

Minutes of a meeting of the **Borders NHS Board** held on Thursday 3 October 2019 at 10.00am in the Board Room, Newstead.

Present:

- Mrs K Hamilton, Chair
- Dr S Mather, Vice Chair
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Cllr D Parker, Non Executive
- Mr R Roberts, Chief Executive
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- 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 N Lowdon, Associate Medical Director
- Mrs S Horan, Associate Director of Nursing
- Mrs L Jones, Head of Clinical Governance & Quality
- Mr S Whiting, Deputy Hospital Manager
- Mr A Mackenzie, Lead Pharmacist Community Pharmacy
- Ms H Fairburn, Capital Planning Manager
- Mrs J Stephen, Head of IM&T
- Ms N White, Health Improvement Specialist
- Mrs C Oliver, Communications Manager

1. Apologies and Announcements

Apologies had been received from Dr Cliff Sharp, Medical Director, Mrs Nicky Berry, Director of Nursing, Midwifery and Acute Services, Mrs Alison Wilson, Non Executive, Dr Janet Bennison, Associate Medical Director, and Dr Annabel Howell, Associate Medical Director.

The Chair welcomed Mrs Sarah Horan who was deputising for Mrs Nicky Berry, and Dr Amanda Cotton who as well as being an attendee at the Board was also deputising for Dr Cliff Sharp. Mrs Horan was congratulated on her recent permanent appointment as Associate Director of Nursing for Acute Services.

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 that she would depart the meeting at 11.30am in order to attend a 2 day national NHS Chairs event in Glasgow and the Vice Chair, Dr Stephen Mather would preside over the remainder of the meeting.

2. Declarations of Interest

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

Mr Malcolm Dickson declared that his sister in law worked for the Northumbria Foundation Trust which was mentioned within the Finance Report.

The **BOARD** noted the declaration.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 5 September 2019 were amended at page 3, paragraph 3, line 1 to change “emphasise” to “emphasis” and at page 6 paragraph 5, line 1 to change “complimented” to “complemented” and page 8, minute 19, paragraph 4, line 1 to change “that” to “why” with those amendments the minutes were approved.

4. Matters Arising

4.1 Action 32: Mr Rob McCulloch-Graham advised the Board that the Transformation Fund was a substantive item later on the agenda. Mr Ralph Roberts commented that the Board had expected to be able to make full informed decisions in regard to the business cases however the Integration Joint Board had sought an extension to the current project arrangements to March 2020. He advised that the Board should still expect to see business cases before the end of March to enable decisions to be made on permanency and mainstreaming of services subject to the direction/decisions of the Integration Joint Board.

The **BOARD** noted the action tracker.

5. Financial Monitoring Report for the 5 month period to 31 August 2019

Mr Malcolm Dickson left the meeting.

Mrs Carol Gillie gave an overview of the content of the report and highlighted that at the end of August, NHS Borders was reporting an overspend of £300k.

Mrs Sarah Horan reported that the surge beds had been permanently closed and there was a quicker turnover of patients in the Medical Assessment Unit (MAU). The reduction of the bed foot print in order areas had enabled funding to be secured for the MAU beds.

Mr John McLaren reminded the Board of the need for good communication with staff in regard to the opening of surge beds and associated staffing levels as part of the winter plan.

Mr Tris Taylor welcomed the revised format of the paper and suggested an adjusted version of the graph at the bottom of page 4 would assist if it detailed the impact of brokerage. Mrs Gillie advised that she would include a third line on impact of brokerage in future reports.

Mr Taylor enquired of the controls that were in place for risks in regard to external healthcare providers. Mrs Gillie advised that there were controls in place and an Extra Contractual Referrals “ECR” process was in place for agreeing planned out of area treatments, however there was no pre-authorisation process in place in regard to unplanned out of area treatments and limited controls for GP and secondary care out of area referrals. This is in line with national requirements. Dr Amanda Cotton assured the Board that the ECR process had a series of checks and balances within it and that it also drew on local and national guidance.

Mr Taylor enquired of the exposure on external healthcare providers. Mrs Gillie commented that for planned referral controls were put in place, however sometimes unplanned activity occurred that was outwith the control of the organisation and its processes. She advised she would supply Mr Taylor with a spend profile of unplanned costs for previous years.

Dr Stephen Mather commented that the biggest area of concern appeared to be Learning Disability referrals as whilst they were few in number they were complex, ongoing and could become unpredictable. Dr Cotton commented that whilst beds had been purchased in the NHS Lothian facility for learning disability clients there was a continual delay in the opening of that facility.

Further discussion focused on: term “under recovery” being technical financial language; slow level of delivery of recurring savings within the delegated functions to the Integration Joint Board; set aside main driver linked to surge beds; mitigation of risks; under funding and increased demand.

Mr Malcolm Dickson returned to the meeting.

Mrs Gillie commented that the current financial targets would remain unchanged for the current financial year, however they would be revised for the next financial year as well as how they would be apportioned. She advised that based on benchmarking information and a knowledge of current services she believed there were further savings to be achieved. She further commented that when the 3 year financial plan was finalised it would provide an indication of whether and when financial balance could be achieved recurrently.

Mr Ralph Roberts commented that the Board could request that the Finance and Resources Committee scrutinise further the information provided by Directors responsible for areas that were struggling to achieve savings targets, such as primary and community services and mental health services, in order to provide additional assurance to Board members.

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

6. Quality and Clinical Governance Exception Report

Mrs Laura Jones drew the attention of the Board to page 2 of the report and the revised reporting arrangements for Significant Adverse Events (SAEs) to Healthcare Improvement Scotland (HIS). Boards were now required to notify HIS of all category 1 adverse events (major or extreme) having a level 1 Significant Adverse Event Review (SAER). Mrs Jones assured the Board that the Clinical Governance Committee would continue to monitor the organisations’ approach to adverse event management.

Further discussion highlighted: periodical look at thematic reviews to ensure improvement work was meaningful; world patient safety day feedback summary contained within the next full report to the Board; average waiting for a complaint response has moved to 22 days from the standard 20 days; and increase in complaints and feedback through Care Opinion remains a trend across Scotland.

The **BOARD** noted the report.

7. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting drew the attention of the Board to page 5 of the report in regard to the work that had been undertaken to validate the estate in regard to cleaning and the healthcare environment. He further advised that audits had been put in place in conjunction with the Facilities Manager to sample different areas and further information would be provided in the next Board report.

Mrs Fiona Sandford enquired about hand hygiene compliance. Mr Whiting confirmed that there had been an increase in the independent hand hygiene audits held and an improvement had been achieved. He assured the Board that a focus would be maintained on hand hygiene compliance with a hand hygiene promotion day, training on the wards with clinical teams and a review of the decision not to place hand gels in bed spaces and mitigation of associated risks.

Mrs Sandford suggested there may be an over confidence in terms of self monitoring and the message should closer reflect external auditing. Mr Whiting agreed and advised that the auditing process needed to be owned at a clinical level and colleagues were working with the Senior Charge Nurses on that ownership issue and a shift in mindset was being seen.

Mr Tris Taylor suggested that in looking at the improvements made in terms of culture he was keen to understand to what extent staff were reporting accurately, inaccurately or not reporting and to what extent staff could be encouraged to make improvements. Mr Whiting commented that the issues were complex but there was a need to be honest and the audit required to be owned by the staff at the clinical level and provided so that improvements could be made.

Mr Taylor enquired if staff could be rewarded for accuracy. Mr Whiting advised that the same conversation was being played out in other Health Boards across Scotland and he was sure the right thing to do was undertake periodical independent audits in order to get that assurance on hand hygiene.

Mrs Sarah Horan supported Mr Whiting and re-emphasised that the matter was about culture and ownership at every level. Staff had been asked for the reasons that made it difficult for them to comply and part of the reasoning provided had been the location of hand gels, which had been taken on board and was being reassessed.

Dr Stephen Mather commented that he did not think there was a knowing dishonest behavior, and he suggested it was an understanding of what people were doing themselves and a true audit would be an external audit. However as an organisation the ability to audit everything was not possible and therefore to a degree the organisation had to accept where it was.

The **BOARD** noted the report.

8. Changing Places Facility

Dr Tim Patterson introduced the report and gave a brief overview of the content. Mrs Hannah Fairburn explained the non financial option appraisal process and timeline.

Mr John McLaren welcomed the progress being made and enquired about the capacity and risk element of the report. Mrs Carol Gillie clarified that the Endowment Committee had approved costs of up to £50k and required an update paper should that financial envelope be exceeded. In

terms of capacity the issue was mitigated by support being received from colleagues in Scottish Borders Council.

Mr Tris Taylor enquired whether as the option appraisal process was in train that meant the project would automatically progress. Mrs Gillie advised that was not necessarily the case as if the preferred option came back with a costing of £150k, for example, it would have to be referred back to the Endowment Committee to see if the extra funding could be provided.

Mrs Gillie reminded the Board that the figures quoted remained estimated figures and a location had yet to be identified.

Cllr David Parker commented that a retro-fit to an existing building could come with challenges and he welcomed the progress made to date.

The **BOARD** noted the update.

9. Optimising Self Care: Over the Counter (OTC) Medicines Prescribing

Mr Adrian Mackenzie gave an overview of the content of the paper and highlighted the stages to be worked through. He emphasized that whilst the report quoted some figures in regard to reductions that England had in place of around 5% of spending, it could not automatically be equated to Scotland given the minor ailments scheme that was in place. He suggested the movement of over the counter medicines prescribing from GPs might lead to a cost movement to overspending in the minor ailments schemes and there were some changes to be introduced to the minor ailments schemes at the end of April 2020 that would open it up to the whole population.

Dr Stephen Mather commented that he fully supported the initiative with a note of caution in regard to how it was communicated to the public, given the initial view was likely to be that something they had enjoyed for free was being taken away.

Mr John McLaren enquired about work undertaken with pharmacists on the initiative. Mr MacKenzie advised that if patients asked for the minor ailments scheme then the pharmacist was duty bound to provide it. He further emphasised to the Board that the initiative was primarily about behavioural change and not necessarily about saving money. He gave the example that if a patient went to the pharmacy under the minor ailments scheme and had a consultation and was provided with a prescription, that prescription could be provided for free or some patients might decide to just purchase the item instead.

Dr Tim Patterson supported the initiative and commented that public health colleagues were working with pharmacy colleagues and deprived communities and suggested the initiative be attached to the “#yourpart” programme. He agreed that he did not think it would generate significant savings but suggested it would help to change culture.

Mr Tris Taylor suggested cost inhibited compliance and people taking care of and managing their own health and wellbeing and therefore the target audience had to be the more affluent people in society and he had concern in regard to the paragraph on page 3 suggesting GPs exercise discretion. The Chair suggested that was a fair point and enquired how a GP would establish a person was in extreme hardship.

Mr Taylor suggested as the initiative was currently laid out the power was centred on the GPs but the campaign function needed to centre the power on the public who had the means to deliver it in terms of the World Health economy.

The **BOARD** supported the work being done to progress the action and provide support to Primary and Secondary care colleagues who were involved in implementing the policy, but expressed concern on how it was to be done and emphasised that the public should lead the process.

10. Progress Report on Delivery of Secondary Data Centre as part of IM&T Road to Digital Programme

Mrs Jackie Stephen reminded the Board of the background to the Road to Digital programme and resilient facility. She advised that the preferred option for the resilient facility had been identified and confirmed that it met the requirements of IM&T and would be funded from within the £1m provided to IM&T for the Road to Digital programme from Scottish Government.

Mrs Hannah Fairburn provided reassurance to the Board in regard to the option appraisal process that had been undertaken. She advised that 2 quotations had been received from 2 companies and a preferred supplier had been identified. The preferred option had a cost of £675k, a value which would normally require an open tender process under the code of corporate governance standing financial instructions. She explained the due diligence undertaken to drive best value through the process and that the specialist nature of the project meant the supplier chosen was best placed to undertake the work. For those reasons the team were requesting that the Board approve a waiver of the tender process and allow them to move to direct award for the preferred supplier option.

Mr Malcolm Dickson reminded the Board that the external auditors had recognised the lack of a resilient facility as a significant risk to the organisation.

Dr Stephen Mather sought an understanding of what was being offered by supplier 1 and supplier 2 and if they were different locations. Mrs Stephen confirmed that the titles in the table were confusing in the way they were presented. These were actually different methods to provision the facility, a modular building to be built on site and a prefabricated building from the same supplier. She clarified that there was only one location identified for the facility.

Mr John McLaren enquired about security of the facility and Mrs Fairburn confirmed that security arrangements would be provided through CCTV and a perimeter fence provision. Both build options were to the same specified security standard to prevent intrusion.

Discussion focused on: ability to dismantle and reassemble; ability to relocate; provision of lifting hooks; provision of a crane for relocating; lifetime of the unit; and future proofing.

The team clarified that they had assessed the options based on likelihood of the need to relocate the building in the foreseeable future compared with the additional cost. They did not feel that the additional cost for the prefabricated option with lifting points demonstrated value at this stage.

The **BOARD** noted the process that had been followed and the preferred solution.

The **BOARD** approved a tender waiver to the value of £675,000 as part of the procurement route for the delivery of the secondary data centre facility (Resilience Facility).

11. Turnaround: Communications and Engagement Strategy

Mr Ralph Roberts provided an informative presentation to the Board on communications and engagement and highlighted several elements including: statements of intent; public involvement

function; focused conversations with communities; drop in sessions; targeted engagement with clinical services; and a new public engagement strategy.

Mr John McLaren noted that it would be everyone's responsibility to spread the conversation and enquired how that would be managed. Mrs June Smyth confirmed that there was an expectation that the Executive Team would provide a leadership role in the engagement sessions and clinicians were also asking to be involved and be the front face of the conversations which was warmly welcomed.

Mr Tris Taylor advised that he welcomed the strategy, however in terms of the preamble he was unclear of the key messages. He welcomed the statements of intent and was keen to understand how capacity in the communications and public involvement functions would be further developed.

Mrs Clare Oliver assured the Board that she had maximised her contacts to take advantage of the good engagement practice that was prevalent across Scotland. She would be working with Scottish Health Council colleagues in their hub of experts and had also gained insight from NHS Lanarkshire in regard to planning processes following a substantial engagement exercise they had recently undertaken.

Mrs Fiona Sandford reminded the Board that the starting point should be about looking after people better and not about the money. If the Board had lots of money it would still wish to change how it operated for the better of the people its cares for.

Mr Malcolm Dickson suggested a statement of intent should be "To be as cost effective as possible within existing resources". Mr Roberts commented that the organization would always emphasise the need to do the right thing for the right reasons, however underpinning that it had to be affordable.

Cllr David Parker commented that the Community Councils were not representative of the demographics of the population and whilst they should be engaged with, they were not, for example, the place to engage with young people. Therefore further opportunities would also need to be identified and taken forward.

Mr John McLaren suggested the financial situation should not be diluted and should remain the mainstay of the communication. Mr Tris Taylor commented that an honesty of the problem and solutions needed to be expressed.

Mrs Oliver commented that the communications and messages around the financial situation had taken place and would continue. Leading sessions on the financial message did not land well and she was cognisant of that and advised that the engagement sessions would open the conversation wider than just finance in order to change behaviours.

Mr Ralph Roberts suggested any further comments or questions be passed directly to Mrs June Smyth and Ms Clare Oliver.

The **BOARD** noted the presentation.

The Chair left the meeting.

Dr Stephen Mather, Vice Chair, took over as Chair of the meeting.

12. Scottish Borders Health & Social Care Partnership Draft Winter Plan 2019/20

Mr Rob McCulloch-Graham provided an overview of the content of the draft winter plan.

Mr Tris Taylor enquired where in the report was reference to the third sector and carers. Mr McCulloch-Graham advised that there was nothing specific in the winter plan around third sector or carers given there was ongoing work with them across the year and not just for the winter period.

Mr Taylor suggested there was an assumption that there was an increased burden borne by the voluntary and third sectors and therefore to not have some explicit arrangements in place with them, to him felt like a miss. Mr McCulloch-Graham commented that they were included in the planning and he was content to put in an additional paragraph in regard to them. He further advised that he hosted a weekly meeting that looked at delayed discharges and included input from social services, housing colleagues and other services to look at avoiding admissions and to support people, families and carers and it was an ongoing arrangement and not limited to just the winter period.

Mr Taylor enquired to what extent it was a partnership winter plan. He posed the question where there was increased capacity in social services to meet demand, was the Board comfortable at the Health Board level with the adequacy of the arrangements made by both Health and the Local Authority.

Mr McCulloch-Graham commented that the Integration Joint Board had agreed further funding over 6 months to include community capacity provision through step down facilities, Waverley and Garden View, etc, increased respite and ensuring there was sufficient capacity in care homes.

Mr Taylor questioned if the Board was comfortable that the risks of not having capacity to discharge to in winter were adequately covered.

Mr Ralph Roberts commented that it was an important question. The honest answer was if you accepted that delayed discharges were a proxy measure for out of hospital capacity there remained a significant number of delayed discharges in the hospital. There was a requirement over the winter period to monitor the level of delayed discharges closely and the winter plan was predicated on assumptions of having a much lower level of delayed discharges and if they remained at the levels they were currently at it would be difficult and impact on performance. It was therefore important that attention was paid to it.

Mr Taylor enquired if something needed to come back to the Board on it as he did not feel there was an agreeable level of confidence. Dr Stephen Mather advised he expected it to come back the following month.

Mr McCulloch-Graham commented that a low number of care hours at home were provided as it was recognised as a scarce resource and those associated budgets were under pressure and if extra care was needed in the winter period to deliver residential care and care home placements, then the Integration Joint Board would need to direct funding for that provision.

Further discussion focused on: staffing capacity and utilising the vacancy control panel process; staff wellbeing; and preparation and review of the winter plan throughout the year.

The **BOARD** noted the draft Joint Winter Plan 2019/20 and that an update would come back to the next meeting.

13. Transformation Fund Update

Mr Rob McCulloch-Graham provided an overview of the content of the report and highlighted the summary discharge programme investments.

Mr John McLaren enquired about the proposed discharge programme investment 2019/20. Mr McCulloch-Graham advised that the Integration Joint Board had agreed to extend the funding to the end of March when it was anticipated the services would be mainstreamed.

Mr Ralph Roberts reminded the Board that the decision to extend funding was an Integration Joint Board decision and for those decisions that related to health the Health Board was required to accept the directions as issued by the Integration Joint Board and carry them out.

Mr McLaren sought clarification on the status of the staff recruited to the hospital to home function. Mrs Carol Gillie advised that she had written in the past to Mr McCulloch-Graham seeking 3 months notice of any termination of support linked to those staff so that appropriate redeployment processes could take place.

Cllr David Parker advised the Board that there had been a frank discussion of the report at the recent Integration Joint Board meeting in terms of quality and whether it contained sufficient information to enable a decision on the continuation of funding to be agreed. Given that concern it was suggested that the Executive Management Team hold a session on that and Strata and identify what needed to go back to the IJB to justify further investment.

Mr Roberts commented that he had been in touch with both Mr McCulloch-Graham and Mrs Tracey Logan to set up a meeting to discuss how to move the projects to a position of enabling permanent long terms decisions to be made by March 2020.

The **BOARD** accepted the direction of the Integration Joint Board to further fund the projects to the end of March 2020.

The **BOARD** noted the report.

The **BOARD** noted that business cases would be submitted in 2020 to enable long term decisions to be made.

14. Equalities Mainstreaming Update

Dr Tim Patterson introduced Nic White and provided the Board with background to the item. He advised that equalities mainstreaming related to mainstreaming and awareness and training. Nic White described the partnership approach to health inequality and the planning process for any decisions that were made.

Ms White further commented that the organisation had recently completed its third submission to the Stonewall Workplace Equality Index (WEI), whereby its policies and practices were assessed and benchmarked against other member organisations.

Mr John Cowie commented that the strategic objective was mainstreaming and the Stonewall submission was an example of good practice and the Board should be assured that the organisation was mainstreaming the issue which was what it was required to do.

Mr Tris Taylor sought sight of the quantitative matrix against which performance against the duties was assessed and managed. Ms White advised that equality and diversity was on the corporate risk register and was being reviewed for various reasons. It currently remained a moderate risk and Dr Tim Patterson had suggested a way forward to improve performance and further mitigate risk.

Mr Taylor suggested the Public Governance Committee might take an interest in monitoring equality mainstreaming.

Mr Malcolm Dickson suggested there was not enough information within the report in regard to it being outward facing. He suggested it should include things such as patients characteristics, their thoughts on it. Ms White agreed that the purpose of the workplace equality index was to get it right for staff and then replicate across patients.

Cllr David Parker commented that it was a good report, well written and the organisation was on a path of progress and that the Board should encourage the good work to continue.

The **BOARD** received and noted the update.

15. Audit Committee Update

The **BOARD** noted the update.

16. Finance & Resources Committee Update

The **BOARD** noted the update.

17. Clinical Governance Committee Update

The **BOARD** noted the update.

18. Staff Governance Committee Update

The **BOARD** noted the update.

19. NHS Borders 2017/18 Annual Review – Response to letter received from Scottish Government

Mr Ralph Roberts provided a brief overview of the content of the item.

The **BOARD** noted the response.

20. NHS Borders Performance Scorecard

Mrs June Smyth gave a brief overview of the content of the report and reiterated the trajectories within the Annual Operational Plan in terms of waiting times performance.

Dr Stephen Mather commented on the 12 week out-patient performance and Mrs Smyth commented that it had been steadily reducing and continued to reduce further.

The **BOARD** noted the July 2019 Performance Scorecard.

21. Chair and Non Executive Directors Report

Dr Stephen Mather commented on a recently postponed infection control leadership walkround.

The **BOARD** noted the report.

22. Board Executive Team Report

Mr Ralph Roberts provided background to the Sharing Intelligence item within the report and that this was one way in which the Board could be assured over performance and standards. He reiterated that the report had highlighted no new concerns or issues.

The **BOARD** noted the report.

23. Statutory and Other Committee Minutes

The **BOARD** noted the minutes.

24. Any Other Business

24.1 Option Appraisals: Mrs June Smyth offered to circulate to the Board for their information the option appraisal process guidance that was in place.

There was none.

25. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 5 December 2019 at 10.00am in the Board Room, NHS Borders, Newstead.

The meeting concluded at 12.40.



Signature:

Chair