

Minutes of a meeting of the **Borders NHS Board** held on Thursday 1 November 2018 at 10.00am in the Board Room, Newstead.

**Present:**

- Mr J Raine, Chairman
- Mrs K Hamilton, Vice Chair
- Dr S Mather, Non Executive
- Mr T Taylor, Non Executive
- Mr M Dickson, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mrs J Davidson, Chief Executive
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- Mrs C Pearce, Director of Nursing, Midwifery & Acute Services
- Dr C Sharp, Medical Director
- Dr T Patterson, Joint Director of Public Health

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Mr S Whiting, Infection Control Manager
- Mrs E Cockburn, Head of Clinical Governance & Quality
- Mrs N Berry, Interim Director of Nursing, Midwifery & Acute Services
- Mrs A McCollam, Associate Director of Public Health
- Mrs C Oliver, Communications Manager

## **1. Apologies and Announcements**

Apologies had been received from Mrs Fiona Sandford, Non Executive, Dr Janet Bennison, Associate Medical Director and Mr Robert McCulloch-Graham, Chief Officer Health & Social Care.

The Chair welcomed Mr Sam Whiting, Mrs Elaine Cockburn, and Mrs A McCollam to the meeting.

The Chair confirmed the meeting was quorate.

The Chair welcomed members of the public to the meeting.

The Chair recorded the thanks of the Board to Mrs Claire Pearce for her time, effort and commitment in her role of Director of Nursing, Midwifery & Acute Services over the previous 18 months. He further, on behalf of the Board, wished her well in her new role as Director of Care Quality and Strategic Development with the Scottish Ambulance Service.

The Chair welcomed Mrs Nicky Berry to the meeting in her new role as Interim Director of Nursing, Midwifery & Acute Services.

## **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 6 September 2018 were approved.

## **4. Matters Arising**

**4.1 Community Hospitals:** Mr Robert McCulloch-Graham to circulate the Anne Hendry Review of Community Hospitals report to Board members.

**4.2 Action 24:** Dr Cliff Sharp updated the Board on the Action and advised that work was on going in order to find a meaningful and efficient way of learning and monitoring the learning from complaints to ensure a fully completed process was achieved.

The **BOARD** noted the action tracker.

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

Mrs Elaine Cockburn gave an overview of the content of the report and highlighted several key elements including: data collation; deteriorating patients dashboard; roll out of the national early warning score across mental health services; Venous Thromboembolism (VTE); adverse events; back to basics programme; a focus on quality of care improvement and assurance and the self evaluation tool; clinical document management; feedback and complaints and commendations; Scottish Public Services Ombudsman referrals; increased use of Care Opinion; relaunch of Pyjama paralysis initiative; and the Hospital to Home initiative and its impact on hospital bed days; the winter plan and assistance in increasing patient flow and a focus on reinvigoration of weekend discharges.

The Chair welcomed the news that the Healthcare Improvement Scotland approach had moved away from being scrutiny based to becoming more developmental.

The Chair enquired what was being done to bring falls back on track and how the learning from complaints was influencing change for the better. Mrs Cockburn advised that both matters would be more fully referred to in the next Board report. However with regard to falls specifically, she commented that the new falls tool was being tested and responsibilities were being highlighted to staff. Mrs Nicky Berry advised that whilst the organisation would not eradicate falls there was a renewed emphasis on education of staff in the falls bundle and wards were being supported to undertake and learn from the falls reviews.

The Chair enquired about the delay in adverse events reviews. Mrs Cockburn advised that the process was being reviewed in terms of, ensuring the correct baseline data was being recorded, enabling sign off of reports, and a 10 day window being introduced to allow the production of action plans.

The Chair noted there appeared to be a more realistic baseline for tissue viability. Mrs Claire Pearce advised that there had been significant education undertaken with nurses in regard to soft tissue pressure sores and the reporting system.

Dr Stephen Mather noted that the report was light on the areas of falls and tissue viability and Mrs Cockburn advised that the Board had agreed to receive a full six monthly report which would contain the detail in how those areas were being progressed along with the relevant performance data.

Dr Mather enquired about the test of thematic reviews and sought feedback on what had been discovered to date. Dr Cliff Sharp advised that the learning from the pilot test in Orkney would be used to inform how the test was to be undertaken locally and which areas it would focus on.

Further discussion focused on: the Joint Winter Plan; Hospital to Home and the recruitment of Healthcare Support Workers; measure on nutritional care; food, fluid and nutrition annual report to the Board in December; one years' worth of data to enable a comparison of GP Practices in terms of trends/satisfaction figures; standard sickness absence target of 4% and work has been done on return to work interviews for nursing staff to ensure staff wellbeing is looked at and recognised; wellbeing at work department have set up a wellbeing at work group and are offering support around mental health for staff; and a communication was to be released to all staff in early November in regard to what staff had said about the winter period the previous year and what changes had been made to ensure a better experience for all staff in the coming winter period.

Mr Tris Taylor advised that he welcomed the increased rigour around the content of the report and he enquired about the objective of staff wellbeing in relation to the winter plan. Dr Sharp reminded the board of the human factors from the previous winter period when staff and services were under immense pressure especially during the weekend periods. The aim was to take a 7 day approach to admissions and discharges and ensure staffing levels remained constant across the full 7 day periods, with Senior Charge Nurses ensuring there were zero rostering gaps at nights and weekends.

Cllr David Parker expressed his views in regard to the importance of the assurance the report provided to the Board and whether it should be a by-exception report given the business was delegated by the Board to, and scrutinised by, the Clinical Governance Committee. The Chair welcomed Cllr Parker's view and recognised the importance of the report being aired, along with those of performance and finance.

Mrs Jane Davidson reminded the Board that the main business of the organisation was clinical and she suggested the reporting could be more timeously and expedited better with some questions of information dealt with outwith the meeting. She was however keen that the Board hear of the issues that the Clinical Governance Committee were concerned with, such as significant adverse event reports (SAERs), given the Committee was tasked with providing assurance to the Board in regard to clinical matters. She suggested it might be more helpful for the Board to receive formal reports from all of the Governance Committees.

Mr John McLaren supported Mrs Davidson suggestion and reminded the Board that it was a clinical organisation with patient safety being the key objective to everything it undertook.

Mrs Cockburn relayed her understanding of the discussion and advised that she would be happy to provide exception reporting to the Board at each meeting, whilst continuing to produce the six monthly full reports for the Board each year.

Mrs Davidson agreed that a full report should be brought to the Board twice a year with the regular reports being honed into by-exception reports of what was working well and what was not which would allow the Board to undertake a focused discussion on the areas of concern.

The **BOARD** noted the update and agreed that the other governance committees develop regular assurance reports for the Board highlighting areas of concern.

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

Mr Sam Whiting gave an overview of the content of the report and highlighted several key elements including: request for comparative data with other Boards; ecoli bacteraemia data point; and infection control staffing levels.

Dr Stephen Mather commented that he welcomed the inclusion of the funnel plot chart.

The **BOARD** noted the report.

## **7. The Health & Wellbeing of Children & Young People in Scottish Borders: Priorities for 2018-2021**

Mrs Allyson McCollam gave an overview of the content of the report and highlighted the status of the report, the achievements made and further issues to be addressed. She emphasised the duty of the Board to adhere to the Child Poverty Act and Children's Rights Act reporting requirements. She spoke of the progress made in regards to the adult diabetes prevention, universal health visiting pathway, family nurse partnerships and prevention arrangements on drugs, alcohol and tobacco. Other areas of attention included the school nursing service redefined priorities, inclusion pathways for families with young children, and the promotion of children's rights within the health service.

The Chair commented that the data report was concerning in regard to 44 out of 100 children were living in homes that fell outwith the housing quality standard. Mrs McCollam advised that it had not been anticipated and was being looked at in partnership.

Dr Stephen Mather enquired how the plan fitted with the provision of children's services on the Borders General Hospital site. Mrs Jane Davidson advised that those connections would be factored into the plan in the future as it evolved further.

Further discussion highlighted: on-going work in regard to general preventative work with paediatric services; potential visit to Borders in February from the Scottish Government to explore the interfaces of integrating children's services; community planning partnership had been very receptive to the plan; ensuring the information sharing policy was fit for purpose with thresholds being relevant and appropriate; Area Partnership Forum keen to assist in developing the plan further; key priority of children's mental health; family nurse partnership service invited to provide a future patient story to the Board; the responsibility of the Board in terms of corporate parenting and looked after children; the

resilience film screening the following week; and targeting the modern apprentice opportunities to the looked after children cohort.

The Chair suggested that as a partnership more could be done to promote the availability of welfare benefits and people's rights to the local population. Mrs McCollam advised that she had been assured that it was part of routine practice however it was difficult to evidence given it relied on a level of professional judgement.

Cllr David Parker advised that the local authority customer service teams were fully informed of the range of packages to offer in terms of welfare benefits and welcomed any signposting of people to those service teams.

The **BOARD** noted the Plan and the supporting health and wellbeing profile and endorsed the priorities in the Plan.

The **BOARD** asked for time to be set aside at a future Board Development session to further consider how it could respond appropriately to its obligations under the Child Poverty Act to work towards the targets set to eradicate child poverty.

The **BOARD** asked for time to be set aside at a future Board Development session to further consider how it could respond to its obligations to promote children's rights under the Children and Young People's (Scotland) Act.

## **8. Conditions Attached to the Provision of Non Recurring Ring Fenced Resource to the Integration Joint Board in 2018/19**

Mrs Carol Gillie reminded the Board that it had agreed to provide non recurring resources to the Integration Joint Board (IJB) with certain conditions attached and that the IJB Chair has asked that those conditions be waived for the uncommitted balance of the fund. Following discussion at the Board Development session in September it was recommended that the waiver of conditions be agreed by the Board.

Mrs Gillie further advised that the Chief Officer Health & Social Care had also asked that the resource be provided to the IJB recurrently going forward. Again in line with the discussion at the Board Development session in September, the Board had not received evidence on the impact that fund had had and Mrs Gillie recommended the decision be deferred until that evidence had been produced.

Cllr David Parker disagreed that any decision in regard to funding be deferred and he supported funding being passed to the IJB on a recurring basis.

A lively discussion ensued in regard to: passing across funding on a recurring basis; waiving any existing conditions; non identification of funding as integrated care funding into the baseline NHS budget; negotiating the setting of a budget and passing it across to the IJB for it to commission services; requirement for a business case in regard to Hospital to Home; and enabling the move from a business case directly to transitional funding.

The **BOARD** agreed to waive the conditions attached to uncommitted non-recurring resource, approximately £0.8m, provided to the IJB in 2018/19.

The **BOARD** agreed to provide the ring fenced resource on a recurring basis to the IJB and requested that business cases on areas of investment be provided as soon as possible with the business case for Hospital to Home being submitted to the next Board meeting and subsequently business cases for Crawwood and Waverley.

Dr Stephen Mather in his role as Chair of the IJB thanked the Borders NHS Board for the discussion and their agreement to waive the conditions and transfer funding to the IJB on a recurring basis.

## **9. Eildon Medical Practice**

Mrs June Smyth, Dr Tim Patterson and Mr Tris Taylor declared an interest in the item in that they were registered with the Eildon Medical Practice.

Dr Cliff Sharp gave an overview of the content of the report and highlighted the rigorous process that had been undertaken to date.

Mr Malcolm Dickson sought assurance that the rigorous process followed was one that had been laid down by the Scottish Government. Dr Sharp confirmed that it was and that it had been adhered to.

Mr John McLaren suggested it was worth noting that the process did not emphasis how the organisation should move to the next phase which was the option appraisal.

The **BOARD** noted the work undertaken to date; supported further development of the financial appraisal to determine a final preferred option; and supported that an update be presented to the Integrated Joint Board in December 2018.

## **10. Audit Committee**

Mr Malcolm Dickson advised the Board of the content of the Audit Committee meeting held in June: the Margaret Kerr Unit theft issues; the internal audit report in regard to receiving cash donations; risk process; audit report on internal control; and the internal audit plan for 2019.

Mr Dickson assured the Board that there were no governance concerns.

The **BOARD** noted the update

## **11. Clinical Governance Committee**

Dr Stephen Mather advised of the content of the last Clinical Governance Committee meeting which has focused the matters raised in the discussion earlier as well as Hospital Standardised Mortality Reviews (HSMRs). He assured the Board that there were no concerns in regard to the spikes in HSMR data as there were no patterns.

The **BOARD** noted the update.

## **12. Public Governance Committee**

Mrs Karen Hamilton advised that the Committee had not met for some time. She had raised concern in regard to the functioning of the committee and to assist with its future development the Scottish Health

Council were looking at public engagement strategies in other Health Boards. She further advised that the Terms of Reference for the Committee and meeting cycle and business plan would also be reviewed and refreshed as appropriate.

The Chair enquired about a possible timeline to conclude the review and Mrs Hamilton advised that it would be a few months.

The **BOARD** noted the update.

### **13. Staff Governance Committee**

Mrs Karen Hamilton advised the Board of the new style of meetings for the Committee now that it had been refocused on to its governance role. The first new style meeting, had focused on the Staff Governance Action Plan, matter, and monitoring process for staff profiling.

Mrs Jane Davidson advised that a letter had been written to NHS Scotland in regard the proposal that Boards undertake staff monitoring as a peer review in other Boards, highlighting the difficulty this would create for NHS Borders in terms of time, resource and commitment.

The **BOARD** noted the update.

### **14. Area Clinical Forum**

Mrs Alison Wilson advised that the Area Clinical Forum (ACF) had met earlier in the week and was trialing a different meeting style with a workshop session at the start of the meeting. The workshop session held earlier in the week had focused on the Primary Care Improvement Plan and new GMS Contract. The ACF had expressed some concerns in regard to mental health community professionals and what their roles would be, general implications of the contract on the workforce specifically Allied Health Professionals (AHPs) and Pharmacy services and whether it should be included on the risk register.

The Chair enquired about attendance at the ACF and Mrs Wilson advised that it had been variable with some meetings cancelled due to the number of apologies received, she further commented that the AHPS Committee had membership issues, the Area Medical Committee was being relaunched and unfortunately there was no representation at the ACF from the Healthcare Scientists community.

The **BOARD** noted the update.

### **15. Consultant Appointments**

The **BOARD** noted the report.

### **16. Financial Monitoring Report for the 5 month period to 31 August 2018**

The Chair asked that Mrs Carol Gillie provide an update to the Board on the current position with the financial plan given the Cabinet Secretary's announcement in October. Mrs Gillie referred to her communication to the Board of 15 October in which she had laid out the position following the Cabinet Secretary's announcement and she reminded the Board of the Development sessions that had taken place that had focused on the financial recovery plan. She commented that meetings had taken place

with the Scottish Government in regard to assumptions made in the updated financial plan and a further meeting was to be arranged. In regard to the Medium Term Framework announced by the Cabinet Secretary the Finance team were working through the implications of that for NHS Borders and at a regional level. She further highlighted that the framework allowed for Boards to under or over spend by 1% on the condition that they reached a breakeven position over a 3 year period.

Mrs Gillie then reminded the Board that whilst the UK budget had been announced earlier in the week the Scottish Budget would not be announced until 12 December.

The Chair advised that the Cabinet Secretary had made it clear to Chairs that she did not expect to receive any brokerage requests for 2019/20.

Mrs Gillie gave an overview of the finance report to 31<sup>st</sup> August and reported that there was a £6.3m overspend on revenue and break even on capital. This was in line with the forecast year end position of a £10.1m overspend. As previously highlighted in addition to the unidentified savings gap which the Board started the financial year with the main cause of the overspend was operational pressures on the nursing budget in the set aside budgets in the Borders General Hospital and slippage on the agreed efficiency programme for the year.

The Chair posed the question that if the Board were asked how successful they had been in shifting the balance of care from acute to community in financial terms, what that figure would be. Mrs Gillie commented that the organisation was committed to shifting the balance of care through a range of projects and activities and gave the example of difficulties in recruiting to the Ophthalmology service and the consequent redesign of the service and inclusion of Optometrists in providing services in the community that were previously provided in the acute setting. It was difficult to put a financial figure on all the changes made.

Mrs Jane Davidson commented that there were a range of ring fenced allocations that were passported across to the Integration Joint Board to enable a shift in the balance of care and she anticipated visibility of a shift in resource.

The **BOARD** noted the report.

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

June Smyth gave an overview of the content of the report and highlighted the revised process for future reports.

Dr Stephen Mather suggested that each narrative be accompanied by a clear timeline and anticipated outcome.

The **BOARD** noted the updates contained within the July 2018 Performance Scorecard.

The **BOARD** noted the work underway to develop Tableau.

The **BOARD** approved the new reporting format and timetable.



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

The Chair provided the Board with a flavour of the national Chairs meetings with the new Cabinet Secretary and the reiteration to Chairs of their accountability for the performance of their Boards.

The **BOARD** noted the report.

**19. Board Executive Team Report**

Mrs Jane Davidson highlighted the Listening Clinic held earlier that week where, she, the Chair and Dr Cliff Sharp had met with porters, domestic staff and supervisors. She commented on the obvious level of commitment to patient care shown.

Mr Malcolm Dickson enquired about the business support services savings plans that had been due by the end of October. Mrs Carol Gillie advised that all those that had not submitted plans would receive a reminder later that day.

The **BOARD** noted the report.

**20. Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

**21. Scottish Borders Adult Protection Committee Biennial Report 2016-2018**

The **BOARD** noted the 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 17 January 2019 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 1.10pm.*

*Signature:* .....

*Chair*