

Minutes of a meeting of the **Borders NHS Board** held on Thursday 23 February 2017 at 10.00am in the Board Room, Newstead.

Present:

Mr J Raine	
Mrs K Hamilton	
Mr D Davidson	
Dr D Steele	Mrs J Davidson
Mr J McLaren	Mrs C Gillie
Dr S Mather	Dr T Patterson
Mrs A Wilson	Mrs J Smyth

In Attendance:

Miss I Bishop	Dr A Cotton
Mrs C Oliver	Mrs N Berry
Mr S Whiting	Mrs R Gray
Mr R Buist	Mr P Lunts

1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Mrs Pat Alexander, Mrs Evelyn Rodger, Dr Cliff Sharp, Mrs Elaine Torrance, Mr Warwick Shaw and Dr Annabel Howell.

The Chair welcomed Dr Amanda Cotton who was deputising for Dr Cliff Sharp and Mrs Nicky Berry who was deputising for Mrs Evelyn Rodger.

The Chair welcomed Mr Ray Buist of Audit Scotland.

The Chair congratulated Mrs Nicky Berry on behalf of the Board on her appointment to the position of Associate Director of Nursing Primary, Acute and Community Services and Head of Midwifery.

The Chair formally recorded the appointment of Dr Cliff Sharp, Medical Director who commenced in post on 14 February 2017 and Mrs Claire Smith, Director of Nursing, Midwifery & Acute Services who would take up her post in May 2017.

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 the Declaration of Interest for Dr Cliff Sharp.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 1 December 2016 were approved.

4. Matters Arising

4.1 Minute 5: Board Clinical Governance & Quality Update: The Chair enquired about progress in regard to the new national guidance on complaints handling. Mrs Ros Gray commented that a report was being prepared for the Strategy & Performance Committee meeting being held on 2 March 2017. She further advised that the revised guidance did not represent significant change.

4.2 Minute 9: Audit Committee: Mr David Davidson advised that the next meeting of the Audit Committee had been postponed to April.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Mrs Ros Gray gave an overview of the content of the report and highlighted the Scottish Patient Safety Programme priorities being linked to the Excellence in Care priorities; the testing demonstrator site; themed programme for quality improvement; national audits and active research audits; commendations; patient opinion; and patient flow.

During discussion several matters were highlighted including: improvements in patient flow; thrombolysis being identified as an area for improvement; revamp of leaflets to be agreed by the Public Governance Committee; quality improvement theme on discharge and transport; discharge PDSA methodology; highlight the themed data in commendations; publicising to the organisation the wards and staff mentioned in commendations; a mechanism being put in place to address overdue document reviews; and preparation of a business case to move to Level 2 of Patient Opinion.

Dr Stephen Mather enquired if there was a national scheme for Venous thromboembolism prophylaxis (VTE)? Mrs Gray advised that there was guidance at a national level and a policy at a local level. Dr Mather suggested exploring the process in NHS England and reviewing the matter through the Clinical Governance Committee. Mrs Gray agreed to take the matter forward as suggested.

Dr Mather enquired why complaints performance had not improved? Mrs Jane Davidson spoke of the 20 day response target rate and the delays that occurred, which were often due to the complex nature of the complaint as well as the initiative to schedule face to face meetings with complainants to resolve matters. She suggested a fuller report be provided in future that featured the number of engagements undertaken with complainants.

Dr Doreen Steele enquired why there were so many approved clinical audits cancelled? Mrs Gray advised that the breakdown of data showed cancellations were often due to issues outwith the organisations control, such as funding changes and patient groups not being recruited.

The Chair enquired about the jurisdiction of the organisation in relation to complaints about GPs. Mrs Davidson advised that complaints about GPs and GP Practices were not within the domain of the

Health Board, however the Primary Care team would raise matters with GPs in order to provide a cohesive response or if there were particularly serious issues being raised.

Dr Doreen Steele enquired if the Board received an annual report on GP complaints? Mrs Davidson suggested the Board should receive an annual report and should review the data it contained in the first instance to see if there was a need for further scrutiny and dialogue with the GP community.

The **BOARD** noted the report.

The **BOARD** requested that further detail be included in the report in terms of complaints handling and commendations themes.

The **BOARD** requested the Clinical Governance Committee take forward the discussion around Venous thromboembolism prophylaxis (VTE).

The **BOARD** requested sight of the Annual Report on GP complaints.

6. Healthcare Associated Infection Control & Prevention Update

Mr Sam Whiting introduced the report and highlighted that the graph at figure 1 on page 3 contained errors in the descriptor, in that 1 should be 2. He advised that staff were provided with best practice to follow and for both cases one was complete and one was incomplete. In terms of the publication of the Healthcare Environment Inspection report on 8 February, the report had been generally a very positive report, had complimented the organisation and had contained one recommendation and zero requirements.

Mr David Davidson enquired about resolving the community infection rates. Mr Whiting advised that it was an issue nationally and national discussion on *Staphylococcus aureus* Bacteraemia (SABs) was being taken forward in regards to what it was against population and not just occupied bed days.

Further discussion focused on: Surgical Site Infections (SSIs) not being exceptional in orthopaedics; obesity and Body Mass Index (BMI) factors; and cleaning compliance levels, staff sickness and test of change in various areas.

Dr Stephen Mather enquired if new doctors were given advice on antimicrobial stewardship. Mrs Alison Wilson confirmed that all wards contained a sheet of what could be prescribed when as well as direction to the pharmacy microsite and guidance. She further confirmed all information was provided to them at their induction.

The **BOARD** noted the report and conveyed its thanks to the staff and managers for the way they had reacted to the HEI inspection and the outcome that had been achieved.

7. NHS Borders 2016/17 Festive Period Report

Mr Philip Lunts advised that the report covered the period to 3 January 2017 and he gave an overview of the content highlighting: 3% increase in attendances, but this did not translate into admissions at the same rate; targeting staffing in the Emergency Department (ED) and staffing for nursing; and the overall emergency access standard.

Discussion highlighted several matters including: delayed discharges in relation to waiting for social work assessments; waits for home care placements; use of care homes for respite over the festive period; zero flex beds available; risk aversion; impact of delayed discharges on hospital patient flow both in the acute and community hospitals; and the initiative of no pre planned annual leave over the festive period to be able to flex staff availability for busy periods and release staff during quiet periods.

The **BOARD** noted the 2016/17 Festive Period Report, the performance of the system during that period and the outline recommendations for future winter planning.

The **BOARD** noted a full Winter Period Report would be brought to the next Board meeting.

8. Financial Settlement 2017/18

Mrs Carol Gillie gave an overview of the content of the report. She highlighted that the financial challenge faced by the Health Board was unprecedented and the development session later that day would explore some of the early choices and difficult decisions the Board may be required to make.

Mr David Davidson enquired about prescribing challenges. Mrs Alison Wilson advised that the gains identified were minimal, but still worth pursuing. She advised that a social media campaign to encourage people to purchase their own paracetamol and ibuprofen would be launched shortly as some £200k could be saved by the Health Board by no longer prescribing paracetamol.

Mrs Gillie advised that there would be a reduction in generic tariffs of about £300k for NHS Borders, however it did not resolve the issue of price increases for drugs in short supply.

Dr Doreen Steele urged the Board to think of the unintended outcomes of any project being taken forward to ensure an evidence based approach to savings and funding services.

The Chair commented that the report gave a brief overview of what lay ahead for the organisation in terms of its toughest financial year to date, and he pledged the support of the Board to Mrs Gillie as Director of Finance and Mrs Jane Davidson as the Accountable Officer and her Executive Team in their endeavours to deal with the financial situation as well as transformational change which would require a period of time to work through the major changes required.

The **BOARD** noted the update on the financial outlook for 2017/18.

9. Health & Social Care Delivery Plan

Mrs June Smyth gave an overview of the content of the paper focusing on the tangible actions expected by Health Boards and Health & Social Care Integration Joint Boards over the coming years.

Mrs Jane Davidson emphasised that the delivery plan was about the whole system of acute, primary and social care and not just for the Health & Social Care Integration Joint Board to consider and she suggested a whole system approach to it should be taken.

Mr David Davidson suggested the Executive Management Team (NHS Borders and Scottish Borders Council) review the plan and provide a report to each organisation on where their respective organisations were in relation to the delivery plan and working in partnership through the Health & Social Care Integration Joint Board.

The Chair commented that as regional planning and delivery of services progressed there would be an impact on governance and accountability of Health Boards and Executive Directors and the Board would need to understand those ramifications.

The **BOARD** noted the report.

10. Audit Committee

Mr David Davidson advised that the next meeting of the Audit Committee would take place in April 2017. He commented that at the last Resilience Committee meeting input had been received from a number of other bodies and Mrs Laura Jones would take on the connectivity role with general managers.

Mrs Carol Gillie advised that Audit Scotland had been appointed as the Health Board's external auditors and colleagues would be attending the Board as part of their induction programme.

The **BOARD** noted the update.

11. Clinical Governance Committee

Dr Stephen Mather advised that in regard to medical appraisal he was assured the organisation had a robust process in place, however there was a disconnect for general practice. He commented that Dr Cliff Sharp, Medical Director was the responsible officer for medical appraisals for NHS Borders and NHS Lothian employed the responsible officer for Borders GPs appraisals.

He further advised that a meeting had been organised for 3 April for Mrs Jane Montgomery, Dr Doreen Steele, Mr David Davidson, Dr Cliff Sharp and himself to discuss the GMC results for medical education. Mrs Jane Davidson suggested Mr Bob Salmond be invited to the discussion.

Dr Mather further reported that the Clinical Governance Committee continued to monitor the Scottish Public Services Ombudsman (SPSO) updates and suggested it became a quarterly standing item on future Clinical Governance Committee agendas.

The **BOARD** noted the update.

12. Public Governance Committee

Dr Doreen Steele advised that the Committee had received the Spiritual Care Policy at its last meeting which had provided a useful insight into the services provided by the Spiritual Care Department. Borders Independent Advocacy Service (BIAS) had also attended and provided an overview of the services they provided the bulk of which related to mental health. The next meeting would focus on the Equality Mainstreaming Report which will be submitted to the Board for approval.

The **BOARD** noted the update.

13. Staff Governance Committee

Mr John McLaren advised that the last meeting of the Committee had not been quorate, which was unusual. The meeting had proceeded and had received a presentation from Mrs Kath Liddington on the central booking system for Mandatory and Statutory training. The next meeting was due to focus on car parking and imatter reports.

Mr McLaren wished to record his thanks to Mrs Pat Alexander for her help and support in being the Co-Chair of the Staff Governance Committee.

The **BOARD** noted the update.

14. Area Clinical Forum

Mrs Alison Wilson advised that the last meeting of the Area Clinical Forum (ACF) had focused on discussion of the financial challenge. In regard to Allied Health Professional services (AHPs) it had been noted that there was no access to a staff bank facility so any unexpected absences or vacancies were covered by locums which had high cost implications. Further discussion had focused on alternatives to GP appointments and Psychology had now been included as a group on the ACF. She also commented that it was still difficult to get the scientists along to the meetings.

The **BOARD** noted the update.

15. Zambia Twinning Arrangement

Mrs Carol Gillie gave an overview of the content of the paper and advised that the Board would receive an annual report on the arrangement.

Mr David Davidson enquired if it was cost neutral to the Board. Mrs Gillie confirmed that it was.

Mrs Jane Davidson recorded her support for the arrangement.

The **BOARD** noted the contents of the report.

The **BOARD** approved a renewed commitment to the twinning arrangement as detailed in the report with the newly formed independent charity 'St Francis Hospital Twinning Partnership with NHS Borders - Scottish Charitable Incorporated Organisation' (SC046815).

16. Finance Report for the 9 month period to 31 December 2016

Mrs Carol Gillie reported that the financial position to the end of December was an overspend of £1.4m on revenue and breakeven on capital. She commented that the position reported included a transfer of capital to revenue as well as a release of the contingency and a number of other sources of funding. She confirmed that the level of overspend was reducing and the position at that date was in line with the year end trajectory.

Further discussion focused on: reduction in use of nursing agency staff through various means including rostering, sickness absence, one to ones; refresh of the medical oversight group; east and

west brig funding; cost of use of agency staff; links to the Local Delivery Plan (LDP) process; Financial Performance Group; income generation – laundry, training and development; staff engagement on the financial position; payroll shared services locally; use of one off contract agency for nursing; and the Health & Social Care Integration Joint Board budget had provided £500k of support linked to unscheduled care.

The **BOARD** noted the report and considered the current financial position and the current projection that there remained a risk the Board would not achieve financial targets although the risk of non delivery had reduced.

17. NHS Borders Performance Scorecard

Mrs June Smyth gave an overview of the content of the paper and highlighted that where a standard / target was off track (ie assessed as Red in the RAG status) for 3 months or more her team were working with the Board Secretary to timetable a service “deep dive” review at the Board Development and Strategy sessions, so that service leads could outline key risks, issues and actions in more detail to Board members to provide an additional scrutiny and assurance opportunity. This was in addition to the planned cycle of detailed reviews already planned through the Board Business Cycle which were - DNAs in January 2017, Sickness Absence on 4 May, Colonoscopy on 29 June, Physiotherapy to be agreed and Outpatients to be agreed.

Mr David Davidson enquired any solution to the pain clinic matter. Dr Stephen Mather suggested revising the criteria for referral and Mrs Smyth advised that she would speak to the service and seek an update outwith the meeting.

Mr Davidson enquired about issues with sickness absence, diagnostics, cancellations and the 12 week treatment time for outpatients. Mrs Smyth advised that cancellations related to those cancelled within 48 hours, ward availability had been an issue and work was underway to review all cancellations and the 12 week treatment time issues had been due to capacity issues.

The Chair enquired if there had been any additional monies made available for outpatient waiting times? Mrs Carol Gillie advised that previously resources had been made available by the Scottish Government Access Team, however there had been no additional allocation at this time.

Mrs Jane Davidson reminded the Board that sickness absence for the provision of small services such as cardiology, dermatology and oral surgery had a big impact on performance. She also advised that it might be helpful for the Board to see the raw local data as the nationally verified data was often from a distant point in time and did not portray an up to date position.

Mrs Davidson suggested including a comparison against the NHS Scotland position in future reports and Mrs Smyth confirmed that it would be included in future reports.

Dr Stephen Mather noted that an action plan had been developed to address the diagnostic waiting times issue in colonoscopy and he enquired when the Board would hear about any anticipated improvement. Mrs Smyth advised that a deep dive was scheduled to take place in June.

Dr Mather noted that the Physiotherapy service had reverted back to a poor performance rating and he enquired how it would be addressed. Mrs Smyth advised that the service had requested to go through the clinical productivity programme.

Dr Doreen Steele enquired if the Health & Social Care Integration Joint Board had a view on improving the situation with physiotherapy services. Mrs Davidson suggested the discussion would take place on the back of the festive period report at the next Health & Social Care Integration Joint Board meeting.

The Chair noted that Appraisal and Personal Development Plans were behind trajectory and needed addressing.

The **BOARD** noted the November 2016 Performance Scorecard.

18. Chair and Non Executive Directors Report

The **BOARD** noted the report.

19. Board Executive Team Report

Mrs Carol Gillie advised that the capital plan that had been presented to the previous meeting of the Board had been updated following the recommendation of the Strategy & Performance Committee not to progress with the relocation of the mental health service to Crumhaugh House.

The **BOARD** approved the request by the Mental Health Service as discussed at the Strategy & Performance Committee meeting on 19 January 2017 to not progress the relocation to Crumhaugh House.

The **BOARD** noted the further actions that were to be progressed in light of agreement to not progress the relocation which were:-

- wider staff engagement to continue and conclude;
- detail and quantification of the remedial work to be undertaken on the Galavale site which will be progressed through NHS Borders business processes;
- in support of the mental health strategic direction the service will develop a Clinical Strategy and input into NHS Borders Clinical Strategy work;
- an update to NHS Borders Board to be provided.

Mrs June Smyth advised the Board that the names of the finalists for the Celebrating Excellence Awards had been released that day.

The **BOARD** noted the report.

20. Statutory and Other Committee Minutes

The **BOARD** noted the minutes.

21. Any Other Business

There was none.

22. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 6 April 2017 at 10.00am in the Board Room, Newstead.

The meeting concluded at 12.50.

A handwritten signature in cursive script that reads "John Rami".

Signature:

Chair