

Minutes of a meeting of the **Borders NHS Board** held on Thursday 2 August 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 T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mrs J Davidson, Chief Executive
- 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
- Mr J Cowie, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Mrs E Cockburn, Head of Clinical Governance & Quality
- Dr E James, Consultant Microbiologist
- Mr M Batty, Chair Scottish Borders Child Protection Committee
- Mrs D Moss, Nurse Consultant Vulnerable Children & Young People
- Mrs J Cockburn, Deputy Director of Finance
- Mr K Lakie, Senior Finance Manager
- Mrs C Oliver, Communications Manager

1. Apologies and Announcements

Apologies had been received from Mrs Carol Gillie, Mrs June Smyth and Dr Janet Bennison.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Michael Batty, Independent Chair of the Scottish Borders Child Protection Committee who presented the Committees' Annual Report 2016/17 to the Board. Mr Batty was accompanied by Mrs Dawn Moss, Nurse Consultant Vulnerable Children and Young People.

The Chair welcomed Mr Kirk Lakie, Senior Finance Manager and Mrs Janice Cockburn, Deputy Director of Finance, to the meeting who both deputised for Mrs Carol Gillie.

The Chair welcomed Ms Hannah Fairburn, Head of Capital Planning who presented the Strategic Assessment of the Borders Health Campus.

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 the Declarations of Interest for Mr Tris Taylor, Mrs Claire Pearce, Mr Warwick Shaw and Mr John McLaren.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 28 June 2018 were amended at page 11, paragraph 6, to read “The BOARD noted the update and supported a review of the Terms of Reference and the mode of operation of the Public Governance Committee.” and with that amendment the minutes were approved.

4. Matters Arising

4.1 Meeting Attendees: Mrs Karen Hamilton proposed a change to the format of all Board and Board Sub Committee meeting minutes to include the title of those present and in attendance at meetings.

The **BOARD** were supportive of the proposal to include names and titles for those present and attending meetings and agreed to implement the change for all Board and Board Sub Committee meeting minutes.

The **BOARD** noted the action tracker.

5. Scottish Borders Child Protection Committee Annual Report 2016/17

Mrs Claire Pearce introduced Mr Michael Batty and thanked him for attending the meeting to present the Child Protection Committee Annual Report to the Board.

Mr Michael Batty introduced the report and highlighted the key messages contained within it which included: the report covering the period just before he took over as the chair and he credited the work done by his predecessor Duncan McAuley; the Child Protection Committee being a multi agency partnership working to minimise the risks of various forms of abuse to children and neglected children; classification of judgements; participation of children and young people; chronologies for children on multi agency systems; Care Inspectorate publication of their new policy framework to be rolled out across Scotland and the committee will undertake a self assessment against that; and that Mrs Claire Pearce had agreed to serve as the Vice Chair of the Committee and he also appreciated the participation of Mrs Jane Davidson in the Critical Services Oversight Group (CSOG).

In conclusion Mr Batty advised that he would welcome the opportunity to come back to the Board in about 6 months time to present the 2017/18 Annual Report.

Mr Malcolm Dickson welcomed the report and the progress that had been made and he enquired how good the exchange of information between agencies and the Committee was in regard to child abuse and how quickly interventions occurred from health practitioners. Mrs Dawn Moss advised that the Child Protection Unit in Galashiels had been co-located to enable real time information sharing between multi agencies. She further advised that the new EMIS web for child health records was assisting in information sharing across groups of staff and other agencies such as Health Visitors, Social Workers, Paediatricians, School Nurses, GPs and the Police.

A discussion then ensued which highlighted: multi agency training for child and adult protection; bespoke training for various professional groups; low number of cancelled case conferences; reports discussed with families; training delivered across multi-agencies on the neglect toolkit; improvement in case files with fit for purpose chronologies; multi agency access to information about children on the child protection register; staff are encouraged to look at the child protection escalation policy; in regard to data the Quality Assurance and Improvement Group had reviewed the data on thresholds and increased referrals and found no correlation; and comparability data was available for local authorities.

The **BOARD** noted the Scottish Borders Child Protection Committee Annual Report 2016-2017.

6. Healthcare Associated Infection Control & Prevention Update

Dr Ed James gave a brief overview of the content of the report and drew the Boards attention to several key items including: Staphylococcus aureus Bacteraemia (SABs) increase in cases; vascular access modalities; reliance on use of Hickman lines; hand hygiene; and number of Clostridium difficile infection (CDI) cases reviewed with no evidence of cross infection.

Discussion focused on: physical structure of the hospital in regard to availability of wash hand basins; cleanliness of the Hospital environment in both clinical and non clinical areas; challenging position in regard to SABs and potential to look at and manage vascular devices and catheters better; forward plan of refurbishment of hospital wards; reviewing the use of Hickman lines and other device options available and training; and systems and processes in place to mitigate risk in pressure situations.

The Chair thanked Dr James for an illuminating discussion enabling the Board to get behind the statistics in the report. He was keen that the Board did not lose sight of the key matters raised which were the use of Hickman lines, chest drains, vascular devices and the physical hospital environment.

Mrs Jane Davidson noted that the Board should feel assured around the matters of Hickman lines, chest drains, catheters and vascular devices as it had heard they were being looked at by clinicians and the outputs of those discussions would come back to the Board via the HAI report.

The **BOARD** noted the report.

7. Board Clinical Governance & Quality Update

Dr Cliff Sharp gave a brief overview of the content of the report. Mrs Elaine Cockburn highlighted several elements of the report to the Board including: data over time; patient safety programme and medicine management workstream; venous thromboembolism workstream measures; unadjusted and adjusted mortality data; adverse events; Back to Basics programme and work on Falls; tissue viability and baseline data; medical staff concerns and top 5 issues; commendations and complaints;

PricewaterhouseCoopers (PWC) internal audit of complaints process; national day of care survey; and length of stay data.

Dr Sharp advised that in summary he offered the Board assurance that data across health care was being gathered and scrutinised to ensure the processes being followed were correct and enabling improvement to be achieved.

Mr John McLaren noted the impact that the Tissue Viability Nurse had had on performance and enquired if the role was temporary or permanent. Mrs Cockburn advised that it was a permanent position.

Dr Stephen Mather commented that he found it surprising that there had been an increase in the number of complaints regarding attitude, given there was a values based recruitment process in place. Mrs Cockburn assured the Board that work had been progressed around communication, welcoming patients to the ward, the power of apology, various ward situations, as well as looking at other situations that might exacerbate the display of unhelpful attitudes in staff.

Mr Tris Taylor thanked those involved in the overhaul of the report and commented that it was the first time he had felt that he had been in a position to perform scrutiny of the report. He suggested the level of detail in the report could be brought to the Board every 6 months. In regard to complaints he suggested the monitoring of progress against action plans did not appear to be progressing and suggested an attitude and behaviour percentage adjustment for those upheld might flush out the top 5 issues. Dr Sharp clarified that complaints were rarely about a single item and Mrs Cockburn confirmed that the complaints team phoned the complainant on receipt of a complaint to clarify what the actual issues were.

Mrs Claire Pearce commented that a revised Datix system was being explored to enable complaints elements to be included which would enable easier data production in complaints.

Dr Sharp drew the attention of the Board to the decreased number of commendations received and advised that commendations were mainly posted on Care Opinion.

Mr Malcom Dickson suggested that some of the information needed to be considered in the round alongside other information such as performance, finance, and actual activity and demand with less granularity.

Further discussion highlighted: management of adverse events; fuller report to the Board 1-2 times a year; new intake of junior doctors; reminder to staff in regard to venous thromboembolism (VTE) data; concerns no longer recorded as issues raised as complaints at level 1; reduction in use of catheters; and education and options available to nursing staff on incontinence products.

The Chair summarised the conversation noting expressions like amazing job and better report had been used. On the question of frequency of receiving the report he suggested it be put to one side whilst other work on governance across the Board sub committees took place. He was considering the introduction of a Finance sub committee of the Board and was keen to explore more standard business being done through the sub committees allowing the Board to focus on strategy.

The **BOARD** noted the report and agreed to receive the next fuller report at its meeting in November.

Mr Tris Taylor left the meeting.

8. EU Withdrawal

Mr John Cowie provided the Board with an overview on the content of the paper and highlighted: likely identified risks in terms of workforce, supply and regulation of medicines; supply chains in general; cooperation of public health; quantifying the risks in a meaningful way; potential financial impact of Brexit; and potential intrusive questions of staff.

The Chair thanked Mr Cowie for a clear and concise report on a very muddled complex situation and commented that he was disappointed that the Scottish Government did not wish to apply a once for Scotland approach to it.

Mr John McLaren commented that the Brexit working group had been set up and met the previous day. The focus of the session had been on a communications strategy, points of contact within the organisation, and the potential for it to be a regional or national risk.

The Chair enquired if Brexit was being looked at across both health and the local authority. Dr Tim Patterson advised that Mr Michael Cook, who was working on the impact of Brexit on the Local Authority, had been invited to join the working group and had been keen to understand the impact on pharmacy and recruitment.

A discussion ensued around engagement of staff, potential for self nomination, use of a questionnaire, updating the electronic employee support system (eESS) and utilising the content. Mrs Davidson suggested the working group would work up an appropriate plan for communicating with staff, being mindful of the sensitivities involved, and would keep her up to date on progress.

The **BOARD** noted the report and agreed to receive further progress reports in the period to March 2019.

9. Strategic Assessment Borders Health Campus

Ms Hannah Fairburn gave an overview of the content of the report and highlighted the Scottish Capital Investment Manual (SCIM) process and formulation of the strategic assessment.

Dr Cliff Sharp gave feedback to the Board on the event held the previous week to look at a 50 year imagining ahead for the future.

The **BOARD** approved Strategic Assessment for the Borders Health Campus Development and agreed that it could be formally submitted to the Regional and National Capital Investment Groups.

10. Audit Committee

Mr Malcolm Dickson advised that the Audit Committee had received an update in regard to the Margaret Kerr Unit issue. The Internal Auditors had been tasked with reviewing how cash donations were handled and report would be presented to the Endowment and Audit Committees in due course. The Internal Auditors had also undertaken an audit on the health and social care partnership from a health perspective and Mr Robert McCulloch-Graham was addressing the risks that had been identified within that audit.

The **BOARD** noted the update.

11. Clinical Governance Committee

Dr Stephen Mather commented that the previous meeting had been held on 18 July. He advised that the Clinical Governance and Quality report discussed earlier in the meeting had covered the business dealt with at that meeting and further work was being undertaken in regard to the Joint Older Peoples Inspection Action Plan. Dr Mather further provided assurance to the Board that the Back to Basics programme was progressing and remained a relentless focus for staff.

The **BOARD** noted the update.

12. Public Governance Committee

Mrs Karen Hamilton advised that the Committee had met that week and discussed the Food, Fluid and Nutrition strategy, patient and carer involvement in the Nutrition strategy, and the Joint Older People's Inspection Update. The Committee had also reviewed its Terms of Reference and was looking at its structure, legislative standpoint and interaction with other committees.

The **BOARD** noted the update.

13. Staff Governance Committee

Mrs Karen Hamilton advised that the Committee had not met since the previous Board meeting.

The **BOARD** noted the update.

14. Area Clinical Forum

Mrs Alison Wilson advised that the Forum had met earlier in the week and it had been a well attended meeting. She was hopeful that a Healthcare Scientist would be identified to join the Committee in due course and there was a plan to reinvigorate the meetings. The winter plan for 2018/19 had also been discussed.

The **BOARD** noted the update.

15. Consultant Appointments

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

16. Complaints Unacceptable Actions Policy

Dr Cliff Sharp reminded the Board of the previous discussion on the policy.

The **BOARD** approved the policy.

17. Financial Monitoring Report for the 3 month period to 30 June 2018

Mrs Janice Cockburn reported that at the end of June, NHS Borders was reporting an overspend position of £4.3m on revenue expenditure and break even on capital. The key points to note on the revenue position were that a quarter of the unidentified savings of £11.5m (£2.87m) had been phased in, which had adversely affected the position as anticipated. However, operational pressures had increased the level of reported overspend with nursing in the acute and set aside services not performing as expected and overspending by £600k at the end of month three. Slippage on the anticipated cost reductions related to the impact of the non recurring ring fenced allocation provided to the Integration Joint Board leading to a further £500k overspend.

Work was ongoing with the managers responsible for those areas to address the issues. It was not anticipated that NHS Borders would achieve its financial targets but dialogue continued with Scottish Government colleagues on how it would be addressed

Mrs Karen Hamilton enquired who signed off on agency staffing requests. Mrs Claire Pearce advised that Mrs Nicky Berry, Associate Director for Acute and Head of Midwifery, was responsible for sign off and she confirmed that far more were rejected than approved.

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

18. Board Financial Outlook – Action Plan Update

Mr Kirk Lakie presented the Board with an assurance that the actions outlined in the Financial Plan Update paper presented at the meeting held on 28 June had been progressed in the intervening 4 week period. He advised that the work initiated during 2017 was now at the stage of benefits quantification, although there was still work to do to ensure associated benefits were realised.

He also drew the Boards attention to the work required in a number of areas, identified through benchmarking, where realisable opportunities had yet to be reached and to the requirement for non recurring ring fenced funding provided to the Integration Joint Board to be matched in terms of savings.

A number of external reviews had been commissioned by NHS Borders to provide additional assurance that the organisation had been comprehensive in its' analysis of opportunities, plans were suitably ambitious but remained realistic, and work was progressing at an appropriate pace to the changes being considered as well as how it might be increased.

Dr Stephen Mather queried the introduction of Discharge to Assess and Craw Wood, as delivering savings of 1530 bed days and zero cash savings. Mr Lakie advised that in effect the initiatives had managed the winter period pressures by enabling patient flow from the acute sector to the community sector and in effect did not deliver a financial benefit to the organisation.

Mrs Claire Pearce commented that she had been exploring the possibility of introducing a winter surge ward within the Borders General Hospital to aid with winter pressures, ensure there was sustained safe patient care, fewer boarded patients, and the elective programme could be maintained. She had secured £750k of capital and was considering the benefit of a surge ward that could be utilised to decant patients to over the summer to aid refurbishment of wards. At present several options were being

considered. Mrs Pearce highlighted to the Board that she had reservations in regard to the staffing of any new unit.

Cllr David Parker sought an update on discussions with the Scottish Government in regard to the financial position. Mrs Jane Davidson advised that the Scottish Government had commenced the publication of Health Boards financial positions on a monthly basis and had recognised that NHS Borders required £13m of brokerage for 2018/19. They had written to acknowledge the discussions that had taken place to date and receipt of the action plan. They were keen to provide support with a financial recovery plan for the organisation and had offered support through an external review. They had placed NHS Borders on the ladder of escalation at a category 3 level. Mrs Davidson confirmed that a further meeting with Scottish Government would be held in September.

The **BOARD** noted the update report.

19. NHS Borders Performance Scorecard

Dr Cliff Sharp gave a brief overview of the content of the report and highlighted the areas of both good and poor performance as well as CAMHS issues and the continued impact of the 2017/18 winter pressures.

Cllr David Parker left the meeting.

Mr John McLaren challenged the narrative in regard to the Child Adolescent Mental Health Service (CAMHS) in terms of waiting several months to receive data from the EMIS web installation. He noted there were issues with staffing and suggested it might be time to review and redesign the service.

Mr Robert McCulloch-Graham commented that the waiting times figures were disappointing given the service had previously been good. The system had changed and there was a shortage of staff which had impacted on the service. Progress had been made to turn performance around with the introduction of locums and other staff, concentration on Quarriers and Tier 2. Mr McCulloch-Graham reminded the Board that in comparison to other CAMHS across Scotland the local service was a small team and the absence of one member had a huge impact on the caseload for the remainder of the team.

Dr Amanda Cotton expressed her disappointment in the delay in being able to extract meaningful data from EMIS web and advised the Board that the difficulties with CAMHS performance were multi-factorial. She assured the Board that any urgent cases were seen within two weeks and Dr Sharp advised that any emergencies were seen the same day.

Mrs Jane Davidson advised that a workshop was being planned between Health the Local Authority and Barnardos to look at children's services and the levels of distress coming through the various services. The workshop would also assist with looking at the region and how to introduce a system and environment to empower people to manage their own mental health and that of their children and families.

Further discussion highlighted several matters including: potential to disinvest in poorly performing services to assist the financial plan; sustainability of dermatology performance and staffing levels; review of criteria for MRI referrals; national workforce plans in regard to radiology; using MRI and CT scans to greatest efficiency; one stop shop for scans; impact of the matching unit, discharge to assess and hospital to home on delayed discharges; physiotherapy services and formulation of a trajectory on

future performance; community hospitals length of stay and a review of the recommendations from the Dr Ann Hendry report; ability of GPs to admit directly to Community Hospitals; narrative for Treatment Time Guarantee to be updated following output of the IHO project; and poor performance against the 4 hour waiting times target for accident and emergency.

The **BOARD** noted the April 2018 Performance Scorecard and that a report on the Physiotherapy Service performance and trajectory of recovery would be presented to a future meeting.

20. Chair and Non Executive Directors Report

The **BOARD** noted the report.

21. Board Executive Team Report

The Chair advised the Board of the pilot Listening Clinic that had taken place at Kelso and enquired if the actions from it had been progressed. Mrs Jane Davidson confirmed that some matters had been progressed and work was also underway to streamline and simplify decisions by the Senior Charge Nurse to minimise unintended or outmoded organisational barriers.

Dr Cliff Sharp highlighted the requirement of Health Boards to identify an Associate Director of Dentistry and advised that Dr Morag McQuade had agreed to fulfill that function. He further suggested that the Board should receive a Dental Report each month and he would progress that initiative.

The **BOARD** noted the report.

22. Statutory and Other Committee Minutes

The **BOARD** noted the committee 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 6 September 2018 at 10am in the Board Room, Newstead.

The meeting concluded at 1.24pm.



Signature:
Chair