

Minutes of a meeting of the **Borders NHS Board** held on Thursday 5 April 2018 at 10.00am in the Board Room, Newstead.

Present:

Mr J Raine	Mrs J Davidson
Mrs K Hamilton	Mr R McCulloch-Graham
Mrs F Sandford	Mr J Cowie
Mr M Dickson	Mrs J Smyth
Mr J McLaren	Dr C Sharp
Dr S Mather	Dr T Patterson
Mrs A Wilson	Mrs C Gillie
Mr T Taylor	Mr W Shaw
Cllr D Parker	Mr P Lepiniere

In Attendance:

Miss I Bishop	Mr S Whiting
Ms L McIntyre	Mrs E Cockburn
Mrs E Cockburn	Mr P Lunts
Mr G Clinkscale	

1. Apologies and Announcements

Apologies had been received from Mrs Claire Pearce, Dr Janet Bennison, Dr Amanda Cotton, Dr Annabel Howell and Dr Nicola Lowdon.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Fiona Sandford, Non Executive Director who took up post on 1 April 2018.

The Chair welcomed Mr Peter Lepiniere who was deputising for Mrs Claire Pearce.

The Chair welcomed Mr Gareth Clinkscale, General Manager Unscheduled Care to the meeting.

The Chair welcomed Mrs Elaine Cockburn, Head of Quality & Clinical Governance to the meeting.

2. Declarations of Interest

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 18 January 2018 were approved.

4. Matters Arising

- 4.1 Minute 4.1: Moving On Booklet:** Mr Robert McCulloch-Graham advised that he would ensure this action was completed.
- 4.2 Action 12:** Dr Cliff Sharp advised that it was not yet possible to collate a unified account of GP complaints as they still functioned as independent contractors. However, as the new GMS contract came into force he was hoping to gain approval from the GP Sub Committee to progress with this and he clarified that it was unlikely to be in place for at least 12 months. The Chair reiterated that it was the view of the Board that there should be transparency around primary care complaints in order to expose any difficulties for primary care colleagues and to bring about improvement and he suggested progress would need to be made albeit in stages. Mr Robert McCulloch-Graham commented that he would take it forward through the GP Cluster Leads.

The **BOARD** noted the action tracker.

5. Board Clinical Governance & Quality Update

Dr Cliff Sharp recorded his thanks to Mrs Ros Gray for her work with the organisation over the past year and for her handover to Mrs Elaine Cockburn. Dr Sharp advised that he has spoken to Mr Tris Taylor in regard to how the information within the report was presented to the Board and how it provided assurance to the Board through the level of detail, style and learning from best examples of reports from other Health Boards.

Dr Sharp then provided an overview of the content of the report.

Mr John McLaren commented that in regard to “Falls” he had been aware that in the past a Falls Co-ordinator had been in post and there had been a significant improvement in performance during the period of that post. He sought clarity on what was meant by the support systems in place for ward based staff. Dr Sharp welcomed the comments in order to provide the Board with the level of detail it would like.

Mr McLaren enquired about the level of support available to achieve the aspiration of zero tolerance for tissue viability. Mrs Cockburn commented that a tissue viability nurse had just been appointed and Mrs Jane Davidson commented that there was an Improvement Lead for Falls in place as part of the excellence in care work that was being undertaken through the Borders General Hospital in the first instance.

Further discussion focused on: the role of realistic medicine; engagement and promulgation of the conversation with the public participation forum; managing communication with patients and families, supporting staff and using the Partnership Chairs as a resource to support that work.

Mr Tris Taylor commented that given there were three pillars of governance (financial, clinical, staff), he wished to have a format that was consistent with a range of indicators that did the job of assuring both the Board and the public that the organisation was adequately monitoring improvement and quality.

Dr Sharp suggested focusing on clinical governance at a future Board Development session in order to agree the baseline on clinical governance and quality.

The Chair recorded the thanks of the Board to Mrs Ros Gray for her stewardship of the Clinical Governance function over the previous 12 month period and offered the full support of the Board to Mrs Elaine Cockburn in that role.

The **BOARD** noted the report.

The **BOARD** noted the proposed public engagement activity and to be prepared to take further reports on a future proposed way forward.

6. Healthcare Associated Infection Control & Prevention Update

Mr Sam Whiting gave an overview of the content of the report and highlighted the unprecedented number of confirmed laboratory flu cases.

The Chair noted the funnel plot graphs on page 5 were in regard to Healthcare associated infection cases and Community associated infection cases. He enquired as to whether the statistics for healthcare associated infections also included hospital acquired infections. Mr Whiting advised that he would check.

Mr Tris Taylor commented that the flu rates were more than twice the level experienced in recent years and he enquired if such rates would be classed as an emergency. Dr Tim Patterson advised that high rates were expected given the Australian flu strain. He clarified that whilst levels were higher than usual they were not at pandemic levels.

The **BOARD** noted the report.

7. Scottish Borders Health & Social Care Partnership 2017/18 Winter Period Evaluation Report

Mr Philip Lunts advised that some typographical errors were contained within the report and he would reissue a corrected version. He then provided an overview of the content of the report and highlighted the following elements: norovirus; severe weather; challenges in regard to respiratory conditions; large increase in the number of delayed discharges; front door services (Emergency Department and the Borders Emergency Care Out of Hours Service) had an 8%-9% increase in attendances; and an increase in the acuity of admissions; GP surgeries also felt the impact of added pressure; general medicine had higher levels of admission and an increased length of stay; measures put in place to reduce delayed discharges and enable early discharge; Craw Wood was very successful from January; 65% increase in boarded out patients; two tiers of surge beds; positive performance on older people and primary school children flu vaccinations; and joint working this year was very positive and an improvement on previous years.

Mr Robert McCulloch-Graham commented that whilst the winter period had been difficult, joint working had been positive. The impact of Integration Joint Board policies on Discharge to Assess (Craw Wood) and Hospital to Home had assisted patient flow however they had been introduced far later in the winter period than would have been preferred. He anticipated putting in place a 3 year plan for the future so that those policies could be enacted all year round.

Mr McCulloch-Graham further advised that work was underway to quantify the number of surge beds actually required and in regard to the severe weather, he advised that the Scottish Borders Council Emergency Centre had been used extensively with calls being received for health related issues.

Mr Warwick Shaw confirmed that he had been located in the Centre to ensure the organisation had good communication in regard to the situation and transport, with various 4x4 vehicles being used to ferry staff in to work and home again and even the Chair had offered his 4x4 services.

Dr Stephen Mather suggested the Board record a vote of thanks to all of those involved in the winter plan and putting it into practice, as well as those involved in the severe weather episode.

Dr Mather noted that the work to manage attendees had been effective and the number of admissions had reduced, however there appeared to be an increased length of stay in the community hospitals and the Borders General Hospital with a very high bed occupancy rate of 99% plus. He suggested that was not sustainable and enquired if a directive from the Integration Joint Board might be helpful.

Mr McCulloch-Graham advised that an empirical number of beds was required if the system was to operate at the standard 85% occupancy rate. Work was underway with support from Healthcare Improvement Scotland (HIS) to look at flow, care at home, and beds in nursing homes in order to get the flow right. In terms of process he commented that there was a need to ensure processes were slicker in regard to guardianships and assessments and work was being taken forward on those.

Mrs Jane Davidson welcomed the collective joined up working that had taken place and reminded the Board that as well as discharging to other institutions, the main aim was to get people back to their own homes wherever possible.

Mr Gareth Clinkscale commented that work was being taken forward in partnership on dementia beds and pathways and planning was already underway in preparation for the 2018/19 winter period.

The Chair enquired about the desirability of postponing elective operations, other than urgent procedures, during the worst of the winter period. That might be preferable to cancelling operations at the last minute. Mr Lunts advised that elective operations had been reduced and activity had been channeled through increased day case operations, however those day case facilities had then had to be redefined as surge beds given the hospital had operated at above 100% occupancy capacity.

Mr Tris Taylor suggested volunteers, third sector, unpaid carers and patient transport be mentioned more fully in next year's plan. He also noted that a financial figure had been identified detailing the additional cost to NHS Borders to recover the situation and enquired if alternative scenarios would provide alternative financial profiles and outcomes. Mr Lunts commented that the focus of the winter plan was on the right beds in the right places based on capacity with costs then being worked up afterwards.

Mrs Jane Davidson commented that whilst capacity planning had to be part of the planning process the focus was on having people in the right place in order to provide a better quality of care as well as being financially cheaper.

Mr Taylor further commented that at the next Integration Joint Board meeting it might be helpful to be able to see the costs to both organisations in dealing with the unplanned winter pressures, as that would assist the Integration Joint Board in commissioning for the future.

Further discussion focused on: the Prof John Bolton work which highlighted that staff had a high risk aversion to getting people home; potential for live data on facebook feeds in regard to waiting times in the Emergency Department if appropriately managed, given initial feedback had been that it would be counter productive; pharmacy opening at weekends and an assessment of need; evaluation report to be completed on the impact of opening some GP Practices at weekends to alleviate pressure on the Borders General Hospital Emergency Department; a re-look at bed modeling to ensure we have the correct number and type of beds in the right places; and better winter planning to aid a better recovery position for the organisation.

The Chair recorded the thanks of the Board to all those involved in winter planning across both health and social care and valued the joint working that had taken the organisation through unprecedented pressures.

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

8. NHS Borders Draft Annual Operational Plan 2018/19 & NHS Borders 2018/19 Financial Plan

Mrs June Smyth gave an overview on the content of the Annual Operational Plan.

Mr John McLaren noted that the organisation had been unable to follow the normal procedure in regard to engagement due to the tight timeframe and delay in receiving guidance on formulating the Annual Operational Plan from the Scottish Government.

Mr Malcolm Dickson suggested the Board register its discontent with the tight timescale presented to organisations to formulate plans for submission to Scottish Government without Board's being afforded the time to scrutinise the detail.

The Chair suggested Mrs Jane Davidson and Mrs Carol Gillie speak with the Scottish Government and advise them that the Board was concerned around the urgency to produce a draft plan outwith the normal engagement process that now had to happen after the plan has been submitted.

Mr Tris Taylor enquired about in-patient and day case modeling and funding. Mrs Smyth confirmed that with funding modeling was at 60 and without funding it would be at 941. She referred to the 2017/18 number of in-patient and day cases as detailed on page 28 of Appendix 1 to the paper.

Mrs Smyth assured that Board that if there were any significant issues that arose during the engagement process a revised plan would be brought back to the Board for approval and resubmission to the Scottish Government.

The **BOARD** approved the Annual Operational Plan for 2018/19.

In regard to the Financial Plan, Mrs Carol Gillie reminded the Board that key issues in the plan had been discussed with the Board on a number of occasions over previous months. She highlighted that

the financial plan covered the next 3 financial years for revenue and 5 financial years for capital, although due to the Scottish Parliament agreeing a one year budget the focus was on 2018/19 with future years only being considered as illustrative.

Mrs Gillie reiterated that the key message was that NHS Borders was presenting an unbalanced revenue financial plan for 2018/19, based on the information available at this time and that spending was exceeding the income level received.

Mrs Gillie provided a detailed analysis of the report and highlighted various elements including: background to the financial challenge - the level of uplift received had been reducing and the size of the financial challenge increased which the organisation has worked to address mainly through non recurring measures which resulted in an increased financial deficit, forecast to be at £8.8m at the end of 2017/18; forecast of an efficiency deficit of £13.2m; the Board had received £3m of uplift and was anticipating a further £1.6m to deal with increasing costs of £16m of recurring pressures and £4.6m of non recurring pressures; a significant total shortfall of £24.8m in 2018/19 to be dealt with by efficiency savings; work was ongoing to deliver savings but to date only £11.6m had been identified.

In regard to the efficiency programme, Mrs Gillie advised that there was an imbalance between the level of recurring and non recurring savings compared with targets which meant based on current information the Board would end the financial year with a £17.6m recurring deficit. She again cautioned that £11.6m of potential savings had been identified however the majority were non recurring and there were risks attached to current plan. She drew the attention of the Board to the assumption that the current plan assumed the funding associated over the last 3 years with the Integrated Care Fund was utilised to support the financial pressure in the organisation. There remained an efficiency gap of £13.2m and work was on going to address that. In addition discussions were ongoing with Scottish Government colleagues on how to manage situation.

Mrs Gillie reiterated the key risks and assumptions linked to 2018/19 and again reminded the Board to note there are were a number of high risks, particularly efficiency delivery, drugs, pay, waiting times and delayed discharges.

Mrs Gillie then highlighted the assumptions used for the capital plan.

The Chair enquired if the Board could approve an unbalanced plan. Mrs Gillie advised that the Board was required to approve a financial plan to give clarity to budget holders on the amount of resource available and the situation the organisation was in. She reminded the Board that it was statutorily required to provide a balanced plan and suggested further work be progressed throughout the year to bring the plan back into balance.

Dr Stephen Mather commented that the Board's primary aim was to provide high quality clinical services with patient safety at the centre of all that the organisation did. He referred to the winter period pressures of opening surge beds and the associated cost pressures, the carry forward of a recurring deficit from 2015/16 onwards which compounded the issue year on year, as well as things that were outwith the control of the Board such as drug and locum costs. He suggested the Board apply for brokerage to the Scottish Government and draw up a 10 year repayment plan.

Mrs Jane Davidson reminded the Board of the unidentified savings of £3.8m in the previous year's financial plan and the intense management effort put into identifying recurring and non recurring savings to achieve a breakeven position for 2017/18. She suggested a way forward would be to ask

Scottish Government for brokerage or other assistance and to note the distance between funding uplifts and inflationary demand.

Mr Malcolm Dickson reflected that one of the recommendations from the Internal Auditors had been the formulation of a long term plan to return to a financial break even position and a target date of 31 March 2019 had been set for that plan. He noted it would not be easy given the number of assumptions that would need to be made and he suggested sharing the difficult scenario with the Board, Scottish Government and the public to highlight the situation and how difficult it would be to recover the position.

Mrs Davidson suggested bringing forward to the Board options for closing the gap with some big ticket items for the Board to accept or reject which would drive a longer term plan.

Mr Tris Taylor commented that the Board insisted patient safety would not be compromised even though it faced a difficult financial situation and he sought clarification on how a lack of funding and increased waiting times would not harm patients. Dr Cliff Sharp commented that it came down to how patient safety was defined and he emphasised that the purpose of treatment was to stop people from dying therefore a focus on cancer treatments would be high and non life threatening operations such as cataract operations could be delayed.

The Chair said we should understand better the differentiation between quality and safety. There would most certainly be an impact on quality but that should not compromise safety. Mr Taylor suggested the document should recognise that as a consequence of funding issues quality would deteriorate.

Mr Taylor welcomed the stratification by risk of the different areas of savings and noted the overall amount that was projected to be saved was not adjusted based on apportioned risk. He suggested both adjusted and unadjusted figures should be available. Mrs Gillie explained the reason for the non adjustment of figures.

Mr Taylor suggested the scale of the problem be quantified in terms of the closure of a community hospital or the equivalent to 300 members of staff in order for people to understand the scale of the challenge.

Cllr David Parker commented that he would struggle to accept setting an unbalanced budget with more than half of the savings plan being unachievable. He suggested the Board Executive Team be tasked with demonstrating how a balanced budget would be achieved in either one year or across 3-5 years. He observed that the transformation programme appeared to lead to better performance but did not release any financial savings so the deficit would continue to increase. He suggested accepting for operational purposes that budgets would need to be released for 3 months but asked that managers be required to submit their savings plans for 1, 3 and 5 years, which would aid discussion with the Scottish Government.

In terms of the Integrated Care Fund, Cllr Parker suggested his view was to be careful about the relationship with the partners of the Integration Joint Board (IJB) and he understood the wish to retain the ICF monies. However, he reminded the Board that the IJB should be viewed as part of the solution and he would prefer, as had happened elsewhere, for the ICF monies to go to the IJB, maybe with the caveat that the IJB reflect on the challenges faced by the NHS when considering how to utilise that

funding. He suggested the Chair of the Board may wish to write to the Chair and Vice Chair of the IJB in those terms.

Cllr Parker commented that after the meeting he would consider writing to the Chair and Chief Executive as he did not recognise the report as a financial report as he did not see the detail he would expect to see from a budgetary report.

The Chair reminded the Board that Mrs Davidson as Chief Executive held the statutory position of Accountable Officer. He was keen that the strong working relationship with the IJB was not compromised. He said that he had already discussed with Mrs Davidson and Mrs Gillie where the ICF monies resided, the possibility to transfer them to the IJB, in line with other Health Boards across Scotland, and had asked to see some recommendations on how that money might be best spent to achieve the objectives of the IJB and the overall strategy of trying to deliver on reducing delayed discharges and to alleviate the financial pressures of the Health Board.

Mrs Gillie reminded the Board that previous financial reports had set out the position that there were continued cost pressures that were dealt with on a non recurring basis which would lead to an increased recurring deficit. She referred to the financial recovery plan paper the Board had received in December 2017 which had highlighted that the recovery position had been predicated on savings that could not be replicated in future.

Mrs Gillie welcomed the proposal to produce a 3-5 year financial plan and also commented that in some instances where demand increased and spare capacity that may have yielded savings was in fact taken up by the increased demand.

Mrs Gillie cautioned on the handover of nearly £2m of ICF monies to the IJB without knowing what would be provided for that resource and she reminded the Board that it had handed over £6.3m over the past 3 years with little evidence of benefit to the financial situation of the Health Board.

Mrs Gillie said that she was happy to revise the presentation of financial information to the Board and would welcome feedback on the format of the report whilst being mindful of the amount of detailed information that should be contained within a public document.

Dr Mather commented that he supported the views expressed by Cllr Parker in regard to the ICF and an expectation of value for money and he wished to assure the Board that the IJB would pay cognizance to the benefit of the population of the Borders as well as both organisations when deliberating how to utilise that funding.

Mrs June Smyth said that in terms of the Better Borders transformation programme any financial savings were expected to be realised in the longer term with the initial programme focusing on engagement with clinicians to change behaviours and drive improved performance and efficiencies. She further advised that she had been in discussions with Mr Robert McCulloch-Graham in regard to the Prof John Bolton work that sat under the IJB transformation programme and some of that work needed to be driven by the NHS. She assured the Board that whilst the Better Borders programme was not currently cash releasing it was still delivering.

Mrs Davidson commented that there needed to be a focus on the work outlined by Mr McCulloch-Graham earlier in the meeting during the winter plan discussion so that an expectation that the unnecessary expenditure during the period would cease. She suggested the Board might find it useful

to see a list of the explicit savings that were not achieved on health and social care with an explanation of why those savings did not materialise and that it might also assist the direction of the IJB and Health Board to move forward.

Mrs Davidson advised that as the Accountable Officer it was imperative that she met with the Scottish Government the following week to discuss the situation and how to move forward to bring the budget back into balance and that brokerage may be part of those discussions.

The Chair thanked the Board for a valuable and vigorous discussion and in summary suggested that the strong concerns voiced would strengthen the case for Mrs Davidson, Accountable Officer and Mrs Gillie, Director of Finance to have meaningful discussions with the Scottish Government. Such representations should include addressing brokerage and the need for long term financial planning.

The Chair invited the Board to approve the revenue and capital plans as recommended by the Director of Finance, noting it was an unbalanced plan and requesting the Board Executive Team to come back with proposals to significantly reduce the funding gap. In terms of the ICF he suggested the Board support the transfer of funding to the IJB and look to the IJB for assurance that the funds would be used in ways to benefit partnership objectives whilst assisting with the funding pressures of the Health Board.

Mr McCulloch-Graham commented that the functions of the IJB mirrored those of Local Authorities and therefore the IJB would be unable to agree an unbalanced budget, and would therefore have to balance the budget.

Cllr Parker suggested the Board Executive Team be asked to bring forward proposals by June in terms of 1, 3 and 5 year options. Mr Taylor supported the suggestion and requested the plans should be focused on the elimination of the deficit and not just a reduction.

The **BOARD** reviewed the report and approved the 2018/19 Revenue and Capital Financial Plans.

The **BOARD** noted the Financial Plan was unbalanced and requested the Board Executive Team bring forward 1, 3 and 5 year plans in June to eliminate the deficit.

The **BOARD** determined that the Board's extreme concern about the current position be relayed to Scottish Government in the discussions the Chief Executive and Director of Finance would be having with the Health Department Director of Finance and agreed that those discussions should embrace the possibilities of brokerage based on a longer term plan to move back into balance.

The **BOARD** supported the transfer of the Integrated Care Fund to the IJB and asked that assurance be provided that the funds would be used to the benefit of the partnership and funding pressures that NHS Borders was facing.

The **BOARD** noted the indicative outline of the financial challenge in 2019/20 and 2020/21.

9. Baseline Provision of 2018/19 Resource to the Health & Social Care Integration Joint Board

Mrs Carol Gillie gave an overview of the content of the paper and highlighted that the calculation of the figure was not in line with the year 3 recommended methodology as detailed in the scheme of

integration but in conjunction with the Integration Joint Board (IJB) a pragmatic approach had been adopted. She also drew the attention of the Board to note that it was not planned to retrieve any of the 2017/18 overspend in the functions delegated to the IJB.

Mr Gillie further advised that the level of resource was in line with Scottish Government guidance and included a pro rata share of the 1.5% increase in resources the Board has received as an allocation uplift and the full recurring level of the social care fund at £7.4m. As further allocations became available during the financial year, if appropriate, they would be provided to the IJB. She commented that the Board should note that the £120.4m did not include the time limited £2.1m Integrated Care Fund which although part of NHS Borders baseline funding was subject to ongoing discussion and the level of resource equated to 52% of the Health Board's funding.

Mr Gillie further cautioned that the level of funding would not be sufficient to fund the pressures in the delegated budget and set aside budgets. It was assumed that the level of resources provided to the IJB excluding the social care fund would be directed to the Board therefore as detailed in the financial plan a level of efficiency would need to be met by NHS Borders services.

Mr John McLaren enquired why investment in the Child & Adolescent Mental Health Service (CAMHS) was included as the delegation of children's services to the IJB had not been agreed. Mrs Gillie clarified that all of the Mental Health Services had been delegated to the IJB due to management arrangements.

The **BOARD** noted that provision of resource to the IJB and budgets set aside for the large hospitals element had been set on a pragmatic roll forward of 2017/18 resources, rather than established on the basis as outlined in the Scheme of Integration, in line with national guidance issued to NHS Boards.

The **BOARD** approved the 2018/19 baseline provision of resource to the IJB at £120.4m, including £20.1m of resource set aside for the large hospitals element, for it to undertake the functions delegated to it. That included £7.4m of the recurring social care fund.

The **BOARD** noted that the baseline provision did not include the Integrated Care Fund which ceased on 31st March 2018.

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

10. Change to Property Status – Crumhaugh House

The **BOARD** declared the property surplus to requirements.

The **BOARD** approved the disposal of Crumhaugh House in Hawick as per the NHS Scotland Property Transactions Handbook.

The **BOARD** approved the delegation of authority to approve/accept the best offer for the sale of the property, to the Chair and/or Non Executive Director, the Chief Executive Officer and the Director of Finance.

11. NHS Borders Pharmaceutical Care Services Plan 2018/19

Mrs Alison Wilson presented the pharmaceutical care services plan and recorded her thanks to her PA, Mrs Kate Warner who had produced the document. She advised that there were no particular areas of issue to highlight to the Board and the intention was to move towards a more informative plan and the new Scottish Government Pharmaceutical Care Strategy was assisting that transition to be made.

The Chair could find no reference to realistic medicine in the report and Mrs Wilson commented that the new GP Practice Pharmacy role would pick up elements of realistic medicine and it would also feature as a topic theme for the coming year.

Dr Stephen Mather welcomed the report and suggested it might be helpful to produce an Executive Summary in an info graphics format.

The **BOARD** approved the plan.

12. Audit Committee

Mr Malcolm Dickson advised that the Audit Committee considered the renewal of the Internal Audit contract and had agreed to extend the current contract for one year whilst the East Region discussions continued on the possibility of a joint approach on internal audit.

The **BOARD** noted the update.

13. Clinical Governance Committee

Dr Stephen Mather commented that the Committee had considered the updates to the Joint Older People's Inspection Action Plan. Mr Robert McCulloch-Graham advised that a meeting had been held with the Lead Inspector and the new Link Inspector to discuss the action plan and the inadequacies of the report itself and a further meeting was due to take place.

Dr Mather advised that the Committee had also discussed: complaints and the new complaints system being more truncated and he cautioned that there could be more referrals to the Scottish Public Services Ombudsman (SPSO) as the system bedded in; Clinical Board reports were being worked up; dedicated transfusion technician service; medical education report; and clinical governance processes were being updated.

The **BOARD** noted the update.

14. Public Governance Committee

Mrs Karen Hamilton advised that the Committee had met once since the last meeting of the Board and highlighted that it had received information on the Back to Basic programme and Falls. The Committee had agreed to revise the format of its Annual Report and the next meeting was due to take place on 8 May and would focus on citizen's advice, children's health and the Macmillan cancer project.

Mrs Hamilton commented that in regard to the Adult Changing Facility item, some movement had been made on that matter with Walk the Walk being approached for charitable funds to fund the change. The Chair commented that the Endowment Advisory Committee would be recommending that the changing facilities be progressed through the Endowment Fund underwriting the costs whilst Walk the Walk considered the funding request.

The **BOARD** noted the update.

15. Staff Governance Committee

Mr John McLaren advised that the Committee had met on 9 March and looked at: workforce tools; eKSF and the new TURAS appraisal system; the training central booking system; and had discussed the format of future development sessions for the Committee. He further advised that the Staff Governance Annual Report had been completed.

The **BOARD** noted the update.

16. Area Clinical Forum

Mrs Alison Wilson advised that the Area Clinical Forum (ACF) had met earlier in the week and discussed: the appointment of a Head of Adult Psychology; Duty of candour and associated training; Annual Operational Plan; and challenges with capacity and funding. She commented that the ACF were very concerned about the financial position and any potential impact on clinical services. She further commented that the ACF were keen to stress that patients should not be compromised for financial savings.

The **BOARD** noted the update.

17. NHS Borders Board Committees

The Chair indicated that the position of vice chairs on Board sub committees be left in abeyance at present.

Mr John McLaren clarified that he had withdrawn as co-chair of the Staff Governance Committee as having the Employee Director as a co-chair was not in line with other Health Boards.

The **BOARD** approved the membership and attendance of Non Executive members on its Board and other Committees as recommended by the Chair.

The **BOARD** approved the appointment of Mrs Karen Hamilton as Vice Chair, subject to formal approval by the Cabinet Secretary.

18. Consultant Appointments

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

19. Financial Monitoring Report for the 11 month period to 28 February 2018

The **BOARD** noted the report.

20. Capital Plan Update

Mrs Carol Gillie gave a brief overview of the content of the paper and highlighted that the delivery of the fluoroscopy equipment would not be made in the current financial year. She had secured agreement from the Scottish Government for the funding of the equipment to be carried forward into the following financial year to ensure purchase and delivery would be made.

Mr Malcolm Dickson noted that the IM&T Road to Digital programme had not spent its capital allocation by the financial year end. Mrs Gillie advised that the programme had spent less than planned and the allocated amount had been spent on other items to ensure funding would still be available for the programme in the following year. Mr Dickson enquired if the Road to Digital programme funding would still cover what was needed. Mrs Gillie confirmed that it would.

The **BOARD** noted the update provided on the 2017/18 capital plan.

21. NHS Borders Performance Scorecard

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

Dr Stephen Mather noted in regard to diagnostics that there seemed to be an increase month on month for MRI scans and he enquired if it was a cost pressure and if the protocols for MRI scanning required to be revised. Mrs Smyth commented that the matter had been flagged to the Scottish Government through the Annual Operational Plan funding request.

Mrs Karen Hamilton enquired if there had been a drive to meet the target for the appraisal system “eKSF” ahead of the changeover to the new appraisal system “TURAS”. Mr John Cowie advised that line managers had been asked to complete as many appraisals as possible by the end of January to meet the standard. He was however aware that no Health Boards in Scotland had met the eKSF target for this year and the Scottish Government were aware of that and would take that into account at each Health Boards Annual Review meeting. He confirmed that the target would be reset to measure under the TURAS system.

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

22. Chair and Non Executive Directors Report

The Chair advised that he had attended the GP Sub Committee at their request and he was hopeful that relations would improve as both he and Dr Cliff Sharp had been well received at the meeting. He advised that he had received a positive response back from the GP Sub Committee chair in regard to the attention both he and Dr Sharp had given the committee.

Mrs Karen Hamilton advised that she had contacted Dr Tim Young on 3 separate occasions in regard to improving contact with the Board and to date had not received a response.

The Chair advised that he had attended and spoken at the recent Logie Legacy relaunch and had invited Dr Brian Magowan to provide a presentation to a future meeting of the Board on the work that underpins the twinning relationship with St Francis Hospital, Zambia. Dr Tim Patterson commented

that the Corporate Management Team at Scottish Borders Council had expressed an interest in the twinning arrangement to see if they might have a role in supporting the twinning.

The **BOARD** noted the report.

23. Board Executive Team Report

Mr Malcolm Dickson enquired how the Diabetes Prevention partnership was progressing. Dr Tim Patterson advised that the lottery bid for funding had been unsuccessful however, the partnership was progressing and staff would be reallocated.

Mr Tris Taylor commented that he was pleased to see that the Healthcare Support Worker event had taken place.

The **BOARD** noted the report.

24. Statutory and Other Committee Minutes

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

25. Any Other Business

There was none.

26. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 28 June 2018 at 10.00am in the Board Room, Newstead.

The meeting concluded at 1.00pm

Signature:
Chair