

Minutes of a meeting of the **Borders NHS Board** held on Thursday 4 June 2020 via MS Teams.

**Present:**

- Mrs K Hamilton, Chair
- Dr S Mather, Vice Chair
- Mrs F Sandford, Non Executive
- Mr M Dickson, Non Executive
- Ms S Lam, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Cllr D Parker, Non Executive
- Mr R Roberts, Chief Executive
- Mr A Bone, Director of Finance
- 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 A Carter, Director of Workforce
- Dr A Cotton, Associate Medical Director
- Dr J Bennison, Associate Medical Director
- Dr A Howell, Associate Medical Director
- Mrs L Jones, Head of Clinical Governance & Quality
- Mr S Whiting, Deputy Hospital Manager
- Mrs C Oliver, Communications Manager
- Dr K Allan, Associate Director of Public Health
- Ms L Pringle, Risk Manager
- Mr G Clinkscale, Interim Associate Director of Acute Services

## **1. Apologies and Announcements**

Apologies had been received from Mrs Carol Gillie, Interim Director of Estates & Facilities.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting including, Mrs Laura Jones, Head of Clinical Governance & Quality, Mr Sam Whiting, Infection Control Manager, Ms Lettie Pringle, Risk Manager, Mr Keith Allan, Associate Director of Public Health and Mr Gareth Clinkscale, Associate Director of Acute Services

The Chair formally recorded the thanks for the Board to Mrs Carol Gillie as Interim Director of Estates & Facilities who was retiring from NHS Borders at the end of June.

The Chair reminded the Board that a series of questions and answers on the Board papers had been provided and their acceptance would be sought at each item along with any further questions.

## **2. Declarations of Interest**

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

Mr Malcolm Dickson declared that his sister in law worked for the Northumbria Foundation Trust.

The **BOARD** noted the verbal declaration.

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

The minutes of the previous meeting of the Borders NHS Board held on Thursday 7 May 2020 were approved.

## **4. Matters Arising**

**4.1 Action 15:** Mrs Fiona Sandford thanked Mr Andy Carter for the paper on “Absence During the COVID-19 Pandemic”. She enquired why the number of people identified with underlying health conditions and for shielding had increased in April when they should have been known about in March. Mr Carter explained that the timing for the increase in numbers was in line with the national and local GP letters released. Mrs Nicky Berry commented that the shielding criteria had widened to include other conditions and remained on-going.

Mrs Sandford commented that it was important the Board did not lose sight of sickness absence, especially given the potential for stress and exhaustion in staff to be realised after the initial peak in the pandemic. She requested the Board be kept updated. It was noted that both the Finance and Performance reports captured sickness absence figures and detail. Mr Ralph Roberts reminded the Board that the Staff Governance Committee as part of its remit would receive, review and scrutinise sickness absence information and data for the organisation.

The **BOARD** noted the questions and answers provided.

The **BOARD** noted the Action Tracker

## **5. COVID 19 Re-Mobilisation Plan**

Mrs June Smyth provided an overview of the content of the paper. She commented that a short development session would be held on the Re-mobilisation plan at the conclusion of the Board meeting.

The **BOARD** noted the questions and answers provided.

The **BOARD** noted the process in developing the first iteration of NHS Borders COVID-19 Recovery Plan in response to the pandemic, which was submitted to the Scottish Government on 25<sup>th</sup> May 2020.

## 6. Quality & Clinical Governance Report

Mrs Laura Jones provided an overview of the content of the report and highlighted 2 specific points being: the section on resuscitation during COVID-19 and care homes. Mrs Jones commented that the Clinical Governance Committee had looked at resuscitation against a background of conflicting national guidance and risks to patients and staff. There had been 4 key pathways identified and she provided assurance to the Board that the risk assessment remained under constant review to ensure the balance was correct and review was made as further revised guidance was released.

She further advised in regard to Resuscitation pathway 4 about the application of resuscitation in the general community setting and the current advice that all health care settings should apply full PPE prior to chest compressions.

Mrs Jones further provided assurance to the Board in regard to the activity around care homes and the new guidance received from the Cabinet Secretary providing a new responsibility for Directors of Nursing in regard to care homes. Sadly as of the previous day 8 care home deaths had been recorded due to COVID-19 in Scottish Borders.

Dr Stephen Mather commented that the Clinical Governance Committee had discussed as length the matter of resuscitation and had covered all issues. The Committee had been assured that what had been proposed was correct and appropriate.

The Chair enquired about the potential reinstatement of a Director of Acute Services role. Mr Ralph Roberts explained that in recognition of the extended workload on the Director of Nursing in regard to Care Homes and the wider links to community services, he had wished to provide Mrs Berry with additional support for the Acute Services element of her role. He had therefore formulated an Interim Associate Director of Acute Services role, which Mr Gareth Clinkscale had taken up and allowed Mrs Berry capacity to focus on care homes issues.

The **BOARD** noted the questions and answers provided.

The **BOARD** noted the report.

## 7. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting provided assurance to the Board in regard to the provision of supplies of PPE, commenting that there were regular deliveries being received. He further commented that staff were no longer required to decontaminate single use eye protection.

The Chair commented that a staff share had been issued in regard to the use of PPE and she enquired if that had been planned or if there had been an issue raised which had lead to the staff share. Mr Whiting commented that spot checks were undertaken on the use of PPE and it had been noted that in some areas there had been a misunderstanding of sessional use of PPE and single use of PPE. As poor practice had been observed it had been important to provide assurance to staff on the correct donning and doffing procedures for single use PPE and sessional use PPE.

Dr Cliff Sharp commented that in respect of PPE in connection with the Black, Asian and Minority Ethnic (BAME) population the organisation was keen to take particular account of individuals needs for PPE. Managers were undertaking risk assessments with their BAME staff to ensure they had the correct level of PPE for their role, especially given the national information that BAME people were a COVID-19 higher risk category.

Dr Sharp further commented that infection control colleagues had also been available to support care homes with their PPE training and infection control advice given the constantly changing situation for care homes.

The **BOARD** noted the questions and answers provided.

The **BOARD** noted the report.

## **8. COVID-19 Test and Protect**

Dr Keith Allan provided a presentation on Test and Protect.

Dr Amanda Cotton sought clarification that if staff were contact traced, asymptomatic and asked to isolate for 14 days, evidence contesting their asymptomatic status did not allow them to return to work earlier. Dr Allan confirmed that the guidance at present was that if you were contact traced from a confirmed case then you had to isolate for 14 days. He reminded the Board that there were staff testing policies in place however, if a household member was confirmed positive, then anyone contact traced was asked to isolate for 14 days. National guidance also confirmed that those contact traced with a negative test outcome were still required to isolate for a period of 14 days.

Mr Andy Carter commented that if a member of staff was asymptomatic and required to isolate for 14 days they may be able during that period to work from home depending on their role.

Dr Allan clarified that when someone was contact traced they were asked to self isolate for 14 days. If they had a positive test result, their contacts would then be traced. If they had a negative test result they would be asked to self isolate for 7 days and no further contact tracing would be undertaken. Risk mitigations were put in place at each stage of the process.

Dr Stephen Mather suggested the success of tracing or testing was predicated on capacity to trace and the consent of those being tested. He sought assurance on the capacity to test, capacity to trace and what authority the organisation had if a contact refused to self isolate.

Dr Allan commented that testing capacity at a national level was undertaken through national laboratories. There had been a delay in receiving results into the local system from the national Lighthouse laboratory and those results were being made available on the ECOSS national system. Locally there was capacity to test, each test was by consent and therefore if someone did not consent to a test they were not compelled to take the test and public health advice would be based on symptoms and exposure to contacts. There were pieces of legislation under the COVID-19 regulations and Public Health Scotland Act that could be utilised should an individual be deemed as a very high risk.

Dr Tim Patterson commented that the majority of people would voluntarily comply with the regulations. He reminded the Board that contact tracing should be seen as part of a wider package of measures including social distancing, hand washing, sneezing protocols, etc.

Mrs Alison Wilson enquired about arrangements for independent contractors such as community pharmacists and optometrists. Dr Allan advised that risk assessments would be required to be done for the different levels of exposure.

Ms Sonya Lam enquired how contact trace callers would be able to verify they were genuine. Dr Allan commented that it was an important point and a telephone line service number had been set

up so that anyone wishing to verify the call made to them could call the Borders General Hospital (BGH) and they would be put through to the contact tracers number.

Mrs Fiona Sandford enquired how easy it was for a member of the public to get a test locally or by post. Dr Allan advised that there was capacity locally for testing. Individuals could book a test on line and drive to the testing centre or have a test posted to them. There was evidence of self-testing being acceptable and should people be unable to access booking a test on line a telephone number was also available to call to book a test. The mobile testing unit was based in Galashiels on a rotational basis with other areas.

Mrs Fiona Sandford enquired about the national app availability and antibody testing. Dr Allan advised that Health Protection Scotland were looking at the position regarding a national antibody test and the national app would be whatever the UK government decided.

The **BOARD** noted the questions within the circulated Board Q&A had been answered during the presentation.

The **BOARD** noted the presentation.

## **9. Finance Report**

Mr Andrew Bone reminded the Board of the discussion at the previous meeting in regard to disruption to reporting cycles and he hoped to be back to normal reporting cycles by the end of June. Mr Bone commented that the report was a high level interim report and in terms of the 2019/20 year end position he asked the Board to be assured that all of the financial targets for the year end 2019/20 would be met. He advised that the final allocation adjustment for 2019/20 was still awaited however he was confident that it would be as close to the position as described in the report.

In terms of moving into 2020/21 the report provided a limited level of information. Work was ongoing to identify and clarify the detailed level of impact of COVID-19 costs.

Mr Bone advised that the Scottish Government summer budget had been published verbally the previous week and he would provide Board members with a short briefing on the content via email.

The **BOARD** noted the questions and answers provided.

The **BOARD** noted the report and the continued work to finalise the 2019/20 Year end outturn position.

The **BOARD** took significant assurance that the Board had met its financial performance targets for 2019/20, subject to confirmation of final allocation adjustments as outlined in the report.

The **BOARD** noted that normal financial reporting remained suspended for 2020/21 Month 1 (April) as a result of disruption following Covid-19 emergency measures.

The **BOARD** noted the information provided in relation to 2020/21 Month 1 pay expenditure including the financial planning impact of the Board's COVID19 response to end April 2020.

## **10. Performance Briefing**

Mrs June Smyth presented the shorter abridged report and highlighted that Delayed Discharges were beginning to increase and as of that morning there were 30 delayed discharges with 25 in Community Hospitals, 2 in Mental Health and 3 in the Borders General Hospital. In regard to waiting times she confirmed that cancer cases had continued to be addressed throughout the COVID-19 period and waiting times were a key focus of recovery planning. As discussed earlier in the meeting the detailed breakdown of sickness absence could be included in the performance report. There were a range of standards not being reported on and as part of the recovery planning those standards would gradually be brought back into position and reported on as data became available.

The Chair commented that it was frustrating that the delayed discharges figures had increased given the progress that had been made in addressing them during the pandemic. She was keen to see strategies and processes to return to a zero position.

Mr Rob McCulloch-Graham agreed that it was frustrating that delayed discharges had again increased given all of the processes remained in place. He assured the Board that all of the leads on the integration huddle were reviewing each individual delayed discharge to identify where the blockages were. He reminded the Board that Upper Deanfield had been opened to provide additional nursing care however a number of delayed discharges had not been appropriate for that facility. He advised that he was looking to commission further Queens House beds if possible.

Mrs Smyth advised that there were daily updates from the integrated huddle and it was currently planning for the 3 delayed discharges in the Borders General Hospital to be placed in nursing care home placements by the end of the following week.

Mrs Nicky Berry spoke of the success of the integrated huddle and advised that the new General Manager, and Associate Director of Nursing, for Primary and Community Health Services would be part of the single integrated huddle in future. The Chair welcomed the formation of a single integrated huddle to address delayed discharges and suggested the work needed to be focused upstream to stop patients becoming delayed discharges.

The **BOARD** noted the questions and answers provided.

The **BOARD** noted the Performance Briefing for April 2020.

## **11. Strategic Risk Register**

Dr Tim Patterson provided an overview of the content of the report and spoke of the new way of summarising strategic risks. He hoped the report was clear in showing what was new and what updates had been made from the previous risk levels.

Mr Malcolm Dickson welcomed the diagram as a useful summary.

The Chair commented that it was a difficult document to work through and therefore the summary provided by Ms Lettie Pringle was very helpful. She suggested the layout in terms of the next report might capture the RAG status on one page.

The **BOARD** noted the questions and answers provided.

The **BOARD** noted the report

**12. Endowment Fund Board of Trustees Minutes: 20.01.20**

The **BOARD** noted the minutes.

**13. Board Committee Memberships**

The Chair introduced the report and provided a brief overview of the content.

The Chair advised that she and Miss Iris Bishop were currently working with the national Boards to identify a non executive to join NHS Borders as an interim measure.

The **BOARD** approved the membership and attendance of Non Executive members on its Board and other Committees as recommended by the Chair to take effect from 1 July 2020.

**14. Any Other Business**

**14.1** The Chair commented that it was Mrs June Smyth's birthday and the Board recorded their best wishes to June.

**14.2** Mrs June Smyth advised the Board that a new camera set up would be in place for the next meeting which should enable a clearer sound and picture quality.

The **BOARD** noted the updates.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 2 July 2020 at 9.00am via Microsoft Teams

The meeting concluded at 10.29am.

Signature: .....  
Chair