

Minutes of an **Extra Ordinary** meeting of **Borders NHS Board** held on Thursday 30 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 B Brackenridge, 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
- Mr G Clinkscale, Associate Director of Acute Services
- Mr S Burt, General Manager MH&LD
- Mr C Myers, General Manager P&CS
- Mrs S Errington, Head of Planning and Performance
- Ms S Laurie, Communications Officer
- Ms D Burt, Programme Manager
- Mrs G Butterfield, Planning & Performance Officer

## **1. Apologies and Announcements**

Apologies had been received from Dr Janet Bennison, Associate Medical Director.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting.

The Chair acknowledged that it was the last Board meeting for Dr Cliff Sharp, Medical Director who was retiring after 25 years' service to NHS Borders. The Chair recorded the thanks of the Board to Dr Sharp for his service to the NHS, the local population and the Board of NHS Borders.

The Chair also acknowledged that it was the last Board meeting for Dr Stephen Mather, Non Executive who anticipated moving south of the border over the summer to be closer to family. The

Chair recorded the thanks of the Board to Dr Mather for his contributions to Board debates, discussions and decisions over the past 7 years.

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.

The Chair advised that a short private meeting would be held at the conclusion of the public meeting to consider a matter that was classed “commercial in confidence”.

## **2. Declarations of Interest**

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

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

The **BOARD** noted the verbal declaration by Ms Sonya Lam.

The **BOARD** approved the inclusion of the declaration of interest for Mr Bill Brackenridge in the Register of Interests.

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

The minutes of the previous meeting of the Borders NHS Board held on 2 July 2020 were approved.

## **4. Matters Arising**

**4.1 Action 13:** The Chair asked that Mr Rob McCulloch-Graham identify a date at which point directions would be issued to the Health Board.

**4.2 Action 15:** Mrs Nicky Berry advised that as of 29 July 2020 there were 14 delayed discharges in Community Hospitals which was a reduction from 21. The processes used in the Borders General Hospital had been revised and were being embedded in the Community Hospitals. The benefit of those processes being embedded was now being seen through a reduction in delayed discharges. She further advised of the reduction in delayed discharges in mental health from 7 to 4.

The **BOARD** noted the action tracker.

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

Mrs June Smyth introduced the COVID-19 Re-mobilisation plan presentation which provided an overview of the remobilisation submission to Scottish Government and outlined the next steps and challenges in the remobilisation process. Several presenters expanded on their elements of the presentation including, Gareth Clinkscale, Chris Myers, Simon Burt and Andrew Bone. The presentation covered a range of matters including: the next 3 months; planning for winter and unmet need; acute remobilisation plans; impact on waiting times; primary and community services remobilisation plans; impact on patient and flow; mental health and learning disabilities update; learning as we go; financial plan impact and next steps.

Dr Stephen Mather enquired if there would be any impact on professional revalidation with the reduction in training and education opportunities? Dr Amanda Cotton responded that those due to

revalidate had had their date moved forward by one year. Appraisals were due to restart in September; and doctors who had missed an appraisal would have a form 5 return instead. Dr Mather was satisfied with the response.

Ms Sonya Lam enquired of the likelihood of Scottish Government funding for remobilisation. Mr Andrew Bone commented that the level of investment was unknown and it was likely that hard choices would need to be made.

Mr Malcolm Dickson enquired if there was an indication from the Scottish Government that they would seek to expand the flu vaccination programme as in England. Mr Ralph Roberts commented that it was expected that it would be extended however a timescale for a further announcement on the vaccination programme was unknown.

Dr Tim Patterson commented that the current message from the Scottish Government was that it would be similar to England and NHS Borders had ordered vaccines for 55-64 age groups. He suspected additional vaccines might need to be sourced to expand the programme ie first year students in High Schools. He concluded that the matter was still being discussed and other countries across the world were also seeking supplies.

The Chair commented that she was encouraged to hear that more granularity and data behind the plan would be available in the next iteration.

Mr Dickson enquired about Theatre capacity. Mr Roberts advised that 80% of current Out Patient activity was being carried out virtually, but that was against a reduced total Out Patient activity level (i.e. only focused on Emergency / Routine referrals). Mrs Nicky Berry commented that the long term plan was to deliver 48% of Out Patients digitally and 52% face to face.

Ms Lam enquired about risk and mitigations and asked that more detail would follow. She suggested it was important for the Board to understand the relative risks of COVID-19 versus the risk of unmet need. Mr Gareth Clinkscale commented that risk and mitigations would be carried out on a service basis and it was possible the unmet need might have been a consequence of COVID-19 and not a versus COVID-19 matter.

Mr Roberts commented that a risk register had been formulated to capture operational COVID-19 and mitigations but did not pick up the comparative risk. Dr Patterson advised that there had been concern in regard to excess deaths and people not presenting to the health service due to fear and access, etc. He suggested excess deaths had to be taken into consideration for any future lockdown proposals and it was often only possible in retrospect when deaths were compared for various reasons.

The Chair commented that in terms of pent up demand, she was concerned about waiting times, people waiting longer and becoming more anxious, a reluctance to present to the health service for diagnosis/treatment and an understanding of that was required.

Mr Dickson raised a question in regard to theatre capacity and commented that if the organisation were operating theatre usage at 50% then it required 50% of the staff and enquired if it could operate over two end-to-end 8 hour shifts. Mr Clinkscale advised that it was a more complex situation. He commented that whilst theatres were operating at 50% this required more than 50% of previous staff resources. The difficulties were a combination of staffing and processes attached to COVID-19 which slowed down the cases that could be put through theatres.

Dr Cotton commented that equality had to be one of the headline values against which remobilisation plans would be considered against as part of clinical prioritisation.

Ms Lam enquired if any of the national specialty groups were looking at the impact of unmet need through C-19. Dr Patterson commented that Public Health Scotland had been asked to review that area.

The Chair commented on the increased vaccination demands on GPs and enquired if the totality of delivery of the vaccination programme had been assessed. Mr Bill Brackenridge echoed the question in terms of proportion of total Primary care or GP time required. Mr Roberts commented that he was unsure that level of analysis had yet been achieved, and that was why alternative models of delivery including support from other staff groups were being considered. Mr Rob McCulloch-Graham commented that modelling was underway to meet the increased demand across the whole of Primary Care so it was difficult to proportion time across each of the services in primary care at this point in time and early conversations and work with GPs had been undertaken.

Further comments on the point included the potential to recruit recently retired nurses to short term contracts; the use of AHPs in multiple settings; and the possibility of Scottish Ambulance Service paramedics undertaking some vaccinations.

Dr Sharp commented that NHS Lothian and some other Boards were looking at how their drive-through COVID-19 testing centres might also be used as a way of delivering safe and swift mass flu vaccinations.

Mrs Alison Wilson commented that there seemed to be mixed messages from community pharmacies on what GPs were doing and who was open, etc. She sought an overview of the position on a GP practice by practice basis. Mr Chris Myers commented that all GP Practices had remained open across the Borders and suggested the main difficulty had been the use of terminology and gave the example that although the “doors were closed” they were being controlled internally to ensure access was only provided when necessary as the bulk of appointments were being held via telephone or video. A public communication had been released to say that GP Practices were open but operating differently to usual.

Ms Lam commented that in terms of what the public did during the COVID-19 period, they appeared to understand from NHS 24 and NHS Inform that they could self-manage and she enquired if there was anything further that could be done to encourage that to continue. Mrs Smyth advised that a national campaign and national tools were expected to be released to Boards to use to promote the use of NHS 24, NHS Inform and our own services for self-management.

Mr Dickson suggested an expanded NHS 24 would offer a wider range of pathways. Mr Roberts commented that he understood NHS 24 were actively working on that. Dr Sharp suggested the Scottish Government were very keen to promote the use of NHS 24 as the starting point for most pathways, particularly unplanned and unscheduled presentations, which would emulate the COVID-19 (telephone) Hubs and Assessment Centres which were useful at the height of the pandemic.

Mr Dickson offered congratulations to the Mental Health & Learning Disability (MH&LD) services on the transformational use of Near Me. He was aware of evidence from across Scotland that a significant number of MH&LD patients liked the less formal way of being consulted and supported.

Dr Cotton advised that in regard to substance dependency there had been a lack of ability to plan for inpatient detox.

Dr Sharp suggested that it would be helpful to have good data on weekly referral numbers to each area of the mental health service and also in terms of acuity, supporting data re the use of the Mental Health Act, restraint measures, emergency tranquillisation. Mr Simon Burt agreed and advised that work was already underway to collect that data.

The Chair commented that whilst mental health and learning disabilities were a single service the document was light in regard to learning disabilities. Mrs Smyth commented that although it was a joint service the learning disabilities service was hosted by Scottish Borders Council and would feature mainly in their remobilisation plan and she was fully sighted on that.

The **BOARD** approved the second iteration of the NHS Borders COVID-19 Remobilisation (Recovery) Plan for submission to Scottish Government.

**6. Any Other Business**

There was none.

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

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday, 24 September 2020 at 9.00am via Microsoft Teams.

*The meeting concluded at 10.20am.*