

Minutes of a meeting of the **Borders NHS Board** held on Thursday 7 December 2017 at 10.00am in the Board Room, Newstead.

Present:

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

In Attendance:

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|----------------|---------------|
| Miss I Bishop | Ms L McIntyre |
| Mrs R Gray | Mr S Whiting |
| Mrs A McCollam | Ms H Fairburn |
| Mrs J Stephen | |

1. Apologies and Announcements

Apologies had been received from Mr John McLaren, Dr Tim Patterson, Dr Janet Bennison, Dr Annabel Howell, Dr Amanda Cotton and Dr Nicola Lowdon.

The Chair welcomed Mrs Allyson McCollam who was deputising for Dr Tim Patterson.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting.

The Chair welcomed members of the public to the meeting.

The Chair announced the new traffic measures to be put in place at the Borders General Hospital. He advised that works were due to commence in February 2018.

The Chair announced that NHS Borders Annual Review had been held on 1 November and the formal feedback letter from the Cabinet Secretary was awaited. It was anticipated that it would be a positive feedback letter.

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 26 October 2017 were approved.

4. Matters Arising

4.1 Action 15: Mrs Carol Gillie advised that she had raised the Crumhaugh issue at the last Executive Management Team meeting, where Scottish Borders Council (SBC) colleagues had requested more time to consider potential options. She confirmed that SBC were keen to use the property and were considering the options available to them.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Report

Dr Cliff Sharp commented that the suggestions made at the previous meeting in terms of graphics and design had been taken on board and the January report would be presented in a revised format. He then introduced the report which had been produced to prepare the Board for a future Development session on the improvement ethos across a range of clinical services and sites across NHS Borders.

The Chair sought clarification on the distortion of HSMR figures given the palliative care facilities available at the Borders General Hospital. Mrs Ros Gray confirmed that the HSMR figures had been rerun by ISD removing those patients within the Margaret Kerr Unit. She commented that although the figures had reduced there was still further work to be done.

Mrs Alison Wilson advised that the ACF were supportive of the idea and concept and the multi-disciplinary nature of it and were also keen to support any improvement work identified.

Further discussion focused on: use of peer review; education and training; communications strategy direction; development of measures in a collaborative approach; in depth mortality reviews undertaken for every death since April; and the contaminated batch of heroin issue and the use of naloxone packs.

In terms of falls and complaints, Mrs Gray assured the Board that there had been little change in numbers since the report received on 26 October. She further confirmed that community hospitals had recorded being 15 weeks clear of developing pressure ulcers.

The **BOARD** noted the approach to quality improvement outlined and agreed to receive update reports from the Back to Basics Steering Group via the Clinical Governance Committee minutes.

6. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting provided assurance to the Board in terms of the scrutiny of systems and processes operating as intended in in-patient wards in the Borders General Hospital and within the Community Hospitals. He further highlighted the impact of outbreaks on multiple wards and assured the Board that when an outbreak came to an end it was scrutinised and any learning was extracted from it.

Dr Stephen Mather enquired about comparisons with other Health Boards. Mr Whiting advised that the only data available for comparison with other Health Boards was in regard to infections and hand hygiene compliance.

The **BOARD** noted the report.

7. Scottish Borders Health & Social Care Winter Plan 2017/18

Mr Robert McCulloch-Graham spoke to the joint winter plan presentation and advised that the Craw Wood facility had received its first admissions earlier that week.

Discussion focused on: review of patients deemed to be delayed discharges; provision of social care, occupational therapy and physiotherapy reviews of patients; moving on booklet advising that discharge is planned from the point of admission; provision of Care Home places; morning discharges and the provision of care in the community to aid weekend discharges; multi disciplinary discharge plans being shared; risk averse areas and aspirations to discharge to a homely environment; and assessments undertaken in a homely setting as opposed to a community hospital setting.

The **BOARD** noted the presentation.

8. Inspection: Joint Older People's Services Report

Mr Robert McCulloch-Graham gave an overview of the content of the paper and highlighted that a response from the Inspectorate in regard to the content of the recommendations was still awaited. In the meantime a meeting had been organised for 8 January 2018. He further advised that the action plan had been formulated and was being progressed and would be shared with Scottish Borders Council and the Health & Social Care Integration Joint Board.

Discussion highlighted several issues including: vagueness of recommendations and lack of evidence; Margaret Kerr Unit viewed as a homely setting however included in the HSMR figures for the Borders General Hospital; and early stage of evaluation for Quality Cluster Leads and GP engagement.

The **BOARD** noted the report.

9. Inspection: Food, Fluid & Nutrition Report

Mrs Claire Pearce gave an overview of the content of the paper and advised that 85% of staff within the Borders General Hospital had been trained on MUST and the programme was being rolled out across the Community Hospitals. The intention was for all MUST training to be completed and rolled out by the end of the February 2018. Mealtime coordinators were in place and champions training was scheduled for the following week. Mrs Pearce advised that the action plan had been overly ambitious in regard to achieving the Borders Nutritional Care Plan (NCP) element by the end of March 2018. She had met with the Inspectors who had confirmed that they were comfortable that an implementation plan was in place for NCPs for patients and the Inspectors had been unable to identify any other Health Board in Scotland who had achieved an NCP for every patient. She further advised that the link Inspectors would be returning the following week to meet with Associate Nurse Directors in order to ensure dialogue remained open and supportive.

Further discussion focused on: Inspectors working with NHS Borders at NHS Borders request to help inform policy and guidance for the rest of Scotland; protected mealtimes and the move towards patient centred mealtimes.

The **BOARD** noted the report 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.

10. Equalities Mainstreaming Report

Mr Warwick Shaw drew the attention of the Board to the monitoring of health equality impact assessments, diversity week, Stonewall monitoring work, and interpreting and translation levels.

Mrs Karen Hamilton enquired about progress in regard to documentation being available in different languages and in different formats for those using British Sign Language (BSL) sign language. Mr Shaw advised that there were a small number of BSL users in the Borders and he had not been asked by them to have any documentation produced in a specific format for them.

Mr Tris Taylor commented that workforce was not reflected within the action plan. Mr Shaw suggested that workforce was not an issue that could be effected directly at a local level, as recruitment could only consider individuals who came through training or applied for jobs.

Mr David Davidson enquired about recruitment to the Chaplaincy Team. Mrs Claire Pearce advised that an advert had been released.

Mr John Cowie advised the Board that there was interest from both the Scottish Government and Westminster in regard to gathering data on EU nationals working in the public sector given the forthcoming Brexit. He commented that NHS Borders did not hold that information and were not unique in that element of data collection. If an EU national applied for employment with NHS Borders their passport and nationality were checked but not recorded formally on the HR system, the intention moving forward was to capture that information through the new appraisal system as well as the existing links to HMRC.

The **BOARD** noted progress on the “Next Steps” discussed in August and the action plan for 2017/18.

11. The Road to Digital Programme Report

Mrs Jackie Stephen presented the update to the report and thanked Hilary Shand, Sarah Clark and Kevin Messer for the work they had undertaken in the background to bring the programme to fruition. She advised that the investment plan presented in May had been revisited and additional investment had been secured. She highlighted that the technical designs had been reviewed and there were 3 significant changes to the original roadmap being, cluster arrangements, desktop infrastructure, and network infrastructure. The changes came at an additional cost moving the programme from a £10m programme to a £12.6m programme.

Mrs Stephen clarified that there was sufficient funding for year 1 of the programme. A business case would be developed for years 2-4 of the programme which would be taken through due process as there was currently an unmet revenue consequence of around £500k. Discussions would then take place with

the services at the design stage in regard to efficiencies and improvements in order to mitigate against the increased revenue position.

The **BOARD** agreed to consider the recommendations after consideration of the next Board agenda item on The Road to Digital 2017/18 Financial Investment Plan.

12. The Road to Digital – 2017/18 Financial Investment Plan

Mrs Carol Gillie advised that the paper followed on from the previous report and focused on the financial investment in 2017/18 for the Road to Digital. She advised that as per the Code of Corporate Governance any capital spend of £0.5m must be approved by the Board. The paper gave details of the £4.8m that was planned to be spent during the remainder of the financial year and the table on page 2 detailed the sources of funding as well as the planned spend.

Mrs Gillie advised the Board that a procurement strategy with a focus on 2017/18 had been developed and page 4 detailed how each of the elements of spend would be procured. As the actual orders which made up those areas of spend were still being finalised, she had requested delegated approval of the actual orders to a number of key individuals.

Mrs Gillie further advised that there were a number of risk associated with the plan in the current year and they were detailed on page 4. She also highlighted to the Board that excluding capital charges there was a recurring cost to the investment which was £90k. From IM&T budgets £40k would be used to offset that increased cost. Work would be progressed with services to secure recurring savings to offset the remaining £50k. Due to the nature of the investment in the current year Mrs Gillie was sought approval from the Board to include the recurring investment in the financial plan for next year.

Dr Stephen Mather enquired about the risks identified. Mrs Gillie advised that the risks would be negated once the capital and obsolescence funding was secured.

Further discussion focused on: future bids for capital; experience of managing projects of a similar size; Road to Digital Programme Board in place to ensure good governance around the whole programme; lessons learned from Audit Scotland in regard to other large scale public sector projects; confidence in achieving budget and full scrutiny available of the work undertaken with suppliers and designers; already licensed to move to windows 10 when windows 7 ceases in 2020; suggestion to create space for the Board to consider further investment in IT in the future whilst being aware of the clinical needs of services; part of the investment criteria from Scottish Government is the provision of gateway reviews at various stages; and most spend was from the framework contract that also ensured good scrutiny and governance.

The **BOARD** noted the update provided and approved the design changes detailed in the update report to deliver the NHS Borders Road to Digital programme.

The **BOARD** noted the improved risk position much earlier in the programme.

The **BOARD** noted the resource requirements of the 2017/18 to 2020/21 Road to Digital Financial Investment Plan including one off and recurring investment.

The **BOARD** agreed to support the development of the Business Case to secure external additional resources for the period 2018/19 to 2020/21 to deliver the IM&T Road to Digital Programme.

The **BOARD** approved the 2017/18 Financial Investment Plan totalling £4.8m as funded through the Board 2017/18 Capital Plan (£2.8m), £1.3m additional Scottish Government funding for replacement of obsolete items of existing IM&T Infrastructure and £0.7m eHealth non recurring revenue monies.

The **BOARD** requested that steps be put in place to reduce the net recurring investment requirements for 2017/18 totalling £0.05m but in the meantime agreed an investment of £0.05m be included in the 2018/19 financial plan.

The **BOARD** approved the 2017/18 Procurement Strategy for the Road to Digital programme as recommended by the NHSS NSS Procurement Manager for eHealth in line with the Board's Code of Corporate Governance.

The **BOARD** delegated the authorisation of the procurement orders to the Board Chair, or nominated Deputy, Chief Executive, Director of Strategic Change and Performance and the Director of Finance to deliver the elements of the 2017/18 Road to Digital Programme.

The Chair on behalf of the Board thanked the IM&T Team for the work they had undertaken to reach such a positive position given the previous concerns of the Board.

13. The 2018 General Medical Services (GMS) Contract In Scotland

Dr Cliff Sharp drew the attention of the Board to the recent release of the GMS contract and advised that a vote would take place with the GPs early next year and it would take some 2-3 years to implement the finally agreed contract. He further highlighted that the overarching purpose of the contract was to make life for GPs more tolerable given the pressures they faced as a profession. Various key elements of the contract included: risks of running GP practices and premises; GP earnings; and multidisciplinary teams in the GP setting.

Dr Stephen Mather commented that it should be recognised that other Health Care Workers could undertake some of the jobs currently performed by GPs in order to release GPs to focus their attention on more valuable GP work. He was also keen to ensure GPs diagnostic abilities were maintained.

Further discussion focused on: potential of local GPs opting into the out of hours requirements; funding of the out of hours arrangements; inclusion and funding for GP Cluster Leads work; recruitment of pharmacists; training pharmacy technicians; quality of premises to deliver prescription for excellence; vaccinations transformation programme to move from GPs to Health Boards to provide; and divergence between Scottish and English systems.

The **BOARD** noted the report.

14. Audit Committee

Mr David Davidson advised that there would be an additional meeting held in January and he was keen to ensure a training programme was put in place for any new members to the Audit Committee.

Mrs Jane Davidson advised that a review would be taken forward of the governance arrangements around the governance committees to ensure there was no operational creep onto the agendas of those

meetings and to ensure their scrutiny and assurance role was not compromised. She was also keen for chairs and members of committees to have appropriate training programmes put in place.

The **BOARD** noted the update.

15. Clinical Governance Committee

Dr Stephen Mather advised that the Committee had met on 29 November and discussed a variety of subjects including: the back to basics programme; centralising reports through the 5 key themes which included: food, fluid and nutrition; falls; pressure areas; and complaints. Other items of interest at the meeting had included staffing levels, transfusion practitioner and transfusion services, joint older people's services inspection, and concerns in regard to serious adverse event reviews (SAERs).

Dr Cliff Sharp advised that in regard to SAERs there was an intention to simplify and streamline the structure in order to enable staff to undertake SAERs. He was also keen to focus attention on genuine organisational learning from SAERs and to broaden the cohort of chairs for SAERs.

The **BOARD** noted the update.

16. Public Governance Committee

Mrs Karen Hamilton advised that the Committee had met in September, but were not quorate. Mr Peter Lepiniere had given an informative presentation on the joint older people's services inspection and had focused on the dementia element of it. Discussion had focused on the engagement strategy and public engagement as part of the clinical strategy. The public involvement team had suggested the documentation for public engagement had been late in being released and were keen for the Board to be made aware. She further advised that a general debate had taken place on the difference between consultation versus engagement.

Cllr David Parker commented that the Health & Social Care Integration Joint Board had not received the consultation documentation until part way through the 12 week process. Mrs June Smyth clarified that the clinical strategy had been subject to an engagement process and not a formal 12 week consultation.

Mrs June Smyth commented that she was surprised that the Public Involvement Team had suggested the documentation was late in being released as they had designed the engagement process and the materials to be used and worked alongside the Planning & Performance and Public Health teams to ensure the engagement exercise was taken forward using their process and materials. A debrief and lessons learned discussion was already timetabled for early in the new year and this would be fed into the debrief.

The Chair suggested the terms of reference and remit of the Public Governance Committee be revisited to ensure quoracy moving forward. Mrs Jane Davidson advised that it would be included as part of the governance review she had mentioned earlier in the meeting.

Mrs Hamilton also advised the Board that both a location and funding for the Adult Changing Facility had been identified. Mrs Carol Gillie commented that charitable funds had been secured and the location was near to the Radiology Department. She further confirmed that the schedule of works for the facility was now within the Estates Department forward programme of works.

The **BOARD** noted the update.

17. Staff Governance Committee

Mrs Karen Hamilton advised that the Committee had held an Extra Ordinary meeting on 6 November in order to scrutinise the Health & Safety report on work and wellbeing and aggression and violence. The session had been organised on the back of an Audit Scotland report produced in September. The discussion had been both open and frank and the notes of the session would be discussed further at the next scheduled meeting.

The **BOARD** noted the update.

18. Area Clinical Forum

Mrs Alison Wilson advised that the Area Clinical Forum had not met earlier in the week due to the number of apologies received.

The **BOARD** noted the update.

19. Consultant Appointments

The **BOARD** noted the report.

20. Financial Monitoring Report for the 7 month period to 31 October 2017

Mrs Carol Gillie gave an overview of the content of the report and highlighted that at the end of October, NHS Borders was reporting an overspend of £5.4m on revenue and break even in terms of capital.

The **BOARD** noted the report and considered the current financial position in conjunction with the recovery plan.

21. Capital Plan Report

Mrs Carol Gillie gave an overview of the content of the report and highlighted the £5.7m of capital resources available this year. In addition to the £5.7m capital spend the Board was also over the next 12 months planning to spend just over £800k on work to upgrade and extend the Macmillan centre. Due to timescales she advised the Board that the main capital works construction contract for the scheme had been awarded to T Graham & Son following a tender process.

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

The **BOARD** confirmed that it noted the award of tender for the Macmillan Cancer Centre Project was authorised on a virtual basis by the Board and awarded to the preferred contractor T Graham & Son (Builders) Ltd to the value of £516,786.94.

The **BOARD** noted the indicative capital resources and commitments for 2018/19 - 2021/22.

Mrs Gillie advised the Board that the tender for the Melrose Health Centre works had not been awarded, however she was keen to ensure the primary care premises programme moved forward and she suggested moving on the Earlston and West Linton schemes ahead of the Melrose scheme until the issues around the Melrose Health Centre were resolved.

The **BOARD** agreed to put a pause on the Melrose Health Centre works until matters had been resolved.

The **BOARD** agreed in order not to delay the primary care premises programme to change the priority order to move the Earlston and West Linton works ahead of the Melrose works if resolution to the Melrose issue was not achieved within a reasonable timeframe.

22. 2017/18 Updated Recovery Plan

Mrs Carol Gillie updated the Board on the projected 2017/18 year end financial position. Following a number of actions the Board was projecting a year end underspend of £200k with 5 months until the end of the financial year. The projection had a number of risks attached to it and actions were being taken to increase confidence levels in delivering financial targets.

The Chair thanked Mrs Gillie for the almost miraculous job that had been done to achieve the budget by the end of March and further recognised that there was no room for complacency.

The **BOARD** noted the update on the year end recovery plan and a forecast break even position at 31st March 2018.

The **BOARD** requested a further update on the recovery plan if a break even position was no longer forecast.

23. Managing Our Performance Mid Year Report 2017/18

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

Discussion focused on: 3 years data within the standard performance report; good performance on the access target when compared across Scotland; personal development plans and appraisals performance; switchover of the eksf system to the new TURAS system in February/March 2018;

The Chair commented that in August the 18 week Referral to Treatment (RTT) waiting time was not achieved as it only achieved 86% and he enquired of the up to date position. Mrs Smyth advised she would circulate the up to date position outwith the meeting.

The **BOARD** noted the 2017/18 Mid Year Managing Our Performance Report.

24. NHS Borders Performance Scorecard

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

Mr Tris Taylor was keen to understand how performance was measured in qualitative terms across the system. Dr Cliff Sharp clarified that performance was measured in terms of pathways and waiting

times. He confirmed it was harder to measure in qualitative terms however, he fully expected that the organisation would be asked to measure in those terms at some point in the future.

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

25. Chair and Non Executive Directors Report

The **BOARD** noted the report.

26. Board Executive Team Report

Items highlighted during discussion included: minimum pricing of alcohol; staff share on regional collaboration; and the high up take locally of bowel screening services.

The **BOARD** noted the report.

27. Statutory and Other Committee Minutes

The **BOARD** noted the minutes.

28. NHS Scotland Chief Executive Annual Report

The **BOARD** noted the report.

29. Any Other Business

There was none.

30. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 18 January 2018 at 10.00am in the Board Room, NHS Borders, Newstead

The meeting concluded at 1.05pm.

Signature:
Chair