

Minutes of a meeting of the **Borders NHS Board** held on Thursday 18 January 2018 at 10.00am in the Board Room, Newstead.

<b>Present:</b>	Mr J Raine	Mrs J Davidson
	Mrs K Hamilton	Mrs C Gillie
	Mr D Davidson	Mrs J Smyth
	Mr M Dickson	Dr C Sharp
	Dr S Mather	Mr R McCulloch-Graham
	Mrs A Wilson	Mrs C Pearce
<b>In Attendance:</b>	Miss I Bishop	Mrs R Gray
	Dr A Cotton	Mr S Whiting
	Mrs J Stephen	Mrs A McCollam

## **1. Apologies and Announcements**

Apologies had been received from Mr John McLaren, Mr John Cowie, Dr Tim Patterson, Mr Warwick Shaw, Cllr David Parker, Mr Tris Taylor and Dr Janet Bennison.

The Chair confirmed the meeting was quorate.

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

The Chair welcomed a range of attendees to the meeting.

The Chair acknowledged the outstanding efforts of staff across all services in coping with winter pressures, including the impact of flu and seasonal illnesses and the difficulties caused by the recent bad weather.

The **BOARD** formally recorded its thanks to all staff.

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 there were none.

### 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 7 December 2017 were approved.

### 4. Matters Arising

**4.1 Minute 7: Scottish Borders Health & Social Care Winter Plan 2017/18:** Mrs Karen Hamilton asked that the “moving on” booklet be circulated to Board members for their information.

**4.2 Minute 24: NHS Borders Performance Scorecard:** Mr Malcolm Dickson recalled that Mr Tris Taylor had previously asked a question about qualitative measures and Dr Cliff Sharp had commented that the organisation would be expected to develop those in the future. On reflection he suggested Mr Taylor may have been enquiring if the organisation already had any such quality measures as part of the patient satisfaction questionnaire, and if not if it should be pursued ahead of any direction from the Scottish Government. Dr Cliff Sharp advised that the organisation could devise its own quality measures however it was left to services to decide by using a suite of measures to get more triangulation on any qualitative aspects. Mrs June Smyth commented that a national review of targets and indicators in health and social care had been undertaken by Sir Harry Burns whose report was expected to impact on quality reporting.

**4.3 Action 15:** Mrs Carol Gillie updated the Board in regard to Crumhaugh House and advised that she had received confirmation from Scottish Borders Council that they did not plan to use Crumhaugh House however, they were aware of an external interest in the property and had offered to facilitate a discussion between that party and NHS Borders. She confirmed that the property would be revalued and she would bring a paper to a future Board meeting for the Board to decide if the property be deemed surplus.

The **BOARD** noted the action tracker.

### 5. Board Clinical Governance & Quality Report

Dr Cliff Sharp highlighted the recognition of the request made by the Board a couple of months ago to evolve the format of the report and advised that the current report had introduced some of those elements. He also reiterated the comments made by the Chair at the start of the meeting that it had been a very busy month across the Borders General Hospital, primary care services and mental health services with pressures evidenced through higher occupancy levels. He commented that staff had stepped up to the challenge with impressive professionalism, working well beyond their hours and covering sickness absence as the flu virus has taken its toll. He commended staff at all levels of the organisation.

Mrs Ros Gray sought feedback on the style of the report as the intention was to show a balance in areas of improvement against the rest of the business. She highlighted several elements within the paper including: adoption of good practice; falls; pressure ulcers; nutritional care; person centred coaching tool; complaints; an anticipated increase in Scottish Public Services Ombudsman (SPSO) reports given the change in the complaints processes; and care opinion.

The Chair welcomed the simple format of the graphics in regard to complaints. In consideration of the Hospital Standardised Mortality Ratio (HSMR) data he noted that NHS Borders remained above the Scottish average. Dr Sharp advised that NHS Borders HSMR was affected by several things including the Margaret Kerr Unit and a spell of increased sepsis over the winter of 2014. He advised that Healthcare Improvement Scotland were content that NHS Borders were sighted on HSMR and highly focused on ensuring mortality rates are addressed.

Further discussion focused on: explanatory terms for the media and improvement work in regard to deteriorating patients; expectation of being in a clinical surrounding at end of life; potential to publish HSMR actual figures along with the crude data figures; data lag in terms of NHS Information Services Division (ISD) quarterly publication of HSMR figures; scrutiny of readmission rates for both medical and surgical readmissions; zero tolerance to pressure ulcers across the system; refinement of graphs; information graphs on page 6 were the clearest to understand; and negative publicity on the Accident and Emergency 4 hour target.

The **BOARD** noted the report.

## **6. Healthcare Associated Infection Prevention & Control Report**

Mr Sam Whiting gave an overview of the content of the report and highlighted several elements including: a recent retiral and plans to stabilise the service and address capacity issues within the team; colorectal surgical site infection data; all surgical site infection reporting data being mandatory; discussions with Health Protection Scotland (HPS) on the finer detail to do with the preparation of patients prior to surgery; comparison of like for like data; and zero outbreaks and a reduction in positive virology for flu cases.

The Chair asked that the definition of community infections be included in the report given they were outwith the control of the organisation. Mr Whiting agreed to include a definition in future.

The **BOARD** noted the report.

## **7. Winter Plan Update**

Mr Philip Lunts updated the Board in regard to the winter plan activity to date and the pressures the system had coped with over the festive period. He outlined the aims, actions taken and delivery to date. He spoke of the Borders Emergency Care Service (BECS) and primary care performance over the festive period and compared performance for the Emergency Department (ED) against previous winter periods. Mr Lunts advised that poor performance over the festive period related to several key factors including: beds and overcrowding in the ED; bed occupancy and surge bed numbers in the Borders General Hospital; and morning and weekend discharges.

The Chair sought clarification on performance in regard to morning discharges. Mr Lunts advised that staff had trialed various techniques to address morning discharges and none had proved sustainable. It had been concluded that morning discharges were low as discharges had taken place the night before and effort was put into discharging early instead of the following day. However he emphasised that there was still a need to move patients to the discharge lounge earlier in the day.

Mrs Jane Davidson suggested some of the bed issues might be connected to weekend discharges and with improved performance on weekend discharges it might unlock movement on early discharges.

She further commented that sustainability of weekend discharges would be key in maintaining momentum of early discharges.

Mrs Karen Hamilton enquired if 40% was a local target. Mr Lunts advised that it was a national target and only one Board across Scotland had achieved it.

Mrs Hamilton enquired if patients were asked when discharged if they felt they could have been discharged earlier. Mr Lunts advised that the discharge target time was 12noon and patient feedback was undertaken in the Discharge Lounge. He was aware that there were complaints about how long it took the system to discharge patients.

Mrs Claire Pearce suggested an expectation should be set for patients that their discharge would be by 10am and they would be taken to the discharge lounge for their onward travel arrangements whether to home or another facility, via family, ambulance or another mode of transport.

Dr Stephen Mather enquired of the impact of opening Craw Wood. Mr Robert McCulloch-Graham advised that the facility was operating as a discharge to assess facility on a 6 day length of stay. There was now over capacity which would be reviewed. Whilst the facility was working well Mr McCulloch-Graham advised that areas of difficulty were in regard to dementia and whilst places had been increased in the private sector it remained a challenge with issues in connection with private guardianship and deployment of mental health officers. The hospital to home service was also being rolled out and it was anticipated that delayed discharges figures would reduce further.

Further discussion focused on: emergency and cancelled operations and the potential of having an elective free period in the winter; criteria based discharge undertaken by doctors the night before; criteria lead discharges and handovers; increase in acutely ill patients and ambulatory care; boarded patients; some GP practices under intense pressure and several had opted to open for 4 weekends to support BECS in the Borders General Hospital; patients in community hospitals also being reviewed; and a shared commonality to work better with partners to address issues.

The **BOARD** noted the presentation.

## **8. The Road to Digital**

Mrs Jackie Stephen gave an overview of the content of the report and highlighted some key elements including: slippage within the national capital plan; securing £1.3m to allow mitigation against capital costs; total investment of £5.8m; one off funding that must be spent before the end of March; contracts in place with discounts to be secured provided orders are placed the following day; and there was no anticipation of any additional impact on the current position.

Dr Stephen Mather sought clarity on the mitigation of risk if the expenditure was approved. Mrs Stephen advised that the risk would be mitigated to a large extent with some services still to be managed. She clarified that there were detailed plans in place and there would be close working with the contractors to ensure any remaining risk level was reduced.

Mr David Davidson sought confirmation that the equipment purchased would be long lasting and easy to update. Mrs Stephen confirmed that it would be and that it would also assist with regionalization given it would be compatible with NHS Lothian systems.

Mr Davidson enquired if conversations had taken place with Scottish Borders Council in regard to their operating systems. Mrs Stephen advised that the current request was in regard to infrastructure and she did have a programme of work regarding software with Scottish Borders Council.

The **BOARD** noted the additional allocation of £1.03m capital funds from Scottish Government.

The **BOARD** approved the use of these funds on the IM&T Investment Plan and for orders to be placed against the IT Framework contract.

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 purchase the network switching and Wi-Fi upgrade components of the Road to Digital Programme in 2017/18.

## **9. Audit Committee**

Mr David Davidson advised that Audit Scotland would be coming to speak to a future meeting of the Committee. The Committee would also be reviewing internal audit reports and looking at the internal audit contract which was due to conclude at the end of March.

The **BOARD** noted the update.

## **10. Clinical Governance Committee**

Dr Stephen Mather advised that the next meeting of the Committee was scheduled for the end of January.

The **BOARD** noted the update.

## **11. Public Governance Committee**

Mrs Karen Hamilton advised that the next meeting of the Committee was scheduled for February.

The **BOARD** noted the update.

## **12. Staff Governance Committee**

Mrs Karen Hamilton advised that the next meeting of the Committee was scheduled to take place in February. A session on Health & Safety had been held and the report produced would be submitted to a future Strategy & Performance Committee meeting to provide the Board with assurance that any shortcomings were being addressed.

The **BOARD** noted the update.

## **13. Area Clinical Forum**

Mrs Alison Wilson advised that the Area Clinical Forum had met earlier in the week and the Area Medical Committee had been re-launched with Dr Nicola Lowdon as the Chair. Mrs Wilson advised

that she had attended a recent meeting of the Borders Area Nursing & Midwifery Advisory Committee (BANMAC) and had received feedback on the Back to Basics programme.

The **BOARD** noted the update.

#### **14. NHS Borders Annual Review letter**

The Chair commented that the letter reflected good performance for the past year which was in itself a reflection of the efforts of those people employed by NHS Borders.

Mr Malcolm Dickson enquired how the main action points were to be addressed. Mrs June Smyth commented that the actions were pulled into an action plan if necessary, otherwise they were picked up under the “Managing Our Performance” reports at 6 and 12 months. There was no requirement to provide the Cabinet Secretary with a formal report back, however, the Board Executive Team were involved in a Mid Year Review session with Scottish Government colleagues. At the Mid Year Review session the actions and progress against them was discussed and the final outcome was presented at the next Annual Review meeting detailing how they were addressed and resolved.

The **BOARD** noted the Annual Review Feedback Letter for 2016/17 and the key action points.

#### **15. Financial Monitoring Report for the 8 month period to 30 November 2017**

Mrs Carol Gillie gave an overview of the content of the report and advised that at the end of November, NHS Borders was reporting an overspend of £5.1m on revenue and break even in terms of capital. She detailed several key highlights from the report including: continued operational pressures across services particularly in acute services in the Borders General Hospital although the position remained on trajectory during November; the forecast delivery on efficiency had reduced from £9.1m to £8.3m with the key reasons for slippage being clinical productivity and effective prescribing; based on a number of assumptions and risks the Board continued to forecast breakeven at the end of March; and due to slippage on the national programme the Board had been able to access an additional £1.3m of capital funding to be utilised for IM&T and priority medical equipment items.

Mr David Davidson enquired which clinical productivity project had not been delivered. Dr Cliff Sharp advised that it was in regard to the Allied Healthcare Professionals (AHPs) and was more of an issue in regard to leadership, interim posts and the security people required in order to drive and implement change effectively.

Mr Davidson commented that he was disappointed at the level of efficiencies achieved. Mrs Gillie commented that the projection was to save £8.3m and her areas of concern were being unable to implement opportunities from clinical productivity and effective prescribing.

Dr Stephen Mather enquired if there was a need to look towards disinvestment in certain services and to cease prescribing certain drugs. Mrs Gillie confirmed that such discussions would take place in the future and she highlighted that spend on agency locums for medical staff had reduced substantially and she anticipated similar discussions on choices would need to be made.

The **BOARD** noted the report.

## **16. Draft Financial Settlement 2018/19**

Mrs Carol Gillie advised the Board that the purpose of the paper was to give the Board an update on the draft financial outlook for 2018/19. It followed the Scottish Government draft budget which had been presented to the Scottish Parliament on 14 December 2017 and the draft allocation letter that had been issued since. Mrs Gillie highlighted several key elements including: 1.5% uplift which was better than expected but still below the levels received in previous years; offsetting the pay policy will be higher than anticipated; there will be transformational change funding but it is unclear how it will be accessed; the level of social care funding was unchanged from the last financial year and will be passed directly to Integration Joint Boards; further funding linked to war pensions and guaranteed income payments to be issued in due course; further funding to be issued linked to drugs and alcohol; Boards will be required to produce an annual plan which replaces the Local Delivery Plan; taking account of those issues, the recurring deficit carried forward from 2017/18, the level of savings required to be delivered in 2018/19 is in the region of £19m; and in addition there are a number of cost pressures in the system.

Mr David Davidson enquired about the pay uplift. Mrs Gillie advised that the pay increase costs would be in the region of £2.8m and the uplift advised for NHS Borders was £3m.

Mr Davidson enquired if there was any guidance received in regard to specific ring fenced funding. Mrs Gillie advised that a breakdown of ring fenced funding had not yet been received however she anticipated that it would probably cover areas such as drugs and alcohol, transformational change, regional working, waiting times funding, mental health, primary care, cancer and trauma and the GMS contract.

The Chair recalled that funding for alcohol and drugs had previously been reduced centrally. Mrs Allyson McCollam suggested a report on innovation and transformation for drugs and alcohol had been the instigation to reintroduce funding and the ring fenced funds would be for new initiatives.

Mr Malcolm Dickson enquired if the new annual plan was to link to national and regional service development with the intention of greater de-centralisation. Mrs Jane Davidson commented that the intention was to standardise how the NHS worked across Scotland in regard to dealing with financial pressures, clinical quality, staffing pressures, and economies of scale.

The **BOARD** noted the update on the draft financial outlook for 2018/19.

## **17. NHS Borders Performance Scorecard**

Mr David Davidson enquired if there was a Did Not Attend (DNA) policy. Dr Cliff Sharp confirmed that there was and that in the Mental Health service they asked people to opt into appointments. He advised that the Borders General Hospital had a texting reminder system and the Mental Health service were hopeful to utilise that functionality. Whilst there was a DNA policy, he assured the Board that clinical judgement was applied and he noted the positive work that Mr George Ironside had initiated to support patients who may have additional needs to be able to attend appointments.

Further discussion focused on: the costs of missing an appointment or operation; telephoning persistent DNA cases; appointment text reminder service; 70<sup>th</sup> Anniversary message to use the NHS wisely; increase in diagnostics and radiology waiting times; national picture in regard to radiology and shared services; view that diagnosis may be more meaningful to patients than treatment; good performance

with smoking cessation; increase in physiotherapy waiting times and out patient waiting times; reviewing psychological therapies waiting times in regard to clinical time, job planning, clinical capacity and early triage; and review of AHP management and number of options being considered.

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

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

The Chair highlighted the presentation that he, Mrs Jane Davidson, Mrs Claire Pearce and Dr Cliff Sharp had given to Scottish Borders Council on 21 December, and the positive questioning that had ensued.

The **BOARD** noted the report.

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

Mr David Davidson enquired about the level of staff flu vaccination uptake and how it might be increased. Mrs Claire Pearce commented that there had been a good uptake across the system with professional bodies advising staff they had a duty to be vaccinated and the Occupational Health Service running clinics on wards and in the community. The organisation could not enforce vaccinations on staff.

Mr Davidson enquired about the role of Public Health under the diabetes partnership, in influencing Scottish Borders Council through various avenues such as, planning, licensing, education and sports facilities to assist in the provision of better health care and for individuals to take responsibility for their health care. Mrs Allyson McCollam advised that the diabetes prevention project was being taken forward by both NHS Borders and Scottish Borders Council and what had once been seen as an NHS responsibility was now viewed as a joint issue with public health leading the change across both systems.

The **BOARD** noted the report.

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

The **BOARD** noted the minutes.

### **21. Any Other Business**

There was none.

### **22. Date and Time of next meeting**

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 1 March 2018 at 10.00am in the Board Room, NHS Borders, Newstead.

*The meeting concluded at 1.00pm.*

*Signature: .....*

*Chair*