

Minutes of a meeting of the **Borders NHS Board** held on Thursday 5 December 2019 at 10.00am in the Board Room, Newstead.

**Present:**

- Mrs K Hamilton, Chair
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Mr R Roberts, Chief Executive
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- 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 R McCulloch-Graham, Chief Officer, Health & Social Care
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Dr A Howell, Associate Medical Director
- Mrs L Jones, Head of Clinical Governance & Quality
- Mr S Whiting, Deputy Hospital Manager
- Ms S Laurie, Communications Manager
- Mr J Ballantyne, Communications Assistant
- Ms S Pratt, Associate Director for Strategic Change
- Dr K Buchan GP
- Dr L McCallum, Consultant
- Dr R Mollart GP
- Mrs S Horan, Associate Director for Acute and Head of Midwifery
- Mr G Clinkscale, Hospital Manager

## **1. Apologies and Announcements**

Apologies had been received from Dr Stephen Mather, Vice Chair, Cllr David Parker, Non Executive, Mrs Nicky Berry, Director of Nursing, Midwifery and Acute Services, Dr Janet Bennison, Associate Medical Director and Dr Nicola Lowdon, Associate Medical Director

The Chair welcomed Ms Sarah Horan, Associate Director for Acute and Head of Midwifery, who deputised for Mrs Nicky Berry.

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.

## **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 3 October 2019 were amended at page 7, paragraph 6, line 3 to delete “think” and replace with “thing” and with that amendment the minutes were approved.

## **4. Matters Arising**

4.1 **Minute 5:** Mrs Carol Gillie advised that she would shortly be able to release the spend profile of unplanned costs for previous years to Mr Taylor.

4.2 **Action 32:** Mr Tris Taylor suggested marking Action 32 as complete, given it coincided with Action 13. It was noted that the timeline of events were, business cases to the Integration Joint Board (IJB) in January, KPIs to be set for all funded projects in January, set the directions for the Transformation Fund in February and provide direction and supporting information to the Health Board in March. Mr Taylor enquired if it was being presumptuous for the business cases to be shared with the Board in March alongside the direction and enquired about the process should the Board not be content to accept the direction, if it had concerns over the business cases. Mr Rob McCulloch-Graham advised that the business cases were for the IJB to consider and then set the direction to the Health Board or Local Authority. The purpose of supplying the Health Board with the business cases would be as supporting documentation to the direction and to clarify they had been produced through the services route to ensure they were doable. He therefore did not anticipate any disagreement given the business cases would have been worked up through the services.

The **BOARD** agreed to mark Action 32 as complete and noted the action tracker.

## **5. Corporate Objectives 2020**

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

The **BOARD** supported the incorporation of a review and refresh of the 2016-19 corporate objectives into the current work on the Clinical Strategy and Statements of Intent.

## **6. Winter Plan Update**

Mr Rob McCulloch-Graham provided an update position to the Board given that winter had appeared to have arrived early, there were mounting pressures within the system and discussions had taken place with Scottish Borders Council on the need to access home care and residential capacity. He also

reminded the Board that the previous discussion on the winter plan had focused on the involvement of the third sector in winter planning and he confirmed that the third sector and voluntary sector were involved in planning throughout the year and this was not limited to the winter plan period. He advised of the engagement and involvement of several organisations, communities and initiatives including: community transport; voluntary care scheme; British Red Cross; buddy services; neighbourhood link services; Alzheimers Scotland; Momentum; Chest, Heart and Stroke Scotland; and the Carers Centre.

Further discussion included: year round investment from the IJB; assurance staffing levels in DME remained appropriate given the reduction in beds; A&E performance; a slowdown in the movement of delayed discharges; and reopening surge beds earlier than anticipated.

Mr Tris Taylor enquired to what extent the third sector had influenced changes to the winter plan. Mr McCulloch-Graham advised that there was constant contact with the third sector and where there were gaps in services conversations took place at an individual level. Mr Taylor enquired if it was part of the directions and checklist that the third sector should be involved in the winter plan development. Mr McCulloch-Graham confirmed that it was. The Chair suggested that it was recognised the organisation had fallen short of expectations in that respect and that it should improve on that engagement and involvement in future.

Mr Taylor enquired how the improvement of relationships would be addressed. Mr McCulloch-Graham assured the Board that there was lots of contact with the third sector through the partnership across the year. In terms of moving forward he advised that the Locality Working Groups (LWGs) were about to be re-launched in January with 5 officers from the Partnership Leadership Team, leading their respective LWGs and building relationships with the local third sector and voluntary sector organisations.

Mr Taylor suggested appropriate indicators be developed with the third sector as he felt the mark of real meaningful engagement was when health board plans were directly influenced by those the health board was working with and not just in contact with. The Chair acknowledged that the development of engagement processes needed to be improved for the future.

Mr Ralph Roberts emphasised that a significant part of the winter plan involved describing the investment or use of additional resources that were set aside for the winter period and the decisions made around those. He suggested if the measure of success was to be on engagement of the third sector directly in the winter plan he would anticipate the third sector would see real engagement as impacting on the level of investment provided to them. In the context of the current version of the winter plan the investment with the third sector would probably not have changed through further engagement, however the underlying point should be how to engage better in the future and use the resources better during the winter period and it was acknowledged that engagement with the third sector year round would provide a better platform for addressing the winter period.

Mr Malcolm Dickson commented that the Finance & Resources Committee had reviewed the Annual Operational Plan (AOP) guidance and had noted that there was an expectation that winter plans would be included in the AOPs in future, which would alter the timescale. Mr McCulloch-Graham assured the Board that in future winter planning would begin earlier and follow a review of the previous years winter plan.

Mr Gareth Clinkscale advised that in regard to engagement, two years previously there had been a debrief with acute staff, last year the debrief had included acute and primary care staff and the next

debrief would be further expanded to ensure that the third sector were involved. Mr Clinkscale then apprised the Board of the current situation in regard to pressures in the system and A&E performance.

Mr Roberts advised the Board that the slow down on addressing delayed discharges over the previous 10 days had been a consequence of Scottish Borders Council (SBC) having to manage the financial pressure on their social care budget. Staff had been working hard with SBC colleagues on how to resolve the matter, as delays with people moving through the system impacted on the services the NHS could provide, as well as outcomes for patients. He commented that this was a prime example of why health and social care services should be integrated and delivered on a joint basis.

The **BOARD** noted the update.

## **7. Primary Care Improvement Plan**

Mrs Sandra Pratt provided an update on the Primary Care Improvement Plan (PCIP) and explained the background to it. She highlighted difficulties in recruitment across NHS Scotland and the potential need to flex the workforce plan.

Dr Kevin Buchan GP echoed Mrs Pratts' comments in regard to workforce challenges and emphasised the benefit to Scottish Borders in terms of having a single Integration Joint Board (IJB), joint use of premises and places both with the Council and third sector partners, and moving ahead at pace to ensure the PCIP was developed by April 2020.

Further discussion focused on: recruitment challenges for physiotherapy services; lobbying training providers; national workforce planning group looking at planning and supply; and funding stream for delivery of vaccinations.

Mr John McLaren suggested he was uncomfortable with the involvement of staff side input into the governance of the PCIP process and it was agreed to progress this discussion outwith the meeting.

Dr Cliff Sharp commented that the GP contract was due to be up for another vote in March/April 2020, and Dr Buchan GP assured the Board that whatever the outcome of the vote it would not destabilise the work achieved to date.

Mr Tris Taylor advised the Board that in May the IJB had received a draft of the PCIP and he had asked about community treatment rooms and the provision of care services for those with chronic diseases. He recalled that there was more detail to be added to the PCIP in terms of Long Term Conditions. Dr Buchan GP advised the Board of the old QOF system which was the predecessor to the PCIP and the changes that were now taking place in regard to monitoring of long term conditions. He advised that to date patients were not directly involved in the development of new pathways for chronic conditions.

Mr Taylor suggested that Mrs Pratt and Dr Buchan present the PCIP to the Public Governance Committee for information, once the Long Term Conditions work had been progressed further.

Mr McLaren recorded his willingness to note and support the progress made in regard to implementing the PCIP, although he was unwilling to support the actual PCIP as from his perspective he was uncomfortable with the governance arrangements.

The **BOARD** noted and supported the information and progress to date of the Primary Care Improvement Plan as outlined and contained within the revised PCIP document and recorded Mr McLaren's comments.

## **8. Risk Management Policy including Risk Appetite**

The item was deferred to a future meeting.

## **9. Finance & Resources Committee Update**

Mr Malcolm Dickson provided an update from the Finance & Resources Committee that had met on Friday 19 November 2019. He advised that the meeting had discussed: the 7<sup>th</sup> month finance report; progress report on financial turnaround; a deep dive into Integration Joint Board directed savings; the Annual Operational Plan moving to a 3 year plan and including winter planning within it; and an update on access position, funding and improving waiting times.

Mr Tris Taylor enquired if there was any progress on the throughput of ideas on turnaround. Mrs June Smyth advised that improvement was not measured in terms of speed as it was an on-going process and ideas came through the system all the time. She commented that the Board had agreed standards to meet and therefore ideas were filtered and sometimes returned for further information. Once they were deemed to be feasible they were allocated to a workstream to progress.

Mr Taylor enquired if people were awaiting feedback on their ideas and Mrs Smyth commented that on receipt of an idea, an acknowledgement was issued and people were kept updated on progress.

The **BOARD** noted the update.

## **10. Finance Report for the 7 month period to 31 October 2019**

Mrs Carol Gillie presented the finance report for the 7 months of the financial year 2019/20. She advised that the actual position the Board was reporting was an £80k overspend on revenue and break even on capital as at the end of October. The key points to note from the report were that there were some operational pressures across the organisation but they were generally being offset by underspends, some of which were unplanned and linked to the increased scrutiny on spend. The key issue for the Board was delivery of recurring savings which was below the challenging target however £6.6m of savings had been mandated at the time of the report of which £3.4m had been retracted. Based on information at the end of October, she was confident the Board remained on course to deliver its financial targets both in terms of revenue and capital

Mr John McLaren noted that since the report had been written, surge beds had been opened and he noted that it would be a financial pressure on the organisation. Mrs Gillie commented that whilst financial plans had been put in place to open surge beds in January, they had opened earlier than planned and there would be an adverse pressure on budgets as a consequence, although this was not currently expected to alter the overall position of the Board at the end of March.

Mr Malcolm Dickson commented that the Finance & Resources Committee had noted that monies remained to be spent in regard to Capital projects by the end of the financial year and he had sought assurance from Mrs Gillie that they would be spent. Mrs Gillie confirmed that she was confident that capital spend would be achieved, unless severe adverse weather conditions occurred in the last

financial quarter, as some of the funding referred to outside works. Contingency plans were being put in place for this.

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

## **11. Capital Plan Update**

Mrs Carol Gillie presented the Capital Plan update which was the regular twice yearly capital update report to the Board. She confirmed that as discussed at the last meeting and in line with the planned changes to the code of corporate governance the Board would receive capital updates through the regular finance report but the more detailed report would be presented to the new Performance and resources committee in future.

The Chair enquired in relation to Quarter 4 and planned actions, if Mrs Gillie was confident all actions would be taken forward. Mrs Gillie confirmed that she was confident all projects would progress, however she cautioned that the resilient facility project could be impacted by severe weather.

The Chair enquired about the status of the MRI scanner. Mrs Gillie advised that a meeting had been arranged for the following week to look at the Borders General Hospital footprint in terms of location for the MRI scanner and to confirm a couple of points in regard to the resilient facility.

The **BOARD** noted the update provided on the 2019/20 capital plan.

## **12. Clinical Governance Committee Update**

Mrs Laura Jones advised that the last meeting of the committee had discussed: the implications of changes to HSMR; duty of candour, degree of depth and how it is evidenced; an update on acute services areas of clinical risk, such as Ophthalmology and the actions being taken; compliance with GIRFEC; and received assurance in regard to the annual suicide report.

The **BOARD** noted the update.

## **13. Quality & Clinical Governance Report**

Dr Cliff Sharp commented on the good performance in regard to Falls with harm and several wards being without pressure sores for months.

Errors were noted on page 4, last paragraph that the occupied bed days were from 2018-19 and on page 15 the graph in regard to Care Opinion stories should be 128 stories and not 52.

Mrs Fiona Sandford questioned the HSMR figures in regard to the inclusion of the Margaret Kerr Unit (MKU). Dr Sharp advised that as defined the HSMR figures were correct, however the Borders General Hospital was different given it had the MKU palliative care unit as part of it.

Mr Ralph Roberts commented that if HSMR data was a comparison of expected and actual deaths, in theory the HSMR should take into account the impact of the MKU, and he asked that clarification be sought. Mrs Laura Jones commented that actual deaths were higher due to the palliative care unit being included in the figures, whereas other hospitals would send patients to palliative care/hospice units

outwith their premises. She advised she would provide the Clinical Governance Committee with a more detailed review of the impact of this at the next meeting.

Mr Tris Taylor enquired about the increase in Scottish Public Services Ombudsman (SPSO) referrals. Mrs Jones advised that an increase in referrals had correlated with the increase in complaints and the introduction of the new complaints handling process, which asked complainants to escalate to the SPSO at an earlier stage.

The **BOARD** noted the report.

#### **14. Healthcare Associated Infection – Prevention & Control Report**

Mr Sam Whiting updated the Board in regard to a norovirus outbreak in the Knoll Hospital and ongoing work in regard to the environmental state of buildings to provide more confidence in the audit scores produced by the domestic staff.

Dr Cliff Sharp sought and obtained assurance for the Board in terms of water supplies through the stringent infection control processes undertaken.

The **BOARD** noted the report.

#### **15. Public Governance Committee Update**

Mr Tris Taylor, commented that in addition to the written update the Committee also discussed the Terms of Reference and wished to be clear on its functions and what the Board wished it to progress on its' behalf. He wished to be clear on the purpose of scrutiny and decision making to ensure the power balance was correct for the Committee to contribute to the business of the Board.

He further commented that Mr Peter Lerpiniere had provided the Committee with an interesting presentation on person centered care in relation to care transactions.

The **BOARD** noted the update.

#### **16. Public Governance Committee Minutes**

The **BOARD** noted the minutes.

#### **17. Area Clinical Forum Update**

Mrs Alison Wilson advised that the Area Clinical Forum had met earlier that week and had: welcomed the update on the PCIP; noted there was much angst in the clinical community in regard to pensions; and the ACF Pharmacists had been keen to highlight the regularity of medicines shortages being experienced.

Mr Malcolm Dickson enquired if the banding of laboratory staff would be a continual issue. Mrs Wilson advised that it seemed likely, given the training provided and the subsequent banding of staff. Dr Annabel Howell commented that she understood NHS Borders was the only health board to provide training and for staff not then to be automatically given a higher band. As a result as soon as the laboratory staff were trained they began to look for other jobs. Mr Dickson enquired if it should be

looked into again. Mrs Sarah Horan commented that whilst local job matching may provide a Band 5 position, on qualification it was likely to be a lower banding than in other health boards, hence the departure of well trained staff.

The Chair asked that the matter be explored further.

The **BOARD** noted the update.

#### **18. Area Clinical Forum Minutes**

The **BOARD** noted the minutes.

#### **19. Managing Our Performance Mid Year Report 2019/20**

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

The Chair enquired if appointments had been made for nursing staff in Endoscopy and Colonoscopy. Mrs Sarah Horan advised that interviews were to be held the following week.

The Chair noted that the last data received from ISD in regard to the dementia standard was December 2017. Mrs Smyth advised that data was collated nationally.

The Chair enquired about performance in regard to psychological therapy waiting list improvements. Dr Amanada Cotton advised that there had been an influx of staff into the Psychology service recently although the way the waiting time lists worked meant it would take some time before improvement would be seen.

Further discussion focused on: Child and Adolescent Mental Health Service performance; sickness absence performance; and using imatter.

The **BOARD** noted the 2019/20 Mid Year Managing Our Performance Report.

#### **20. NHS Borders Performance Scorecard**

Mrs June Smyth commented that the cover paper highlighted key areas of good performance, exceptions and actions being taken by services. She drew the attention of the Board to the access standards and the challenges over recent weeks to deliver on those targets.

Mrs Sarah Horan explained that there had been a 20% increase in attendance at ED over the past month, often in the early hours (4am to 8am). She described the actions being taken to address the situation to ensure patients were both admitted and discharged in a timely fashion.

Mr Gareth Clinkscale spoke of the need to open surge beds earlier than planned in order to address the pressures being faced by the Borders General Hospital.

Mr Tris Taylor enquired if the earlier suggestion that a scaling back of care services provided by Scottish Borders Council, had caused the pressure on A&E. Mr Ralph Roberts confirmed that the feeling was that there had been increased controls put into the provision of social care, however, that was certainly not the cause of increased activity in A&E. Whilst the additional controls in the system



had slowed the flow of patients through the system, meaning patients could not be admitted to the hospital in as timely a fashion as they should, it was too simplistic to suggest there was a direct correlation to the number of attendances in A&E. Increased attendances was a factor across Scotland and will have been caused by a variety of factors.

Mr Rob McCulloch-Graham advised that fundamentally there were not enough residential care places and packages of care available. Whilst that would need to be addressed in the longer term, the process had been tightened due to the financial constraints at the Scottish Borders Council. He was working to speed up the process and the agreement for placements had been escalated to the Chief Executive. He advised that there were additional beds being purchased in Garden View and further investments being made in regard to Hospital to Home and the Frailty Unit to stop inappropriate admissions to the Borders General Hospital.

Further discussion focused on: the actions being taken to address the increased activity in A&E; investment to address delayed discharges; winter planning performance; SBAR received by the Finance & Resources Committee; longer term solutions; an acknowledgement that issues had arisen the previous week and strategies had been put in place to mitigate the impact; and Mr McCulloch-Graham had been charged as the Chief Officer, along with this Team to come up with solutions and plans to discuss with the Integration Joint Board to allow directions to be made.

The **BOARD** noted the September 2019 Performance Scorecard and discussed the areas where improvement was required.

**21. Strategy & Performance Committee minutes**

The **BOARD** noted the minutes.

**22. Scottish Borders Health & Social Care Integration Joint Board minutes**

The **BOARD** noted the minutes.

**23. Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 16 January 2020 at 10.00am in the Board Room, NHS Borders, Newstead

*The meeting concluded at .....*



Signature: .....

Chair