Borders NHS Board

Minutes of a meeting of the **Borders NHS Board** held on Thursday 2 July 2020 at 9.00am 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
Mrs L Jones, Head of Clinical Governance & Quality
Mrs C Oliver, Communications Manager
Mr B Brackenridge, Non Executive elect
Mr G Clinkscale, Associate Director of Acute Services
Mrs S Errington, Head of Planning and Performance

1. Apologies and Announcements

Apologies had been received from Mrs Annabel Howell, Associate Medical Director and Mr Sam Whiting, Infection Control Manager.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting.

The Chair welcomed Mr Bill Brackenridge to the meeting. Mr Brackenridge would be co-opted to the Board to fill the vacant Non Executive Director post whilst the interview process remained postponed.

The Chair reminded the Board that a series of questions and answers on the Board papers had been provided (Board Q&A) and their acceptance would be sought at each item on the agenda 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.

Mrs Sonya Lam declared that her partner had been appointed as a temporary specialist adviser to the Scottish Government.

The **BOARD** noted the verbal and the written declaration made by Mrs Sonya Lam contained within the Board Q&A document.

The **BOARD** noted the verbal declaration by Mr Malcolm Dickson.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 4 June 2020 were approved with the inclusion of the amendment in the Board Q&A document.

4. Matters Arising

4.1 Minute 8 COVID-19 Test and Protect: The Chair drew the attention of the Board to the update within the Board Q&A document.

4.2 Board Q&A Day of Care Audit: Mrs Sonya Lam enquired if there was a timescale to repeat the Day of Care Audit (DoCA). Mr Rob McCulloch-Graham commented that given COVID-19 it was likely that a table top exercise would be undertaken before the end of December 2020.

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

The **BOARD** noted the action tracker.

5. COVID-19 Re-Mobilisation Plan (Recovery) Update

Mr Ralph Roberts introduced the Re-mobilisation plan and reminded the Board that it had seen earlier versions of the document.

Mrs June Smyth provided a brief overview of the content and commented that further guidance was expected from the Scottish Government. The framework had been shared with the Board members the previous day and had been developed based on the requirements set out by the Scottish Government as well as what the individual business units had said they wished to do in terms of timings for their recovery and remobilisation of services. She highlighted that: staff were being encouraged to take annual leave; mutual aid discussions were progressing regionally; dialogue remained on-going with Scottish Borders Council colleagues in regard to a desk top exercise for education services; and the potential to do desk top exercises for NHS Borders services.

Mrs Fiona Sandford commented that it had been ambitious in the first draft to surmise that all routine activity would be back to normal in July. Mr Gareth Clinkscale agreed that it had been ambitious.

Mrs Sandford enquired about the difference in a Green and Amber RAG status from the patient point of view and how that was communicated. Mr Clinkscale commented that in terms of the Green and Amber RAG status that had been taken from the Scottish Government Cancer Framework document. The interpretation was that a Green status was the achievement of delivering all cancer elective care on a separate site to any COVID-19 activity. As NHS Borders had one main acute hospital that was unachievable and an Amber RAG status was provide as the service was delivered through separate pathways on the same site.

Further discussion focused on: additional resource requirements in terms of staffing and space; development of a clinical prioritization model; and separate pathways involved separate ward areas to ensure elective patients were not mixed with non elective patients.

Mr Malcolm Dickson enquired if the Community Hubs were the same as the Locality Hubs. Mr Rob McCulloch-Graham confirmed that they were the same Hubs with a wider remit of services included.

Mr Dickson enquired about GP services and the potential for an increase in transmission once services were fully operational with more face to face consultations taking place. Mr McCulloch-Graham commented that the main issue for GPs was that every procedure took twice as long given the need to don and doff PPE and an interface group had been set up between acute and GPs to work through the demands from acute to primary care and how they could be minimised. It was also hoped that the COVID-19 Assessment Centre would be continued and used as a triage centre.

Dr Cliff Sharp commented that Near Me and Telephone triage remained as the first line of approach to GP Practices and Health Centres. He further commented that in regard to social distancing, it remained a challenge for several practices and health centres given some premises were less modern and spacious than others.

Mr McCulloch-Graham advised the Board that a working group had been set up to look at how the winter flu vaccination would be delivered, given the constraints on GPs and an anticipated increase in demand.

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

The **BOARD** noted the update on the COVID-19 Re-mobilisation (Recovery) Plan, including the underpinning programme plan and progress to date.

6. COVID-19 Board Update Report

Mrs Nicky Berry introduced the COVID-19 data focused report.

Mrs Berry provided an update in regard to Care Homes and advised that an analysis of patients discharged from the Borders General Hospital and Community Hospitals to Care Homes had been undertaken. She assured the Board that no patients had been transferred into Care Homes with COVID-19. She further advised that she had undertaken 21 actual visits to Care Homes and there were 3 virtual visits planned. Feedback to date from those visits indicated good delivery of care, no issues with PPE, good communication between residents and families and the input of Mark Clark and the Control of Infection in the Community Service. Some recurring themes were in regard to building the GP and District Nurse relationship with Care Homes and those themes would be discussed at the newly formed monthly improvement forum with SBCares, Care Homes and the Community Liaison Team across social care. Mr Rob McCulloch-Graham commented that there

were regular weekly meetings held with all 17 Care Homes in the Borders which had much improved relationships across the whole sector.

Mrs Berry further commented that there had been one unannounced inspection of a Care Home which had not been in regard to nursing concerns, but had been about management. She confirmed that there were no concerns raised following the visit.

Mr Ralph Roberts advised the Board that Health Improvement Scotland would begin to reinstate their unannounced visiting programme of Community Hospitals from the following week. Mrs Berry assured the Board that she and colleagues had already undertaken informal visits to the four community hospitals and action plans remained in place for any unannounced inspections. She further commented that an announced inspection had taken place the previous year with excellent feedback having been received.

Mr John McLaren sought clarification on whether the criteria for the unannounced inspections had been revised as a consequence of COVID-19. Mrs Berry advised that the methodology remained the same.

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

The **BOARD** noted the report.

7. Organisational Objectives 2020-2023

Mr Ralph Roberts provided an overview of the background to the refresh of the Organisational Objectives and the opportunity to further review them in the light of COVID-19. He highlighted that under the culture section some additional bullet points had been added in regard to ethnicity and beliefs.

Mrs Clare Oliver then set out the process undertaken and feedback received to achieve the revised Organisational Objectives. She highlighted that Mr Andy Carter was testing the ethnicity and beliefs bullet points with relevant staff to ensure they were meaningful and appropriate.

In regard to Question 25 on the Board Q&A document, Mrs Oliver sought further views from Board members. Comments made included: support; well articulated message; what was measured in terms of how well the organisation performed given the challenges around flow; potentially increased options around individual patient care should enable a change in the balance of whether an individual needed to come into hospital and how long they stayed; any objective should have a measurement against which progress could be monitored; patient flow was measured through the length of stay data; to enable an alignment of strategic plans for health and the local authority there will be the potential to revisit the objectives over the coming 12-18 months; and early discussions had already commenced on the potential for a joint capital strategy in the future.

In regard to Question 26 on the Board Q&A document, Mrs Oliver sought further views from Board members. Comments made included: and adding an additional bullet point about NHS Borders being a place of excellence for training and development; building a culture of continuous learning and improvement for all staff.

Mrs June Smyth advised that once Board approval had been granted, the objectives roll out plan would be progressed which would involve engagement with partners.

Mr Malcolm Dickson sought clarity that the bullet points in red were about equalities in general and not specifically about Black, Asian and Minority Ethnic people (BAME). Mr Roberts clarified that it was the intention to be as inclusive as possible and Mr Carter commented that he had emailed 75 colleagues who had self identified as belonging to BAME groups and of those 10 responses had been received. It was important to be ensure any wording was not discriminatory in any context ie, disability or race.

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

The **BOARD** agreed the organisational objectives, priorities and statements of intent subject to final wording of the two identified bullet points

The **BOARD** noted the next steps outlined in the report

8. Financial Turnaround Programme Update

Mrs June Smyth provided an overview of the content of the report and she advised that the turnaround programme had been suspended as a consequence of COVID-19. Mrs Smyth advised that the report portrayed what had been achieved, what had been put on hold and that an assessment would be undertaken over the summer with a view to the Resources & Performance Committee receiving a report in September on next steps.

Mrs Fiona Sandford enquired if there was the possibility of adding in the aspirations for any savings through innovations that had been brought about by COVID-19. Mrs Smyth confirmed that the assessment would look at that, and she was already aware of some items that had not progressed to a mandate stage, with the onset of COVID-19, had actually been put in place and would have created savings.

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

The **BOARD** noted the report.

9. Finance Report for the period to the end of May 2020

Mr Andrew Bone reported a £2.44m overspend position at the end of May and advised of the distinction between core and COVID-19 overspends. He suggested some funding would be received from the Scottish Government against the COVID-19 spend however that had not yet been clarified.

Mr Bone drew the attention of the Board to the underspend of business unit operational performance as a consequence of COVID-19 and the potential for new ways of working and savings to be realised. He assured the Board that the Scottish Government acknowledged that the financial performance of NHS Borders had been impacted by COVID-19 and an allocation would be forthcoming, however there were two separate processes being undertaken to review COVID-19 expenditure prior to allocations being released.

Mr Malcolm Dickson commented that he would welcome a look at the COVID-19 expenditure profile at some point. Mr Bone confirmed that a report was being prepared on the first quarter for the Resources & Performance Committee meeting in September.

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

The **BOARD** noted the 2020/21 Finance Performance Report for the period to 31st May 2020.

The **BOARD** took moderate assurance that the board's financial performance, net of COVID-19 related costs, does not present any additional financial risk beyond that described in the financial plan.

The **BOARD** noted the planned timeline for report out of the Quarterly review and year end outturn from the 30th June 2020 financial position.

10. Managing Our Performance End of Year Report 2019/20

Mrs June Smyth presented the abridged report. She advised that it contained a collation of performance against the key standards that the organisation was required to report on for the financial year 2019/20. Mrs Smyth drew the attention of the Board to page 19 which included information against the Scottish average and she commented that despite being in financial turnaround, performance had remained good with the organisation being above average for 10 standards and aligned for 2 standards.

The Chair enquired if the Board could receive an overview of the impact of COVID-19 on the March to May performance against all standards reported on. Mrs Smyth advised that she would ensure that analysis was included in the next monthly performance report.

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

The **BOARD** noted the 2019/20 End of Year Managing Our Performance Report.

11. Performance Briefing

Mrs June Smyth provided an overview of the content of the report. She advised that as of 2 July the Delayed Discharge position was 25. It equated to 1 in acute, 5 in mental health, 19 in community hospitals and of those 25, 5 were complex cases. Mrs Nicky Berry confirmed that the single delayed discharge in the Borders General Hospital (BGH) would be discharged later that day. She also confirmed that the Integrated Huddle that had been embedded in the BGH was being adapted and rolled out across the community hospitals and mental health.

Dr Amanda Cotton advised that the delayed discharges in mental health had risen to 7 with 2 available beds within the service.

Further discussion focused on: replication of the integrated huddle from acute to the community hospitals; guardianship orders and the positive relationship with the Sheriffs locally; provision of resource at Upper Deanfield was not successful; high end DME capacity is required; looking to extend care provision with expertise around dementia; lessons learning from provision of Upper Deanfield; reduction in the mental health service footprint has lead to an over occupancy of Melburn Lodge; and nationally there was discussion about significant changes to how Adults with Incapacity (Scotland) Act 2000, Section 13ZA would operate in emergency measures.

The Chair asked that the Board be given a summarised picture of delayed discharges across the system and Mr Ralph Roberts suggested the Integration Joint Board might wish to pull that together and present it to the Health Board. Cllr David Parker echoed Mr Roberts' suggestion and commented that the Integration Joint Board would pick up the work on delayed discharges and present it to the Health Board in due course.

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

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

The **BOARD** agreed that the Integration Joint Board would look into the position of delayed discharges across the system and present to the Health Board in due course.

12. Temporary Governance Arrangements

The Chair welcomed the move to more normal governance arrangements.

Mr Malcolm Dickson enquired about the ability of the public to access the meetings. Miss Iris Bishop advised that work was underway to look at various different models of involving the public in the meetings, either via MS Teams, Teams Live event, recording and webcasting the meetings. She had however been advised to wait until the full Office365 package was available.

Cllr David Parker advised that Scottish Borders Council had now held a number of meetings through MS Teams broadcast to the public without them being able to contribute to the meeting and he confirmed the need to wait for the full roll out of Office365 before moving to that position.

The Chair enquired of the timeline for the full roll out of Office365 to the organisation and Mrs June Smyth commented that it had been pushed back to the autumn given COVID-19.

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

The **BOARD** approved a move back to normal governance arrangements as far as is practicable with effect from 1 August 2020.

The **BOARD** approved a return to the substantive arrangements at Section A, Sub Section 2, Section 1.3 Calling and Notice of Meetings, of the Code of Corporate Governance.

The **BOARD** noted the next cycle of meetings of Borders NHS Board would be held on 1 October 2020 and 3 December 2020 as agreed on 7 November 2019 at the Board Development session.

The **BOARD** agreed to cancel the Board meeting scheduled for 1 October 2020 and bring it forward to 24 September 2020 in order to formally approve the NHS Borders Annual Report and Accounts by the Scottish Government timeline of 30 September 2020.

The **BOARD** noted the inaugural meeting of the Resources & Performance Committee will be held on 3 September 2020 with its next meeting held on 5 November 2020 as agreed on 7 November 2019 at the Board Development session.

The **BOARD** approved a return to the substantive arrangements at Section A, Sub Section 2, Section 16.6 Minutes, Agendas and papers and Section 10.4 Submission of Reports, of the Code of Corporate Governance.

The **BOARD** agreed to continue to specifically suspend Section A, Sub Section 2, Section 14.1 Admission of public and press of the Code of Corporate Governance.

The **BOARD** formally approved the publication of the agenda and papers pack 3 days in advance of the meeting on its website.

The **BOARD** agreed to continue to specifically suspend Section A, Sub Section 2, Section 5.1 Quorum of the Code of Corporate Governance.

The **BOARD** noted that the Code of Corporate Governance Steering Group will meet in July to consider whether any if the temporary revisions made to the Code of Corporate Governance should be adopted as substantive changes for the next refresh of the Code of Corporate Governance.

13. Audit Committee Update

The **BOARD** noted the update.

14. Audit Committee Minutes: 23.03.20

The **BOARD** noted the minutes.

15. Area Clinical Forum Update

Mr Malcolm Dickson enquired about progress in addressing the communications issues between GPs and acute consultants as noted in the update. Dr Cliff Sharp commented that the new leadership group in Primary Care had developed and put in place an interface group populated by members of the GP Executive and secondary care clinicians. The group discussed issues of common interest and tension between both parties.

In regard to the reference to quality of PPE, Mr Andrew Bone reminded the Board that PPE was procured through the national supply route, which was UK wide, and the only way to influence that would be to provide feedback through the supply channel contacts. Mrs Nicky Berry commented that medical staff had provided feedback on the quality of the masks and that feedback had been escalated to Mr Sam Whiting, Infection Control Manger.

The **BOARD** noted the update.

16. Area Clinical Forum Annual Report 2019/20

The **BOARD** noted the Annual Report.

17. Area Clinical Forum Minutes: 03.03.20

The **BOARD** noted the minutes.

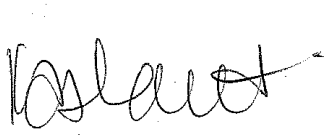
18. Any Other Business

Dr Stephen Mather offered the thanks of the Board to Miss Iris Bishop for collating the Board Q&A and releasing it outwith normal office hours. The Chair commented that the provision of the Board Q&A worked very well and she also thanked the Executive Team for their input to it.

19. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday Thursday, 30 July 2020 at 9.00am via Microsoft Teams.

The meeting concluded at 10.45am.



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Chair

BORDERS NHS BOARD: 2 JULY 2020

QUESTIONS AND ANSWERS

No	Item	Question/Observation	Answer
1	Declarations of Interest	**Sonya Lam:** I declare that my partner is currently a specialist advisor for the Scottish Government on a temporary basis in the Covid-19 situation, more recently working with SG colleagues on the NHS Boards Re-mobilisation plans.	**Iris Bishop:** I will also formally record this at the meeting – thank you.
2	Minutes of Previous Meeting	**Laura Jones:** Can we revise Minute 6, Page 3, Para 2 to read:- She further advised in regard to Resuscitation pathway 4 about the application of resuscitation in the general community setting and advised that current local advice that all health care settings should apply full PPE prior to chest compressions was now being reviewed in line with recent advice from the Resuscitation Council UK (RCUK) for the general community. RCUK now advises that standard PPE can be worn with a covering over the patient's mouth and nose during chest compressions in a resuscitation attempt. This reflects the evolving risk profile in the general community. Local guidance for pathways 1-3 will remain unchanged until the level of risk presented by coronavirus lessens but will remain under constant review.	**Iris Bishop:** Complete amended paragraph now included in the minutes.
2A	Minutes of	**Karen Hamilton:**	**Tim Patterson:** The contact tracing service has since

	Previous Meeting	Page 8 - Brief update on Test and Protect activity?	it started 28th May: • Traced 13 new positive cases • Identified and interviewed an additional 17 contacts • Passed 3 cases to other Boards after initial assessment (found to be out of area patient) During this period of lower than predicted level of activity, the opportunity has been taken to train staff in undertaking these new roles and to put in place processes to ensure an effective contact tracing service is operational. NHS Borders will be "onboarded" to a new national Case Management System in the week commencing 7th July. This will allow connection with the National Contact Tracing Service and mark a change to our operational approach locally. It is expected that the national team will conduct tracing of "simple" cases and refer those in "complex" settings (e.g. heath and social care, care homes, schools) to the local NHS Borders Tracing Team. Furthermore national may refer to local teams for any additional information they require to trace individuals. Referrals may be made 0800 – 2000, seven days a week. We are yet to receive detail on this service model and the potential implications for the local contact tracing service. The majority of cases currently are found from testing in complex settings (due to where current testing resource is directed). The standing up of the national service may therefore have only a modest impact on the local team's case load. Due to the numbers of cases being much lower than

			anticipated, the government are urgently undertaking modelling to review the required contact tracing capacity nationally and what this means for local Boards, we are expecting the outcome of this within the next week. This of course will be influenced by continuing changes in lockdown and the promotion of testing more widely in the community (e.g. via the online portal).
3	Matters Arising from the Minutes	**Sonya Lam:** In the last set of questions (Page 11 Question 9), I asked whether the Day of Care survey provide any insights in the Community Hospital settings. Is this survey still used and could it be of value in addressing delayed discharges?	**Rob McCulloch-Graham:** We do regular surveys however the larger survey was a one off, where we covered every ward. We do aim to repeat this at least once a year.
4	Action Tracker	**Sonya Lam:** Action 13. Did the IJB Development session provide any insights into how lessons learned from the C-19 situation inform the business cases for the Directions?	**Rob McCulloch-Graham:** The session was very useful for identifying and confirming priorities. The business cases will require much more negotiation and discussion.
5	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Stephen Mather:** *'Elective surgical patients will be screened for covid-19'* When will this take place bearing in mind that the result is only valid for that episode and the longer between testing and admission, the less useful is the result? Do we have the capacity to test and turnaround in 24 hours?	**June Smyth/Gareth Clinkscale:** The exact timing of the Covid screening is still being determined by the clinical lead for the Elective Recovery Group. It is likely this will take place at pre-assessment the day before surgery. We have the capacity to test and turnaround within 24 hours. A proportion of tests are turned around n a 2 hour window through our point of care testing facility.

6	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Stephen Mather:** *'2 metre spacing between beds (as per social distancing)'* Is this going to be maintained when government recommendations for social distancing are going to be relaxed?	**June Smyth/Gareth Clinkscale:** This will be reviewed when government recommendations are relaxed. The reduction in number of patients per bay will still increase our ability to social distance, even at a lower social distance threshold, when patient visiting restarts and wards become busier.
7	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Sonya Lam:** These questions may arise through my lack of understanding about the BGH building and bed configuration, so advanced apologies: ○ Page 3 of the update, under Programme Plan Progress bullet point 1and 2. I note the number of beds will reduce from 6 to 4 in DME, surgery wards and medical assessment. Although there are no resource implications, what are the implications for patient flow and patient outcomes?	**June Smyth/Gareth Clinkscale:** The initial move from 6/bay to 4/bay in DME, Surgery and the Medical Admissions Unit has been mitigated through the parallel opening of beds in Surgery and Medicine to balance this loss in capacity. There is no net loss of beds compared to June bed capacity. There is risk as activity increases and we approach winter. We are taking a whole system approach to this risk, through the development of the Older Person's Pathway and intermediate care, so that our solution is not simply opening further beds.
8	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Sonya Lam:** ○ What are the mitigating actions for maintaining 6-bedded rooms in General Medicine wards 4 and 5.	**June Smyth/Gareth Clinkscale:** When there are empty beds in wards 4 and 5, these are left empty in bays rather than side rooms or closing whole bays. There have been empty beds in these wards the majority of days over the previous 6 weeks.
9	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Sonya Lam:** ○ If all elective surgical patients are to be screened and be placed in a safe elective surgical ward area, is the reduction in beds per	**June Smyth/Gareth Clinkscale:** I would consider so yes however the current plan is to deliver this ward at 4/bay to further reduce risk to this high-risk patient group.

		room less risky than in general medicine?	
10	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Sonya Lam:** Page 4. Next steps. What is the new model for unscheduled care?	**June Smyth/Gareth Clinkscale:** We are exploring the scheduling of some urgent care similar to the Lothian 'MIA' model whereby some minors presentations receive a telephone consultation to reduce demand on the Emergency Department.
11	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Karen Hamilton:** Executive Summary - Bullet point 1 – 2 metres distance between beds – will this decrease our overall numbers by how many.... %? Conflicts with statement on P3 Programme Plan Progress, final sentence of bullet point 1	**June Smyth/Gareth Clinkscale:** Beds have been re-opened so there is no net reduction in overall bed capacity with DME, MAU and Surgery moving to 4/bay. Statement does not conflict with statement that majority of wards will be 4/bay after phase 1 changes (DME, MAU and Surgery wards). These are the majority of wards on the hospital campus.
12	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Karen Hamilton:** P2 Framework for Recovery final para Check local framework shared prior to 2nd July?	**June Smyth:** This will be circulated on the afternoon of 1 July 2020 for information and I am happy to answer any queries you have regarding this at the meeting. This remains a live document which is currently being updated.
13	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Karen Hamilton:** P3 Programme Plan Progress Bullet point 2 final sentence – such as????	**June Smyth:** The emerging preferred option is continuing to utilise part of the Theatre as ITU capacity for post-operative patients. This will enable separating of pathways in line with the national guidance.
14	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Karen Hamilton:** P4 Programme Plan Progress Final Bullet point on staffing distancing – any	**June Smyth:** Some concerns and questions have been raised regarding the use of facemasks. Infection control and Occupational Health are working with staff regarding these. A set of Frequently Asked Questions have also been published.

		immediate reaction to introduction of mask wearing?	
15	COVID-19 Re-Mobilisation Plan (Recovery) Update Appendix-2020-71	**Karen Hamilton:** P4 Summary Suggested date for further update to the Board?	**June Smyth:** We are planning on bringing updates on the recovery plans (progress in developing the plans and then progress against plan) to future Board meetings (either formal meeting or in a development session as appropriate).
16	COVID-19 Board Update Report Appendix-2020-72	**Stephen Mather:** *P 5 – care home transfers* A superficial analysis suggests that we were fortunate in the first wave (29th Feb-21st April) in that there was no significant transfer problem when patients were discharged to care homes and that, subsequently, our transfer policy involved testing and clinical decision making before any patient discharge to a care home took place. In retrospect, are there any lessons which have been learned and how is that reflected in current discharge practice to care homes?	**Nicky Berry:** A detailed analysis of all patients transferred from BGH and community hospitals to care homes between 28th February and 4th June was undertaken. All transfers were reviewed by date of transfer, care home destination, tests undertaken prior to transfer, outcome of tests and any subsequent Covid tests undertaken on patients following transfer. Therefore it would appear to be no transfer of Covid from hospital discharges in the Borders to care homes.
17	COVID-19 Board Update Report Appendix-2020-72	**Stephen Mather:** *P 5 – care home transfers* There is a lot of anecdotal evidence from many health professionals who have self-reported typical symptoms of covid-19 but who have tested negative for antibodies. It is suggested that, at least in younger people, a T cell response is the most important factor in their recovery rather than antibody production. Does this not render the use of antibody testing, at least for staff members, irrelevant when determining fitness to work?	**Tim Patterson:** A recent CMO letter stated: Are we offering on demand antibody testing to health and social care workers? No. We do not believe the evidence supports such a measure in Scotland. The result of a test for an individual would currently have no impact on: • How they should view their risk of infecting patients, those they care for or other colleagues; • Their application of infection control and prevention measures within a clinical or care setting; or • How they should respond to the onset of COVID-19 symptoms or if identified as a close contact of someone

			who has tested positive for COVID-19. There is also the risk of unintended consequences if a positive result is taken to infer immunity. The World Health Organisation and SAGE have warned that if people assume they are immune to a second infection because they have received a positive test result, they may ignore public health advice and increase the risk of continued transmission.
18	COVID-19 Board Update Report Appendix-2020-72	**Sonya Lam:** Page 7 of the report. Are there any high level insights into the reviews undertaken to date?	**Nicky Berry:** All individual reports are scheduled to be discussed at the Operational Care Home Oversight Group next Friday to look at the key points and actions which are to be implemented. A final summary report will be reviewed at the Strategic Care Home Oversight Group. Some of the key points from the visits: • Homes are working tirelessly to prevent covid and have gone above and beyond to protect and ensure the safety of residents • There have been no issues in relation to the use of PPE • Data returns continue to have a large impact on the workforce of the homes, however an online portal is being discussed with SG • Testing of staff continues to be a logistical issue • There continues to be challenges in some areas regarding ACPs but all advised the would welcome more awareness and other plans being put in by GPs or DNs • Homes are being proactive and imaginative around communications and maintaining a link between patients and their families.

			In addition to this, an invitation has been extended to SBC and private care homes to explore a bi-monthly meeting being established to share the Strategic groups updates and discuss concerns that the care establishments may have.
19	COVID-19 Board Update Report Appendix-2020-72	**Sonya Lam:** Is there sufficient care home staff capacity to minimise staff moving between care homes?	**Rob McCulloch-Graham:** The only cases where staff would move between homes is where we require to support staff absence within an outbreak. We now have daily staffing updates from homes.
20	COVID-19 Board Update Report Appendix-2020-72	**Karen Hamilton:** P1 Approval Pathway Noted not yet been to CG Committee? Accepted not normal process.	**Iris Bishop:** Given the Board meeting is outwith the normal cycle of Board meetings, this report has been produced specifically for the Board as an update.
21	COVID-19 Board Update Report Appendix-2020-72	**Karen Hamilton:** P4 Care Homes RE testing – just a comment that 2 negative tests also introduced for patients being discharged home where a member of household is shielding.	**-**
22	COVID-19 Board Update Report Appendix-2020-72	**Karen Hamilton:** General comment Report focuses on Care Homes (quite rightly) – any issues with Independent Care Homes compliance with testing? I understand there were some issues with the quality of tests and associated processes – is this improving?	**Tim Patterson:** We are currently on 51% uptake for asymptomatic staff (same as last week). With regards compliance some staff have declined testing and in other care homes there have been logistical issues particularly the time required to test safe and effectively.

23	Organisational Objectives 2020-2023 Appendix-2020-73	**Sonya Lam:** Good to see staff have engaged with the objectives and I liked the way feedback was asked for in bite sized pieces.	**-**
24	Organisational Objectives 2020-2023 Appendix-2020-73	**Sonya Lam:** Under Reduce health inequalities and improve the health of our local population: ○ Does this perhaps exclude a focus on other inequalities that may arise from protected characteristics? Could it be worded as 'Focus work and services on reducing inequalities, in particular within the most deprived areas of the Scottish Borders?	**June Smyth/Clare Oliver:** Absolutely yes – helpful suggestion thank you.
25	Organisational Objectives 2020-2023 Appendix-2020-73	**Sonya Lam:** Under Provide high quality, person centered services: ○ 4th bullet point. I agree with the need to increase the amount of care in the community but I am not sure if there is sufficient evidence to show how this has or will have a significant impact on the volume or need for care in hospitals. So does there need to be a related priority around improving the effectiveness of flow through hospital settings?	**June Smyth/Clare Oliver:** Can we get the views of other board members on this please in the meeting?
26	Organisational Objectives 2020-2023 Appendix-2020-73	**Sonya Lam:** Under promote excellence in organisational behaviour.. ○ 1st bullet point. Could we say 'Build a culture of	**June Smyth/Clare Oliver:** Reasonable suggestion Can we get the views of other board members on this please in the meeting? I guess if it is in the culture it does not need to specify for whom – but that is just my personal view

		continuous learning and improvement *for our existing staff and also our future workforce*.i.e. we are a learning organisation for ourselves but for trainees and students.	
27	Organisational Objectives 2020-2023 Appendix-2020-73	**Sonya Lam:** In terms of Next Steps: What will the measurement framework look like for these objectives and priorities, so that as a Board we can be assured of progress and delivery **(Please see question to 41 below)**	**June Smyth/Clare Oliver:** In previous years we reported progress on work relating to our corporate objectives in the mid-year and full-year *Managing our Performance* report. The updates on this were stood down during 2019/20 to free up staff preparing the reports to focus on activities within the Financial Turnaround Programme. A revised performance framework will be developed to reflect the new objectives and any national reporting requirements from SG – however this will have to be considered as part of the Planning & Performance department's recovery plan and it is likely, given their ongoing work supporting overall organisational COVID-19 recovery work that this may not be progressed until towards the end of 2020/21.
28	Organisational Objectives 2020-2023 Appendix-2020-73	**Karen Hamilton:** General Comment Well done getting this complete within Covid pandemic! Please ensure all concerned are commended on this. The objectives are honest and straightforward and the ways to implement them are clear and reasonable. The statements are in plain English and easy to articulate to our patients and the public at large. This is the next challenge and I look forward to seeing the plan to achieve this.	**June Smyth/Clare Oliver:** Thank you.

29	Organisational Objectives 2020-2023 Appendix-2020-73	**Karen Hamilton:** P4 Next Steps Do we have a timeline for this?	**June Smyth/Clare Oliver:** The first step will be to receive feedback from the BAME community, which Andy Carter is leading on. In terms of a graphic, we can commission this straight away – but do need time to consider how we use this / launch this (will link into our recovery plan / Annual Operational Plan timescale potentially). With regards to a plan to embed these: early thoughts are to take this to the staff governance working group in the first instance and then onto the APF for views to help inform us on how best to do this. In terms of measurement of these, see response to Q27. In terms of an overall plan relating to these – this will have to be built into our ongoing planning discussions around recovery and then subsequent discussions around a post COVID-19 renewal phase.
30	Financial Turnaround Programme Update Appendix-2020-74	**Stephen Mather:** *P3 little progress by PMO manager to address recommendations made by BOLD.* Even though covid-19 has preoccupied us, should there not have been some progress with formulating a response to the recommendations and an implementation plan to be utilised when covid-19 subsides?	**June Smyth:** A response to the recommendations was prepared and an action plan was approved by the Board in January 2020. Actions with Jan/Feb deadlines have been progressed. The majority of actions had deadlines for later in the year, and while some progress has been made against these, the diversion of all PMO resources to our Covid-19 response means that further work is still required to complete them. As part of the Covid-19 response the PMO has been

			involved since March in: • Setting up the staff absence line (working alongside Finance to get processes, roster and kit in place) • Establishing Covid-19 Assessment Hub in the day hospital (staffing, processes, contact point with SG) • Project managing the establishment of the contact tracing team (identifying staff, providing kit, working with PH on processes, HR/Finance requirements) and now managing the roll out of the national tool. • Managing the establishment of the drive through testing facility • Managing space allocation in Cauldshiels for the testing and tracing teams • Managing setting up Deanfield care facility • Setting up and running a hub for deployment of administration/clerk and support resources • Managing requests for resourcing and release of resourcing back to substantive posts (nursing, HCSW and admin requests) • Supporting community hospitals with daily huddles • Supporting BGH to develop recovery plans for Outpatients and radiology • Managing the establishment of a transport hub for covid patients and documenting SOPs for this service • Identifying additional HCSW/Nursing resource for BGH wards • Maintaining a record of all staff who completed refresher training and where they have been deployed

			• Collating information across the organisation of staff who are shielding, risk assessed and /or pregnant • Contributing to the Space SLWG New requests for support which we are in the process of picking up are: - Project management of a coordinated "near me" further roll out plan across all NHSB services - Project management of the flu programme for this winter - Supporting return of visitors to patients in hospital from mid-July
31	Financial Turnaround Programme Update Appendix-2020-74	**Sonya Lam:** In the executive summary, when at the 31 March we had identified £7.061m as <u>being</u> delivered, is that assurance that this amount was delivered?	**June Smyth/Andrew Bone:** Yes, this is the final amount that was mandated and retracted from budgets on a recurrent basis in financial year 2019/20.
32	Financial Turnaround Programme Update Appendix-2020-74	**Sonya Lam:** Revised 2020/21 savings. ○ What is the likelihood that schemes will deliver in Q4?	**June Smyth:** At this point it is difficult to say. We are developing our recovery plans and new requirements that are emerging may mean that some of the assumptions we made in April may no longer be valid. Additionally other assumptions may also be necessary. A more thorough assessment is scheduled for August and that will enable us to present an updated position to the Board in September.
33	Financial Turnaround Programme Update Appendix-2020-74	**Sonya Lam:** Revised 2020/21 savings. ○ Regarding the assumption about a 6 month delay before any services are starting to	**June Smyth:** At this point it is difficult to say. We are developing our recovery plans and as we understand more about how we will be required to deliver services we do believe that some of the assumptions we made in April may no longer be valid. A more thorough

		operate normally, are we not back to normal unscheduled activity and there is this a correct assumption?	assessment is scheduled for August and that will enable us to present an updated position to the Board in September along with revised assumptions.
34	Financial Turnaround Programme Update Appendix-2020-74	**Sonya Lam:** What were the key findings and the three recommendations from the internal audit May 2020?	**June Smyth:** The internal audit concluded that the processes provide a SIGNIFICANT level of assurance with some improvement required over the Board's governance and engagement arrangements for the Financial Turnaround Programme. Finding 1 – Governance documentation requires updating to take account of all groups and committees involved. Recommendation: ▪ Roles and responsibilities for the four Business Units and two of the workstreams should be formally documented within a terms of reference and governance structure documentation should be updated to include the Resources and Performance Committee and the four workstreams. Finding 2 – Committees and Steering Groups should ensure that their action trackers are kept up to date and progress against all actions is recorded. Recommendation: ▪ Steering Groups should ensure that the action tracker is a standing agenda item and that sufficient time is allocated for review to ensure that the progress of actions is up to date and actions do not fall behind. Finding 3 – A new Communications and Engagement Plan should be developed for the Financial

			Turnaround Programme as well as individual plans for each of the Business Units and Programmes of Work. In addition, engagement of business units with the programme needs to be improved. Recommendation: ▪ A new Communications and Engagement Plan should be developed for 2020/21 or the remainder of the programme. This should cover communication and engagement requirements for the programme as a whole including methods of internal communications and external public engagement. The new plan should take into account lessons learned from 2019/20.
35	Financial Turnaround Programme Update Appendix-2020-74	**Karen Hamilton:** P3 Bold Report Note delay – are actions recommended still valid? Will we see a revised timetable? Noted this and other activities still 'fluid' but will be firmed up in paper to Resources & Performance Committee (R&PC) in September.	**June Smyth:** The actions recommended are still valid and should be progressed as we move through recovery. A revised timetable will be developed once PMO staff become available again for activities relating to the financial turnaround programme. An update on this will be incorporated into the update to R&PC in September. It should be noted that at present all PMO staff remain deployed to covid-19 related projects / services. A new timeline may be developed but living with covid will impact on our ability to progress much of the work during 2020/21. This relates to capacity for the PMO staff and also operational / clinical staff within the business units. The report to R&PC in September will provide a more detailed update.
36	Financial Turnaround	**Karen Hamilton:**	**June Smyth: Detailed in Q 34 above.**

	Programme Update Appendix-2020-74	P3 Internal Audit Three recommendations?	
37	Finance Report for the period to the end of May 2020 Appendix-2020-75	**Stephen Mather:** *Para 1.2 financial overspend with suspension programme is offset by underspend related to reduced non-covid activity.* Presumably, this underspend will be factored in by Scottish Government in when determining the cost of covid-19 and that this will require recalculation of the financial position when the major effect of covid-19 is attenuated?	**Andrew Bone:** At present we are expecting that the board's underlying position will not be factored directly into the Covid-19 cost assessment. SG are undertaking a wider portfolio review which includes consideration of budgets which may release flexibility to offset Covid-19 costs, however at present this excludes board's baseline financial performance. I would anticipate that any consideration of baseline performance and recalculation of the financial position will be considered through the Quarter One review process and will include assessment of the additional expenditure required to deliver remobilisation of services. We do include core resources as a net offset to our reported covid19 position where they have been repurposed (e.g. wards, redeployed staff, etc.).
38	Finance Report for the period to the end of May 2020 Appendix-2020-75	**Karen Hamilton:** P5 1.1 Covid expenditure 'fully met by SG', will this be challenged?? Under spends play in to this?? Appreciate comments in Para 2 P 10 – any update views from May?	**Andrew Bone:** Covid-19 expenditure is reported through a monthly (previously weekly) report to SG which includes direct offsets (see response to Q37). The costs identified against covid-19 are subject to two separate review processes: (1) for non-delegated services there is a regional peer review group which benchmarks expenditure across the East region (2) For delegated H&SC spend, a national review is being led via IJB CFOs and in partnership with SG and COSLA. NHSB is fully participating in both reviews; at present we have not identified any areas of risk against our

			reported costs, however the conclusions of these review will inform the final allocations issued by SG – until this process is concluded there remains a possibility therefore that there may be areas of our expenditure for which we will not receive funding. It should be noted that we include slippage on savings plans within our submission to SG - this is consistent with other HBs. SG have acknowledged this approach but have given no indication that this will be funded. Accordingly, the reported Covid-19 costs within the paper do not include this item and in describing the assumption in relation to Covid-19 funding I would want to be clear that we are not assuming any funding will be made available against this slippage. This will continue to be a subject of discussion for NHS DoFs with SG colleagues and we will review further and report within our Q1 review.
39	Finance Report for the period to the end of May 2020 Appendix-2020-75	**Karen Hamilton:** P5 1.3 Quarter 1 Financial review to R&PC in September?	**Andrew Bone:** Yes – we intend to bring the outputs of the Q1 review to the committee in September.
40	Finance Report for the period to the end of May 2020 Appendix-2020-75	**Karen Hamilton:** P 10 Risks Clearly articulated – mitigating actions??	**Andrew Bone:** The detail of mitigating actions is covered within the strategic risk register against risks 1589 and 1767. At a strategic level, the overall risk management will be through the Q1 review where we will evaluate all available resources and potential expenditure, effectively revisiting the financial plan. We would expect to consider options for managing any risks to financial performance through action plans developed

			as part of the review.
41	Managing Our Performance End of Year Report 2019/20 Appendix-2020-76	**Sonya Lam:** I appreciate the analytical capacity required to produce these data that are in the main driven by Scottish Government targets and the AOP. When looking at our proposed organisational objectives and priorities against how we currently review monthly and at end of year performance, there is as it stands, a mismatch between the two. As part of the next steps for the organisational objectives and priorities, will we develop a measurement framework that indicates what success looks like and how well we are achieving our objectives? Could we incorporate the SG performance targets into a revised measurement framework?	**June Smyth:** In previous years we reported progress on work relating to our corporate objectives in the mid-year and full-year *Managing our Performance* report. The updates on this were stood down during 2019/20 to free up staff preparing the reports to focus on activities within the Financial Turnaround Programme. A revised performance framework will be developed to reflect the new objectives and any national reporting requirements from SG – however this will have to be considered as part of the Planning & Performance department's recovery plan and it is likely, given their ongoing work supporting overall organisational COVID-19 recovery work that this may not be progressed until towards the end of 2020/21.
42	Managing Our Performance End of Year Report 2019/20 Appendix-2020-76	**Karen Hamilton:** P1 Strong performance and P2 outwith trajectory Helpful positive starting points given loss of ground through Covid? Interesting to note how this has/has not been maintained through Covid and how much our 'poorer' performance has deteriorated?	**June Smyth:** This is currently being assessed.
43	Managing Our Performance End of Year Report 2019/20 Appendix-2020-76	**Karen Hamilton:** P12 Delayed Discharge *Repeat comment from previous performance reports – we must focus on DD's and keep aiming for trajectory. Covid plays in positively and negatively here from anxiety over testing prior to	**Nicky Berry:** Focus continues on reducing the numbers of delayed discharges within NHS Borders. The integrated huddle was established in January 2020 within acute and to date there is 1 delayed discharge in the BGH. The number has remained <4 since the middle of March. The huddle template has now been adopted by one

		discharge to Care Homes. Hopefully this message is clear now that only those with negative results will be discharged either to Care or Home where person shielding. What else can we do????	Community Hospital with the view to rolling this out across all four. Delays in Mental Health have remained at an average of 4, however these delays are usually more complex to those in the acute or community setting. In comparison to 24 June 2019 to today, there is an overall reduction of 11 total delays in the whole system. We continue to follow national guidelines in regards to testing before discharging patients to another care facility and there is no evidence to suggest that testing has had a negative impact on discharges from NHS Borders.
44	Managing Our Performance End of Year Report 2019/20 Appendix-2020-76	**Karen Hamilton:** P19 Performance against NHS Scotland With some exceptions generally good performance when compared to Scotland as a whole. ABI's and Smoking Quits not so good – explanation??	**Tim Patterson:** Alcohol Brief Interventions (ABI) performed below the trajectory set throughout 2019/20 with the exception of March 2020, performance however increased significantly from 2018/19 following the Oct 2019 LES introduction. Lower performance previous was due to primary care withdrawing from the previous LES. The main increase has been in Wellbeing Service and Custody Suites. Smoking cessation: the underperformance in smoking cessation services is due to a number of factors including: • Smoking cessation coordinator post was vacant May to Oct 2019 due vacancy control • Data quality ongoing concern due to various reasons including quits not being recorded. A plan has been developed in conjunction with ISD however this was paused because of

			Covid. • Scotland wide reduction in use of smoking cessation services although does not explain all of lower performance
45	Performance Briefing Appendix-2020-77	**Stephen Mather:** *P 11 A&E performance* A&E performance during the autumn and winter (prior to covid-19) was poor despite a relatively mild winter. Will the measures described improve A&E performance when normal activity is restored?	**Nicky Berry/Gareth Clinkscale:** Similar to most of Scotland, last winter saw a significant deterioration in EAS performance. Those measures described In the Remobilisation Plan will help EAS performance as we return to normal activity. We are already seeing pre-Covid activity levels into the Emergency Department on some days. The Covid Recovery Plan now covers the winter period and there are a number of changes being planned that will aid both Recovery and winter resilience.
46	Performance Briefing Appendix-2020-77	**Karen Hamilton:** P2 Delayed Discharges *See comment above **(Question 43)**	**Nicky Berry:** Answer as per answer for **Question 43.**
47	Performance Briefing Appendix-2020-77	**Karen Hamilton:** P4 Outpatients and Inpatients Further explanation please on the figures quoted in the tables.....	**Nicky Berry/Gareth Clinkscale:** The tables describe the trajectory (target) agreed with the Scottish Government. For example, the Outpatient trajectory was no more than 100 patients over 12 weeks by the 31/03/20. The 'breaches' figure is the number of patients who failed that target. For example, 292 patients were over 12 weeks for Outpatients by the 31/03/20. This is 192 patients over the target (100). 'Activity lost per week' describes the number of outpatient clinic appointments or operations cancelled each week due to Covid.

48	Performance Briefing Appendix-2020-77	**Karen Hamilton:** P5 Sickness Absence Understandably high during March/April – now returning to 'normal' but still higher than we want – actions?	**Andy Carter:** Levels of sickness absence in any organisation correlate with a range of factors including workforce demographics (e.g. age of the workforce), prevailing health of the local population and levels of employee engagement*/job satisfaction*/workplace stress*. The latter points (*) are mostly within our gift in terms of influence over the quality of local leadership, management of workload, training & support and environmental factors such as working conditions (buildings, hours, equipment, client group). Optimizing attendance/productivity will form part of a workforce strategy which is being worked-up over the next 6-9 months. Fully embracing the Staff Governance Standards creates an infrastructure for good people management.
49	Temporary Governance Arrangements Appendix-2020-78	**Sonya Lam:** Apologies for re-arranged Board meeting on 24 September 2020 if agreed.	**Iris Bishop:** Noted thank you.
50	Temporary Governance Arrangements Appendix-2020-78	**Karen Hamilton:** P2 Recommendations Is July too soon to make these changes potentially permanent??	**Iris Bishop:** The Board agreed to 4 temporary arrangements in April, which have worked effectively. We agreed to review the arrangements on a monthly basis and the recommendation is that 2 of those arrangements now be concluded. It is important that we allow our staff the opportunity to rest and recuperate from what has been a significant event across the organisation. By moving towards our substantive governance arrangements in the 2 areas suggested the Executive Team and senior colleagues will be enabled to settle back into a more structured cycle of reporting and this should also enable them to take the time necessary to focus on the organisations' recovery.

51	Temporary Governance Arrangements Appendix-2020-78	**Karen Hamilton:** P3 A Calling and Notice of Meetings Any change of Notice??	**Iris Bishop:** No. Our meetings are publicised on our external website. This section was specifically in relation to returning to our normal cycle of meetings. The Chair/Board still has the ability to call an Extra Ordinary meeting if it felt there was a need.
52	Temporary Governance Arrangements Appendix-2020-78	**Karen Hamilton:** P3 C Admission of Public Do we know what other Boards are doing? I understand Fife are permitting Public and Press to dial in for Audio? I understand this sits within the principle of avoidance of Public Meetings.	**Iris Bishop:** The majority of Boards (Territorial and Specials) are not holding their Board meetings in public at this time. However there are 4 NHS Boards who have made alternative arrangements:- • NHS Fife - Local media can listen on MS Teams. • NHS Forth Valley – Held virtually with public/press included. • NHS Highland – Meetings are webcasted for public and press to view. • NHS Orkney - Held virtually with media included. It should be noted that we have received zero enquiries from the public or media in regard to accessing our Board meetings at this time. However, the Board may wish to consider if meetings should be recorded on MS Teams and placed on the external website for viewing by the public and media.
53	Audit Committee Update Appendix-2020-79	-	-
54	Audit Committee Minutes: 23.03.20 Appendix-2020-80	-	-
55	Area Clinical Forum Update	-	-

	Appendix-2020-81		
56	Area Clinical Forum Annual Report 2019/20 Appendix-2020-82	-	-
57	Area Clinical Forum Minutes: 03.03.20 Appendix-2020-83	-	-