

Minutes of a meeting of the **Borders NHS Board** held on Thursday 6 September 2018 at 10.00am in the Board Room, Newstead.

Present:

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

In Attendance:

- Miss I Bishop, Board Secretary
- Mr R McCulloch-Graham, Chief Officer, Health & Social Care
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Mr S Whiting, Infection Control Manager
- Mr P Lerpiniere, Associate Director of Nursing
- Mr Michael Murphy, Adult Social Care Chief Officer
- Mrs C Oliver, Communications Manager

1. Apologies and Announcements

Apologies had been received from Mr Tris Taylor, Non Executive, Dr Janet Bennison, Associate Medical Director and Mrs Elaine Cockburn, Head of Clinical Governance & Quality.

The Chair welcomed Mr Sam Whiting and Mr Peter Lerpiniere to the meeting.

The Chair congratulated Mrs Claire Pearce on her appointment as Director of Care Quality and Strategic Development with the Scottish Ambulance Service.

The Chair confirmed the meeting was quorate.

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 2 August 2018 were approved.

4. Matters Arising

4.1 Board Clinical Governance & Quality Report: Mr Malcolm Dickson advised that in regard to his comment on page 4, paragraph 8, he had provided some additional information to the Chair and Chief Executive and a meeting had been arranged to discuss it.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Report

Dr Cliff Sharp gave an overview of the report and drew the attention of the Board to: the Hospital Standardised Mortality Ratios (HSMR); complaints and commendations; the Scottish Public Service Ombudsman correspondence and Care Opinion; complaints in regard to GPs; and Day of Care Audits.

A discussion ensued which encompassed several elements of the report including: focus of Day of Care Audits (DoCAs) to look through a dispassionate checklist viewpoint at why people were in hospital and what was needed to aid them to be released; multi disciplinary team approach to DoCAs; potential impact of DoCAs on delayed discharge figures; use of community hospitals and development of community resource to provide step down services to effect change across the system across the whole year and not just the winter period; increased confidence in the provision of other services to allay fears of risk aversion; primary care improvement plan communication and engagement plan to manage the expectations of the public to be seen by an Advanced Nurse Practitioner instead of a GP; realistic medicine was increasingly looking at what Doctors were doing and should assist the anxiety of some clinicians when dealing with end of life care about understanding when to allow someone to pass; and the provision of an overview of lessons learned from complaints.

Mr Malcolm Dickson suggested the GP Practices complaints data might be more meaningfully portrayed if it were detailed as per 100 patients given the variation in size of GP Practices.

The Chair enquired about the work that was on going to analyse the complaints related to attitude. Dr Sharp suggested anecdotes on those could be featured in future reports.

Mr John McLaren noted there was a top five themes for complaints and suggested the top five themes for commendations should also be highlighted. He further suggested the information might be available at the start of the report. Dr Sharp noted the number of commendations were far greater than complaints and he suggested more time was required to recognise and use the good behaviour stories to best effect.

Mrs Jane Davidson advised the Board that the concept of “Greatix” was now being introduced across the system and would go some way to encouraging the culture to focus on good care, consideration, good behaviours, cheerfulness and the positive attitudes of staff.

The Chair suggested the need for an overview report on what was learnt and put into practice following complaints should be added to the Action Tracker.

The **BOARD** noted the report.

6. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting gave an overview of the content of the report and highlighted: the commencement of norovirus and flu seasons; continuous monitoring of cleanliness and infection control practice; and the three cases of Staphylococcus aureus Bacteraemia (SAB) that were contaminated were false positive blood results and further education in regard to taking blood cultures was being progressed.

Dr Stephen Mather enquired about a comparison with other Health Boards in regard to SAB cases and whether other Boards also found it difficult to get below a certain level. Mr Whiting advised that there was a consistency with other Health Boards and across Scotland there had been a higher number of Meticillin-resistant Staphylococcus aureus (MRSA) SAB cases. He advised that he was due to receive updated comparative data and he would include it in the next report.

The Chair requested that comparative data for Clostridium difficile infection (CDI) also be included in the next report.

Mr John McLaren enquired if the risk to blood contaminations were an indicator of a single poor practice individual. Mr Whiting assured the Board that the numbers were very small and they were not due to poor practice on the part of a single individual as contamination could occur through a number of different means.

The **BOARD** noted the report and requested the inclusion of comparative data in future reports.

7. Scottish Borders Health & Social Care Partnership Winter Plan 2018/19

Mr Robert McCulloch-Graham gave an overview of the content of the paper and highlighted to the Board that it was a draft plan and some funding was expected to be released from Scottish Government to help with the winter pressures. Learning from the previous year had been taken into consideration in formulating the plan with a planned increase in capacity across health and social plan, patient flow improvements, 7 day discharges and fewer patients delayed. Work had also been carried out to identify the provision of additional beds over the winter period.

Discussion focused on: the provision of hospital to home and health care support workers in each locality; assert approach to discharges from community hospitals; Day of Care Audit of community hospitals; GPs taking on responsibility for admission avoidance; role of pharmacies; look at discharges increasing across 24/7; anticipated cost of winter plan for 2018/19 in the region of £1.4m and Scottish Government had released £197k; dementia facilities and negotiations taking place with Queens House regarding the provision of dementia care beds; developing a team to manage difficult patients in nursing homes to reduce admissions; and dementia friendly environments.

The **BOARD** approved the 2018/19 Winter Plan.

8. Care Inspectorate and Healthcare Improvement Scotland Joint Older Persons Services Inspection Action Plan Update

Mr Michael Murphy gave an overview of the report and the distillation of identified actions. He drew the attention of the Board to the challenges in terms of financial measures and the financial strategy; some service issues were being improved around intervention and prevention work; issues around staff engagement and workforce planning were being progressed towards conclusion; and ongoing monitoring of completed actions to ensure sustainability; next stage to move the report to a single set of indicators for monitoring;

Discussion focused on: the matter process and action plan to identify and address issues raised; mock inspections already taking place in terms of risk assessments in social care practice; the expectation that that would be a return visit from Healthcare Improvement Scotland (HIS) inspectors; the format of inspections had changed and any return visit will be notifiable as opposed to unannounced.

The **BOARD** noted the progress made on the Inspection action plan.

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

Mr Peter Lerpiniere gave an overview of the content of the report. He advised that Healthcare Improvement Scotland (HIS) were looking to the organisation to identify where it had areas of weakness and to then demonstrate how that was being managed whilst keeping them informed of progress through the HIS Quality Improvement programme and liaison with the link Inspector.

Mr Lerpiniere fully expected an unannounced inspection to take place in the future but he was confident in regard to what they might find as substantial progress had been made. He reminded the Board that fortnightly internal inspections took place and Senior Charge Nurses undertook person centred care on the wards.

Discussion focused on: Person centred coaching tool for staff; staff being called to account; a reduction in complaints in nursing since the coaching tool was introduced; and improvements in pressure ulcer performance.

The **BOARD** noted the update on progress to date.

10. Board Financial Plan Update

Mrs Carol Gillie gave an overview of the content of the paper and drew the attention of the Board to several key points including: an update on the Better Borders Transformation Programme and an increase of £1m of savings opportunities; for the financial year 2018/19 based on current information the Board was projecting a year end overspend of £10.1m which was an improved position from that reported at the start of the financial year of £13.2m; on a recurring basis the Board would end the year with a recurring deficit of £14.3m compared with the position as at June of £17.6m; for the next 4 financial years the Board would continue to require brokerage each year and the level of recurring deficit would increase; the external reviews the Board had commissioned were due to report back; and further planned engagement with clinicians, staff and the public would inform further updates of the financial plan.

Mrs Gillie advised that a discussion with Scottish Government on the financial outlook was due to take place the following week.

A robust discussion ensued which focused on: engagement with clinicians, staff and the wider public; what do the public want their health service to look like in the future; resourcing of engagement events; skills for organizational development, and changes to culture and behaviours; maximum utilisation of theatres; Allied Health Professionals (AHP) and Musculoskeletal (MSK) services redesign and use of other pathways and self management; reducing length of staff in community hospitals and its relation to risk averse behaviours; challenges of working with a 1 year budget allocation; quantifying the deficit in a currency which was widely understood such as occupied bed days, release of staff, non prescribing of new drugs; and the consequences of not changing in terms of workforce, buildings and demographic changes.

Mrs Alison Wilson suggested the message that the financial position for NHS Borders as a percentage of the Board's total budget was the worst of the territorial Boards in Scotland be more widely publicised to clinicians to garner their engagement.

Mr John McLaren enquired about the potential outcomes from the community nursing desktop exercise that had been undertaken. Mrs Gillie explained that the desk top exercise had looked at activity and compared costs to those of NHS Dumfries & Galloway and the result had been that NHS Borders service in some areas was more expensive. Mrs June Smyth commented further work would be taken forward to look at various workforce areas, workforce models and skill mix within the services that had been identified.

Cllr David Parker welcomed the report in that it was heading in the right direction and he noted that some information was heavily caveated and figures would change. He was concerned about the delivery of recurring savings from the Better Borders programme and he suggested staff would not be able to fully comprehend the deficit figure until reducing the gap was spelled out in terms of jobs or services.

Mrs Gillie commented that she had been keen to ensure through external reviews that everything possible in terms of savings and efficiencies had been explored before asking the Board to look at making unpalatable decisions.

The Chair commented that later in the year NHS Borders would be asked to appear before the Scottish Parliament Health & Sport Committee as part of their scrutiny of NHS Boards programme, and he suggested that might be a useful arena to highlight funding, the history of near minimal increases in budgets over a number of years and to quantify that in terms of staff and services and the spend on community hospitals and drugs and the changing demographics of the Scottish Borders.

Mrs Jane Davidson advised that she and Mrs Gillie would be meeting with Scottish Government colleagues the following week to discuss brokerage for 2018/19 and also to discuss investment support to make some of the changes to models of care, to be able to cope with increased demand in activity.

Mr Robert McCulloch-Graham reminded the Board that unpalatable decisions would potentially also impact on council services and he suggested that the Board should be cognizant of that.

The **BOARD** noted the financial plan update and agreed to have a single Board Development session set up to discuss further.

11. Prescribing Cost Containment

Dr Cliff Sharp gave an overview of the content of the paper. Mrs Alison Wilson summarised the options to look at secondary care; areas of different growth; proactive programme of formulary review; drug switching; national/regional approach for drugs and cost effectiveness; thresholds and use of community pharmacists; and working with Better Borders to work more effectively and efficiently.

Amanda Cotton left the meeting.

Discussion focused on: communicating with patients, public and GPs in regard to changing medication and stockpiling; spend to save; cessation of absorbing new demand unless new drugs had funding attached; and the newsletter “Common Ground” in regard to the projected deficit for the East region.

The **BOARD** noted the approach to be taken to support prescribing cost containment and supported in principle the non absorption of new drugs without funding attached.

12. Audit Committee

Mr Malcolm Dickson advised that there had not been a meeting held since the last Board meeting.

The **BOARD** noted the update.

13. Clinical Governance Committee

Dr Stephen Mather advised that there had not been a meeting held since the last Board meeting.

The **BOARD** noted the update.

14. Public Governance Committee

Mrs Karen Hamilton advised that there had not been a meeting held since the last Board meeting.

The **BOARD** noted the update.

15. Staff Governance Committee

Mrs Karen Hamilton advised that there had not been a meeting held since the last Board meeting. The next Staff Governance Committee meeting was due to be held on 10 September and would focus on imatter, data and performance information.

The **BOARD** noted the update.

16. Area Clinical Forum

Mrs Alison Wilson advised that the ACF meeting due earlier that week had been cancelled due to the number of apologies received.

The **BOARD** noted the update.

17. Finance and Resources Committee

Mrs Carol Gillie gave an overview of the content of the paper explaining that it proposed that due to the financial challenge the Board was facing that a new sub committee of the Board be created. A draft terms of reference was attached with a clear focus on financial assurance. The new committee would have an impact on the strategy and performance committee and some draft changes to the terms of reference were suggested. Both terms of reference were in draft format and it was expected that they would be formally agreed at a future meeting. It was also proposed that the financial performance group a subcommittee of the strategy and performance committee be disbanded.

Discussion focused on the membership of the new committee and the potential to include another Non Executive Director (Chair, Vice Chair, Chair of Audit Committee, Non Executive).

The **BOARD** approved a Finance and Resources Committee be created as a governance Committee of the Board and at the first meeting of the Committee the Terms of Reference be agreed and then resubmitted to the Board for formal approval.

The **BOARD** approved that the Terms of Reference for the Strategy and Performance Committee be reviewed at the next meeting of the Committee to reflect the changes detailed.

The **BOARD** approved that the Financial Performance Group be disbanded.

18. Consultant Appointments

The **BOARD** noted the report.

19. Borders NHS Board – Business Cycle 2019.

Miss Iris Bishop introduced the proposed Board business cycle and meeting dates for 2019.

The **BOARD** approved the Board meeting dates schedule for 2019.

The **BOARD** approved the Board Business Cycle for 2019.

20. Financial Monitoring Report for the 4 month period to 31 July 2018

Mrs Carol Gillie gave an overview of the content of the report and highlighted that at 31 July the organisation was reporting a £5.4m overspend on revenue costs and break even on capital. The key points to note from the report were that a large part of the report overspend position was due to the level of unidentified savings. However in addition to that savings that were planned had not delivered, the key area being linked to the non recurring ring fenced funding of £2.1m which had been passed to the Integration Joint Board (IJB) and in a number of areas in the IJB directed services and there was also an overspend on nursing budgets principally in set aside budgets. She further advised that based on current projections the Board would end the financial year with a £10.1m overspend and would therefore require brokerage to deliver financial targets.

Mr Malcolm Dickson enquired if there was a plan in place to address one to one nursing care. Mrs Claire Pearce advised that not everyone required one to one nursing care and work was underway to address that and change the culture in that regard.

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

21. NHS Borders Performance Scorecard

Mrs June Smyth gave a brief overview of the content of the report.

Several elements of the report were raised during discussion including: pressures on the colonoscopy service due to the introduction of the “fit test”; increased activity and waiting times in oral surgery; changes to how we manage patient choice for their next destination when it is not their first choice; movement of care of the elderly into the community hospitals; trial an assertive approach to treatment and discharge from community hospitals; MRI Did Not Attend (DNA) rate at 1.6% locally compared to 2% nationally; and the monitoring of performance of the Child and Adolescent Mental Health Service (CAMHS) and further actions being implemented.

Cllr David Parker enquired if a Board Development session might be a suitable venue to understand the detail of CAMHS issues and Mrs Jane Davidson advised that several workshops were planned with support from Barnardos to redesign services and she would ensure Board members were invited to attend them.

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

22. NHS Borders Celebrating Our Success in 2017/18

Mrs June Smyth gave a brief overview of the content of the report.

Discussion focused on: accessibility of the report through electronic means and ensuring the introduction focused on the good work that had been achieved against difficult financial pressures.

The **BOARD** noted the ‘Celebrating Our Success in 2017/18 report.

23. Chair and Non Executive Directors Report

The **BOARD** noted the report.

24. Board Executive Team Report

Mr Robert McCulloch-Graham drew the attention the Board to the launch of the Health & Social Care Integration Joint Board Strategic Plan.

Mr Malcolm Dickson commented that he had attended the Borders General Hospital Campus revisioning session. Mrs June Smyth advised that various workshop sessions were being held and feedback would be provided to the Board at various gateways in the process.

The **BOARD** noted the report.

25. Statutory and Other Committee Minutes

The **BOARD** noted the minutes.

26. Alcohol & Drugs Partnership Annual Report 2017-18

Dr Tim Patterson gave an overview of the content of the Annual Report and future plans for new investment.

Mr Malcolm Dickson advised that the Police, Fire and Rescue and Safer Communities Board were keen to push the rejuvenation of drug and alcohol schemes.

The **BOARD** noted the report and the request to provide feedback on the format of the revised Board paper template.

27. Any Other Business

The **BOARD** agreed that senior clinicians should be included in discussions in regard to financial planning recovery.

28. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 1 November 2018 at 10.00am in the Board Room, NHS Borders, Newstead



Signature:

Chair