quickly as possible and preparing all other services, and flu vaccinations for staff and members of the public.

Mrs Alison Wilson commented that the Area Clinical Forum had not felt particularly confident in the plan in terms of cancelling elective work and transition of resources to primary care. They were concerned that not enough progress had been made around the transition of resources to primary care, leaving no real alternative to admission to hospital. In terms of medicines, pharmacy were discouraging GPs from doing double scripting over the winter period. However the Area Pharmacy Committee were concerned that when patients were admitted to hospital, their care package was dropped and any changes in medication were not passed on.

Mr McCulloch-Graham commented that in terms of care packages he was striving to ensure that where relevant care packages were maintained.

Mrs Jane Davidson commented that given the Joint Winter Plan was presented to the Board for approval and given that the Area Clinical Forum had now raised concerns, she suggested the Board would need to understand the specific concerns raised by the Area Clinical Forum as opposed to comments. The Board would require to be assured that any concerns would be looked at thoroughly in order for it to be able to approve the document.

Mr Lunts commented that whilst he acknowledged the issues raised by the Area Clinical Forum he had not heard anything that would suggest the Joint Winter Plan could not be approved.

Dr Annabel Howell commented that there were some real changes taking place in the Borders General Hospital in terms of focusing on discharges from the moment of admission in order to improve patient flow. Holds were placed on care packages whilst patients were in hospital and it was imperative that places were made available in discharge type facilities where focus could be given to the individuals required care needs.

Dr Stephen Mather reiterated that the Joint Winter Plan was a live document that would be further updated following the Extra Ordinary Health & Social Care Integration Joint Board meeting. That meeting had been called to discuss a Discharge to Assess proposal, that if agreed would have an effect on delayed discharges and be included in the Joint Winter Plan. He suggested the Board approve the document knowing it would be further updated.

The Chair noted the points raised by the Area Clinical Forum. He suggested the Board approve the Joint Winter Plan for submission to Scottish Government, and noted that it was a live document and subject to continuous development. He sought assurance from Mr Lunts that any points raised by the Area Clinical Forum that were relevant to updating the document would be addressed.

The Chair acknowledged that the Joint Winter Plan was a considerable document that constantly evolved and recorded the thanks of the Board to Mr Lunts and all those involved in its formulation.

The **BOARD** approved the NHS Borders/Scottish Borders Council Joint Winter Plan 2017/18.

8. Prescribing Proposals: Oral Nutritional Supplements

Mrs Alison Wilson reminded the Board that she had been asked to look at areas for changing prescribing. The proposal before the Board was the first stage in a proposed “food first approach”,

through a move to using powdered feeds rather than sip feeds and reviewing the product list. She anticipated an improvement in quality of care as well as a financial saving of £50k.

Mr Malcolm Dickson commented that he agreed with the recommendation and enquired if the areas of most financial gain had been targeted? Mrs Wilson commented that sip feeds were not always appropriate for all people and it was proposed the products would only be prescribed by GPs on the recommendation of a dietician and on a time limited basis.

Mr David Davidson enquired how the proposed change in practice would be monitored in care homes. Mrs Wilson advised that at present the dieticians were formulating a report to implement the “food first approach” in the home, with the intention of moving the prescribing of oral nutritional supplements to dietician prescribers with regular reporting and monitoring taking place.

Mrs Karen Hamilton sought assurance that oral nutritional supplements related to older people and not infants or paediatrics. Mrs Wilson confirmed that she would expect all oral nutritional supplements to be prescribed for infants and paediatrics in accordance with guidelines.

Dr Cliff Sharp suggested the Board should aspire to save £50k on oral nutritional supplements.

Mr Carol Gillie advised that she supported the proposal and saw it as part of the proposals for good medicine and more cost effective prescribing and she suggested pursuing other similar potential opportunities.

The **BOARD** noted the update on progress on improving prescribing of Oral Nutritional Supplements within NHS Borders and some of the restrictions that would be put in place to prevent inappropriate use of those products.

9. Joint Inspection of Older People’s Services

Mr Robert McCulloch-Graham reminded the Board that the Joint Inspection of Older People’s Services report had been published in September, almost a year since the first inspection had taken place. The report had contained recommendations for improvement and an action plan had been formulated for agreement with the Inspectors. Once agreed the action plan would be shared with Borders NHS Board, Scottish Borders Council and the Health & Social Care Integration Joint Board.

Mr McCulloch-Graham further commented that as a new officer coming into post he had been disappointed in the quality of the report. Furthermore he was concerned that the judgements within the report had not been evidenced. The Chief Executives from Scottish Borders Council and NHS Borders had written to the Lead Inspector and requested a meeting to ensure that the judgements were correct and the action plan would be able to build on that evidence base in preparation for the follow up inspection.

Mr Malcolm Dickson enquired of the timescale for the follow up inspection. Mr McCulloch-Graham advised that it would be within 12 months.

The **BOARD** noted the update.

10. Food, Fluid and Nutrition Update

Mrs Claire Pearce reminded the Board of the unannounced inspection of the Borders General Hospital that had taken place from 12-14 June 2017 as a result of the thematic from the Joint Inspection of Older Peoples Services. The inspectors had noticed good interactions between patients and staff and had recognised 4 areas of good practice and suggested 10 areas for improvement. A training plan had been developed and was underway and the mealtimes coordinator role was being revitalised and job roles were being updated to reflect it.

Dr Stephen Mather enquired how many Food Fluid & Nutrition (FFN) champions there were and how many had been trained. Mrs Pearce advised that every ward would have a FFN champion. To date the approach had been to train all staff in the Malnutrition Universal Screening Tool (MUST) by the end of November. There would then be additional sessions for the FFN champions. A delay in completing the training had been experienced due to the Norovirus outbreak, however to date 60% of MUST training had been completed.

The Chair reminded the meeting that as well as that of the Board, the credibility of the Chair and Chief Executive were at stake given that they had signed off the action plan and given undertakings and assurances. He said that the Cabinet Secretary had personally sought assurances from him on the day the report was published.

The **BOARD** noted the paper and that there would be a bi-monthly update on progress against the action plan to the Clinical Governance Committee going forward and to the Board by way of those minutes.

11. NHS Borders Property & Asset Management Strategy (PAMS) 2017

Mrs Carol Gillie introduced Ms Hannah Fairburn, Head of Capital Planning, who had been key in supporting Mrs Gillie to finalise the document. Mrs Gillie commented that it was the 5th edition of NHS Borders PAMS and the current version provided an update on the progress made since the Board's last agreed PAMS in 2015 and outlined the strategic direction for the Board's assets for the next 5 years. She further advised that the document had been submitted in draft earlier in the year to Scottish Government and had been updated in line with feedback received. One of the key comments received in the feedback session had been the suggestion to do more work on the latter 2 sections of the strategy which would be included in the next iteration as the Clinical Strategy was progressed.

Dr Cliff Sharp noted that the Andrew Lang Unit was not mentioned and Mrs Gillie confirmed that the document had been shared with individual services and she would ask Ms Fairburn to look into that point and feedback outwith the meeting.

Further discussion focused on: investment in GP practices and pharmacy services buildings; training; backlog maintenance; refurbishment or replacement of the Borders General Hospital; primary care business case; alignment to the Health & Social Care partnership strategic plan; regional plan of NHS premises; shared services in the east region; and the potential for shared services between NHS Borders and Scottish Borders Council around the estate and other support services.

Noting that there had been an improvement in the quality and functional suitability of the Board's premises and that 98% of properties had been categorised as very satisfactory and satisfactory, the

Chairman asked whether there was any truth in statements that some Board properties were in a `shocking state` and that operations had had to be cancelled because of `shoddy equipment.` Mrs Gillie confirmed that in patient facilities this was not the case.

Mrs Jane Davidson reminded the Board that given the move to regional working all major capital works was now viewed on a regional basis.

The **BOARD** approved the Property and Asset Management Strategy for 2017.

12. Local Delivery Plan 2017/18

Mrs June Smyth gave an overview of the content of the report and advised that previous iterations had been to the Board for discussion.

During discussion several elements were highlighted including: page 7 required updating in terms of recording the new appointments of the Joint Director of Public Health and the Chief Officer Health & Social Care; page 11 required a review of the targeting resources section; the future of local delivery plans against the context of regional delivery plans; and the role of the Board as both a provider and commissioner of services and the role of the Health & Social Care Integration Joint Board as a commissioner of services.

The **BOARD** approved the finalised NHS Borders Local Delivery Plan for 2017/18.

13. Scottish Borders Community Plan

Dr Tim Patterson gave an overview of the development of the community plan. Mrs Shona Smith advised that the process had been more inclusive with partners and there was more of an evidence base. Work would continue to refresh the document and develop further actions, indicators and measures. The document would also flex with the changes in landscape both locally and nationally.

Mr David Davidson commented that the document appeared to be very informative for local communities and he enquired of its purpose. Ms Smith advised that the Scottish Government were keen for Local Authorities to have a document that was acceptable to the public and not like the previous Single Outcome Agreement that was a government format document.

Mr Malcolm Dickson noted that reducing violence was an area that health services could contribute to and he commented that he would be interested to see how the health input to non health outcomes developed. Ms Smith commented that the criteria for the plan was that the actions, indicators and measures were not to be about one single organisation, but were about partnerships working together to achieve good outcomes.

The **BOARD** agreed the Scottish Borders Community Plan.

14. A summary of the Children & Young People Act (Scotland) 2014

Mrs Allyson McCollam gave an overview of the report and introduced Ms Susan Yates. She highlighted: childrens rights and upholding and advancing them; Part 3 of Act and childrens services planning; due regard to services having an impact on the wellbeing of children; role of the corporate parenting group; and the annual reporting requirement.

Mr Malcolm Dickson commented that he was aware that quite often the first indication of those suffering from violence and abuse was when they presented to health professionals and he enquired what could be done to support those with non accidental injuries and look at prevention. Mrs McCollam advised that a project and programme of prevention work was underway through schools and linked to the Child Protection Committee to identify early risks and ensure services were in place. She commented that there was an emphasis on early years services and vulnerable families and the processes linked through to frontline staff.

Mrs Jane Davidson commented that in terms of assurance if someone presented through the Accident & Emergency (A&E) Department or the Assessment Unit for Children, NHS Borders staff were trained and well versed in child protection to be able to identify an injury or illness that would indicate a child protection issue. She also assured the Board in regard to child protection procedures in mental health services.

Mr Robert McCulloch-Graham commented that the majority of referrals to the childrens service originated through presentation to health services.

Mr David Davidson enquired about the provision of continuing care for children. Mrs McCollam commented that it related to those children who were formerly looked after children, but required further assistance to transition into adulthood and ensured that services were not abruptly concluded but continued to support the needs of the individual. Mrs Jane Davidson commented that looked after children required more assistance to move to adulthood and the responsibilities of adulthood due to their life circumstances.

Dr Cliff Sharp enquired if the outcome and purpose was measured to ensure better outcomes for people. Ms Yates clarified that wellbeing measures and indicators were monitored at all points along the care journey.

The Chair said that he would consider the request for a Corporate Parenting lead to be identified from the Board.

The **BOARD** noted the requirements of the various parts of the Children & Young People (Scotland) Act 2014 and progress made with implementation.

The **BOARD** approved the proposed approach that Children's Rights reporting should be undertaken in partnership and through the reporting mechanism for the Children and Young People's Plan.

15. Audit Committee

Mr David Davidson updated the Board in regard to the recent business discussed by the Audit Committee which had included an audit follow up on mandatory training. He further advised that the Audit Committee Chairs of the Health Board, Local Authority and the Health & Social Care Integration Joint Board had met. He suggested that the draft minutes of the Board and its sub committees be made available to Board members as soon as they had been approved by the Board or sub committee chair.

Mrs Jane Davidson commented that she was content for draft Board and sub committee minutes to be shared with Board members outwith the Board meeting cycle.

Mrs Davidson further commented that in regard to training, the matter was being taken forward by Mr John McLaren and Mrs June Smyth and was being tracked on a weekly basis to ensure swift conclusion.

The **BOARD** noted the update.

16. Clinical Governance Committee

Dr Stephen Mather advised that the Committee had met on 13 September and discussion had focused on: the Infection Control report; a presentation on Discovery; Hospital Standardised Mortality Ratios (HSMR) figures; Significant Adverse Event Reviews (SAERs) overview; and medical appraisal.

The **BOARD** noted the update.

17. Public Governance Committee

Mrs Karen Hamilton advised that the Committee had met on 17 August and had discussed the Joint Inspection of Older People's services report, adult changing facilities, which was being progressed through the Endowment Committee, and the spiritual care delivery plan.

The **BOARD** noted the update.

Dr Cliff Sharp left the meeting.

18. Staff Governance Committee

Mrs Karen Hamilton advised that an Extra Ordinary meeting had been organised for 6 November to review in more detail the audit report on Health and Safety.

The **BOARD** noted the update.

19. Area Clinical Forum

Mrs Alison Wilson advised that the Forum had met earlier that week and discussed the Joint Winter Plan. She confirmed that the Area Medical Committee had been relaunched and she was hopeful that there would be some GP representation at Area Clinical Forum meetings going forward. The Forum had also heard about the Back to Basics programme and the success of the nursing conference.

The **BOARD** noted the update.

20. Consultant Appointments

The **BOARD** noted the new consultant appointments.

21. Code of Corporate Governance Refresh

Miss Iris Bishop reported that the Code of Corporate Governance Steering Group had met, reviewed and amended the current Code of Corporate Governance. The revised code had been submitted to the Audit Committee who had endorsed the refresh presented to the Board.

The next refresh would commence in December and it was proposed to include a glossary at the back of the Code and also to amend Section D following changes to the Health & Social Care Integration Joint Board Scheme of Integration and Standing Orders.

She drew the attention of the Board to the refresh of Section C, Standards of Business Conduct, and advised that she intended to work with the Chief Executive and Communications colleagues to formulate a communication plan for it to be shared with Line Managers and the wider organisation.

Mrs Jane Davidson suggested a Board Development session be held in early 2018 to take the Board through the Code of Corporate Governance. She further suggested the next refresh would also need to take into account the re-emergence of the Area Medical Committee.

The **BOARD** approved the refresh of the Code of Corporate Governance for September 2017.

22. Strategic Risk Register 2017/18

The Chair reminded the Board that the strategic risk register had been discussed in depth at the Strategy & Performance Committee.

Dr Stephen Mather suggested that the next iteration of the risk register clearly highlight the changes in risk ratings and correlate it to the previous version and the progress made.

The **BOARD** approved the Strategic Risk Register as recommended by the Strategy & Performance Committee at its meeting held on 7 September.

23. NHS Borders Board Committees

The Chair presented the Board Committees membership as had been discussed previously at the Strategy & Performance Committee.

Mr David Davidson suggested advice be sought on the requirement and composition of a Spiritual Care Committee. Mrs Claire Pearce advised that she would look into the matter.

Mrs Karen Hamilton requested that her role as Whistleblowing champion be added to the next iteration.

The **BOARD** approved the membership and attendance of Non Executive members on its Board and other Committees as recommended by the Strategy & Performance Committee.

24. Borders NHS Board – Business Cycle 2018

Miss Iris Bishop highlighted to the Board the proposed meeting dates for 2018 and the change in meeting cycle pertaining to the Strategy & Performance Committee (S&PC) meeting on 4 occasions (a reduction of 1 meeting per year) and the Borders NHS Board meeting on 7 occasions (an increase of 1 meeting per year).

The **BOARD** approved the Board meeting dates schedule for 2018.

The **BOARD** approved the Board Business Cycle for 2018.

25. Financial Monitoring Report for the 5 month period to 31 August 2017

Mrs Carol Gillie gave an overview of the content of the report and highlighted several key points including: at the end of August 2017 the Board was reporting an overspend position of £4.4m on revenue and break even on capital; the overspend on revenue was as a result of pressures on operational budgets and the limited progress that had been made on the implementation of projects in the draft efficiency programme; NHS Borders had a contingency fund in 2017/18 of £2m; and the reported position at the end of August included the use of some capital resources to support the revenue position and additional funding linked to cross border referral patterns.

Mrs Gillie said the report should be read in conjunction with the next paper on the agenda – 2017/18 recovery plan. Work was ongoing to address the financial position, however the majority of actions being put in place were non recurring therefore the recurring financial position of NHS Borders remained of concern.

Mrs Jane Davidson commented that there may be an affordability question around the IM&T investment given the size of the revenue consequences. The matter was being further scrutinised to ensure it was affordable and where appropriate to see if there was other options for the Board to consider.

Mr David Davidson commented that the Board had been in agreement that the IM&T plan did not look as if it could be delivered in small pieces and required the full plan to proceed. Mrs Davidson suggested bringing back the revenue affordability for the Board to consider and whether the plan should be scaled back.

Mrs June Smyth reminded the Board that although the IM&T route map had been signed off the Board had agreed that it may need to reconsider when the funding was finalised. Mrs Davidson reiterated that it was about additional capital and affordability choices.

The **BOARD** noted the report and considered the current financial position in conjunction with the Recovery Plan.

26. 2017/18 Recovery Plan

Mrs Carol Gillie advised that the aim of the report was to update the Board of the projected 2017/18 year end financial position. The paper built on the regular finance report received by the Board and the discussions that had taken place with the Board at previous Development sessions. She highlighted the key points from within the report: the Board was projecting a year end overspend of £965k, which was a position reached following a number of actions and assumptions; there were risks associated with the position, not least of which was the winter. She asked the Board to note that since writing the paper the Health & Social Care Integration Joint Board had approved the direction of £1m of social care funding to the NHS in recognition of the impact delayed discharge (occupied bed days) had on the health system and that would be used to offset the financial pressures in the set aside budgets.

Mrs Gillie further advised that she needed to continue to highlight to the Board, due to the non recurring nature of the actions taken, how challenging the financial outlook was for 2018/19 and she would share further detail at the forthcoming Board Development session and Strategy and Performance Committee meeting the following week.

Discussion focused on: reviewing drug costs and formularies; supporting clinicians to review prescribing practice and pressures to prescribe certain drugs; drugs of limited clinical effectiveness; cost and sometimes inappropriate use of other supplies such as continence pads; costs associated with surge beds and the need to move to a policy change to discharge to assess; medical locum spend had reduced by over 25%; the 3% efficiency target remained a challenge for all services: other Health Boards had been asked for sight of their efficiency plans to compare and contrast what further actions could be taken; and additional financial controls were being reinforced across the organisation.

The **BOARD** noted the update on the year end recovery plan.

The **BOARD** requested a further update on the recovery plan at the Board meeting on the 7th December 2017.

27. NHS Borders Performance Scorecard

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

Dr Stephen Mather enquired about the 12 week outpatient appointment and diagnostic waiting times performance. Mrs Smyth advised that both issues would be covered in depth during the Development session later that day.

Dr Mather enquired about Allied Health Professionals (AHP) waiting times. Mrs Smyth commented that the service would be undertaking a 3 month test of change through the clinical productivity programme and the feedback and outcomes of that work would be brought to the Board in February 2018 at the Board Development session.

Dr Mather enquired about the anticipated change in delayed discharges if the discharge to assess policy was approved as a direction from the Health & Social Care Integration Joint Board to both the Health Board and the Local Authority. Mrs Jane Davidson commented that if patients were assessed outwith the hospital setting it was expected that the demand for care home places would reduce, as those patients who spent longer in a hospital setting than required often debilitated leading to a care home placement being required. She further advised that there would also be some work progressed around the decision making process in the provision of home care and limiting the choice of care homes.

Dr Mather noted the increased average length of stay in the community hospitals. Mrs Smyth commented that Dr Anne Hendry had been asked to undertake a review of the current model of care in community hospitals and look at potential future models linking to the Professor John Bolton work and proposed discharge to assess initiative.

Mrs Karen Hamilton commented that the proposal of discharge to assess may result in less care being required which could in turn free up resources. Mr Robert McCulloch-Graham advised that it was poor practice to undertake assessments in a hospital setting and that the quicker they were undertaken the better the outcomes were for the patient. He could not confirm if there was sufficient investment in packages of care or if they were being utilised effectively enough, however he suggested a reduction in admissions and the proposed discharge to assess initiative would alleviate pressures throughout the acute system.

Mr Malcolm Dickson commented that he assumed the discharge to assess initiative would alleviate the fear of families about having someone discharged from hospital, if they knew at the admission that their family member would be discharged to a homely setting for assessment and then either repatriated home with a care package if required or on to a care home.

Mr David Davidson enquired about the sickness absence rate. The Chair commented that whilst the organisation always struggled to meet the target it remained one of the best performing Health Boards in Scotland against that standard. Mrs Smyth reminded the Board that a deep dive into sickness absence was scheduled for a future Board Development session.

The Chair enquired if there was a correlation between the uptake of flu vaccinations and sickness absence, given the vaccination take up numbers were currently low. Dr Tim Patterson did not feel there would be a strong correlation but assured the Board that there was a plan in place to increase vaccination numbers given the epidemic being experienced in Australia.

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

28. Chair and Non Executive Directors Report

Mr David Davidson highlighted that he had attending the farewell for long service for Mr Andrew Leitch, Chair of the Public Partnership Forum.

The **BOARD** noted the report.

29. Board Executive Team Report

Mrs Jane Davidson advised the Board that the Mental Health service had been invited to present to a future Board Chief Executives meeting as they were held in regard across NHS Scotland.

Mr David Davidson enquired about the role and influence of Health & Social Care Integration Joint Boards (IJBs) in regional delivery plans. Mrs Davidson commented that broadly it was about the acute sector and what could be done better collectively and through consistent approaches and how the region could push the health of the eastern population through some of the primary care issues. Mr Robert McCulloch-Graham clarified that the Chief Officers were involved in order to seek benefit from a limited number of areas, such as diabetes which was a common theme across the region and the IJBs could be used to influence the local authorities to deliver more healthy living styles through schools.

Mr Malcolm Dickson sought assurance in regard to the actions being taken to address the workforce planning elements of the Audit Scotland report. Mrs Carol Gillie advised that the Clinical Executive Operational Group would be undertaking an assessment of the report.

The **BOARD** noted the report.

30. Statutory and Other Committee Minutes

The **BOARD** noted the minutes.

31. Any Other Business

31.1 Audit Scotland: Mrs Carol Gillie drew the attention of the Board to the recently published NHS in Scotland 2017 Annual Report from Audit Scotland. She advised that the content focused on the financial and workforce challenges in NHS Scotland. There were also a number of recommendations within the report in regard to financial framework, governance framework and key operational issues. She further advised that NHS Borders were mentioned within the report linked to the performance the previous financial year, the fact that the physical condition of NHS Borders estate was 98% and what we were doing on realistic medicine. She suggested Board members might wish to read the document.

The **BOARD** noted the update.

32. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 7 December 2017 at 10am in the Board Room, Newstead.

The meeting concluded at 2.00pm.

Signature:
Chair