

Minutes of a meeting of the **Borders NHS Board** held on Thursday 5 September 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
- Mrs A Wilson, Non Executive
- Cllr D Parker, 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
- Mr P Lerpiniere, Associate Nurse Director
- 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
- Mrs S Swan, Deputy Director of Finance
- Mrs D Keddie, Clinical Nurse Manager

1. Apologies and Announcements

Apologies had been received from Mrs Nicky Berry, Director of Nursing, Midwifery & Acute Services, Dr Janet Bennison, Associate Medical Director and Dr Nicola Lowdon, Associate Medical Director.

The Chair welcomed Mr Peter Lerpiniere, Associate Nurse Director who was deputising for Mrs Nicky Berry, Director of Nursing, Midwifery & 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.

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 27 June 2019 were amended at minute 14 to change all references to “victim(s)” to “survivor(s)” and with that amendment the minutes were approved.

4. Matters Arising

4.1 Action 5: The item was agreed as complete.

4.2 Action 10: Dr Tim Patterson advised that external support had been provided by Scottish Borders Council to look at the issue and scope out the project to take it forward. He advised that he would bring a report to the next Board meeting.

4.3 Action 11: The item was agreed as complete.

The **BOARD** noted the action tracker.

5. 2019/20 Quarter 1 Financial Review and Year End Forecast

Mrs Carol Gillie provided an overview of the content of the report. She commented that as previously agreed by to the Board a year end forecast of the financial positions for the financial year 2019/20 had been undertaken. The review had also been requested by the Scottish Government. This report was based on the information available for the first three months of the financial year and based on that the Board was on course to deliver its financial targets with the support of £9.3m funding in the form of brokerage.

Mrs Gillie highlighted several key points within the report including: generally services were managing within their budgets; there were a number of cost pressures the main one being the continued use of surge beds over the spring and summer months; there had been a number of new national pressures since the start of the financial year, most significantly; new unforeseen pressures would be covered in year from the contingency of £1m; in terms of savings the forecast was £5m would be delivered recurrently in year which would equate to £7m in a full year; assumptions were noted in section 4 of the report and there remained a number of risks to delivery as detailed in section 5.

Mrs Gillie reported that in regard to capital there was further work to undertake to ensure the capital resource limit was delivered with a spend of just over £300k in the first quarter of the year. Discussion with the Scottish Government had taken place and clarified a number of issues to support the delivery of the capital resource limit.

Mr Tris Taylor commented that the Quarter 1 review report was helpful. He sought clarification on the meaning of “investments”. Mrs Gillie commented that it was in regard to forecasting for investment in future schemes that she was aware of and had yet to be delivered, such as the re-provision of the sick kids’ hospital in Edinburgh. Mrs Susan Swan also advised that there were a

range of other investments yet to be negotiated or clarified such as, home ventilation packages and aids for speech and language therapies.

Cllr David Parker sought clarification in regard to the £9.3m agreed brokerage, £1m contingency and forecast £16.9m deficit at the start of the 2020/21 financial year. Mrs Gillie confirmed that there had been a savings target of £12.7m at the start of 2019/20 and in year £5.8m savings had been achieved which left a short fall of £7.7m which would be carried over to 2020/21. Mr Roberts emphasised that officers had not committed to deliver the full £12.7m in the 2019/20 financial year given the scale of the savings required and had committed to deliver £5.8m which was on track. Obviously any additional savings above the £5.8m would enable the £7.7m gap to be reduced and officers remained focused on further delivery, engaging with staff and stakeholders, and driving forward ideas and specific schemes through the programme management office.

Mrs Fiona Sandford enquired if the surge beds would be managed more in line with expectation next year. Mr Roberts commented that in relation to the ability to manage without surge beds it was dependent on putting in services to manage capacity in a different way. Beds had been closed in ward 16 and there was an intention to reduce older people's beds across the whole system and put in place other services to support that cohort of people. Such work should allow the organisation to be in a better place to not have surge beds running over the summer period in future. Mr Roberts also commented that during the past summer there had been an increase in acute activity across Scotland and there had been no real understanding as to why that had occurred and he suggested that was also to some extent the reason for not being able to close the winter beds as quickly as previously anticipated.

Dr Annabel Howell reminded the Board that an emphasis needed to be placed on the real matter of ensuring people were cared for in the right place for them and not on closing beds. She commented that there was much evidence to support caring for the elderly at home or in homely settings instead of in a hospital where they often deteriorated.

Mr Taylor enquired about the impact of the Day of Care Audit (DOCA), Choices Policy and general provision of services to enable people to stay in their own homes. Mr Rob McCulloch-Graham commented that the IJB had invested in various facilities, initiatives and policies such as step down facilities, discharge to assess policy, reablement and hospital to home. He advised that the Choices Policy was a criteria for each step down facility and it had been refreshed several times to ensure the capacity and flow through those facilities was appropriately maximized. The DOCA had identified across each stage in the patient pathway how some 50% of patients could have been treated and looked after elsewhere and as a consequence of that initiatives had been introduced. All of the facilities, policies and initiatives that had been introduced were fundamental in supporting the shift in the balance of care from acute to the community to the benefit of patients.

Further discussion focused on: reporting within a tolerance level that could be managed; delivery of £5.8m recurring savings; forecast deficit of £1.34m on set aside; Integration Joint Board (IJB) overspend of £2.3m of which £1.3m was set aside therefore how much of the £2.3m did the IJB have control over; the £1.3m set aside would be reduced through a reduction in beds by the IJB issuing a direction the NHS to reduce beds; non delivery on recurrent savings targets; financial impact of surge beds remaining open for longer than anticipated; and closure of surge beds and potential to impact on waiting times, A&E performance and elective operations.

The **BOARD** noted the report and requested regular updates on the forecast position as at 31st March 2020 to ensure delivery of financial targets in 2019/20.

6. Finance Report for the 4th month period to 31 July 2019

Mrs Carol Gillie provided an overview of the content of the report and highlighted that: it covered the period for the first 4 months of the new financial year 2019/20; was presented in a new format and covered the financial performance of operational services which included the services which the IJB commissioned; the organisation was reporting £0.5m overspend on revenue and break even on capital as at the end of July; the receipt of £9.3m brokerage had been factored into the position; the organisation was behind trajectory on the delivery of savings; and the key operational pressure continued to be the use of surge beds.

Discussion focused on several key areas including: revenue expenditure; sale of properties surplus to requirements; surge beds are an operational pressure as they create an overspend and their closure stops the overspend, it does not create a saving; turnaround process only allows the mandating of schemes to remove money from budgets; £1m contingency factored into year end forecast; IJB allocated a share of the brokerage in year with a realistic savings target to achieve; assurance on effective operation of turnaround programme; underlying deficit and not yet confident to deliver the full sum; acceleration of delivery of current identified savings is required; interrogation and scrutiny of the process demitted to Finance & Resources Committee by the Board; and turnaround was more than finance, it was about changing the way the organisation worked, its culture and enabling services to improve whilst reducing the financial envelope within which they operated.

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

As stated in the June report the **BOARD** recommended the use of the unfunded surge beds be fully addressed and the pace of delivery of recurring savings be increased.

The **BOARD** agreed the provision of £8.2m of resources to the IJB which reflected their pro-rata share of brokerage funding and the non-recurring measures the Board had put in place this financial year.

7. Quality and Clinical Governance Exception Report

Mrs Laura Jones provided a brief overview of the content of the report and highlighted to the Board the changes in Hospital Standardised Mortality Ratios (HSMR), and in the context of the financial discussion quality indicators remained positive. She reminded the Board that the Clinical Governance Committee scrutinised quality of care to enable the Board to be fully assured.

Mr John McLaren sought clarification on the funnel graph of unpredicted deaths. Dr Cliff Sharp reminded the Board that the Margaret Kerr Unit contributed a numbers of deaths to the chart as it was located on the Borders General Hospital site. He further assured the Board that all deaths were checked.

Dr Stephen Mather commented that it was important to know whether the death was appropriate, unusual or preventable and he assured the Board that the Clinical Governance Committee had pushed to ensure each clinician looked at those deaths that occurred within their own departments.

Dr Annabel Howell further commented that in a preferred place of care people often died well or better than they would have if they had been in other areas, clarifying that for some the hospital was the right place to be and to die and for others the community setting or home was a better place to be.

Mrs Alison Wilson commented that patients were not offered decaffeinated drinks and she asked if that could be picked up by the Food, Fluid and Nutrition (FFN) group. Mrs Jones suggested the FFN consider the matter in the first instance as well as flagging it through the ideas pipeline as a potential turnaround idea. Mr Peter Lerpiniere advised that he would take the matter forward through the FFN.

The **BOARD** noted the report

8. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting drew the attention of the Board to the Staphylococcus aureus Bacteraemia (SAB) target of no more than 19 cases per year and advised that the organisation was currently on target to achieve that position. There had been a total of 4 cases from April to July 2019 compared with 14 cases for the same period the previous year.

The **BOARD** noted the report.

9. Care of Older People in Hospitals (Formerly OPAH) Update

Mr Peter Lerpiniere provided an overview of the content of the report.

Dr Annabel Howell enquired if the person centredness Respect project had been included in the update as it was a good way to ensure people's preferences for care were met. Mr Lerpiniere advised that he would double check to ensure it was included.

Mr Malcolm Dickson enquired about the "bedside handover" mentioned on page 2. Mr Lerpiniere commented that sometimes staff were so focused on ensuring an exchange of information between clinicians that they sometimes inadvertently forgot about informing the patients and their families about what was happening to them.

The **BOARD** noted the report.

10. Reduction in Dementia Inpatient Beds at Cauldshiels Ward and Reinvestment in Community Services

Mr Rob McCulloch-Graham advised that on the back of a Day of Care Audit it was apparent that patients were being cared for in Melburn Lodge and Cauldshiels and with a little more resource from Scottish Borders Council an additional 7 beds could be opened in Queens House and a reduction in beds in Cauldshiels could take place. The Mental Health & Learning Disabilities services had agreed there was 50% too much bed capacity and the IJB agreed to direct the NHS to reduce the number of beds on Cauldshiels from 24 to 12 and ensure the functions of Cauldshiels were built into the capacity of Melburn Lodge.

Dr Stephen Mather clarified that the £388k would be ring fenced and carried forward if it was not required to purchase additional care beds. He further advised that Dr Cliff Sharp had provided assurance to him, prior to the IJB meeting, that it was a clinically appropriate thing to do in terms of the patient cohort at Cauldshiels.

Dr Amanda Cotton commented that the mental health transformation process had been in place pre turnaround and back in 2014 clinicians had supported the direction of travel to reduce inpatient bed

numbers. Clinicians had also been clear that there would be a range of clinical care in the community measures to be in place and fully operational before any bed closures were enacted.

Dr Cliff Sharp echoed Dr Cotton's comments and advised that closing beds was the smallest part of the change the main change was the provision of people services.

Dr Cotton further commented that the position of being able to reduce bed numbers in Cauldshiels had been reached as various initiatives had been pump primed by Integrated Care Funding from the IJB in advance of the proposed change.

Mr Peter Lerpiniere commented that support for people with dementia could be better supplied outwith the hospital setting. The team had been developed and resilience had been built into care home teams and the delivery of additional care home beds were being supported clinically.

Mr McCulloch-Graham advised that there had been a Community Outreach Team in place that had been funded through the Integrated Care Fund, and that team had been mainstreamed and supported all care homes and residential care homes to ensure they could better cater for those with dementia as well as support the private sector. He further commented that SB Cares would recruit 2 staff in each care home and train up Alzheimer's experts in dementia.

Mr John McLaren enquired if the Community Outreach Team was fully complemented. Mr McCulloch-Graham advised that Mr Philip Grieve had attended the IJB meeting and had advised that the Team would be at full complement by the end of the month.

The **BOARD** accepted the direction of the IJB to implement the proposed redesign.

11. Health & Forensic Medical Examination Services for survivors of rape, sexual assault & child abuse

Dr Cliff Sharp presented the 3 month update which contained more detailed timelines and costings and went through the background detail.

Mr John McLaren commented that whilst he supported the paper, he challenged the workforce development part of it as children and young people were often closed and difficult to engage with. He also enquired if there were other therapies to be considered. Dr Amanda Cotton advised that there had been limited time to prepare for the initiative and the paper was about capturing people and engaging with them in the first instance with relevant supports. Dr Sharp advised that in the next year he would expect the Child and Adolescent Mental Health service to define the therapies needed such as arts and music. Dr Cotton also commented that it was hoped the education remit would be taken forward for liaison psychiatry and psychology and it also linked to other things.

Mr McLaren further commented that he understood that therapists in trauma therapy work were trained at core in trauma and it was not always recognised and it was important that feedback from users of the services were used as part of the review.

Mr Peter Lerpiniere advised that he was a member of the East Region Forensic group and would feedback comments in regard to art therapies services and their potential provision in other areas.

Mr Ralph Roberts commented that it would be important to evaluate the impact and need as it progresses and amend the service accordingly. He also recognised that given the timescale set out, Scottish Government were likely to apply pressure to put the physical space in place earlier.

Mr Malcolm Dickson commented that there was not much mention of consultation. He advised that he was aware that the local police group had been consulted and if the initiative brought one more survivor forward because they had greater confidence than before then it was definitely a good thing. He advised that Police Scotland had that week launched a media campaign to encourage more people to come forward and report sex crimes.

The **BOARD** approved the commitment of up to £85,355 funding in support of improvement of services for people who have experienced rape, sexual assault or child abuse, from April 2021, dependent on final decisions by the Scottish Government on ongoing funding and the outcome of an evaluation into the impact and service need of the new service.

The **BOARD** noted the timeline and estimated costs for the development of a local health and forensic medical examination suite.

12. NHS Borders Vice Chair

The **BOARD** noted the formal appointment of Dr Stephen Mather as Vice Chair, as endorsed by the Strategy and Performance Committee and formally approved by the Cabinet Secretary.

13. Finance & Resources Committee

The **BOARD** noted the update.

14. Clinical Governance Committee

The **BOARD** noted the update.

15. Public Governance Committee

The **BOARD** noted the update.

16. Area Clinical Forum

The **BOARD** noted the update.

17. Consultant Appointments

The **BOARD** noted the new consultant appointment.

18. Borders NHS Board – Business Cycle 2020

The **BOARD** approved the Board meeting dates schedule for 2020.

The **BOARD** approved the Board Business Cycle for 2020.

19. NHS Borders Performance Scorecard

Mrs June Smyth provided an overview of the content of the revised format of the report and highlighted that: the Child and Adolescent Mental Health Service (CAMHS) position had achieved the HEAT target standard; the organisation was on trajectory for in patient waiting times targets; the organisation was outwith trajectory for out patients waiting times; diagnostics had improved; and there was a worsening position in regard to delayed discharges.

Mr Ralph Roberts updated the Board on robust discussions that had taken place with the Scottish Government in regard to waiting times performance and the position as outlined in the NHS Borders Annual Operational Plan.

Mr Tris Taylor enquired if variance was from NHS Borders trajectory or Scottish Governments expectation. Mr Roberts advised that it was variance from NHS Borders trajectory, in short NHS Borders had stated a position in the Annual Operational Plan (AOP) and was now ahead of that trajectory. Although Scottish Government had signed off the AOP they were now of the view that the organisation should continue to maintain its performance ahead of trajectory instead of being allowed to flex, if required, to maintain its stated trajectory in the AOP.

Dr Stephen Mather sought confirmation why rashes were seen in dermatology. Mrs Smyth advised that she would seek clarification.

Mr Malcolm Dickson enquired if Ophthalmology had been contracted that out. Dr Cliff Sharp advised that some of the Ophthalmology services had been contracted out through Synapticks. There had been a retirement in the service which had been in a state of fluidity since June and he assured the Board that work was continuing with NHS Lothian on a redesigned service.

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

20. Chair and Non Executive Directors Report

The **BOARD** noted the report.

21. Board Executive Team Report

The **BOARD** noted the report.

22. Statutory and Other Committee 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 3 October 2019 at 10.00am in the Board Room, NHS Borders, Newstead.

The meeting concluded at 12.37.



Signature:

Chair