

Minutes of a meeting of the **Borders NHS Board** held on Thursday 6 April 2017 at 10.00am in the Board Room, Newstead.

**Present:**

|                |                |
|----------------|----------------|
| Mr J Raine     |                |
| Dr D Steele    | Mrs C Gillie   |
| Mrs K Hamilton | Dr C Sharp     |
| Mr D Davidson  | Dr T Patterson |
| Cllr C Bhatia  | Mrs J Smyth    |
| Mr J McLaren   | Mr W Shaw      |
| Mrs A Wilson   | Mrs N Berry    |

**In Attendance:**

|               |             |
|---------------|-------------|
| Miss I Bishop | Dr A Cotton |
| Mr P Lunts    | Mrs R Gray  |
| Dr E James    | Mr J Steen  |
| Mrs S Swan    |             |

## **1. Apologies and Announcements**

Apologies had been received from Dr Stephen Mather, Mrs Jane Davidson and Mrs Elaine Torrance.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Nicky Berry who was attending in the absence of the Director of Nursing, Midwifery and Acute Services.

The Chair welcomed Dr Ed James who was deputising for Mr Sam Whiting, Infection Control Manager.

The Chair welcomed Mr Jonny Steen from Audit Scotland.

The Chair welcomed Mrs Ros Gray and Mr Philip Lunts.

The Chair welcomed members of the public to the meeting.

The Chair formally recorded that this was the last Board meeting for Dr Doreen Steele and Cllr Catriona Bhatia who would both conclude their Non Executive appointments at the end of April. They were thanked by the Board for their significant contribution to the work of the Board.

The Chair announced that Dr Stephen Mather and Mrs Karen Hamilton had both been appointed for a second term of office for four years, and extended congratulations.

## 2. Register of Interests

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

The Chair advised that the Declaration of Interests for Mr John McLaren had been tabled for inclusion in the Register of Interests. Miss Iris Bishop confirmed that she was in receipt of all signed declarations from members of the Board.

The **BOARD** noted the Register of Interests.

## 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 23 February 2017 were approved.

## 4. Matters Arising

**4.1 Action 10:** Mrs Ros Gray advised that the current Clinical Governance & Quality Report format was being updated to reflect the request in terms of complaints handling and commendations themes.

**4.2 Action 11:** Mrs Ros Gray advised that the current report before the Board reflected the Venous thromboembolism prophylaxis (VTE) discussions.

**4.3 Action 12: Annual Report on GP complaints:** Dr Doreen Steele reminded the Board that it required to be assured that all primary care independent practitioners within its domain had a complaints process in place. Mrs Ros Gray advised that assurance was being sought from GPs. Mrs Alison Wilson confirmed that whilst all community pharmacists had an obligation to send in information on complaints, it was irregular and the matter was being discussed with them. Mrs Gray confirmed that all GP Practices had a formal complaints procedure in place.

The Chair suggested in moving forward that as per the requirement of Scottish Government, Quarterly Reports on primary care independent practitioner's complaints be produced and reviewed by the Clinical Governance Committee, with an Annual Report being produced and submitted to the Borders NHS Board in April each year.

**4.4 Minute 15: Zambia Twinning Arrangement:** The Chair commented that he had recently attended a presentation by 2 Doctors who were undertaking a review of overseas development in the NHS in Scotland, and the twinning arrangement between NHS Borders and St Francis Hospital had been well known of. The review report was expected to be published in May.

**4.5 Minute 17: NHS Borders Performance Scorecard:** Mrs June Smyth advised the Board that the additional information in regard to the Pain Clinic requested by Dr Stephen Mather and Mr David Davidson had been sent to them outwith the meeting.

The **BOARD** noted the action tracker.

The **BOARD** agreed that Quarterly Reports on primary care independent practitioner's complaints be produced and reviewed by the Clinical Governance Committee, with an Annual Report being produced and submitted to the Borders NHS Board in April each year.

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

Dr Cliff Sharp introduced the report and highlighted several key elements including: patient safety as the key priority; leadership walkrounds; sepsis and VTE work; national reporting figures; falls; commendations and complaints; ombudsman reports; and subscription to the "patient opinion" online feedback system.

The Chair noted that a full subscription to "Patient Opinion" gave unlimited licences to use the system.

Mr David Davidson enquired about research governance and why so many research projects were cancelled. Dr Sharp advised that many projects were undertaken by students and were small and personal to their studies. He suggested in future seeking confirmation at annual intervals on which projects had concluded and what their outcomes had been.

Mrs Karen Hamilton enquired if there would be workload implications for managing and monitoring the patient opinion portal? Mrs Ros Gray advised that the evidence across Scotland was that workload was minimal with the substantial pay back.

Mrs Hamilton enquired if a review could be undertaken of the paperwork for future patient safety and leadership walkrounds. Mrs Gray advised that Ms Christine Proudfoot was current undertaking such a review.

The Chair noted that there had been some TV coverage of a sepsis case in Glasgow and that some Health Boards had been quoted as not wishing to support a public campaign on sepsis awareness. Dr Ed James commented that there had been a Freedom of Information request in regard to Sepsis, as well as the TV programme, and both he and Mr Sam Whiting would be fully supportive of any spotlight on the battle against infectious diseases.

The **BOARD** supported the proposal for the next phase of Patient Opinion and noted the report.

## **6. Healthcare Associated Infection Control & Prevention Update**

Dr Ed James gave an overview of the content of the report and highlighted that it had been a quiet year for norovirus, however more cases of influenza had been detected than in previous years. He also advised that a multi resistant strain of ecoli had been picked up in last couple of months.

The **BOARD** noted the report.

## **7. NHS Borders 2016/17 Winter Period Report**

Mr Philip Lunts presented the Winter Period Report for 2016/17 and highlighted several key elements including: reduced performance in comparison to the previous year in terms of the emergency access standard; a 4% increase in activity at the front door which converted to a 2% increase in admissions; good front door performance; more pressure on admissions than the previous year impacted by

community hospital length of stay - loss of beds – 95% occupancy - less beds in the system; emergency access standard missed in January and February and with difficulties continuing into March.

In regard to lessons learnt, Mr Lunts advised that there was a need to look at social work pressures, as well as care home and home care pressures and whilst he had anecdotal evidence of pressures in those areas he was keen to review the actual data.

Mr Lunts then advised that in terms of planning for the forthcoming year he was keen to replicate the front door performance with an emphasis on reducing the number of people attending the hospital. He was keen for an emphasis to be placed on self management as well as more efficient discharges and community and social care throughput.

Mr David Davidson enquired about how to improve on the take up of flu vaccinations by staff? Mrs Nicky Berry suggested commencing the programme earlier and visiting the wards to vaccinate staff instead of waiting for them to attend a clinic.

Mrs Alison Wilson noted that Hawick Community Hospital consistently had the lowest length of stay and enquired if that could be replicated in other community hospitals? Mr Lunts suggested that Hawick Community Hospital admitted patients earlier in the pathway as well as those who were recovering from pneumonia and were able to discharge patients quicker. He suggested their culture was focused on discharge and their Multi Disciplinary Team (MDT) meetings started with the aim of a discharge date. He accepted they also had more care home places, but suggested the MDTs in the other community hospitals could improve performance if they focused on the discharge date and what was required by the patient to meet that discharge date.

Mrs Wilson noted that the system had been striving to achieve 11am morning discharges and she enquired what could be done to help drive that forward. Mr Lunts advised that the Chief Executive had been driving morning discharges and had introduced a more robust process. He commented that performance over that past week had seen 11am discharges at 10% which had not been achieved before and the midday discharges were at 18%.

Further discussion focused on the presentation that had been given to the Health & Social Care Integration Joint Board by Prof John Bolton which had highlighted a less risk averse approach to hospital care, improvements in patient flow and unblocking hospital beds.

The **BOARD** noted the learning and improvement opportunities for next year which would be taken forward by the Winter Planning Board.

The **BOARD** noted the low up-take for flu vaccinations and supported the suggestions made by Mrs Nicky Berry.

## **8. Easter Update**

Mr Philip Lunts briefed the Board in regard to planning for the Easter period. He advised that high levels of activity were predicted for the Mondays across the Easter period as well as the Easter weekend and arrangements had been made to ensure appropriate staffing levels. An active approach had been taken in regard to complex discharges and work had been taking place with social work and other colleagues to ensure patients were moved to either their homes or next place of care. Given the current focus on earlier discharges it was anticipated that surge beds would be closed, but could be

opened again if required and social work colleagues had also been working on additional capacity to be brought on stream during the Easter period if required.

The **BOARD** noted the update.

## **9. Local Delivery Plan 2017-18**

Mrs June Smyth gave an overview of the content of the paper and highlighted that the final Local Delivery Plan would be submitted to the Scottish Government by the end of September, subject to formal approval by the Board at its meeting to be held on 26 October 2017.

The **BOARD** noted the work in progress on the Local Delivery Plan 2017/18.

## **10. 2017-18 Indicative Financial Plan**

Mrs Carol Gillie introduced the indicative financial plan for 2017/18 and highlighted the key issues in the report which included: the financial plan covered the next 3 financial years for revenue and 5 years for capital although due to the Scottish Parliament agreeing a 1 year budget the focus was on 2017/18 and future years could only be considered illustrative; the plan was indicative as final financial plans were due to be submitted to the Scottish Government at the end of September as part of the Local Delivery Plan (LDP) for review and agreement, nevertheless it was important that the Board agree a financial strategy at the start of the new financial year.

Mrs Gillie continued that the Board was presenting an unbalanced revenue financial plan for 2017/18. She emphasised that the Board would end the financial year 2016/17 with a £4.9m deficit; the Board had received £0.8m of uplift to deal with £8.9m of recurring pressures and £2.7m of non recurring pressures; those factors left a significant shortfall of £15.7m to be addressed by efficiency savings; and work was ongoing to deliver that level of savings however there remained a shortfall in the requirement of £3.8m.

In regard to the efficiency programme Mrs Gillie commented that overall there was a shortfall in the plan and an imbalance between the level of recurring and non recurring savings. The financial year end position would therefore be a £6.6m recurring deficit. There were a number of high risks, particularly efficiency delivery, drug costs and delayed discharges.

Mrs Gillie then focused on the draft capital plan and highlighted the issues in regard to theatre ventilation and the level of investment required in IM&T. She explained that both items would be discussed with the Board at the Strategy and Performance Committee meeting in May and a final capital plan would be presented to the Board in June.

The Chair enquired about the reaction of colleagues in the Scottish Government to the forecast financial position for NHS Borders. Mrs Gillie advised that colleagues were keen to work with the Board to bring the financial position back into balance. There were currently 3 Boards in special measures and 4-5 in a similar situation to NHS Borders, with some Boards forecasting a breakeven position.

Mr David Davidson asked what could be done to stem the non essential flow of attendances at the Borders General Hospital from the central borders area? Mrs Gillie commented that the

transformational change programme would be a key element in addressing how patient flow issues both within and outwith the hospital setting.

Mr John McLaren sought assurance that the existing recruitment processes were meeting the needs of the organisation. Mrs June Smyth advised that the medical recruitment process had been revamped in regard to published materials, development of video clips, dedicated microsite, and the use of social media. She confirmed that NHS Borders had one of the lowest rates for consultant vacancies in NHS Scotland. In regard to Nursing and Midwifery, Mrs Smyth confirmed that recruitment events were planned and vacancies were predicted. The process had been refined and successfully recruited nursing staff were in post within 8 weeks of interview. There had been a recruitment slow down of non essential posts (non frontline services) to allow services to revise their workload and apply extra scrutiny to the need to recruit and at what level.

The **BOARD** reviewed the report and approved the 2017/18 indicative revenue and draft capital financial plans.

The **BOARD** noted the financial plan at this time is unbalanced.

The **BOARD** noted the indicative outline of the financial challenge in 2018/19 and 2019/20.

The Chair recorded the thanks of the Board to the Director of Finance and her Team for their work to date on addressing the financial challenge that lay ahead.

#### **11. NHS Borders Pharmaceutical Care Services Plan 2017/18**

Mrs Alison Wilson gave an overview of the content of the pharmaceutical care services plan and commented that in moving forward the data analysis from the health and social care partnership localities would be used as well as the inclusion of info-graphics.

Discussion focused on: 5 day opening; weekend opening; proactive publicity; social media; script switch; confidential space within pharmacies; prescription for excellence; and pharmacy champion visits.

The **BOARD** approved the plan.

#### **12. NHS Borders Clinical Strategy**

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

The Chair suggested that the Professor John Bolton report be reviewed as part of the development of the Clinical Strategy.

The **BOARD** noted the update on the work to date to conclude the development of a Clinical Strategy for NHS Borders.

#### **13. Equalities Mainstreaming Action Plan**

Mr Warwick Shaw presented an update on the current status of the equality mainstreaming report for NHS Borders. The outcomes were currently being aligned to those of Scottish Borders Council.

Cllr Catriona Bhatia welcomed the liaison between NHS Borders and Scottish Borders Council in regard to equalities and noted the relationships between both organisations and Stonewall and the local Lesbian Gay Bisexual Transsexual (LGBT) group.

Dr Doreen Steele commented that whilst the funding for additional sessions for equality support had ceased, she had managed to secure Health Impact Equalities training from NHS National Education Scotland (NES) for free.

Mr John McLaren enquired if a six monthly equalities report should also be submitted to the Staff Governance Committee to ensure staff governance issues were pick up. Dr Steele suggested that the chairs of the Governance Committees might wish to meet annually and such issues could be picked up through that forum.

The **BOARD** noted the update and that the formal report would be submitted to a future Strategy Performance Committee meeting.

The **BOARD** noted that interpreting and translation continued to be an area of increased demand and steps to manage the spend were being implemented.

The **BOARD** agreed a formal 6 monthly report be submitted to the Public Governance from the Equalities Group.

#### **14. Audit Committee**

Mr David Davidson commented that the Audit Committee had focused its attention on counter fraud services, its terms of reference, high risks and actions, and setting up a session on the Annual Financial Accounts.

The Resilience Committee had not met since February.

The **BOARD** noted the update.

#### **15. Clinical Governance Committee**

The Chair advised that Dr Stephen Mather had prepared an update for the Board on the activity of the Clinical Governance Committee. The Clinical Governance Committee had met once since the last Public Board meeting. It had been able to sign off the annual statement, together with the plan of work and the attendance register. An extra item on the work plan would be added which related to continual monitoring of SPSO actions and the sustainability of quality improvements across the organisation.

Mr David Davidson advised that both the Clinical Governance Committee and the Audit Committee were working together on various issues including wifi and space.

The **BOARD** noted the update and requested an attendance record for the Board be pulled together by the Board Secretary for the Annual Accounts.

## **16. Public Governance Committee**

Dr Doreen Steele advised that the last meeting had received a presentation from Mr Neil Istefan from Eildon Housing which had focused on the achievement of keeping people at home or in a more homely setting, the quality of life associated with secure tenures and adequately equipped and maintained homes. She suggested the health and social care partnership might wish to look at the housing contribution to health and care services in terms of public health, aids and adaptations, and living well at home and how those initiatives were supported by the Scottish Fire and Rescue service, and Social Housing Associations. She further advised that the Committee had also received an update on corporate parenting and the work that had been undertaken over the previous year.

Dr Doreen Steele advised that she had been formally appointed to SEStran (South East of Scotland Transport Partnership).

The **BOARD** noted the update.

## **17. Staff Governance Committee**

Mr John McLaren advised that the March meeting had been rescheduled to 20 April.

The **BOARD** noted the update.

## **18. Area Clinical Forum**

Mrs Alison Wilson advised that the Area Clinical Forum (ACF) had met earlier that week. Currently the AHP Advisory and ADP Advisory Committees were without Chairs. The Psychology Group had now joined the ACF and work was being undertaken nationally on transforming nursing roles. The key discussion themes had been around demand and capacity and research and development funding.

The **BOARD** noted the update.

## **19. NHS Borders Board Committees**

The Chair presented the schedule of changes to the Non Executive membership of Board Committees on the conclusion of Dr Doreen Steele, Mrs Pat Alexander and Cllr Catriona Bhatia's appointments as Non Executives of the Board.

He proposed that Mr David Davidson become the Vice Chair of the Board, subject to Ministerial approval.

The Chair further advised that he would wish to undertake a review of Board Committees and membership in conjunction with the Board Executive Team to ensure that all committees and groups were required for the future.

The Chair advised the Board that advertising for 3 new Non Executives would commence in May with shortlisting taking place in June and interviews in early July. The intention was to make 3 appointments (2 generic and 1 with financial experience) with 1 appointment being delayed to commence in 2018 when Mr David Davidson's term of office concluded.



The **BOARD** approved the membership and attendance of Non Executive Directors on its Board and other Committees.

## **20. Consultant Appointments**

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

## **21. Provision of 2017/18 Resource to the Health & Social Care Integration Joint Board**

Mrs Carol Gillie presented the provision of £120.9m of resource to the Health & Social Care Integration Joint Board (H&SC IJB) linked to the functions that were delegated to the H&SC IJB as per the Scheme of Integration. She highlighted to the Board that the calculation of the figure was not in line with the year 2 recommended methodology as detailed in the Scheme of Integration but in conjunction with the H&SC IJB a pragmatic approach had been adopted.

Mrs Gillie further emphasised that: currently it was not planned to retrieve any of the 2016/17 overspend in the functions delegated; the level of resource was the same level as 2016/17 with the addition of the £2.1m identified in the Board's allocation to support social care; the additional funding was in line with Scottish Government guidance and was in addition to the £5.2m provided in 2016/17; the level of resource equated to 51% of the Health Board's funding; the level of funding would not be sufficient to fund pressures and the H&SC IJB had indicated that it would ask the Health Board how pressures would be accommodated.

Whilst the Chief Officer had been unable to be at the Board meeting due to other commitments, she had asked that the Board be advised that she was content with the recommendations in the paper

Discussion focused on: utilising the entire resources of the H&SC IJB to make change, plan, redesign and resource services for the future; routing of monies through Health boards to the H&SC IJB; the potential for Local Authorities to reduce their contribution to the H&SC IJB; and working together in partnership for the benefit of the population of the Scottish Borders.

The **BOARD** noted that provision of resource to the H&SC IJB and budgets set aside for the large hospitals element, have been set on a pragmatic roll forward of 2016/17 resources, rather than established on the basis as outlined in the Integration scheme, in line with national guidance issued to NHS Boards.

The **BOARD** approved the 2017/18 provision of resource to H&SC IJB in the amount of £120.89m, including £18.98m of resource set aside for the large hospitals element, for it to undertake the functions delegated to it.

The **BOARD** noted the provision of an additional £2.13m in respect of a further allocation to the Social Care Fund in support of the outcomes as outlined in the paper.

The **BOARD** noted the level of savings in anticipation of formal direction from the H&SC IJB is relation to revenue pressures.

## **22. Primary Care Premises: Melrose Health Centre**

Mrs Carol Gillie gave an overview of the content of the paper. She highlighted that it was the next scheme within the Primary Care Premises Business Case that had been approved and funding had been allocated by the Capital Investment Group in April 2016.

Mrs Gillie advised that the paper gave an update on the work that had been done since the scheme had been discussed at the Strategy and Performance Committee meeting held in January 2017 to try and reduce the scope and the price of the project which had resulted in a £26k reduction. She also commented that discussions had taken place with the Scottish Government over that time period to secure an additional £900k of resource over the next 2 financial years to support the completion of the further schemes in the primary care premises business case.

The **BOARD** noted the update on the Melrose Health Centre project.

The **BOARD** noted the additional resources available from Scottish Government to cover the increased tender price returned for the project.

The **BOARD** awarded the tender for the extension and reconfiguration works to Melrose Health Centre to T Graham and Sons based on the revised scope and reduced cost as agreed with the appointed Cost Advisor.

## **23. Financial Monitoring Report for the 11 month period to 28 February 2017**

Mrs Carol Gillie advised that at the end of February, NHS Borders was reporting an overspend of £0.8m on revenue and break even in terms of capital. She highlighted several key points within the report including: the improving financial situation; the position at the end of February was in line with the year end projection; assuming no unforeseen events, it was anticipated that the Board would deliver its financial targets; the improving financial position was as a result of a number of non recurring measures; and the recurring financial stability of the organisation continued to give significant cause for concern.

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

## **24. NHS Borders Performance Scorecard**

Mrs June Smyth gave an overview of the content of the report and advised that where comparable data was available it had been included, and further detailed breakdown of service specialties were also include where available.

Discussion focused on: waiting times breaches and the link to the financial position; eksf and PDPs; challenges with patient flow and the impact on A&E performance over the past 3 months; renewed focus on early discharges; and the chronic pain clinic and potential for pharmacists to become involved in pain management.

The Chair commented on the positive performance for treatment times for cancer patients of 31 and 62 days. Dr Cliff Sharp welcome the recognition of all staff involved during the patient journey from GP

to Radiology, testing and treatment and advised that NHS Borders was the best performing mainland Health Board in Scotland for cancer treatment times.

The **BOARD** noted the January 2017 Performance Scorecard.

**25. Chair and Non Executive Directors Report**

The **BOARD** noted the report.

**26. Board Executive Team Report**

The Chair noted the appointment of Mrs Nicky Berry into the dual role of Associate Director of Nursing Primary, Acute & Community Services, & Head of Midwifery.

Mrs Carol Gillie advised that the Audit Committee had approved the extension of the internal audit service contract with PricewaterhouseCoopers (PWC) until the end of March 2018.

The **BOARD** noted the report.

**27. Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

**28. Any Other Business**

There was none.

**29. Date and Time of next meeting**

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 29 June 2017 at 10.00am in the Board Room, Newstead.

*The meeting concluded at 12.36.*



Signature: .....  
Chair