

Minutes of a meeting of the **Borders NHS Board** held on Thursday 2 April 2020 at 9.00am via a Telephone Conference Call.

Present:

- Mrs K Hamilton, Chair
- Dr S Mather, Vice Chair
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Mrs S Lam, 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 A Carter, Director of Workforce (Designate)
- Mrs L Jones, Head of Clinical Governance & Quality
- M C Oliver, Communications Manager

1. Apologies and Announcements

Apologies had been received from Mr Tris Taylor, Non Executive.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Andy Carter, Director of Workforce designate.

The Chair recorded the appreciation of the Board for the work that was underway to continue to provide the population of the Scottish Borders with appropriate health services, whilst also flexing and adapting to deal with the COVID-19 pandemic.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda. There were none.

The **BOARD** approved the inclusion of the declarations of interests for Fiona Sandford, Alison Wilson, John Cowie and John McLaren on the Register of Interests.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 5 March 2020 were approved.

4. Matters Arising

4.1 Action 13: Mr Rob McCulloch-Graham advised that the Integration Joint Board had received papers in regard to the Transformation Fund. The action on the action tracker related to future directions to be brought to the Borders NHS Board which would be in regard to a reduction in beds. Given the current COVID-19 pandemic he was unable to provide a timeline.

4.2 Action 14: Mrs June Smyth advised that the matter would be reassessed at the recovery stage of the COVID-19 pandemic.

The **BOARD** noted the action tracker.

5. Annual Operational Plan

Mrs June Smyth advised that at the time of issuing the Board papers a response from the Scottish Government in regard to the Annual Operational Plan had not been received. However at the end of March a letter had been forthcoming that notified the Board that while the plan had not been formally approved it had been noted and would be used as a baseline position by the Scottish Government for monitoring purposes. The Scottish Government advised that they would contact the Board later in the year in regard to the Annual Operational Plan.

The **BOARD** noted the update.

6. Financial Plan

Mrs Carol Gillie introduced the paper and advised that the report reflected the output and discussions from the Board development session held on the 5th March 2020.

The plan was summarised in the executive summary but she asked the Board to note a number of key points within the report which were: that it was a 3 year revenue plan and a 5 year plan for capital but with a focus on the 2020/21 position; 2020/21 financial plan is expected to deliver £3.1m recurring savings in year, £7.1m non recurring savings and requires brokerage funding of £7.9m; resource transfer of £135.42m to the Integration Joint Board; the risks associated with the plan; and the capital plan for 2020/21.

It was noted that the Board had already recorded a series of questions and answers on the paper (attached to these minutes).

Mr Ralph Roberts put on record his thanks to Mrs Gillie who had been due to leave NHS Borders on 31 March 2020. He was grateful that she had agreed to stay on during the current circumstances until Mr Andrew Bone took up his formal appointment on 14 April 2020. He confirmed that she had also agreed to stay on and oversee the Estates & Facilities Department response to the pandemic.

The Chair recorded the thanks of the Board to Mrs Gillie.

The **BOARD** was content with the questions and answers provided ahead of the meeting (as attached to the minutes).

The **BOARD** considered and approved the 2020/21 revenue and capital financial plans.

The **BOARD** approved the level of resources to be provided to the Integration Joint Board for 2020/21.

The **BOARD** noted the indicative financial plan for 2021/22 and 2022/23 and for a further two years in the case of capital.

The **BOARD** noted the impact of COVID 19 may significantly impact on the Financial Plan in 2020/21 and therefore the proposed plan is a baseline from which to assess the impact of COVID 19.

7. Pharmaceutical Care Services Plan 2020-2021

Mrs Alison Wilson outlined the current position in regard to community pharmacy estates within the Borders. She confirmed that as part of the pharmacy national contract, Health Boards had a duty to publish their pharmaceutical care services plans. She further clarified that it supported the publication of any new pharmacies in the area and helped to support the necessary and desirable elements of a new contract. She confirmed that it was not felt there were any current gaps in community pharmacy provision, even though they were stretched given the current pandemic activity.

It was noted that the Board had already recorded a series of questions and answers on the paper, however some remained unanswered and were addressed at the meeting.

Question 10: Mrs Sonya Lam enquired about the impact of COVID-19 on the plan. Mrs Wilson advised that community pharmacies were scaling back services to those that were essential, such as the safe and effective supply of medicines against GP prescriptions and a reduction in opioids. Community pharmacies continued to provide minor ailments services, which had been extended for the COVID-19 pandemic.

Question 11: Mrs Lam enquired about the challenges identified, barriers and enablers. Mrs Wilson commented that they were similar in many community pharmacies with most services scaled back.

Question 12: Mrs Lam enquired about the data within the plan. Mrs Wilson commented that some of the data did require a refresh and the substantial update to the plan occurred every 2-3 years.

Question 13: Mrs Lam enquired about the 9 commitments. Mrs Wilson advised that she would review the plan and provide an email response outwith the meeting.

Question 14: Mrs Lam enquired about a financial framework to support the plan. Mrs Wilson advised that the financial framework was around £300k. Funding currently supported the opioid replacement therapy that was overspending and it had been agreed to place any further funding for enhanced services in to opioid replacement services.

Question 15: Mrs Lam enquired about a risk register. Mrs Wilson comment that the plan did not have a specific risk register, however the opioid replacement service was a feature of the risk register, especially given its relation to drug related death profiles. She clarified that at present

there were not significant changes to community pharmacy portfolios and there were a sufficient number of community pharmacies to provide service provision across the Borders.

The Chair recorded the thanks of the Board for the way that community pharmacies were responding to the COVID-19 pandemic in terms of repeat prescriptions, minor ailments services and other flexibilities to services.

The **BOARD** was content with the questions and answers provided ahead of the meeting (as attached to the minutes).

The **BOARD** approved the plan.

8. Quality and Clinical Governance – COVID 19

Dr Cliff Sharp introduced the report and advised that each Clinical Board had made changes to their services in order to be able to cope with the expected COVID-19 pandemic activity. He anticipated that activity would increase over the coming weeks and that the Board would wish to be aware of thresholds for treatment that were likely to be taken more intensively in greater numbers.

Mrs Laura Jones explained the detail of the paper which had been prepared in response to NHS Borders plans for the pandemic. She advised the Board that it was not an exhaustive list and would continue to develop as demand on clinical services increased. The paper highlighted the areas where adjustments to thresholds of care would be required in order to save as many lives as possible. The list had been compiled in conjunction with front line clinical staff whilst national guidance on admissions to hospital and to ITU was awaited.

It was noted that the Board had already recorded a series of questions and answers on the paper, however some remained unanswered and were addressed at the meeting.

Question 18: Mr Malcolm Dickson had enquired about variation. Mrs Jones commented that the supporting documentation from professional bodies provided clarity in that area, with regard to how professional judgements were made. They would also be reviewed when any further national guidance on making decisions on criteria for treatment were received. Mr Dickson thanked Mrs Jones for the explanation and also commented that he had read the professional judgements and as a lay person looking in, was assured on how staff made difficult decisions in difficult situations, balancing different factors.

Mrs Jones advised that it was intended to establish a Clinical Safety and Ethics Group in order to support that decision making process. It would be made up of consultant, medical and nursing staff that were able to offer second opinions on complex decisions that had been escalated to them for consideration and a further look at thresholds of treatments. She also advised that other Health Boards were considering similar decision making processes.

Question 21: Mrs Sonya Lam enquired about ventilators and oxygen provision. Mrs Jones commented that additional ventilators had been sourced to bring the capacity up to 20 and detailed modelling of oxygen provision had been undertaken based on the best intelligence available to predict demand.

Question 22: Mrs Lam had provided a website reference and Mrs Jones commented that it was a link to guidance that she was sighted on, however she would relook at it.

Question 23: Mrs Lam enquired about workforce capacity to staff increased ventilator numbers. Mrs Jones commented that there was a multi-disciplinary team available to staff both ITU and HDU. Mrs Nicky Berry assured the Board that guidance had been received from both the Chief Medical Officer and the Chief Nursing Officer in regard to staffing models and they were being followed, although they were at different levels to normal service staffing levels.

Dr Sharp commented that should the need arise he had agreement with NHS Lothian to use their spare ventilator capacity and vice versa.

Mrs Fiona Sandford sought information on whether CPAP could be sourced in addition to the extra ventilators. Mrs Berry advised that 10 CPAP machines had been sourced in addition to those already available in Borders. There had been sophisticated oxygen modelling undertaken including a review of every patient on oxygen to ensure oxygen could be offered to those patients that would clinically require it.

Cllr David Parker sought comment on the fact that it appeared that NHS Borders was ahead of the curve and appeared to have the largest number of deaths per head of population. Mr Ralph Roberts advised that a separate session was to be held with the Board that day on the local mobilisation plan, which was not yet ready to be made available to the public. The anticipated discussion about the plan would pick up an array of issues including: data collection; why deaths appeared to be higher than anticipated for per head of population; community spread; cross transmission across wards; and number of variations, etc.

Dr Sharp commented that most of the people who had succumbed to COVID-19 at that point in time appeared to be the elderly with underlying health conditions. He emphasised that such a cohort of people would always be the at risk vulnerable group, whether it was a seasonal flu disease or something similar. He anticipated that the true pattern would emerge over the following 2-3 weeks compared to the rest of the country.

Dr Sharp commented that it was a very delicate issue to ask people to talk about anticipatory care planning and some approaches in the country had not been received well. He suggested that generally it was accepted as good practice to undertake such discussions with frail and frail elderly patient's family members.

Mrs Sandford commented on a news cast the previous evening that had focused on difficult conversations with loved ones and Dr Sharp emphasised that the key was to have the discussion on an individual personal basis and not for example via a computer generated letter. Mrs Clare Oliver commented that communications had been drawn up on the need for sensitive conversations with families and she would reissue those again over the coming weeks.

Question 24: Mrs Lam enquired about in patient bed plan. Mr Roberts commented that it would be helpful to pick up that question during the local mobilisation plan discussion later that day.

Mrs Jones commented on the overwhelming response of staff that had come forward to support the delivery of front line care. She suggested there was a need to continue to acknowledge and support those people from administration roles who had retrained into healthcare support worker roles to assist with the nursing provision of care.

Dr Sharp reminded the Board that PPE was a hot topic nationally and he assured the Board that every effort was being made to ensure PPE supplies were received and staff had the correct PPE available to them. Whilst there were a few logistical issues, generally on a day to day basis staff had what they required.

Dr Sharp further commented that staff testing had been commenced early in the pandemic and before national testing had begun. Testing was available to staff who had a household member who was self-isolating.

The **BOARD** was content with the questions and answers provided ahead of the meeting (as attached to the minutes).

The **BOARD** noted the report and approved the work underway by clinical and managerial teams to ensure the safest service could be delivered to all patients at a time of unprecedented demand.

9. Healthcare Associated Infection – Prevention & Control Report

Mrs Nicky Berry presented the report. She advised that Mr Sam Whiting had been nominated as the lead contact for the organisation in regard to PPE. He would be chairing a PPE Committee, three times a week from Monday and it would focus on interpretation and implementation of national guidance, PPE stock and supply and would provide clear oversight of PPE across the organisation.

It was noted that the Board had already recorded a series of questions and answers on the paper, however some remained unanswered and were addressed at the meeting.

Question 27: Mrs Sonya Lam enquired about the effect of suspending audits and reducing the infection control workplan. Mrs Berry commented that it had been agreed in the Infection Control Committee that standard infection control precautions would not be suspended. Indeed they would be prioritised specifically for COVID-19 with the relevant audit taking place. In effect the audits would be shorter and more focused as they would be in regard to COVID-19 only. She advised that the change was created to bolster infection control procedures at such a critical time. Individuals had been added to the team and partnership had offered to support wards.

Question 28: Mrs Lam enquired about antibiotic use. Mrs Alison Wilson clarified that the pharmaceutical care services plan had a different function as it did not cover prescribing; it was more focused on community pharmacy services.

The **BOARD** was content with the questions and answers provided ahead of the meeting (as attached to the minutes).

The **BOARD** noted the report.

10. Risk Management Policy

Dr Tim Patterson advised that the last Risk Management Policy had been approved in 2017 and it was intended to update the policy every 3 years. The policy had been out for consultation with the Clinical Executive Operational Group, the Board Strategy & Performance Committee and had been reviewed by the Audit Committee. He emphasised that the purpose of the policy was to set out the risk management framework and the roles, responsibilities, accountability framework and risk appetite.

It was noted that the Board had already recorded a series of questions and answers on the paper.

The Chair thanked officers for completing the approval routes on their Board papers.

Dr Tim Patterson recorded his thanks to Lettie Pringle, Risk Manager, who had undertaken much work to get the policy to the updated position for approval.

The **BOARD** was content with the questions and answers provided ahead of the meeting (as attached to the minutes).

The **BOARD** approved the risk management policy

11. Code of Corporate Governance Refresh

It was noted that the Board had already recorded a series of questions and answers on the paper.

The **BOARD** was content with the questions and answers provided ahead of the meeting (as attached to the minutes).

The **BOARD** approved the refreshed Code of Corporate Governance.

12. Temporary Revision to the Code of Corporate Governance Arrangements

It was noted that the Board had already recorded a series of questions and answers on the paper.

The **BOARD** was content with the questions and answers provided ahead of the meeting (as attached to the minutes).

The **BOARD** approved the temporary revision to corporate governance arrangements because of the impact of COVID 19 as set out in Appendix 1 of the paper.

13. Performance Scorecard

Mrs June Smyth commented that as part of the response to the COVID-19 pandemic all non-essential services had been stood down and staff had been redirected to other activities. As a consequence a performance scorecard had not been produced. However, she highlighted that in terms of waiting times there was likely to be an impact on the year-end trajectory. The TTG had been predicting 100 and the month end position for March was awaited but was projected to be 160.

Mrs Nicky Berry advised that a process had been put in place whereby patients would have received a letter and if they felt they were deteriorating they could call a helpline and there call could be escalated to the relevant clinician.

The **BOARD** noted the update.

14. Finance Report for the 11 month period to 28 February 2020

Mrs Carol Gillie reported that at the end of February she was reporting a £200k underspend on revenue and break even and capital. At that time she was forecasting breakeven at the year-end on both capital and revenue. However in the previous 3 weeks there had been an impact of COVID-19. The key changes were: a number of planned schemes linked to access funds had not been progressed as planned with the impact estimated at £0.5m; significant amounts of expenditure linked to COVID 19 had been incurred; and in terms of capital there had been slippage on the capital programme linked to the availability of contractors and capacity in estates.

Mrs Gillie advised that she was working closely with Scottish Government colleagues on how to manage the situation. The expectation was that the revenue situation was managed locally and Scottish Government colleagues would provide support with amendments to capital allocations to carry forward unspent funding into the next financial year when costs would be incurred.

Mrs Gillie advised that in regard to the year-end she awaited final confirmation of a likely relaxation in the timetable for the production of final accounts although it was unlikely the content would change significantly.

The **BOARD** noted the update.

15. Finance & Resources Committee Update: 19.03.20

The **BOARD** noted the update.

16. Finance & Resources Committee Minutes: 27.02.20

The **BOARD** noted the minutes.

17. Audit Committee Update: 23.03.20

The **BOARD** noted the update.

18. Audit Committee Minutes: 12.12.19, 17.02.20

The **BOARD** noted the minutes.

19. Clinical Governance Committee Minutes: 22.01.20

The **BOARD** noted the minutes.

20. Area Clinical Forum Minutes: 03.12.19

The **BOARD** noted the minutes.

21. Scottish Borders Health & Social Care Integration Joint Board minutes: 17.12.19, 19.02.20

The **BOARD** noted the minutes.

22. Any Other Business

There was none.

23. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 7 May 2020 at 9.00am via Telephone Conference Call or Microsoft Teams.

The meeting concluded at 9.59am.

Signature:
Chair

DRAFT

BORDERS NHS BOARD: 2 APRIL 2020

QUESTIONS AND ANSWERS

No	Item	Question/Observation	Answer
1	Annual Operational Plan	This item is a verbal item to bring the Board up to speed with where we are in regard to feedback from Scottish Government. This item is for Noting Fiona Sandford - Noted	02.04.20: June Smyth provided the updated position to the meeting.
2	Financial Plan Appendix-2020-36	Karen Hamilton: General comment = Any early indications as to how Covid spend will be dealt with? All comments must be taken with this uncertainty – are CEO and staff getting reassurance from SG that new lines will need to be drawn once recovery is progressing	Carol Gillie: In the COVID19 Mobilisation Plans which are submitted by the Board to SG on a weekly basis it is noted that the Financial Plan is the baseline against which any additional spend related to COVID19 will be monitored. There are weekly updates with DoF's and SG as part of a Corporate Finance Network and individual meetings with SG are to take place to discuss the Mobilisation Plans in detail. The Mobilisation Plan is the route for us to keep the government aware of decisions and financial commitments being made to support COVID19 preparedness and on-going care provision.
3	Financial Plan Appendix-2020-36	Karen Hamilton: P6 First Bullet point - noting the ENRAC comments but isn't it time we stopped commenting on this? Fiona Sandford: Agree with Karen – please can we drop NRAC comments like this.	Carol Gillie: This was for information and assumed it would help Board members understand why nationally quoted figures do not apply to Borders. This additional NRAC funding is referred to in NHS Borders allocation letter
4	Financial Plan Appendix-2020-36	Karen Hamilton: P9 First box – expand on Equip initiative?	Carol Gillie: It's the SGH&SCD's Effective and Quality Interventions Pathways

			The Initiative is tasked to explore national opportunities to harmonise and optimise clinical pathways for procedures across NHS Boards. This can potentially lead to efficiency and productivity opportunities
5	Financial Plan Appendix-2020-36	Malcolm Dickson: p15 Future areas of focus for efficiencies: Planned service reviews between April 2020 and March 2023. In view of current situation, will these be postponed to allow staff to concentrate on keeping the service operating and safe? Otherwise happy to approve.	Carol Gillie: All activities not deemed part of the COVID 19 preparedness plan have currently been put on hold including the Service Reviews. Discussions will be taken forward at appropriate times to reinstate the Service Review process recognising that these are fundamental to the Board in order to move us to Financial Sustainability.
6	Financial Plan Appendix-2020-36	Sonya Lam: Recognising that Covid-19 will impact on the financial plan, what is the likelihood that brokerage will be secured from SG?	Carol Gillie: We await a formal response on the brokerage request within the AOP. In the discussions to date with SG there is no indication from SG that the request for brokerage over the next 2 financial years will not be agreed.
7	Financial Plan Appendix-2020-36	Stephen Mather – Approved Fiona Sandford - Approved	-
8	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Karen Hamilton: Excellent informative report – no comments Fiona Sandford: Really clear read, thank you	-
9	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Malcolm Dickson: Very good report as usual, so happy to approve. One question for Alison: Page 29 Is the take-up of training of community pharmacists as Independent Prescribers disappointing? Is there any reason for this?	Alison Wilson: It is as expected. Many community pharmacists are struggling with day to day workload and undertaking the independent prescribing course is a big commitment. Pharmacists don't necessarily see where it fits at the moment – this will change when Pharmacy First is launched. We will work with the qualified prescribers and those in

			training to continue to build a role for community pharmacist prescribers.
10	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Sonya Lam: What will be the impact of Covid-19 on this plan?	02.04.20: Alison Wilson addressed this question at the meeting.
11	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Sonya Lam: Page 6: For the challenges identified, what are the barriers, what are the enablers?	02.04.20: Alison Wilson addressed this question at the meeting.
12	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Sonya Lam: The data in the background section appears outdated, for example emergency admissions 2002-2013; diabetes type II in 2015. I question whether this is sufficient trend data to make conclusions, such as dementia doubling by 2027 when we have data from 2016 – 2017 with a rise of 16.	02.04.20: Alison Wilson addressed this question at the meeting.
13	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Sonya Lam: I acknowledge the 9 commitments but there is little detail of what plans will be to deliver these commitments and no detail of service improvement plans?	02.04.20: Alison Wilson addressed this question at the meeting.
14	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Sonya Lam: Is there a financial framework around this plan?	02.04.20: Alison Wilson addressed this question at the meeting.
15	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Sonya Lam: Is there a risk register?	02.04.20: Alison Wilson addressed this question at the meeting.
16	Pharmaceutical Care Services Plan 2020-2021	Sonya Lam: What are we approving?	02.04.20: Alison Wilson addressed this question at the meeting.

	Appendix-2020-37		
17	Pharmaceutical Care Services Plan 2020-2021 Appendix-2020-37	Stephen Mather - Approved	-
18	Quality & Clinical Governance – Covid 19 Appendix-2020-38	Malcolm Dickson: Covid-9 Response, main report, p.4 Necessary Adjustments. This is a very good start at identifying where variation from the norm may be required. I'm wondering whether there needs to be a statement made somewhere in guidance to staff that they will still need to judge each circumstance on a case by case basis and that the presence of one factor which might commend variation to practice (eg age of patient) should not by itself apply an automatic variation, without consideration of the fuller picture of that patient?	02.04.20: Laura Jones addressed this question at the meeting.
19	Quality & Clinical Governance – Covid 19 Appendix-2020-38	Karen Hamilton: P2 Background – any clear idea of predicted demand?	Laura Jones: Yes we have this to the best level we are able to predict at present. I will source this for circulation to the Board.
20	Quality & Clinical Governance – Covid 19 Appendix-2020-38	Karen Hamilton: P4 Penultimate para, awaited guidance – any ideas when?	Laura Jones: we are still awaiting guidance on admission to hospital and ITU criteria and we have not yet been told when this will be issued.
21	Quality & Clinical Governance – Covid 19 Appendix-2020-38	Sonya Lam: Page 3 & 4: Thank you for the narrative around the ventilator and oxygen rate as this provides clarity on the issue. Would the modelling numbers change with the use of CPAP (Continuous Positive Airway Pressure) and the recently published guidance by the British Thoracic Society (BTS)	02.04.20: Laura Jones addressed this question at the meeting.
22	Quality & Clinical	Sonya Lam:	02.04.20: Laura Jones addressed this question at the

	Governance – Covid 19 Appendix-2020-38	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/CLEARED_Specialty-guide_-_NIV-respiratory-support-and-coronavirus-v2-26-March-003.pdf	meeting.
23	Quality & Clinical Governance – Covid 19 Appendix-2020-38	Sonya Lam: For the increase in ventilators, do we have the MDT workforce capacity to manage up to 15 ventilators?	02.04.20: Laura Jones addressed this question at the meeting.
24	Quality & Clinical Governance – Covid 19 Appendix-2020-38	Sonya Lam: For the inpatient bed plan, are the numbers specified in the staffing column for nursing staff? Do we understand the impact on other healthcare professions such as physiotherapy, pharmacy, healthcare science staff, radiographers?	02.04.20: Ralph Roberts advised that this question would be picked up in a later discussion on the local mobilisation plan.
25	Healthcare Associated Infection Appendix-2020-39	Karen Hamilton: P6 – Hand Hygiene – never been more important!! Fiona Sandford: Agree	-
26	Healthcare Associated Infection Appendix-2020-39	Karen Hamilton: P 7 Bullet point 3 - HAI team as with all staff should be commended on their work at this time. Any comment please on Borders position with PPE	Sam Whiting: National stock of some items are at critically low levels. Focussed work is progressing nationally to address this. NHS Borders is reviewing all stock of key items held across all sites and modelling demand usage to better understand our requirements and risks
27	Healthcare Associated Infection Appendix-2020-39	Sonya Lam: I recognise that staff have competing priorities in this current situation and the need to minimise and reprioritise work but are there any risk associated with totally suspending audits and the Infection Control Workplan in this C-19 period when more vigilance is required.	02.04.20: Nicky Berry addressed this question at the meeting.

28	Healthcare Associated Infection Appendix-2020-39	Sonya Lam: Page 8: Access antibiotics, 48.5% of total antibiotic use. Should this be sighted in the Pharmaceutical Care Services Plan for 2020-2021?	02.04.20: Alison Wilson addressed this question at the meeting.
29	Healthcare Associated Infection Appendix-2020-39	Stephen Mather – Noted Fiona Sandford – Noted Malcolm Dickson - Noted	-
30	Risk Management Policy Appendix-2020-40	Sonya Lam: It is possibly implicit, but consideration may be required as to how the Whistleblowing (new) standards and policy is integrated/weaved into the risk management policy. I won't provide any comments on areas within the policy where this could be integrated, as I think it would be wise for me to review once I fully understand the NHS Borders Whistleblowing policies and procedures and have a grasp of the Scotland approach to the standards. I see the Risk Management Policy is reviewed every three years or as required.	Tim Patterson: Whistleblowing is an HR policy and is not part of the Risk Management Framework and therefore not part of the Risk Management Policy. It could however be included as a risk on our risk register with the Director of HR as the risk owner.
31	Risk Management Policy Appendix-2020-40	Stephen Mather – Approved Fiona Sandford – Approved Malcolm Dickson - Approved	-
32	Code of Corporate Governance Refresh Appendix-2020-41	Karen Hamilton: All Staff involved commended on finishing this challenging piece of work at this time. Having seen most iterations as the document progressed I have no further comments.	-
33	Code of Corporate Governance Refresh Appendix-2020-41	Malcolm Dickson: well done, happy to approve (I noted one mention of Finance and Resources Cttee had slipped through the net - p.252, para 3.20).	Amendment made
34	Code of Corporate Governance	Sonya Lam: There will be National Whistleblowing Standards	Iris Bishop: In light of the national whistleblowing standards being released we may need to revisit

	Refresh Appendix-2020-41	that each NHS Board will receive quarterly and annual reports. The standards cover primary care, contracted services, volunteers, higher education and HSCP.	elements of the Code of Corporate Governance. The Code of Corporate Governance Steering Group meets quarterly and we have whistleblowing as an agenda item for the next meeting.
35	Code of Corporate Governance Refresh Appendix-2020-41	Sonya Lam: The code may need to be adjusted for the Whistleblowing Standards and consideration given to lines of reporting.	Iris Bishop: Yes I agree we may need to include elements of the whistleblowing standards and we have a quarterly meeting of the Code of Corporate Governance Steering Group to keep the code under review and updated. I have Whistleblowing as an item on the next steering group meeting agenda.
36	Code of Corporate Governance Refresh Appendix-2020-41	Sonya Lam: In the current situation, this is not a priority but I can give consideration to this when there is a return to normality and I have a clearer idea of the procedures and processes currently in place.	Iris Bishop: I would welcome your input to this once we are through the current situation.
37	Code of Corporate Governance Refresh Appendix-2020-41	Stephen Mather – Approved Fiona Sandford – Approved Malcolm Dickson - Approved	-
38	Temporary Revisions to Code of Corporate Governance Arrangements Appendix-2020-42	Stephen Mather – Approved Fiona Sandford – Approved Malcolm Dickson - Approved	-
39	Performance Scorecard	This item is a verbal item to bring the Board up to speed with organisational performance as per the Annual Operational Plan. This item is for Noting. Fiona Sandford – Noted Malcolm Dickson - Noted	02.04.20: June Smyth provided a verbal update at the meeting.
40	Declarations of Interest	For Approval Fiona Sandford – Approved	The declarations of interest for John McLaren were also circulated in advance of the meeting for inclusion

		Malcolm Dickson - Approved	in the Register.
41	Minutes of Previous Meeting	Karen Hamilton: P6, item 17 para 3 spelling error – the datix system	Typo has been corrected.
42	Minutes of Previous Meeting	Malcolm Dickson: Item 10. For further clarity can you add to the end of the first sentence “to discuss that organisation’s approach to its next annual audit of the NHS across Scotland.”	Completed.
43	Matters Arising	Karen Hamilton: P8, Item 24 para 4 I matter paused	The Board imatter team was put in place, however imatter has been stood down nationally in light of the COVID 19 pandemic. There is currently no advice available on when imatter will be relaunched.
44	Matters Arising	Karen Hamilton: Action Tracker 13 – can we have an update with date for reference please.	02.04.20: Rob McCulloch-Graham provided at update at the meeting.
45	Matters Arising	Karen Hamilton: Action Tracker 14 - can we have an update with date for reference please. Malcolm Dickson - Noted	June Smyth: Given the COVID-19 situation this matter has been stood down at this time. We will reassess the position at end of June 2020.
46	Finance Report for the 11 month period to 28 February 2020	This item is a verbal item to bring the Board up to speed with the current financial position. This item is for Noting. Fiona Sandford – Noted Malcolm Dickson - Noted	FPR February Report and Board. Summary Tables for information. 02.04.20: Carol Gillie provided a verbal update at the meeting.
47	Finance & Resources Committee Update: 19.03.20 Appendix-2020-44	Karen Hamilton – Noted Stephen Mather – Noted Malcolm Dickson - Noted	-
48	Finance & Resources Committee Minutes: 27.02.20 Appendix-2020-45	Karen Hamilton – Noted Stephen Mather – Noted Malcolm Dickson - Noted	-

49	Audit Committee Update: 23.03.20 Appendix-2020-46	Karen Hamilton – Noted Stephen Mather – Noted Malcolm Dickson - Noted	-
50	Audit Committee Minutes: 12.12.19, 17.02.20 Appendix-2020-47	Karen Hamilton – Noted Stephen Mather – Noted Malcolm Dickson - Noted	-
51	Clinical Governance Committee Minutes: 22.01.20 Appendix-2020-48	Karen Hamilton – Noted Stephen Mather – Noted Malcolm Dickson - Noted	-
52	Area Clinical Forum Minutes: 03.12.19 Appendix-2020-49	Karen Hamilton – Noted Stephen Mather – Noted Malcolm Dickson - Noted	-
53	Scottish Borders Health & Social Care Integration Joint Board minutes: 17.12.19, 19.02.20 Appendix-2020-50	Karen Hamilton – Noted Stephen Mather – Noted Malcolm Dickson - Noted	-