

Minutes of a meeting of the **Borders NHS Board** held on Thursday 27 June 2019 at 10.00am in the Board Room, Newstead.

**Present:**

- Mrs K Hamilton, Interim Chair
- Dr S Mather, Non Executive
- Mr M Dickson, Non Executive
- Mr T Taylor, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mr R Roberts, Chief Executive
- Mrs C Gillie, Director of Finance, Procurement, Estates & Facilities
- Mrs N Berry, Director of Nursing, Midwifery & Acute Services
- Dr C Sharp, Medical Director
- Dr T Patterson, Joint Director of Public Health

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr R McCulloch-Graham, Chief Officer, Health & Social Care
- Mr J Cowie, Director of Workforce
- Mr S Whiting, Deputy Hospital Manager
- Mrs S MacDougall, Head of Risk & Safety
- Mrs H Fairburn, Capital Manager
- Mrs C Oliver, Communications Manager
- Mrs G Woolman, Assistant Director, Audit Scotland

## **1. Apologies and Announcements**

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

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting.

The Chair welcomed members of the public to the meeting.

The Chair announced that under item 5.1 on the agenda, Annual Report & Accounts, the final documentation would be laid before Parliament in the autumn and at that time would become a public document, it was therefore only available to Board members that day.

The Chair announced that item 6.4 on the agenda, Annual Operational Plan 2019/20 would be deferred.

## **2. Declarations of Interest**

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

Mr John McLaren declared an interest in regard to Child and Adolescent Mental Health Service (CAMHS) waiting times for autism, should the service be discussed later in the meeting.

Mr Malcolm Dickson declared that his sister in law was the Chief Operating Officer in NHS Northumberland Trust which was mentioned in one of the finance papers.

The **BOARD** noted the verbal declarations and the Declaration of Interests form for Mr Ralph Roberts.

## **3. Minutes of Previous Meeting**

The minutes of the previous meeting of the Borders NHS Board held on 4 April 2019 were approved.

## **4. Matters Arising**

**4.1 Action 24:** Dr Cliff Sharp advised that Action 24 could be marked as complete. He commented that an Annual Complaints Report was produced and learning was taken from it. Mr Tris Taylor sought assurance that there was a process in place to undertake improvement work. Dr Sharp confirmed that there was a robust process in place and feedback on any learning was taken to the Clinical Governance Committee.

**4.2 Action 7:** Mrs June Smyth suggested the item be marked as complete as the revised chart was reflected in the turnaround paper later on the agenda.

The **BOARD** agreed to Actions 24 and 7 be marked as complete and noted the remainder of the action tracker.

## **5. NHS Borders Annual Report & Accounts 2018-19**

Dr Stephen Mather commented that he was keen to look at the way the Finance Report was put together and how it could be simplified and he had shared his suggestions with Mrs Gillie. Mrs Gillie advised that the format had changed slightly during the last year and she welcomed any comments from the Board and would discuss with the Chief Executive how best to adapt the report to meet the needs of the Non Executives.

Mrs Gillie then introduced the NHS Borders Annual Report and Accounts for 2018/19 and advised that with the support of additional funding of £10.1m from the Scottish Government in the form of brokerage the Board had achieved its financial targets for 2018/19. The position was in line with the year end forecast agreed with the Board the previous autumn. She then reported a final small underspend of £88k recorded on revenue after the application of the brokerage and £21k on capital.

Mrs Gillie then invited Mrs Gillian Woolman the Board's external auditor from Audit Scotland to present the External Audit Annual Report.

Mrs Gillian Woolman, advised that the annual audit report had been subject to a detailed discussion at the Audit Committee held on 17 June 2019. She highlighted several key points within the report

including: expenditure over £400m on provision of health services for the year 18/19 with total assets of £140m; key point of engagement was the role of the Director of Finance and the year end report was written for the full Board and the Auditor General Audit Scotland; audit opinion was an unqualified opinion on the accounts presenting a true and fair view of their regulatory compliance; financial management was operating beyond its means to the extent of £10m and in May 2019 an additional £10m of brokerage was authorised by the Scottish Government; medium and long term planning for finances and service delivery; financial gaps identified for the future; and she provided positive assurance on the governance arrangements that were in place.

Mrs Alison Wilson commented that in regard to prescribing and medicine management, from a prescribing point of view, an underspend had been achieved for the first time in 11 years and she sought the thoughts of the Board on how best to celebrate that success and re-energise clinicians to do more to drive forward sustainability.

Mrs Woolman commented that she would urge all Boards to engage at the time of writing the management comments and to take the opportunity to share some of the key messages with staff. She suggested she would welcome more best practice cases in order to enable a more robust draw out of key messages from the Audit Scotland Overview.

Mrs June Smyth advised that there was a plan to produce more success stories for communicating around the organisation and also to develop a compact to talk to senior clinical leadership teams across the organisation.

Mr Tris Taylor enquired if the satisfactory rating on the performance management framework was a free judgement comment or rated on a scale. Mrs Woolman advised that it was a general comment based on a review of processes and not on end results.

Mr Malcom Dickson then reported as Chair of the Audit Committee, that the Committee had considered the accounts and related documents on a number of occasions during the previous few weeks. He highlighted the governance statement and annual reports received from all of the governance committees detailing their work during the course of the year which gave assurance around the governance framework in place across the organisation. He advised that the Audit Committee had also considered in detail the content of the External Audit Report presented to Board earlier by Mrs Woolman. Based on the process that had been followed he as the Chair of the Audit Committee was content to approve the annual assurance statement and recommend that the Chief Executive sign the letter of representation.

Mr Dickson stated that the Audit Committee recommended that the Board approve the Accounts as presented to the meeting.

Mrs Gillie recorded her thanks to Mrs Woolman and her Team for the very professional manner in which they had undertaken the audit and to the Finance Team who had worked very hard to produce the accounts within a very tight timescale.

The **BOARD** adopted and approved for submission to the Scottish Government, the Annual Report and Accounts 2018/19 for the financial year ended 31st March 2019.

The **BOARD** authorised the Chief Executive to sign the Performance Report.

The **BOARD** authorised the Chief Executive to sign the Statement of Accountable Officer's responsibilities in respect of the Accounts.

The **BOARD** authorised the Chair and Director of Finance to sign the Statement of Health Board Members' responsibilities in respect of the Accounts.

The **BOARD** authorised the Chief Executive to sign the Governance Statement in respect of the Accounts.

The **BOARD** authorised the Chief Executive and Director of Finance to sign the Statement of Financial Position.

The **BOARD** noted the Annual Report for 2018/19 from Audit Scotland.

## **6. NHS Borders Endowment Fund Annual Accounts 2018/19**

Mrs Carol Gillie reported that as corporate trustee for Borders Health Board endowment funds the International Accounting Standards (27) required the corporate parent body to produce consolidated accounts. Therefore the endowment accounts were consolidated within NHS Borders accounts.

She further reported that the accounts had been given an unqualified audit certificate by the external auditors Geoghegans and the Endowment Board of Trustees had approved the accounts at their meeting held on 6 June 2019.

The **BOARD** noted the Endowment Fund Annual Accounts for 2018/19.

## **7. Patient's Private Funds Statement 2018/19**

Mrs Carol Gillie reported that the patient funds statement for 2018/19 had been given an unqualified audit certificate by the external auditors Geoghegans and the audit committee had reviewed the statement at its meeting held on 17 June 2019 and recommended that NHS Borders Board approve the statement.

The **BOARD** adopted and approved the Patient's Private Funds Statement for the financial year ended 31st March 2019.

The **BOARD** authorised the Director of Finance to sign the Patient's Private Funds Statement to certify its accuracy.

The **BOARD** authorised the Chief Executive to sign the Patient's Private Funds Statement to confirm its approval by the Board.

## **8. Financial Monitoring Report for the 2<sup>nd</sup> month period to 31 May 2019**

Mrs Carol Gillie provided an overview of the content of the report and highlighted several elements including: the report was for the first 2 months of the new financial year 2019/20; there had been some amendments to the format following comments received by Board members; the board was reporting £1.9m overspend on revenue and break even on capital as at the end of May; £1.5m of the overspend was linked to the request for brokerage of £9.3m which at the time of writing the report had not been confirmed; the finance report would be amended in future months to reflect anticipation of receiving funding as a letter to that effect had since been received; and the remaining overspend £400k was due to slippage in the delivery of recurring savings as well as a key operational pressure of the surge beds remaining open in the Borders General Hospital at a cost of approximately £10k a week.

Dr Stephen Mather commented that each area of variance was a small amount of money, however they soon added up to a large figure. In regard to surge beds he commented that it was important to consider why the surge beds remained open past the winter period and suggested the Integration Joint Board (IJB) could look into it if it was a problem downstream or if there was still risk averse behavior on behalf of clinicians.

Mrs Nicky Berry commented in regard to surge beds, that there would be some risk averse clinicians and she was aware that there was available capacity within Garden View and Waverley, however she was unsure of the number of patients meeting the criteria for that availability. She suggested a contributing factor may have been availability of packages of care and care home placements.

Mrs Berry further advised that she would be chairing a regular discharge meeting moving forward which covered both the acute and primary care sectors and would provide both she and Mr Robert McCulloch-Graham with the full detail to understand why matters were not escalated to them. She further commented that the Choices Policy had been rolled out and a communication would be issued to clinicians to ensure criteria issues were addressed through that route. A day of care audit would also be undertaken to review each patient with clinicians to understand why each patient remained in the hospital as she was aware that some 60% of patients in community hospitals did not need to be there.

She further provided assurance to the Board that delayed discharge numbers would be further addressed through the Winter Planning Board to be co-chaired by herself and Mr McCulloch-Graham with the intention of moving from the average of 11 delayed patients per year to a target of 5.

Mr McCulloch-Graham commented that there had been a significant amount of work progressed over the previous 2 years with investment from the IJB provided and maintained which had increased capacity in Garden View (step down facility with residential care support) and Waverly (nursing home) and he was keen to ensure that extra capacity was fully utilised. He highlighted that the trajectory for delayed discharges often slipped when attention was removed from it and he was keen to ensure processes were used correctly all year round so that slippage would no longer occur.

He further advised that Scottish Borders Council had increased care bed and nursing bed provision in the community to enable a reduction in overall bed numbers in NHS Borders and SB Cares had recruited more staff to enable a recommissioning of care services across the year. He advised that there was a lot of frustration across the whole system that traction was slow and he highlighted the progress made in the drop in occupied bed days in 2019 compared to 2018.

Dr Mather enquired if there was any assistance the IJB could provide and noted that Crumhaugh House remained unoccupied and enquired if that could be utilised to provide short term care beds.

Dr Mather referred to page 7 of the report and sought clarification of the ICF figure as the paper quoted £1.96m and he understood it to be £2.1m. Mrs Gillie confirmed the correct figure was £2.1m in total and some of that funding had been used in other areas in NHS Borders.

Cllr David Parker noted there were 11 surge beds in the Borders General Hospital (BGH) and 13 beds available in the Community and enquired why the beds in the BGH could not be closed given there was availability in the community. He suggested if beds were empty they would be filled, however if they were removed by a certain date it would be for clinicians to be clear on the criteria which should empower them further in addressing any risk averse behaviours.

Mrs Berry advised that the implication of closing the surge beds was that the Accident & Emergency (A&E) access target would not be achieved.

Mr John McLaren sought clarity that the closure of ward 16 was in effect the closure of the surge beds and therefore the reason that an option appraisal was not required. Mrs June Smyth advised that ward 16 provision had originally been gynaecological patients and pathways and the use of those beds had changed some years previously. Given the success of the winter plan it had been agreed that those beds would be closed. Mr Ralph Roberts commented that he was happy to note any concerns of the Board and provide an update on ward 16 outwith the meeting.

Mr Tris Taylor commented that he appreciated the format of the report had changed however it still appeared to be top heavy with narrative and was keen to discuss it further. The Chair suggested he and Mrs Gillie meet outwith the meeting to go through his suggestions.

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

## **9. Capital Plan Update**

Mrs Carol Gillie introduced the regular twice yearly capital update report and highlighted several points including: a number of issues had come to light linked to the charitably funded Macmillan centre development; an externally procured survey of the Border General Hospital site had taken place over the last few months and had resulted in a significant increase in the level of backlog maintenance and the associated risks; and the proposed delay of a number of planned capital projects in light of capital planning and organisational capacity issues linked to financial turnaround.

The Chair asked that Executives clearly indicated the dates and meetings within the approval pathway for their Board papers.

Dr Stephen Mather raised concern at the potential slippage in progressing the Adult Changing Facility considering funding had been made available from the Endowment Committee and it had been discussed and agreed to proceed at Board meetings previously. He accepted that the organisation was in turnaround and saw the provision of safe services for patients as the first requirement, however he reminded the Board that the Non Executives had been exercised that the Adult Changing Facility should be progressed and he suggested capacity might be purchased through the Endowment Committee in order to ensure that project was completed.

Mrs Gillie commented that in order to make a change to the estate within the hospital, both NHS Borders managers and services needed to be engaged and that was one of the capacity difficulties being encountered. She had provided the position to be realistic about what could be slipped in order to concentrate capacity on financial turnaround.

Mr Tris Taylor commented that he was concerned at the proposal to again transfer £1m from capital to revenue. He was also concerned that the Board had previously agreed to pursue the Adult Changing Facility given a range of views including dignity and respect and he was dismayed that following that determination by the Board progress with the facility may be slowed.

Mr John McLaren challenged if the turnaround programme should be used as an excuse for delaying a previous Board decision in regard to progressing the Adult Changing Facility. He was concerned that there would be further items delayed and ultimately the final priorities for the organisation would be financial only.

Mr Ralph Roberts reiterated the need to reprioritise the order in which things were taken forward due to capacity issues and the impact on staff. In regard to the use of capital to support revenue he commented that it had been discussed at the Finance and Resources Committee meeting the previous week and he anticipated a conversation later in the year in regard to sustainability of the 3 year financial plan without the transfer of capital funding.

Dr Mather suggested that as the situation had changed an update report on the Adult Changing Facility be brought to the Board in 3 months' time.

Cllr David Parker questioned if the Board were being asked to change the decision it had made previously.

The Chair asked the Board if it were in agreement to delay the items outlined with the exception of the Adult Changing Facility and noted that it was the first time the Board had been made aware of the need for a forensic examination facility.

Mrs Gillie advised that a delay in pursuing the forensic examination facility and a subsequent delay in draw down of the funding in principle could be achieved.

Dr Stephen Mather proposed that a report on the Adult Changing Facility be brought to the Board in 3 months' time to review the resource implications. Dr Cliff Sharp seconded the proposal provided a decision was made in regard to the forensic examination facility.

The **BOARD** agreed to receive a report on the Adult Changing Facility in 3 months' time to review the resource implications.

The **BOARD** agreed to draw down the funding for the forensic examination facility whilst noting progress with the facility would be delayed and asked for a detailed report to be produced in 3 months time.

The **BOARD** noted the update provided on the 2019/20 capital plan and agreed the following projects be delayed due to capacity issues and the need to concentrate on financial turnaround:

- Borders Health Campus Development
- BGH Patient Flow and ward refurbishments within the backlog maintenance programme
- Forensic examination facility
- Cauldshiels upgrade works
- Simulation Space (Phase 2)

## **10. Road to Digital Update & 19/20 Plan**

The **BOARD** ratified the recommendation from the Strategy & Performance Committee that the NHS Board approves the plan and requests the Director of Finance and Director of Strategic Change to work with Scottish Government to secure the funding to deliver the plan – The Strategy & Performance Committee agreed that the content, timing and costs of the plan reflected the priority order and was appropriate to meet the outstanding risks and challenges faced by NHS Borders as well as delivering additional functionality to improve service delivery and to approve its implementation.

The **BOARD** ratified the recommendation from the Strategy & Performance Committee that the NHS Board delegates authority to commit expenditure against the plan to the Director of Finance or Chief Executive where Standing Financial Instructions require Board level approval. Otherwise normal SFIs would apply. Any significant deviation from the plan will be referred back to the Board.

The **BOARD** acknowledged that if additional Capital funding and adequate revenue funding was not secured as outlined in the financial plan, the delivery plan would be re-phased. If the plan was significantly re-phased it would be brought back to the Board for consideration and approval.

## **11. Trakcare Upgrade 2018**

The **BOARD** ratified the recommendation from the Strategy & Performance Committee and noted the very high risk to operational services in Borders General Hospital of the current hardware & software for the Trakcare system.

The **BOARD** ratified the recommendation from the Strategy & Performance Committee and approved the TrakCare upgrade from version T2010 to version T2018 as a 24/7 managed service as described in the business case.

The **BOARD** ratified the recommendation from the Strategy & Performance Committee and approved the use of DEL and non-recurring eHealth funding to support the implementation costs.

The **BOARD** ratified the recommendation from the Strategy & Performance Committee and approved the commitment of additional recurring costs for the fully hosted service and this being added to the financial plan on the basis that operational services are committed to deliver efficiencies to offset the recurring costs.

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

Dr Cliff Sharp introduced the update and drew the attention of the Board to the first annual duty of candour report.

Mr Malcolm Dickson commented that at the bottom of page 21 the number of GP complaints practice by practice was not meaningful as practice patient numbers were not shown. Dr Sharp advised that the intention was for future reports to provide complaints figures per 1000 head of practice population.

Mr Tris Taylor enquired if GP complaints were appealable to the Scottish Public Services Ombudsman (SPSO). Dr Sharp confirmed that they were and that they would be include in the report data. Mr Taylor enquired if the GP complaints would contain an action plan and Dr Sharp suggested they should.

Mrs Alison Wilson commented that there appeared to be 3 Practices out of 23 that had received zero complaints.

The **BOARD** noted the report.

## **13. Healthcare Associated Infection – Prevention & Control Report**

Mr Sam Whiting presented the report and highlighted 2 key elements being: Scottish Government had undertaken a review of local delivery targets for infection control and the current format of



reporting data would cease; and incorporation of hand hygiene with other practices on the wards to improve compliance levels.

Mr Malcolm Dickson enquired if there was an indication of a return to normal figures for Borderline-oxacillin resistant staphylococcus aureus (BORSA) from the end of March. Mr Whiting advised that the same volume of BORSAs as from January to March continued to be seen and the figures for April to June were not yet available. He further advised that it was a similar position in other Health Boards across Scotland and Health Protection Scotland were now involved.

The **BOARD** noted the report.

#### **14. Health & Forensic Medical Examination Services for Survivors of Rape, Sexual Assault or Child Abuse**

Dr Cliff Sharp introduced the item and gave an overview of the paper.

Dr Stephen Mather commented that he did not think forensic examination was core NHS business and suggested if Boards were asked to take on such functions and provide specific facilities they should be funded for it centrally. Dr Sharp commented that whilst Boards had the ability to decline such a request it was not the expectation of the Chief Medical Officer that that would be the case.

Mr Tris Taylor commented that trauma was life threatening and he supported the view that such a service was required and would be beneficial to the survivor in being treated for a traumatic event at the earliest opportunity. He enquired how survivors of traumatic events were currently supported by NHS Borders. Dr Sharp advised that currently survivors were offered mental health services, some did not engage with the service and others were supported through survivor support services.

Mr Malcolm Dickson agreed with Mr Taylor's view and expressed to the Board that it could not be underestimated the trauma that a survivor goes through and any prolonging of that trauma would exacerbate it. He suggested a forensic examination facility would benefit not only the survivor but also community planning partners, such as the police in that cross contamination and a loss of evidence would be less likely. He was disappointed to note that funding was only available until March 2021 and wished to see a plan as to how it would be funded after that date. Mrs Carol Gillie advised that if progressed it would be included in the Financial Plan and would in effect be an additional cost pressure.

Mr John McLaren suggested if the project progressed it would enable survivors to be supported earlier and in effect reduce demand on mental health services.

Mr Ralph Roberts commented that he was mindful of Dr Mather's comments however core services came down to judgement and whilst as Accountable Officer he was uncomfortable with having to progress a matter that added further financial burden to the organisation, he had had a conversation with the Scottish Government and recognising that it was a ministerial priority, despite the financial position, there was little choice in it.

Mrs Gillie recorded her professional opinion as being concerned on any commitment that added an additional burden to the current financial deficit.

Cllr David Parker suggested a paper be brought to the next meeting detailing a clear timetable for delivery and what would need to be stopped in order to progress the facility.

Mr Roberts suggested deferral of any final decision on recurrent funding to the 3 year financial plan paper due to be brought before the Board in October.

Dr Sharp suggested the facility could be approved subject to future costs being minimized.

Dr Mather commented that the organisation was in a severe financial position and adding more to that burden was pointless. His objection to supporting the proposal was formally recorded.

Mr Roberts wished to record that all members of the Board had been concerned about the proposal in terms of the financial position and he recognised that in terms of supporting the proposal to be progressed over 2 years there needed to be a recognition as to how it would be funded after that initial 2 year period and whether that or other projects or services would be ceased.

The **BOARD** noted the work underway in line with the Health Improvement Scotland (HIS) Standards.

The **BOARD** discussed the commitment of funding of the proposed workforce developments, in support of improvement of services for people who have experienced rape, sexual assault or child abuse, from April 2021.

The **BOARD** agreed to draw down funding and progress the facility.

The **BOARD** agreed to defer any financial decision on recurrent funding to the 3 year financial plan.

#### **15. Annual Operational Plan 2019/20**

The item was deferred.

#### **16. Scottish Parliament Scrutiny of NHS Health Boards**

The **BOARD** noted the content of the further correspondence between the Health and Sports Committee and NHS Borders.

#### **17. Borders Director of Public Health Report 2018**

Dr Tim Patterson advised that a presentation on his report would be provided to a Board Development session. He commented that the report had been scoped and structured in line with the 6 national public health priorities and public health reform.

The **BOARD** noted the report and agreed to provide any comments directly to Dr Tim Patterson.

#### **18. Audit Committee**

The **BOARD** noted the update.

#### **19. Finance & Resources Committee**

The **BOARD** noted the update.

## **20. Clinical Governance Committee**

The **BOARD** noted the update.

## **21. Consultant Appointments**

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

## **22. NHS Borders Annual Review Letter 2018**

The **BOARD** noted the Annual Review Feedback Letter for 2017/18 and the key action points.

## **23. Board Committee memberships**

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

## **24. NHS Borders Financial Turnaround Programme – Revised Programme Governance Arrangements**

Mrs June Smyth gave an overview of the arrangements and approval route.

The **BOARD** ratified the Finance and Resources Committee's approval of new governance arrangements for the Financial Turnaround Programme.

## **25. Code of Corporate Governance Sectional Update**

The **BOARD** approved the sectional update.

## **26. NHS Borders Occupational Health & Safety Policy 2019-2022**

Dr Tim Patterson advised that the document had been out for consultation within the organisation and that there were likely to be changes to roles and responsibilities. He anticipated that guidance would be released to Boards under the "Once for Scotland" tagline in regard to policies to ensure all Boards were compliant.

Mrs Sheila MacDougall commented that the revised policy had not substantially changed from the previous version and she drew the attention of the Board to the list of revisions within the cover paper.

The Chair thanked Mrs MacDougall on behalf of the Board for her expertise and congratulated her on her impending retirement.

Dr Patterson reiterated his thanks to Mrs MacDougall for her guidance and support.

The **BOARD** approved the proposed policy.

## **27. Managing Our Performance Outturn Report 2018/19**

Mrs June Smyth introduced the report and highlighted; pages 18-19 which contained new additions into the report; and that an abridged version had been produced as a direct result of turnaround requirements for the analysts.

Mr Malcolm Dickson commented that it was a positive report showing an improvement in waiting times for both diagnostics and sickness absence rates and he enquired if it covered the whole year. Mrs Smyth confirmed that it covered the full year.

Mr Dickson commented that in regard to drug and alcohol on page 16 he had been pursuing the Police, Fire and Rescue, and Safer Communities Board on arrest referral schemes in order to allow more hard to reach drug addicts and alcohol abusers to be referred by police to appropriate services.

The **BOARD** noted the 2018/19 End of Year Managing Our Performance Report.

## **28. NHS Borders Performance Scorecard**

Mrs June Smyth reminded the Board that she had given a commitment to amend the performance report to move to reporting by exception which would commence from the next meeting.

Mr Rob McCulloch-Graham provided an update to the Board in regard to the Child and Adolescent Mental Health Service (CAMHS) reporting that as of May the 60% target from the Government had been exceeded with an achievement of 89.4%. It had taken 2 years to improve the position substantially and that had been largely due to the recruitment of staff. Dr Cliff Sharp commented that he welcomed the good progress made, however there was another waiting experience within the service for it to focus on which was the assessment for autistic spectrum disorder.

Dr Stephen Mather enquired about the breaches in the 62 day cancer target. Mrs Smyth advised that not all breaches in cancer were due to out of area referrals and for the full year there had been 17 breaches within NHS Borders and 3 for NHS Lothian. She advised that links with NHS Lothian and the Scottish Cancer Area Network (SCAN) were taking place to progress matters and Mrs Nicky Berry advised that a Clinical Nurse Manager had also been appointed for cancer waiting times.

Dr Mather requested that the introduction of colonoscopy fit testing be assessed in regard to false positives and potential increase in workload. Dr Tim Patterson advised that the fit test had increased referrals by up to 50% however there was concern in regard to specificity.

Dr Mather enquired if the new MRI scanner would be a replacement or additional machine. Mrs Berry advised that demand was currently being explored and she would be happy to provide an update to the next meeting.

Further discussion focused on: the application of the choices policy in regard to addressing delayed discharges and surge beds; any appetite to refit the Crumhaugh building as a temporary step down facility; sickness absence rates; and discussions with GPs in regard to local enhanced services.

The **BOARD** noted the April 2019 Performance Scorecard.

**29. Celebrating Success Report**

The **BOARD** noted the Celebrating Our Success in 2018/19 report.

**30. Chair & Non Executive Directors Report**

The **BOARD** noted the report.

**31. Board Executive Team Report**

The **BOARD** noted the report.

**32. Statutory and Other Committee Minutes**

The **BOARD** noted the minutes.

**33. Child Poverty Action Plan**

The **BOARD** noted the Child Poverty Action Plan.

**34. Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 5 September 2019 at 10.00am in the Board Room, NHS Borders, Newstead.

*The meeting concluded at 12.20.*



Signature: .....  
Chair