

Borders NHS Board

Meeting Date: 3 October 2019

Approved by:	June Smyth, Director of Strategic Change & Performance
Author:	Gemma Butterfield, Planning & Performance Officer
NHS BORDERS 2017/18 ANNUAL REVIEW- RESPONSE TO LETTER RECEIVED FROM SCOTTISH GOVERNMENT	
Purpose of Report:	
<p>The purpose of this report is to update the Board on our response to the letter received from Joe Fitzpatrick Minister for Public Health, Sport and Wellbeing requesting updates on highlighted key action points, following our Annual Review on 19th March 2019.</p>	
Recommendations:	
<p>The Board is asked to note the response.</p>	
Approval Pathways:	
<p>The response and report have been prepared with input from the Board Executive Team and the Board Chair.</p>	
Executive Summary:	
<p>The NHS Borders Annual Review for 2017/18 and associated meetings were held on the 16th November 2018 with John Raine, previous Chair of Borders Health Board and Jane Davidson, previous Chief Executive A separate public session was held on 19th March 2019, chaired by John Raine with Joe Fitzpatrick MSP, Minister for Public Health, Sport and Wellbeing in attendance.</p> <p>The Annual Review process is intended to ensure the rigorous scrutiny of NHS Boards' performance whilst encouraging as much dialogue and accountability between local communities and their Health Boards as possible.</p> <p>Every year, following the Annual Review of NHS Borders the Cabinet Secretary or Minister for Public Health sums up the performance of the Health Board by letter. This year we were asked to provide a written update on the progress of action points highlighted in the letter.</p> <p>Attached for information is the letter NHS Borders received (Appendix 1) and our response (Appendix 2).</p> <p>In 2019/20 NHS Borders will be having a Mid-year review meeting between the Cabinet Secretary and the Board's Chair and Chief Executive. It is understood this is likely to take place in November (date to be confirmed) and it is anticipated that progress on this Annual Review letter will be part of the discussion in the Mid-year review.</p>	

Impact of item/issues on:	
Strategic Context	Actions resulting from the Annual Review may impact on a number of strategies / plans
Patient Safety/Clinical Impact	The Annual Operational Plan 2019-20 covers deliverables that promote Safety, increase Effectiveness and are Person Centred that will dovetail into performance for the year ahead.
Staffing/Workforce	None Identified
Finance/Resources	The Financial Plan for 2019/20 underpins the performance targets for the year and the Annual Operational Plan. The Plan references the Financial Turnaround Programme and also the funding that is required to meet performance targets.
Risk Implications	Each narrative within the LDP standards highlights any particular risks to achievement of the targets, and the plans in place to minimise any such risks. These have also been identified through the Self Assessment.
Equality and Diversity	NHS Borders Annual Review 2018 complies with the Board's requirements on Equality and Diversity.
Consultation	The response was subject to consultation with Board Executive Team.
Glossary	LDP – Local Delivery Plan

T: 0300 244 4000
E: scottish.ministers@gov.scot

Karen Hamilton
Interim Chair
NHS Borders
Borders General Hospital Campus
Melrose
Roxburghshire
TD6 9BD

05 June 2018

Ms Hamilton

NHS BORDERS: 2017/18 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions points arising from the Annual Review and associated meetings held with the previous Chair and Chief Executive of NHS Borders on 16 November 2018 and the public session held separately on 19 March 2019.
2. I would like to record my thanks to everyone who was involved in the preparations for the Review and those who attended the various meetings. In particular I would like to express my thanks and appreciation to John Raine and Jane Davidson who, as the previous Chair and Chief Executive of the Board, made such an important contribution to healthcare in the Borders.

Meeting with the Area Clinical Forum

3. I had a constructive discussion with the Area Clinical Forum (ACF). We spent some time discussing the challenges of establishing and maintaining appropriate structures and forums for clinical engagement, particularly in a small Board. While recognising the practical constraints, it is vital that clinicians are supported to play a key role in strategy and policy development and implementation across all service areas and I would encourage the Board to continue its efforts to formalise the ACF sub-committees. Continued meaningful engagement of local clinicians will also be essential in taking forward both the critical health and social care integration agenda and other local service redesign programmes.
4. We discussed the range of activities the Board is undertaking to respond to the challenges of filling some clinical and non-clinical vacancies in rural and remote

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settings including consideration of more flexible, 'rotational' posts; working with local schools and improving the approach to induction for new staff.

5. We spent some time discussing the Board's approach to promoting and responding to whistleblowing. There has been a recent review of the Board policy and the ACF members in attendance were confident that the Board is seen as somewhere concerns can be safely raised. However, it will be important to ensure that all employees are aware of the structures and processes available to support anyone wishing to raise such concerns.

Meeting with the Area Partnership Forum

6. It was helpful to have wide representation from the Area Partnership Forum (APF) at the following meeting. We discussed the recent external review of Partnership arrangements in NHS Borders and the agreed response which has gone back to fundamentals to establish a shared view on the purpose of partnership working. Progress is being made with the reinstatement of local partnership structures.
7. The attending members of the APF sought to reassure me that, in the main, local relationships remain sound and that the Forum continues to engage effectively with the Board, not least on the development of a whole system approach to workforce planning and the identification of options to address the Board's challenging financial position. The APF attendees emphasised the deep-seated cultural change that this will require and highlighted the importance of ensuring staff felt confident about the impact of change on their own position before they could focus on organisational reform.

The Hive – Patients' and Staff Meetings

8. During the Review day, I visited The Hive, a local hub for mental health support services based in Galashiels, where I had the opportunity to hear from a number of staff providing the range of services based there, including Quarriers; the Wellbeing College; Veterans 1st Point (V1P) and Distress Brief Interventions (DBI). It was fascinating to hear about the variety of support each service provides to local communities and I was enormously impressed with the enthusiasm and commitment displayed by all of the service providers I met.
9. I also met with a number of people who had experience of the services provided in the Hive. I would like to extend my sincere thanks to those who took the time to attend the meeting. Meeting service users is always an illuminating experience but it was particularly so in this case as I heard about the real impact that community based, 'early intervention' services can have on both an individual's lived experience and in reducing the call on acute healthcare services further down the line. The openness and willingness of these individuals to share their experiences is greatly appreciated.
10. Some of the important issues I heard about during the discussions included the challenges for carers of co-ordinating the input from a wide range of different services; the need for a rapid response when carers need help to cope or hit a crisis; greater involvement of carers in decision-making about treatment or

services for the person they care for; the experiences of people with learning difficulties in accessing health and care services which leave them feeling that things are being done to them rather than with them; and the importance of peer support for those providing services, for example to survivors of abuse.

Annual Review – Private Session

Health Improvement

11. NHS Borders is to be commended for the Board's overall performance in delivering Alcohol Brief Interventions (ABIs) since 2008. A brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have proven to be effective in reducing consumption in harmful and hazardous drinkers. However, the Board faced challenges in meeting the ABI standard for 2017-18 with performance against the standard showing delivery of 898 ABIs against a target of 1,312 – just over 68% of the expected level.
12. In relation to waiting times for Drug and Alcohol treatment, it was explained that staffing issues were a key factor in the Board's inability to deliver the expected level of performance during 2017-18. However, improvement work with the Drug and Alcohol Partnership has been completed and performance during the early part of 2018-19 indicated a positive impact with performance exceeding the 90% target. I would expect to see this improved performance continue.
13. We also discussed the work underway to address the Board's performance in relation to the national waiting times for access to psychological therapies and child and adolescent mental health services. The Board has been a considerable distance from meeting these targets for a number of reasons including staff vacancies, changes in management and a lack of monitoring data.
14. Nonetheless, considerable work has been undertaken locally to address the situation including a review of referral criteria and triaging of new referrals; successful recruitment to key posts such as the head of Psychology and the development of a programme of group treatments. This has been backed by additional Government investment, including £883,602 from 2016-17 to 2019-20 to support workforce capacity and workforce development. The Board's commitment to meeting and maintaining local performance against these priority mental health access targets was confirmed and I am sure you will wish to reiterate that commitment going forward.

Patient Safety and Infection Control

15. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. I know there has been a lot of time and effort invested locally in effectively tackling infection control; this is reflected in the Board's delivery of a rate of 0.21 cases of *clostridium difficile* per 1000 occupied bed days during 2017-18, well below the standard of 0.32 and also below the Scottish average for the year of 0.28. The Board did not meet the standard of 0.24 cases per 1,000 occupied bed days for *Staphylococcus aureas Bacteraemia* in that year but I was

assured that every case is subject to rigorous review which includes a feedback process to the clinicians caring for the patient as well as the wider organisation through monthly Infection Control Reports.

16. In terms of Hospital Standardised Mortality Ratios (HMSR), NHS Borders is one of seven out of 29 hospitals to have shown an increase since the quarter January to March 2014 – however, this reported rate is not significantly higher than the Scottish average.

17. The Healthcare Environment Inspectorate carried out an announced inspection in the Borders General Hospital in November 2016. The report, published in February 2017, resulted in no requirements and one recommendation. The report also identified a number of areas of good practice, including good staff knowledge of the principles of aseptic technique, the standards of cleanliness of both patient equipment and the general environment and the existence of robust techniques to identify and learn lessons from the causes of infections.

Improving Access: Waiting Times Performance

18. NHS Borders has regularly achieved performance between 90% and 95% against the 4 hour Emergency Care standard. A difficult winter period led to a programme of improvements to strengthen patient flow throughout the hospital. The national team continued to work with the local team in NHS Borders during 2017-18 to help implement the six essential actions for unscheduled care, ensuring best practice is installed throughout the hospital system. Performance for August 2018 showed improvement and funding of £126,249 was allocated to the Board to support this work throughout 2018-19.

19. NHS Borders, along with other Boards, continued to experience challenges in delivering the suite of elective access targets and standards during 2017-18. Ongoing pressures in delivering the Treatment Time Guarantee (TTG) are mainly centred on Ophthalmology and Trauma and Orthopaedics and were exacerbated by prolonged winter pressures on acute beds due to the level of non-elective admissions. In response, a number of improvement projects have been undertaken including Enhanced Recovery for orthopaedic patients, a virtual fracture clinic to reduce the need for patients to attend in person and work to improve theatre productivity. In ophthalmology, there are issues in relation to succession planning and discussions are ongoing regarding options for maintaining a sustainable service across the East of Scotland.

20. The Board is to be commended for its sustained performance against the 31-day cancer access standard with the 95% standard being delivered for every one of the last five quarters, including an achievement of 100% in the second quarter of 2018. Against the 62-day standard, the Board has achieved 95% in three of the last five quarters, with a slight dip to 94.9% in the second quarter of 2018. The Board has been allocated additional funding to support additional endoscopy capacity, additional breast clinics, breast imaging and added radiology reporting sessions. We will continue to keep close scrutiny on the impact of this additional investment.

Health and Social Care Integration

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21. The single Health and Social Care Partnership in the Borders has a particular focus on locality planning, structured around its five localities which are based on long-standing area forums: Berwickshire, Cheviot, Eildon, Teviot and Liddesdale and Tweeddale.
22. In 2017-18 NHS Borders recorded an increase of 33% in standard delay occupied bed days against the total for the previous year. In December 2017, the Partnership opened Craw Wood Discharge to Assess facility, providing short term assessment and rehabilitation with the aim of improving hospital flow. Between its opening and March 2018, 72 patients used the facility with 60% able to return home resulting in a saving of over 1,000 occupied bed days in Borders General Hospital. A Hospital to Home model is also being rolled out which involves the recruitment of Healthcare Support Workers to work alongside social carers to support the care of patients at home.

Finance

23. It is essential that NHS Boards ensure that resources are used economically, efficiently and effectively. This involves securing a balanced and sustainable financial position, while effectively addressing demand on health and care services. NHS Borders managed to deliver all of its financial targets for 2017-18 but has highlighted the need for a number of non-recurring measures to do so.
24. Contributing to the financial challenge were operational pressures including primary care prescribing and an overspend on nursing costs associated with delayed discharges, staffing vacancies, high activity levels and patient acuity.
25. In March 2018, the Board submitted a Financial Plan which forecast a need for financial support from the Scottish Government to enable breakeven. This position and contributing factors have led to the Board being escalated to Stage 3 and then Stage 4 in the NHS Board Performance Escalation Framework over the course of the last year.
26. Since the end of 2017-18, the Board has continued its efforts to maximise the impact of local efficiency programmes and to develop its Recovery Plans. In October 2018 the Scottish Government published the Health and Social Care Medium Term Financial Framework, setting out the financial context for health and social care services over the next few years. To assist Boards with their planning, the Framework was accompanied by a new deal for Boards, providing additional flexibility by allowing them to break even over a three year period. In addition, with respect to outstanding brokerage, it has been confirmed that NHS Borders will be provided with a clean slate from the end of 2018-19, to enable the Board to focus on the delivery of Ministerial priorities and a return to sustainable financial balance.

Public Session

27. The Board held a Public Session at the Galashiels Transport Interchange on 19 March 2019. This included presentations from the previous Chair on performance during 2017-18, from the Board's General Manager for Unscheduled Care on the Winter Healthcare Journey and from the Chief Officer of the Borders Health and Social Care Partnership on Child and Adolescent Mental Health Services. This

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was followed by a Q&A session with the Board leadership. A detailed account of the specific progress the Board has made in a number of other areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review and which is published on the NHS Borders website.

Conclusion

28. I do not want to lose sight of some of the excellent work that has been undertaken locally in 2017-18 and since for the benefit of local patients, not least in the management of unscheduled care, the delivery of urgent cancer care and the co-ordinated improvement activity which has impacted on delayed discharge and elective capacity. I want to record my thanks to the Board, to local staff and particularly to the previous Chair and Chief Executive for their efforts, professionalism and commitment.

Going forward, it will be a key priority for NHS Borders to develop, and then implement, a credible financial recovery plan. I am confident you and your colleagues are not complacent and you recognise that there remains much to do both in delivering the best outcomes for the current financial year and in planning for the future. I have included in the attached annex a list of Action Points arising from my discussions during the day and would appreciate if you could keep my officials apprised of progress



JOE FITZPATRICK

NHS BORDERS ANNUAL REVIEW 2017/18

MAIN ACTION POINTS

The Board must:

- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety.**
- **Ensure that there is provision for appropriate attendance at the Area Clinical Forum and continue efforts to re-establish appropriate professional sub-committees. The Forum's regular and full involvement is essential in delivering the Board's commitment to clinical effectiveness, governance and patient safety.**
- **Keep the Health and Social Care Directorates informed of progress towards achieving all access targets and standards in line with agreed improvement trajectories, including the suite of elective care standards and mental health access standards.**
- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.**
- **Continue to work constructively with planning partners on the critical health and social care agenda.**
- **Keep the Health and Social Care Directorates informed of progress with local health improvement activities including improvements in delivery of Alcohol Brief Interventions.**
- **Agree a formal Recovery Plan to achieve financial targets and return the Board to sustainable financial balance.**
- **Provide a written update to the Scottish Government on progress against the above actions by 30 September 2019.**

NHS Borders

Chair & Chief Executive's Office

Chair & Chief Executive's Office
NHS Borders
Headquarters
Borders General Hospital
Melrose
Roxburghshire TD6 9BD



Tel : 01896 826000
www.nhsborders.scot.nhs.uk

Mr Joe Fitzpatrick
Minister for Public Health Sport & Wellbeing
Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Date 27 September 2019
Your Ref KH/IB
Our Ref
Enquiries to Iris Bishop, Board Secretary
Extension 5525
Direct Line 01896 825525
Email iris.bishop@borders.scot.nhs.uk

Dear Mr Fitzpatrick

Thank you for your letter dated 5th June 2019 following NHS Borders 2017/18 Annual Review and, we welcome this opportunity to provide you with further information in regards to the areas you have highlighted. We have provided an update on each main action point in turn below.

Clinical Governance, Risk Management, Quality of Care and Patient Safety

We continue to ensure Quality of Care, Patient Safety, Clinical Governance and Risk Management are a prominent focus of NHS Borders Board and its sub-committees with clear reporting lines from each Clinical Board. There are robust systems for the management of adverse events and complaints and feedback ensuring that staff, patients and families can provide feedback and report when things don't go as expected. This enables a review of each case and an opportunity to learn and shape the focus of local quality improvement work. Our recent internal audit of complaints handling provided assurance of local processes and demonstrated that the extensive improvement work undertaken in recent years to improve this area had been of benefit.

Key quality indicators are closely monitored to ensure services remain safe, person centred and effective. There is a strong focus on the use of data to drive improvement at Clinical Board level through the weekly use of the Safety Measurement and Monitoring dashboard within the clinical management teams. Current quality improvement initiatives are centred around excellence in care and the back to basics programme focusing on reliable delivery every time of the fundamentals of care.

We will continue to focus on enhancing clinical engagement in all aspects of safety, quality and governance to ensure organisational learning from complaints and adverse events. Training and education has taken place to improve communication with more planned, including further human factors training, to support clinical staff to deliver safer more effective high quality care.

Area Clinical Forum

NHS Borders Area Clinical Forum (ACF) has adopted a more formal approach to feedback from sub-committees. If representatives from the sub-committee are unable to attend ACF meetings they are requested to send a deputy to deliver the report, or email a report from their committee to be included in the ACF agenda. The chair of the ACF has been attending various sub-committee meetings to engage their members with the importance of the ACF and feedback to the Board.

The Area Medical Committee has been reformed with a new Chair, who is also chair of the GP Sub-committee which has been refreshed. This individual is also now Vice Chair of the ACF and is the GP Lead Representative on the Integration Joint Board (IJB).

The Chair of ACF is also the Board's current Whistleblowing Champion.

Access Targets and Standards

NHS Borders submits National Returns to National Services Scotland (NSS), in line with the reporting timetable issued by NSS. The Scottish Government Access Team visits NHS Borders every six weeks and meets with Senior Hospital Management. These meetings are aimed at discussing our current performance against access targets and standards, and to provide support with any challenges we are currently facing.

An NHS Borders Access Board has been re-established to bring scrutiny and to provide governance of waiting times performance and waiting list initiatives. They will be responsible for driving a programme of work to support the delivery of Waiting Time Trajectories and the Treatment Time Guarantee as set out in our Annual Operational Plan (AOP).

Also on a local level elective and mental health access standard performance is monitored and discussed at the Clinical Executive Group, through our Performance Scorecard, which meets monthly and whose membership comprises both acute and Health & Social Care leadership representation. These scorecards and performance measures are also discussed at the NHS Board on a regular basis. The IJB receives quarterly performance updates and this group has representation from both NHS and Scottish Borders Council (SBC).

We recognise CAMHS had not been achieving the HEAT standard; however I can confirm that extensive and ongoing work has been undertaken and performance has now significantly improved. I am therefore pleased to confirm that we are now meeting/exceeding the CAMHS HEAT target and anticipate that this will continue. Our latest available performance data shows as at 31st July 2019 97.6% of referrals were seen within 18 weeks against a standard of 90%, this is our highest level of performance since August 2017.

For Adult Psychological Therapies, in the first quarter of 2019 our performance dipped and is currently around 80% in June 19. Additional staffing recruitment is underway and with a shift in the delivery of therapies from individual to increased group work we anticipate an improvement in performance. A full recovery, assuming referral rates remain constant we anticipate will take 6 – 9 months. Our latest available performance data, as at 31st July 2019,

shows 89% of referrals were seen within 18 weeks against a standard of 90%. Further work is required to complete this improvement and ensure this is sustainable.

Further work on redesigning our older people's pathway is being lead by the IJB supported by NHS Borders and SBC.

Control of Healthcare Associated Infection

NHS Borders continues to maintain robust systems and processes for controlling Healthcare Associated Infection including surveillance in line with the national programmes, monitoring compliance with the national infection control manual and related improvement activity. The Infection Prevention and Control Team have also recently been strengthened with the successful appointment to the vacant Senior Infection Control Nurse post.

Health and Social Care Agenda

Following the self-evaluation exercise undertaken across Scottish Borders Council, NHS Borders and the Integration Joint Board, a regular programme of high level meetings are now in place with the Chairs, Chief Executives and the IJB Chief Officer to further develop integrated working practice.

We are expecting to address an existing historical imbalance between the number of acute and residential care beds. This is beginning with a continued investment in community services and a resulting reduction of inpatient capacity. This will continue with a further shift in care over the next two financial years and a consequent reduction in the need for patients to be cared for in Hospital beds. Planning for these changes is dependent on new services operating across the full patient pathway which have been implemented within the last 18 months. This will be supported by the transfer of resources in line with shifting the "balance of care" and a resulting closure of beds.

New governance arrangements are now in place to support primary care services and colleagues, including our GPs which have increased the pace of change in the delivery of our Primary Care Improvement Plan.

Further strategic work is ongoing across NHS Borders, Scottish Borders Council and the IJB to determine a new locality operation for all delegated services. This work is at an early stage and requires significant support across the partnership to achieve the shared vision.

Local health improvement activities

The Health and Social Care Directorates are kept informed on progress of health improvement activities through various means such as: the Annual Operational Plan agreed with Scottish Government; the Director of Public Health's Report (2018) that is sent to the Chief Medical Officer; the health improvement and prevention section of the East of Scotland Health and Social Care Delivery Plan; and the Alcohol and Drug Partnership (ADP) Annual Report sent annually to Scottish Government. The ADP Report includes details of actions we are currently taking with the NHS Borders GP Local Negotiating Committee to review opportunities to improve our ABI performance in primary care.

Scottish Government is also informed of Borders screening and vaccination KPIs through existing national quality reporting systems.

Formal Recovery Plan

NHS Borders continues to regularly update Scottish Government on the progress we have made in relation to our Financial Turnaround Programme. At the latest meeting on 12th September it was agreed we would submit a draft 3 Year Financial Plan in December 2019 in line with the expected timetable for the Annual Operational plan. We are currently building a plan to return NHS Borders to sustainable financial balance. Work is progressing in line with the key milestones agreed by the Board and detailed below.

Date	Meeting	Key Issues to be Discussed
19 th June 2019	Finance & Resources Committee	Process for the Development of a 3 year plan Turnaround Programme Progress update
27 th June 2019	Board Meeting	2019/20 Update on Financial Plan linked to the AOP
27 th June 2019	Board Development Session	Financial Turnaround & Board engagement
18 th July 2019	Finance & Resources Committee	Turnaround Programme Progress Update 3 year Financial Plan Assumptions 3 year Savings Forecast to date
1 st August 2019	Strategy & Performance Committee	2019/20 Financial monitoring report (including savings in year)
1 st August 2019	Board Development Session	Savings options for discussion
5 th September 2019	Board Meeting	2019/20 quarter 1 review and forecast year end
5 th September 2019	Board Development Session	Draft 3 year plan overview
9 th September 2019	Engagement with partners - NHS Borders, IJB & SBC	Draft 3 year plan overview
23 rd September 2019	Finance & Resources Committee	Turnaround Programme Progress update Draft 3 year plan
3 rd October 2019	Board Development Session	Update on 2019/20 savings and draft 3 year plan overview.
October – November 2019	Ongoing engagement with key stakeholders including APF and ACF, Public Governance Group	Update on 2019/20 savings and draft 3 year plan overview.
24 th October 2019	Integration Joint Board	Agreement of joint planning assumptions
7 th November 2019	Board Development Session	Draft 3 year plan overview
20 th November 2019	Integration Join Board Development Session	Draft 3 year plan overview
5 th December 2019	Board Development Session	Draft AOP and 3 year plan
TBC December 2019	Finance & Resources Committee	Draft AOP and 3 year plan
TBC December 2019	N/A	Draft AOP and Draft 3 Year Financial Plan Submitted

As at 24th September £7.2m recurring full year effect savings (56% of the target of £12.7m) for 2019/20 year 1 of the plan have been mandated and are being progressed. Overall, although the pace of actioning existing savings schemes and identifying any new schemes has been significantly greater and faster than in previous years, this is still slower than is required. Updates on progress are submitted to SGHSCD on a weekly basis.

During August a quarter 1 review of the financial position and year end forecast was undertaken. In addition to the pace of delivery of financial savings a key local operational pressure has been the continued use of unfunded winter surge beds over the summer months. This is linked to the ongoing high level of delayed discharges in NHS Borders facilities as well as higher than expected levels of Unscheduled care activity. These beds have now been closed. A number of national issues have also been recognised as impacting on the financial outlook including a shortfall in funding for the increase in employers superannuation costs from 1st April 2019, the potential costs in 2019/20 associated with the introduction of Office 365 and the national interim arrangements for the disposal of clinical waste.

However, despite these issues I am pleased to confirm that the Board is projecting break-even in 2019/20, with the support of the agreed level of brokerage (£9.3M). Based on a number of assumptions which have been discussed with the Finance and Resources Committee and tested with the Deputy Director of Finance of NHS Scotland NHS Borders has an understanding of the financial challenge it faces for the next 3 years. With the support of the external financial turnaround support the Board is developing schemes to address the savings requirement. A significant number of opportunities/ideas have been generated. Over the coming weeks work is ongoing to formally confirm these as areas to be progressed by use of the mandate process and subsequently mandated.

The use of an ideas pipeline is ongoing to encourage engagement in the financial turnaround programme and each senior/middle manager has been set a personal financial challenge of identifying £1000 of savings. A midterm financial turnaround programme review has been undertaken and an action plan developed.

In conclusion

I trust the information supplied is helpful to you and reassures you that NHS Borders remains committed to delivering Safe, Effective, and Person Centred Care. Please do not hesitate to contact me if you require anything further.

Yours sincerely



Karen Hamilton
Chair