

Minutes of a meeting of the **Borders NHS Board** held on Thursday 17 January 2019 at 10.00am in the Board Room, Newstead.

**Present:**

- Mr J Raine, Chairman
- Mrs K Hamilton, Vice Chair
- Dr S Mather, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mrs F Sandford, 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 N Berry, 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
- Mr R McCulloch-Graham, Chief Officer
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Mrs F Doig, Strategic Lead and ADP Health Improvement

**1. Apologies and Announcements**

Apologies had been received from Dr Janet Bennison, Mrs Elaine Cockburn and Mr Sam Whiting.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Fiona Doig, Strategic Lead and ADP Health Improvement to the meeting.

The Chair welcomed members of the public to the meeting.

The Chair made reference to the coach crash in the Borders on 29th December 2018, involving a group of friends travelling to Kelso Races, and the feedback received from Kenny Simpson, Chief Inspector, Area Commander, Mid Lothian J Division, Police Scotland regarding “it is absolutely apparent that the survivors cannot praise the emergency services highly enough for their efficient, empathetic, professional and above all else, human response in the way they were treated.”

## **2. Declarations of Interest**

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

The **BOARD** noted the declaration of interests for Mrs Nicky Berry.

## **3. Minutes of Previous Meeting**

The minutes of the previous meeting of the Borders NHS Board held on 1 November 2018 were approved.

## **4. Matters Arising**

The **BOARD** noted the action tracker.

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

Dr Cliff Sharp advised of the content of the short succinct report and sought any questions.

Mrs Fiona Sandford and Cllr David Parker welcomed the revised format of the report.

The Chair suggested the impact of items on the cover sheet should be more fully expanded.

Further discussion focused on the frequency of reports; an understanding of the wider remit of clinical governance to better understand all the things that are progressing well; and the positive audit report on feedback and complaints.

The **BOARD** noted the report.

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

Mrs Nicky Berry gave a brief overview of the content of the report and highlighted that on-site norovirus testing equipment had been purchased which provided results within 2 hours.

Discussion focused on: norovirus testing equipment cost implications for training and on-going running costs; assurance that infection control protocols are in place for opening and closing beds/bays; funnel plot graphs were welcomed; surveillance continues in regard to influenza both nationally and internationally; and locally influenza cases remained low.

The **BOARD** noted the report.

## **7. Food, Fluid & Nutrition Annual Report**

Mrs Nicky Berry gave a brief overview of the content of the report and highlighted that there was a requirement for an annual report to be presented to the Board. She reminded the Board of the background to the Food, Fluid and Nutrition programme in NHS Borders and that one action remained outstanding on the Action Plan which was the roll out of adult unitary patient letters. She assured the Board that the letters were with the printers and would be rolled out by the end of March.

Discussion highlighted several points including: compliance against all six standards with no risks at present; unitary documentation for the Borders General Hospital; maternity and mental health services have their own unitary documentation; assurance provided that staff across the organisation undertook the same training; and the Healthcare Improvement Scotland final report on the unannounced inspection of Care of Older People in Acute Hospitals was expected to be released at the end of January and may create some media interest.

The **BOARD** noted the report

## **8. Integration of prevention and early intervention services - Wellbeing Service**

Dr Tim Patterson set the context for the item. Mrs Fiona Doig presented the report to the Board and highlighted a number of key points including the teams in the organisation that had assisted to get to that point in time some of which were Communications, Information Management & Technology (IM&T) and Finance.

Discussion ensued which highlighted: expanding the service capacity prior to a public launch; branding materials; importance of positive leadership to bring about inter service engagement; service user feedback processes are built in as the service is implemented; holistic approach to redesign with service user input; resource remains thinly spread across the geographical area with appointments being offered in the clusters; additional resource available for the application of psychology time; and utilisation of Action 15 monies to dovetail into this model as well as the use of community link workers through the primary care improvement plan and the support being received from the GP clusters.

The **BOARD** noted the report and asked that a report on the evaluation be produced for 12 months' time and taken through the Public Governance Committee.

## **9. Draft Financial Settlement 2019/20**

Mrs Carol Gillie gave an overview of the content of the report which provided the Board with an indication of the size of the financial challenge for the coming year. The paper was based on the draft allocation letter which was issued to the Board on 12 December. The key points highlighted were:-

- £5.1m additional revenue funding which equated to 2.6% to deal with inflation, cost, activity and demographic pressures. NHS Borders would not receive a share of the £23m which had been put aside to move Boards below their NHSScotland Resource Allocation Committee (NRAC) share closer to parity;
- a substantial level of resources had been put aside nationally linked to improving patient outcomes;
- a substantial amount of health vote resources would be transferred to Local Authorities to be delegated to Integration Joint Boards (IJBs) linked to increasing social care costs. In Borders that was estimated to be £3.7m.

The size of the financial challenge was estimated to be between £15m and £20m depending on the ability to access the Barnett consequential funding. It was clear that the Board would continue to need brokerage to deliver financial targets in the next financial year.

In the case of capital it was anticipated that the Board would receive the same level of formula funding in the next financial year as the current financial year which was £2.4m.

A discussion took place that highlighted several points including: sharing of pro rata resource with the IJB; assurance on the safety of services; financial challenge shared across all areas; nationally agreed pay award of at least 3% per year for 3 years; level of uplift compared to the previous 3 years; no indication of a deterioration in savings plans; allocation and level of resource to be offered to the IJB; current reduction in occupied bed days and length of stay in community hospitals will assist with savings targets; support team from Scottish Government to assist in moving back to balance without compromising services; and the identification of savings to offset the gap and the inclusion of a model for monitoring delivery.

The **BOARD** noted the update on the draft financial outlook for 2019/20.

The **BOARD** requested that a revisit of the priorities and principles should take place.

The **BOARD** requested that performance management arrangements should be built around budget accountability.

#### **10. Audit Committee**

Mr Malcolm Dickson gave an overview of the discussions that had taken place at the previous meeting which had included: debt recovery and write-offs; information governance on data protection regulations and associated cost pressures; internal audit reports; external audit plan; update on EU withdrawal; Audit Scotland report 2018; fraud and payment verification; annual risk management report; health and safety annual report; and the draft mid year accounts for 2018/19.

The **BOARD** noted the update.

#### **11. Clinical Governance Committee**

Dr Stephen Mather advised that discussions at the last meeting had focused on: consent claims; SPSO reports and national early warning scores; significant adverse event reviews; high number of suicides; medical education update and Hospital Standardised Mortality Ratios (HSMR) rates.

The **BOARD** noted the update.

#### **12. Public Governance Committee**

Mrs Karen Hamilton advised that discussions at the last meeting had focused on: adult changing facilities; frequency of meetings; content of meetings, business and development sessions; communication and management plan of the financial position; engagement sessions with patients and families; and falls.

The **BOARD** noted the update.

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

Mrs Karen Hamilton advised that discussions at the last meeting had focused on: staff governance action plan; open day session to be held the following week on workforce policies; delay with the independent national whistleblowing post; performance monitoring for staff governance committees across NHS Scotland; presentation on Project Lift; and health and safety action plan.

Dr Cliff Sharp commented that a Deanery visit had been held the previous day that had focused on GP trainees experiences and balancing services and training. He advised that the early feedback from the Deanery had been positive with a couple of actions in terms of rotas and being released for training.

The **BOARD** noted the update.

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

Mrs Alison Wilson highlighted the 3 key issues in the report to the Board

The **BOARD** noted the report from the ACF.

### **15. Consultant Appointments**

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

### **16. NHS Board Performance Escalation Framework**

The Chair formally advised the Board of the receipt of the notification that NHS Borders had been escalated to Level 4 of the NHS Board Performance Escalation Framework. He outlined the implications for the Board and informed the Board of the arrangements for the recruitment of a new Chief Executive.

Mr Tris Taylor suggested the leadership changes should be considered as a corporate risk. The Chair agreed and suggested it be included on the risk register along with a note of the action in place to mitigate the risk.

The Chair commented that the Vice Chair, would be appointed Interim Chair from the beginning of April, subject to Cabinet Secretary approval.

The **BOARD** agreed that leadership changes should be included on the risk register along with the action to mitigate the risk.

The **BOARD** noted the report.

### **17. Finance & Resources Committee Terms of Reference**

The Chair recommended to the Board that Mr Malcolm Dickson be appointed the Chair of the Finance & Resources Committee.

The **BOARD** approved the appointment of Mr Malcolm Dickson as Chair of the Finance and Resources Committee.

Mr Dickson gave an overview of the discussions from the first meeting of the Committee and highlighted: review of business savings and recurring savings; external report on finances; geriatric long stay beds in community hospitals; increase in delayed discharges compared to a decrease in other areas; set aside savings target; and proof of concept report on equipment purchases.

Mr Tris Taylor commented that there were several areas within the terms of reference that might be strengthened to ensure assurance around financial management such as: hierarchy of documentation to assist in the resolution of conflict; accountability status and development of protocols; and censure.

The **BOARD** approved the Terms of Reference for the Finance and Resources Committee and noted that they would be reviewed by the Committee in six months' time.

The **BOARD** agreed that the suggestions by Mr Tris Taylor to amend the Terms of Reference further should be detailed by Mr Taylor to the Finance and Resources Committee for them to consider at the six month review point.

## **18. Financial Monitoring Report for the 7 month period to 31 October 2018**

Mrs Carol Gillie gave an overview of the content of the paper reporting that as at the end of October the Board was reporting a £7.1m overspend on revenue and break even on capital. Based on information at that time and the November position which had been finalised since the report was issued the Board remained on course to overspend by £10.1m at the end the financial year and with the support of brokerage of £10.1m provided by Scottish Government financial targets would be achieved.

The reasons for the overspent revenue position continued to be the same issues as identified in previous financial reports and the capital update provided more detail on the reported capital position.

Discussion focused on: one to one nursing care and the new process that has been put in place which has seen the budget reduce by £30k; delegated functions to the IJB and the funding of the Accident & Emergency service; delivery on efficiency targets; and continued reduction in medical agency costs.

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

## **19. Capital Plan Update**

Mrs Carol Gillie gave an overview of the content of the paper and reported that it provided the Board with an update on the 2018/19 capital plan and an indicative plan for 2019/20.

As highlighted in the report discussions had been on-going with Scottish Government on the availability of capital funds due to slippage on the national capital programme. The Board had been successful in securing an additional £550k for the "Road to Digital" Programme and £800k to buy an MRI scanner. Through the internal capital programme new equipment in the Area Sterilisation and Disinfection Unit had been purchased as well as medical equipment in other high priority areas.

Moving on to 2019/20, Mrs Gillie highlighted to the Board the very low level of capital funding based on the draft budget that was available which was only likely to cover the rolling programmes and as per

the financial plan partially support the revenue position of the organisation. She further advised that national capital in 2019/20 would be limited. Work continued to finalise a recommended capital plan for 2019/20 for the Board in April.

A discussion ensued which highlighted several points including: progress with the Adult Changing Facility; capacity within the capital team to prioritise and progress projects; inadvertently setting a precedent; charitable funding; and long standing importance of a provision of a facility for vulnerable adults.

The **BOARD** noted the update provided on the current year capital plan.

The **BOARD** noted the indicative capital resource and commitments for 2019/20.

The **BOARD** agreed to progress the Adult Changing Facility.

The **BOARD** suggested the Finance & Resources Committee should consider the process for prioritisation of Capital Projects and how projects funded by Charitable donations could be separately identified to the capital projects of the Health Board.

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

Discussion covered several points including: regional cancer network; working with partners on the issue of capacity; potential future regional models of care; oral surgery referral pattern; diagnostics and the understanding of whether there is a need to either increase capacity or reduce demand; and replacement of current MRI scanner.

Dr Stephen Mather enquired about the status of the Child and Adolescent Mental Health Service (CAMHS). Mr Rob McCulloch-Graham advised that there had been difficulties in recruiting staff to the service, however staff at a lower banding had been appointed and would be grown into the level of posts originally identified. He reiterated that CAMHS was a small service that was vulnerable when staff were on annual leave, maternity leave, and sick leave or left the service.

Mr John McLaren suggested some staff on the redeployment register might be suitable to be placed in the service to assist with the current pressures. Mr McCulloch-Graham commented that he would be content to discuss the suggestion with Mr Simon Burt, General Manager for Mental Health & Learning Disability Services and Mr McLaren outwit the meeting.

Mr Tris Taylor enquired about the status of delayed discharges. Mr McCulloch-Graham advised that the introduction of the Hospital to Home service from January and the purchase of placements at Crawwood were beginning to have an impact. He further commented that currently there were 3 delayed discharges in the Borders General Hospital awaiting packages of care and 5 awaiting transfer to care homes, which was a much lower figure than for the same period the previous year. He further commented that there were about 20 delayed discharges in community hospitals and he expected to see those moving on in February and March as the process became more efficient.

Mrs Jane Davidson suggested bringing a report on Delayed Discharges to a future meeting once the figures for December 2018 to February 2019 had been clarified.

The **BOARD** noted the November 2018 Performance Scorecard.

**21. Chair & Non Executive Directors Report**

The Chair suggested that Dr Cliff Sharp and/or Mrs Nicky Berry may wish to bring along one or two of the Scottish Improvement Leader Programme cohort from NHS Borders, to give them the opportunity to talk to the Board about the work that they undertook and the presentations that they have given.

The **BOARD** noted the report.

**22. Board Executive Team Report**

Mr Malcolm Dickson enquired if the Healthcare Improvement Scotland Indicators for Sexual Violence Services had been finalised. Dr Cliff Sharp advised that work was continuing and he would share them once there were formally agreed.

The Chair enquired about the impact of the national review of Laundries. Mrs Carol Gillie advised that there were currently two options for discussion being: four laundries across NHS Scotland or four laundries plus NHS Borders Laundry. She advised that there were several engagement events taking place nationally and a report would be submitted to the Board Chief Executives meeting in March.

The **BOARD** noted the report.

**23. Statutory and Other Committee Minutes**

The **BOARD** noted the various committee minutes.

**24. NHS Scotland Chief Executive's Annual Report 2017/18**

The **BOARD** noted the NHS Scotland Chief Executive's Annual Report for 2017/18.

**25. Any Other Business**

There was none.

**26. Date and Time of Next Meeting**

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 7 March 2019 at 10.00am in the Board Room, NHS Borders, Newstead

*The meeting concluded at 1.11pm.*



Signature: .....

Chair