

Minutes of a meeting of the **Borders NHS Board** held on Thursday 28 June 2018 at 10.00am in the Board Room, Newstead.

Present:

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| Mr J Raine | Mrs J Davidson |
| Mrs K Hamilton | Mrs C Gillie |
| Mr M Dickson | Mrs C Pearce |
| Mr T Taylor | Dr C Sharp |
| Dr S Mather | Dr T Patterson |

In Attendance:

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| Miss I Bishop | Mrs J Smyth |
| Mr J Cowie | Dr J Bennison |
| Mrs E Cockburn | Mrs G Woolman |
| Mr J Steen | Mrs V Buchan |
| Mr S Whiting | Mr K Mitchell |
| Mrs Y Chappell | Mr G Clinkscale |
| Ms L McIntyre | Dr Annabel Howell |

1. Apologies and Announcements

Apologies had been received from Mrs Karen Hamilton, Cllr David Parker, Mrs Fiona Sandford, Mrs Alison Wilson, Mr John McLaren, Mr Robert McCulloch-Graham, Mr Warwick Shaw, Dr Amanda Cotton and Dr Nicola Lowdon.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Gillian Woolman, Assistant Director Audit Scotland, Mr Jonny Steen, Audit Scotland and Mrs Viv Buchan, Senior Finance Manager, NHS Borders who were all attending for the Annual Accounts items on the agenda.

The Chair welcomed Mrs Yvonne Chapple, Partnership Chair, to the meeting. He was keen that in the absence of the Employee Director the Partnership Office be afforded the opportunity to engage in the meeting to deliver the staff perspective on any issues raised at the meeting.

The Chair welcomed Mr Kenny Mitchell, General Manager and Mr Gareth Clinkscale, General Manager, to the meeting who were attending for the winter planning for 2018/19 item on the agenda.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

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

The **BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 5 April 2018 were amended at page 8, paragraph 5, line 2 to read “.. increased, spare capacity..” and at page 10, paragraph 5, line 2 to read “ .. resources rather ..” and at line 3 to read “.. Integration in line ..” and with those amendments the minutes were approved.

4. Matters Arising

The **BOARD** noted the action tracker.

5. External Annual Audit Report 2017-18

Mrs Gillian Woolman presented the External Annual Audit Report 2017-18 and highlighted the key messages within the report. She advised that an unqualified audit certificate on the Annual Accounts was proposed.

Mr Malcolm Dickson commented that it was a useful report for the organisation as it captured both positive and negative elements and was an independent recognition of the challenges faced by the organisation. He further commented that the Audit Committee had welcomed the report and debated the contents.

Mr Tris Taylor enquired about the terms of reference for the report in terms of corporate governance. Mrs Woolman advised that the auditors worked to the code of practices set out by the Auditor General for all audits across Scotland. She clarified that all auditors worked to the code of audit practice and in the public sector the audits remit were wider than just financial activities.

Mr Taylor enquired if Mrs Woolman was satisfied that NHS Borders information governance systems beyond finance were fit for purpose. Mrs Woolman advised that the primary focus was on corporate governance as well as meeting with the Care Inspectorate and Health Improvement Scotland once a year to share intelligence to provide assurance to the Board that an extensive audit had been undertaken.

Mrs Carol Gillie reminded the Board of the session that had been held in May on the Annual Accounts that also detailed the governance framework for the organisation.

The Chair summarised that it had been a constructive report with clear messages. He welcomed the unqualified audit certificate and the recognition of the challenges ahead in terms of both finance and performance targets.

The **BOARD** noted the Annual Report for 2017/18 from Audit Scotland.

6. NHS Borders Annual Report & Accounts 2017-18

Mrs Carol Gillie recorded her thanks to Mrs Gillian Woolman, Mr Jonny Steen and the Audit Scotland Team for the very professional manner in which they had undertaken the audit and suggested a

feedback session would be held later in the year to see if any improvements could be made for the following year.

Mrs Gillie commented that she was pleased to advise that the Board had achieved its financial targets with an outturn underspend of £41,000 against the Revenue Resource Limit and a small underspend of £7,000 against the capital resource limit. This was an excellent achievement in a year that had been particularly challenging due to the financial settlement received and the operational pressures faced.

Mrs Viv Buchan highlighted several key points to the Board and assured the Board that there had been few and only minor changes made to the accounts since the session held on 28 May, and all amendments had been reviewed and agreed by the Audit Committee at its meeting on 14 June.

Mr Malcolm Dickson advised that the Audit Committee had considered the accounts at various meetings and had formally considered them at its meeting held on 14 June. He advised that as part of the audit process, annual reports had been received from the Governance Committees and were included in the Draft Governance Statement which provided assurance on the efficacy of the Governance Statement and the Audit Committee had also considered in detail the content of the external audit report presented earlier. As Chair of the Audit Committee he was content to approve the Annual Assurance Statement and recommended that the Board approve the Annual Accounts.

Mrs Gillie reiterated that as advised by Mrs Woolman the Board audit certificate was unqualified in respect of the accounts presenting a true and fair view and in respect of their regularity compliance.

Mrs Gillie further recorded her thanks to the Finance Team led by Mrs Susan Swan and Mrs Viv Buchan who had performed very well in preparing the Annual Accounts.

Mr Tris Taylor noted on page 42 the key financial risks and suggested they be considered in the round at the appropriate item later on the agenda.

The Chair recorded the thanks of the Board to Mrs Gillie, Mrs Swan and the Finance Team.

The **BOARD** adopted and approved for submission to the Scottish Government, the Annual Report and Accounts 2017/18 for the financial year ended 31 March 2018.

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.

7. Patient's Private Funds Statement 2017-18

Mrs Carol Gillie advised that the Board was being asked to adopt and approve the patient funds statement for 2017/18. She suggested the Board note the statement had been given an unqualified audit certificate by the external auditors Geoghans and the audit committee had reviewed the statement at its meeting held on 14 June 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 31 March 2018.

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. NHS Borders Endowment Fund Annual Accounts 2017-18

Mrs Carol Gillie advised that as a 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 advised that the Board should note the accounts had been given an unqualified audit certificate by the external auditors Geoghans and the Endowment Board of Trustees had approved the accounts at their meeting held on 6 June.

The **BOARD** was therefore asked to note the 2017/18 endowment accounts.

9. Board Clinical Governance & Quality Update

Dr Cliff Sharp introduced the report and spoke of the provision of assurance to the Board on the work of the Clinical Governance Committee. He further highlighted the reformatting of the report following previous feedback received from Board members.

Mrs Elaine Cockburn gave an overview of the content of the report and spoke to the salient points within the report.

Discussion focused on complaints within the primary care setting; communication; report content and infographics.

Mr Tris Taylor suggested the report was unfit for the purpose of providing assurance to the Board in terms of not detailing the status of items, issues arising on the status and actions taken or planned to address those issues. He highlighted the Finance Report as an example of a report layout that did provide assurance to the Board.

Mrs Cockburn thanked Mr Taylor for his comments and advised that the report would continue to evolve to meet the needs of the Board and provide the assurance required.

Mr Taylor was keen that the next report should clearly outline the rationale and Dr Sharp and Mrs Cockburn suggested meeting with Mr Taylor outwith the meeting to explore those points further.

Mr Malcolm Dickson supported Mr Taylor's comment that it was difficult to view the report as an assurance document and he welcomed the suggestion of a rationale being provided. He accepted that quality was sometimes difficult to measure and whilst there were some quality measures within the report if quality was put to one side, there had to be a lot of statistical information about clinical processes across the organisation that could be included in the report.

Mr Dickson further commented that in regard to Falls he was pleased to hear that there had been discussions with other emergency services partners and he had spoken to the Fire Prevention Officer recently who had intimated that they were expanding their activity into Falls in the Home. Mr Dickson suggested that it was important that the organisation take advantage of such connections.

Mrs Jane Davidson reminded the Board that much of the statistical information had been moved from the Clinical Governance report arena into the Performance report and should be viewed in the round.

Mr Taylor enquired about the policy on the creation of roles for volunteers, which might otherwise have been fully remunerated positions, as well as the accountability, privacy and liability of their actions. Mrs Cockburn assured the Board that there was a robust recruitment policy in place for volunteers. She commented that Human Resources colleagues were involved in the recruitment process for volunteers and volunteers underwent several elements of training which included data protection and confidentiality. Each volunteer was required to be PVG registered and there were strict rules and regulations to be met. Mr Taylor enquired if the organisation had the ability to sanction or remove volunteers. Mrs Cockburn confirmed that it did.

The Chair reminded the Board that the organisation was validated by Volunteers Scotland and did not use volunteers as a substitute for paid employment. Mr John Cowie commented that a Code of Practice had been recently issued by the Scottish Government which required the organisation to assess its performance on the use of volunteers.

Mr Taylor enquired about performance in regard to Falls. Mrs Claire Pearce advised that an improvement programme had been instigated to teach the Quality Improvement methodology and initiate tests of change in clinical areas, however it would take time to see improvements in performance.

The Chair commented that a Listening Clinic had been held earlier in the week in Kelso with one of the main concerns of staff being the prevention of falls and the need for training.

Mrs Davidson commented that a Quality Improvement Falls lead was working with the Community Hospitals to look at the estate environment in terms of flooring colour, handrails, etc, in order to guide people away from falling.

The **BOARD** noted the report.

10. Healthcare Associated Infection Control & Prevention Update

Mr Sam Whiting gave an overview of the content of the report. He advised on a correction to the report at page 6 within the Surgical Site Infection (SSI) Surveillance section where the colorectal case

numbers were 5 and not 6 as stated in the paper. He further highlighted that there had been 2 SSIs in regard to Hips and 2 in regard to Knees.

The **BOARD** noted the report.

11. Joint Winter Plan 2018-19 Update

Mr Kenny Mitchell gave an informative presentation which focused on delayed discharges and the pathway followed within both the health and social care systems.

Discussion focused on: potential to redesignate beds within acute and community hospitals; changing the culture to discharge patients to home instead of another facility; revisit the Prof John Bolton work on being risk adverse in the acute sector; continuation of the winter pressures into summer and consequential operational difficulties; 46% increase in delayed discharges in the Borders General Hospital (BGH) since the previous winter period; 30 patients boarded each day in September putting more pressure on the winter period; role of the Integration Joint Board in issuing directions; cancellation of elective operations in June due to continued bed pressures; breaches of the 4 hour accident and emergency waiting times; levels of risk and discharge pathways to improve reablement of patients; daily dynamic discharge; hospital to home; patient flow; anxiety of staff going into the 2018/19 winter period; GPs have the ability to admit directly to Community Hospitals; unable to admit some patients from outwith the local area to Community Hospitals as the local GP contract contains restrictions; and the progress of realistic medicine and how it fits within the Better Borders programme.

It was intimated to see what options there were to provide extra beds.

Dr Annabel Howell advised the Board that this winter she could not provide the Board with assurance that patients would be looked after as safely as the clinical team would like unless something changed dramatically.

The **BOARD** noted the winter plan update.

The **BOARD** agreed to advance the feasibility of any options.

12. Inspection: Food Fluid & Nutrition Report

Mrs Claire Pearce gave an overview of the content of the report and highlighted MUST training; feeding; patient centred coaching tool; outstanding actions on the action plan and dates for completion. From the initial action plan she advised that there were 4 outstanding actions which were due to be completed by December. Her only concern was in regard to unitary patient records as it was challenging to roll out a change in recording across a whole hospital.

The Chair enquired if there would be an internal mock unannounced inspection carried out. Mrs Pearce advised that internal mock inspections were carried out every 2 weeks, with one carried out earlier in the week that showed improvement.

Dr Stephen Mather welcomed the progress that had been made and enquired about the impact on patients. Mrs Pearce advised that the patient centred coaching tool gave the assurance that the right thing was being done that would lead to better outcomes for patients.

Mr Malcolm Dickson enquired if Healthcare Improvement Scotland (HIS) were impressed with the progress made to date. Mrs Pearce commented that HIS had visited recently and noted the progress that had been made and had been reflective of the difficult year for our staff in introducing and progress all of that work.

The **BOARD** noted the report and that a further update would be provided at the December Board.

13. Proposed Regional Structure for Laboratories Services

Mrs June Smyth introduced the paper and highlighted that the laboratory workstream was advanced in regard to regional working.

Mr Sam Whiting commented that representatives from NHS Fife, NHS Lothian and NHS Borders met to jointly plan Laboratory Services at region. The focus was on the transfer of strategic decision making to ELMO and he assured the Board that individual Boards would remain responsible for the provision of services to their populations. He further assured the Board that it would continue to have sovereignty over decisions and in that context any major redesign would be subject to the governance arrangements in each Health Board area.

The Chair enquired if colleagues in the region were enthusiastic about the proposal. Mr Whiting confirmed that they were.

Dr Stephen Mather enquired if centralisation would reduce the size of the liability for NHS Borders. Mr Whiting advised that it was not about centralisation, but it was a distributive services model and as turnaround times on results were critical it was the most effective way to deliver the service overall. He reminded the Board that NHS Borders already depended on other Health Boards to ensure compliance.

Mrs Carol Gillie sought confirmation that the Board would retain in full its laboratories budget and could not commit capital without a tier agreement. Mrs Smyth confirmed that was correct.

The **BOARD** supported the establishment of a regional model for laboratory medicine services, subject to more explicit wording in regard to financial consequences.

The **BOARD** agreed to the establishment of an East Region Laboratory Medicine Operational Board.

The **BOARD** agreed reporting through East Region Programme Board.

14. NHS Borders Annual Operational Plan – Feedback Letter

Mrs June Smyth provided an overview of the content of the report.

The Chair enquired if the Board would be disadvantaged given it was above NRAC. Mrs Carol Gillie advised that the Board would receive its NRAC share and therefore would be at a disadvantage.

Mrs Jane Davidson suggested in order to be realistic the organisation should set out what it could deliver against the funding made available.

The **BOARD** noted the Annual Operational Plan 2018/19 feedback letter from Scottish Government.

15. 2018-19 Financial Plan Update

Mr Carol Gillie advised the Board of a correction to the paper on page 18 where the figures should have read 12.1 and 40.4. She then advised that the paper was a follow up to the financial plan paper previously presented to the Board which had detailed an unbalanced financial plan for 2018/19 with a financial gap of £13.2m. Since that meeting a lot of work had been undertaken to identify opportunities to address the financial gap as detailed within the paper.

She drew the attention of the Board to note that it was a table top benchmarking review which had been undertaken with limited clinical engagement based on data at a point in time which required verification.

A summary of the savings opportunities that had been identified were included in table 2 on page 2 and work was underway with the Better Borders transformation programme to review the opportunities identified and have them incorporated into the workplan.

Mrs Gillie further advised the Board that when reviewing what had been found and modelling it through the financial plan in a best, worst and realistic scenario, it had been found that even the best case scenario over the 5 year period did not return the Board to a recurring balance but the need for brokerage would cease in 2021/22. Clearly there was more work to be done to develop a financial plan which allowed the Board to return to recurring balance.

Mrs Gillie recommended the commission of external scrutiny, with the support of the Scottish Government, to review the Boards finances and see if there were further opportunities which had not been identified.

Mrs Gillie further advised that for 2018/19 she continued to work on finalising the year end position. Based on updated information the current forecast as detailed on page 16 had been revised to £11.5m however there were risks attached to that.

Discussion then focused on: work to bring down the risk elements highlighted for the 2018/19 financial year; benchmarking against other Health Boards in terms of efficiencies and financial balance; pursuit of larger transformational opportunities to yield further efficiencies; reduction in cost/demand base identified to date was not enough to achieve financial balance; recovery plan based on assumptions; focus on the big savings areas; services must be provided in line with the NHS Act, whether that is locally or elsewhere; need for clinically led ideas; being open and transparent about why money is being spent where and the savings being delivered where; and the role of the Integration Joint Board commissioning plan in assisting and directing the delivery of changes and achievement of savings and recognising that inter-dependency.

Mr Tris Taylor suggested that the Board should now be reviewing the corporate risk register to ensure risk was being adequately documented. The Board would then need to receive both realistic and radical options to review to return the Board to financial balance.

Mr Malcolm Dickson enquired if it was now time to advise the Scottish Government that in order to achieve finance balance certain services would be required to be capped or closed.

The Chair advised that the Board had to do everything possible and reasonable to mitigate the position and in seeking an external review it would be clear if there was anything further that could be done.

Mr Taylor enquired if an external review would further delay action being taken and divert resources. He then mentioned the PricewaterhouseCoopers (PWC) report that had intimated the reduction in workforce and the closure of community hospitals. Mrs Jane Davidson commented that the PWC report had set out potential areas to review to make inroads into the financial position and comparisons against other Health Boards. Mrs Davidson illustrated that the costs of a Community Hospital were around £1m, but wherever care was provided there would still be a cost. Purely in financial terms she gave a further radical example that if the Intensive Care Unit in the BGH and the Emergency Department were closed, then the status of the Borders General Hospital as a District Hospital would be removed, and whilst those closures would undoubtedly achieve a saving, that provision would have to be made outwith the Board area and would likely incur more expensive costs.

Mr John Cowie drew the attention of the Board to the fact that it was unlikely that £4m would be saved through closing the Community Hospitals as the bulk of the costs were staff costs and staff would be redeployed to other posts, so the difficult decision might be made but the anticipated savings may not be achievable.

Mr Taylor and Mr Dickson suggested there was little merit in further external review. Mrs Davidson responded that the point being emphasised in the report was that the Executive position was that they needed to have external scrutiny to identify how to achieve balance.

The Chair advised that, he, Mrs Davidson and Mrs Gillie had met with the Scottish Government earlier that week and they had been supportive of pursuing the external support direction of travel. He thanked the Board for a very constructive discussion and suggested the Board Executive Team be asked to bring forward ideas and proposals for the Board to consider. He further suggested authority be given to the Executive Directors to be able to secure whatever external advice they felt appropriate and necessary to assist with the position the Board was in.

The **BOARD** noted the update on the 2018/19 financial plan which based on current information could only be balanced through application for brokerage.

The **BOARD** noted the opportunities that had been identified to address the financial challenge and that they were being progressed through Better Borders at pace.

The **BOARD** noted the need for further work to finalise how the Board would return to recurring financial balance.

The **BOARD** noted the recent UK announcement of the additional funding for the NHS the detail about which was not yet available.

The **BOARD** noted the need to develop staff and public communication and engagement plans and the need to engage with the Integration Joint Board.

The **BOARD** noted the revised year end forecast for 2018/19 of £11.5m and ongoing discussion on setting the level for brokerage with the Scottish Government.

The **BOARD** requested an external review of its finances be undertaken to support the requirement to return to financial balance.

16. Provision of 2018-19 Ring Fenced Resource to the Integration Joint Board

Mrs Carol Gillie outlined the conditions attached to the £2.1m ring fenced resources to be provided to the Integration Joint Board (IJB). She advised that the paper was a follow up to the discussion that had previously taken place at the Board on the financial plan for 2018/19. It had been agreed that £2.1m of ring fenced funding, the same level as the 3 year Integrated Care Fund (ICF) which had now ceased, should be provided non recurrently to the IJB in 2018/19 but with conditions attached.

Mr Tris Taylor enquired if it was within the Boards' power to attach conditions to the funding. Mrs Gillie advised that the funding was akin to pump priming monies and therefore conditions could be attached.

Mr Taylor enquired what sanctions would be attached to the conditions. Mrs Jane Davidson referred to the paper before the Board which set out that the funding was provided on a non recurring basis and therefore if there was insufficient confidence in its use it could be removed.

Dr Stephen Mather suggested the funding was helpful to the IJB and given the principle aim for the IJB for the year was to reduce Delayed Discharges, whilst the actions it might take may not be advantageous to NHS Borders they would be to the population and would fulfill the first premise of moving resources from the acute sector to the community sector. Dr Mather advised that whilst he may not be fully supportive of all of the conditions he would accept them.

The **BOARD** approved the provision of new resource, on a non-recurring basis and with the specific conditions as described within the paper and expanded to include that the key priority was the improvement of community services which would directly impact on reducing delayed discharges.

17. Audit Committee

Mr Malcolm Dickson advised the Board that in regard to the debtors schedule a debt recovery agency had been commissioned, and the last meeting of the Committee had focused on the Annual Accounts.

The **BOARD** noted the update.

18. Clinical Governance Committee

Dr Stephen Mather advised the Board that the Committee had met in January, March and May and discussed 4 main items being: significant adverse event reviews (SAERs); slips, trips and falls; complaints; and end of life care and anticipatory care plans.

The Chair enquired if there had been any media interest in regard to end of life care given the recent Gosport publicity. Dr Cliff Sharp advised that there had not been any media interest and assured the Board that the Pharmacy Department were very aware of the usage of opiate drugs in the service.

The **BOARD** noted the update.

19. Public Governance Committee

Mrs Karen Hamilton had provided an update which the Chair read out in her absence. *“The last meeting took place on 8th May and covered two Annual Reports, (Feedback and Complaints and Child Health). We also had a useful update on the Macmillan Centre Project focussing on its impact on and involvement with patients. We also signed off the Public Governance Annual Report which led to discussion on the value and purpose of this Committee. It was acknowledged that attendance has been poor and on at least one occasion the meeting was not quorate, the Committee also has limited Executive Officer support due to staff changes and is somewhat lacking in purpose and direction. To this end I am suggesting that we engage with relevant individuals (yet to be identified) using the Code of Corporate Governance as a starting point to refresh the membership and purpose of this Committee. On a more positive note the Action Tracker note from 2014 regarding the provision of Adult Changing Facilities has gained some traction in that Funding has been secured from the Endowment Fund.”*

The Chair commented that he had discussed with Mrs Hamilton the purpose of the Public Governance Committee as she had felt it had lost its way and had limited Executive support, appeared to be lacking in purpose and direction. The Chair advised that he had agreed with her that the Terms of Reference of the Committee should be revisited and the Committee should be relaunched and re-energised.

Dr Stephen Mather commented that he sympathised as the Public Partnership Forum (PPF) fed into the Integration Joint Board (IJB) and he was of the view that the level of feed in to date required improvement. He had met with the Public Involvement Team who were going to re-think how they might be more engaged with the IJB and the Public Governance Committee. He advised a further meeting was scheduled for September and he would be happy to include Mrs Hamilton in that meeting in terms of the Public Governance Committee.

Mr Tris Taylor commented that his observation had been that the Public Governance Committee had not been taken seriously and did not have a sufficient focus on aspects of compliance, requirements to engage and involve, or consistent reporting on measurements and outcomes. The Chair advised that the Scottish Health Council (SHC) gave the Board credit for having a Public Governance Committee and Mr Taylor suggested the SHC might not be doing their job properly either, as he felt there were weaknesses within it.

Mrs Jane Davidson advised that Dr Cliff Sharp was the Executive Lead for the Committee and she envisioned the Committee being used in a more meaningful way as the Better Borders programme was progressed.

The **BOARD** noted the update and supported a review of the Terms of Reference and the mode of operation of the Public Governance Committee.

20. Staff Governance Committee

Mr John Cowie commented that the Staff Governance Committee had undertaken a review of itself by taking stock of practice and communication, restating its importance to its membership and attendance, and worked up a revised work plan and meeting schedule. The main work would be the preparation of the Staff Governance Monitoring return and action plan.

The **BOARD** noted the update.

21. Area Clinical Forum

The **BOARD** noted in the absence of Mrs Alison Wilson that there was no report.

22. Managing Our Performance End of Year Report 2017-18

Mrs June Smyth gave an overview of the content of the report.

Dr Stephen Mather welcomed the excellent performance in regard to cancer targets. He suggested there should be a real focus on performance in regard to the first patient appointment and diagnostics, and he was also concerned about the continued poor performance in regard to delayed discharges in community hospitals. Mrs Claire Pearce assured Dr Mather that work was being undertaken to address delayed discharges and she advised that a new improved Day of Care audit, which was inclusive of nurses, consultants and social workers, was being undertaken for every delayed discharge in a bed.

Further discussion focused on: potential acceptance of a level of under performance in some areas; staff sickness absence narrative was helpful; understanding of imatter being at a team level; listening to staff and encouraging empowerment at a team level; monitoring of smoking cessation via facebook; and the role of leadership and need for an OD strategy.

Mr John Cowie commented that there would be a focused OD programme for NHS Borders put in place.

The **BOARD** noted the 2017/18 End of Year Managing Our Performance Report.

23. NHS Borders Performance Scorecard

Mrs June Smyth gave an overview of the content of the report.

Discussion highlighted several elements including: work progressing to further support managers to address sickness absence levels; recovery plan being led through clinical productivity to address the continued poor physiotherapy service performance;

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

Mrs Claire Pearce left the meeting.

24. Consultant Appointments

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

25. Complaints Unacceptable Actions Policy

Dr Cliff Sharp gave an overview of the content of the policy.

Mr Tris Taylor suggested the language of the policy was incorrect and it should be a “Vexatious Actions Policy”, as unacceptable actions became undefinable and he found that to be a problematic term to use. He further suggested removing most of the definition.

Dr Sharp advised that he would give consideration to review the wording.

The Chair recorded that the Board were supportive in principle of having a policy.

The **BOARD** noted that Dr Cliff Sharp would give consideration to those views expressed prior to submission to the Board at a future meeting for formal approval.

26. Pharmaceutical Service cover on Public Holidays

The **BOARD** formally ratified the arrangements as recommended by the Strategy & Performance Committee.

27. Provision of 2017-18 Resource to the Health & Social Care Integration Joint Board

Mrs Carol Gillie advised that the paper was a follow up to the paper that was presented to the Board at its meeting in April 2017 on the provision of resources to the Integration Joint Board (IJB). She further advised that it was in relation to resources to the 31st March 2018 and completed the position for the financial year 2017/18.

The appendix to the paper gave the revised figures which related to the pressures in the IJB delegated functions and additional funding received by the Board that related to the IJB functions. Those changes did not impact on the forecast year end position of NHS Borders but did by the provision of resources allow the IJB to break even at the year end.

The **BOARD** approved the additional provision of resource of £10.556m, as detailed in Appendix 1, to the Integration Joint Board for 2017/18.

The **BOARD** noted the total provision of resource for functions delegated or set aside as per the Scheme of Integration of £131.421m for financial year 2017/18.

The **BOARD** noted that it was not the intention of the Board to seek to recover resources made available to the Integration Joint Board in respect of operational overspends incurred during 2017/18.

28. Financial Report for the 2 month period to 31 May 2018

Mrs Carol Gillie advised that at the end of May, NHS Borders was reporting an overspend of £2m on revenue and break even in terms of capital. She highlighted several key points including: the main key reason for the overspend was pressures on operational budgets; although £6.5m of efficiency targets had been delegated to operational services only £200k of confirmed schemes had been actioned against specific operational budgets in the first 2 months of the financial year; the financial position two months into the financial year remained of concern; and corrective action to minimise the overspends on operational budgets and to ensure the draft efficiency programme was implemented needed to be agreed.

In the absence of Mrs Claire Pearce, Mrs June Smyth advised of the actions being taken to address the 2 main areas of overspend on the nursing budget which were: primary and community services, who were £112k overspend at the end of May due to surge beds that had been opened in Hay Lodge and the Knoll with no additional funding allocated to them; and the £360k overspend on Borders General

Hospital nursing spend. Actions being taken to address and mitigate the overspends included: new processes around supplementary staffing; new recruitment processes for health and care support workers recruitment; review of rosters; new process for 1:1 patient acuity; and clinics arranged with Human Resources colleagues to ensure proactive management of sickness absence.

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

29. Capital Plan Update

Mrs Carol Gillie advised that the paper provided an update to the Board on the capital plan for 2018/19 which reflected the priority areas for investment which were agreed at the Board meeting in April. She advised of the key points to note from the report and highlighted that: potentially NHS Borders had £7.9m of resources available in 2018/19 but they were not yet confirmed, which included £1m of capital resources to support the revenue position; £350k has been spent at the end of May

Mrs Gillie further drew the attention of the Board to the situation with the Macmillan extension project which although funded by charitable funds had a contractual arrangement with NHS Borders.

The **BOARD** noted the update provided on the current year capital plan.

The **BOARD** noted the indicative capital resources and commitments for 2019/20 - 2022/23.

30. Chair and Non Executive Directors Report

The **BOARD** noted the report.

31. Board Executive Team Report

Mrs Jane Davidson suggested it would be useful for the Board to have a wider idea of what the Non Executives were involved with beyond just a list of meetings that they were attending. She recalled that Mr Tris Taylor had mentioned earlier in the meeting that he would be meeting with Mrs Pam Whittle of the Scottish Health Council.

Mr Malcolm Dickson advised that he would speak with Mrs Claire Pearce outwith the meeting in regard to violent patients and victims of violent crimes and he further sought a copy of the Fire Service consultation response.

The Chair enquired if Mrs Davidson had any reflections on the Project Lift event. Mrs Davidson advised that it had been a positive event and she had invited 2 leaders within the organisation to attend with her, who were Mrs Claire Pearce and Dr Amanda Cotton. The event had been the main launch event and described how the talent management process across NHSScotland could support and encourage people into the service and be promoted through the service.

Mr John Cowie advised the Board that the new pay award offer was 9% over 3 years, however it was unclear what had been shared to date and what the next step would be.

The **BOARD** noted the report.

32. Statutory and Other Committee Minutes

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

33. Any Other Business

33.1 Complaints Unacceptable Actions Policy: Mrs Jane Davidson, having reflected during the meeting, gave a commitment to review the policy and consider and understand what the actual issues were in regard to the language used. She was keen to understand what the staff would wish to achieve, as well as compare the policy against those in other Health Boards.

33.2 Brokerage: Mr Tris Taylor advised that on the encouragement of Dr Stephen Mather, Mrs Jane Davidson and the Chair he wished to advise the Board that there had been a staff share that had been issued on 28 May about brokerage and it included the phrase that the Board was supportive of that approach, which was essentially brokerage. He was uncomfortable, in his view, with the Board being characterised as supportive of brokerage and he discussed his concern with the Chair. The Chair had indicated that discussions at the Board meeting could be fairly characterised as allowing that interpretation, and the Chief Executive was of the same opinion. Mr Taylor remained unconvinced and was concerned about the Board consensus being characterised and how that might appear in the future. He did not dispute that the Board may be supportive of brokerage, he was concerned about it being portrayed as being supportive before a formal decision had been made.

Mr Malcolm Dickson suggested the wording could have read the Board was supportive of exploring brokerage. Mr Taylor commented that that may have been more in line with his views and he was fully acceptable of a staff share being released.

The Chair advised that he thought it had been a good interpretation of the minutes, which had been approved earlier in the meeting, as there had been several references to brokerage within them. He did not think the staff share had been out of kilter and he did not recall any opposition from the Board to the possibility of brokerage. He further advised the Board that following the meeting with the Scottish Government earlier in the week, they had spoken of support to get back to a break even position and not necessarily brokerage.

Dr Stephen Mather suggested the discussion had been clear and he recalled the Board suggesting the Chair, Chief Executive and Director of Finance be asked to meet with Scottish Government to discuss all matters in regard to the financial position including that of brokerage. He felt Mr Taylor was correct in that if a message was provided to staff it should be absolutely accurate.

Mrs Jane Davidson recalled that during the discussion Cllr David Parker had suggested working up a balanced plan with options and she had had been clear that it would likely include brokerage. It took time to pull together the staff share and she pointed out to the Board that being supportive did not mean approval.

Mr Taylor thanked the Board for the discussion and advised that he had changed his position.

34. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 2 August 2018 at 10.00am in the Board Room, Newstead.

The meeting concluded at 3.43pm.

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

Signature:

Chair