Borders NHS Board

Meeting Date: 3 December 2020

Approved by:	Iris Bishop, Board Secretary
Author:	Iris Bishop, Board Secretary

RESOURCES & PERFORMANCE COMMITTEE MINUTES 03.09.2020

Purpose of Report:

The purpose of this report is to share the approved minutes of the Resources & Performance Committee with the Board.

Recommendations:

The Board is asked to **note** the minutes.

Approval Pathways:

This report has been prepared specifically for the Board.

Executive Summary:

The minutes are presented to the Board as per the Resources & Performance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

Impact of item/issues on:

Strategic Context	As per the Resources and Performance Committee Terms of Reference. As per Freedom of Information requirements compliance.
Patient Safety/Clinical Impact	As may be identified within the minutes.
Staffing/Workforce	As may be identified within the minutes.
Finance/Resources	As may be identified within the minutes.
Risk Implications	As may be identified within the minutes.
Equality and Diversity	Compliant.
Consultation	Not Applicable.
Glossary	R&PC – Resources & Performance Committee

Borders NHS Board

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 3 September 2020 at 9.05am via MS Teams.

Present: Mrs K Hamilton, Chair
Mrs F Sandford, Vice Chair
Mr M Dickson, Non Executive
Ms S Lam, Non Executive
Mr B Brackenridge, Non Executive
Mr T Taylor, Non Executive
Mr J McLaren, Non Executive
Mr R Roberts, Chief Executive
Mr A Bone, Director of Finance
Mrs N Berry, Director of Nursing, Midwifery & Acute Services
Dr L McCallum, Medical Director

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
Mrs C Oliver, Communications Manager
Mrs J Stephen, Head of IM&T
Ms D Burt, Programme Manager
Mr K Lakie, Senior Finance Manager

1. Apologies and Announcements

Apologies had been received from Mrs Alison Wilson, Non Executive, Cllr David Parker, Non Executive, Dr Tim Patterson, Director of Public Health, Mr Gareth Clinkscale, Associate Director of Acute Services, and 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 reminded the Committee that a series of questions and answers on the papers had been provided and their acceptance would be sought at each item on the agenda along with any further questions or clarifications.

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 Healthcare Foundation Trust.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the verbal and written declaration made by Mr Malcolm Dickson contained within the Board Q&A document.

3. Minutes of Previous Meeting

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The minutes of the final meeting of the Finance and Resources Committee held on 19 March 2020 were approved.

The minutes of the final meeting of the Strategy and Performance Committee held on 6 February 2020 were approved.

4. Matters Arising

4.1 **Action 1:** Mr Tris Taylor sought assurance in regard to engagement with the third sector and how any changes would be made as a result of that engagement. Mr Rob McCulloch-Graham advised that a Third Sector Interface Group led through Scottish Borders Council had been utilised as the mechanism to engage with the third sector directly on the winter plan. He suggested sharing the Third Sector Interface Group terms of reference with Mr Taylor.

Mr Taylor sought further assurance in regard to the effectiveness of the mechanism used, changes made and suggested providing that data to the Board. The Chair commented that the Winter Plan was a feature of the next Board meeting agenda and suggested such an analysis should be picked up at that point as part of that discussion.

Mrs Nicky Berry commented that learning from previous years in regard to winter planning was always deemed as essential in preparation for the following year. A Winter Planning Board had been formulated and membership included GPs. She welcomed the avenue that had been opened up for engagement with the Third Sector.

Mrs June Smyth advised that the next iteration of the Remobilisation Plan would include the winter plan which would no longer be formulated as a stand alone plan.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed to close Action 1, given the winter plan was to become part of the remobilisation plan.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the action tracker.

5. Resources & Performance Committee Terms of Reference

Mr Tris Taylor suggested the final paragraph at item 1.8 be moved to section 1.10.

Mr Taylor suggested the final paragraph at item 1.10 should be reviewed and articulated into 2 elements. Miss Bishop agreed to look further at sections 1.8 and 1.10 with the Code of Corporate Governance Steering Group.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the Terms of Reference and the items to be further explored (sections 1.8 and 1.10).

6. Resources & Performance Committee Business Plan 2020/21

Miss Iris Bishop introduced the business plan and advised that it would remain as a live document, would evolve further and flex where appropriate, to ensure the Committee could meet its requirements to provide assurance to Borders NHS Board on the matters delegated to it.

Mr Malcolm Dickson enquired if receiving the workforce plan once a year was adequate. Mr Andy Carter commented that a more frequent sharing of the workforce plan could be accommodated.

Mr Tris Taylor suggested that data collection and visualisation reporting along with progress against delivery of the strategy be added to the business plan. Mrs June Smyth suggested she meet with Mr Taylor outwith the meeting to ensure any data analysis would meet the needs of the Committee. Mr Andrew Bone further suggested that financial information also be incorporated into that data collection and analysis.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed to receive the Workforce Plan on a six monthly basis.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed to include data collection and analysis within its Business Plan.

7. Financial Turnaround Programme – Progress Report

Mrs June Smyth provided an update on financial turnaround and highlighted several key elements including: savings requirements; COVID-19 impact; assumptions as a result of COVID-19; deliverability of savings; and anticipated delivery of savings in 2021/22.

Mrs Fiona Sandford suggested a clearer articulation between brokerage and COVID-19 spend. Mr Andrew Bone commented that the organisation was expected to net off COVID-19 expenditure, however he would ensure the alignment was more explicit.

Further discussion focused on: fortnightly contact with Scottish Government on COVID-19 expenditure and impact on financial plans; monthly submission of the local mobilisation plan performance tracker; high level benchmarking of all Health Boards savings plans had been undertaken and all appeared to be showing a deterioration in savings plan; the Programme Management Office (PMO) resource had been diverted to support COVID-19 activity; the PMO were enablers to support services to deliver savings and make change happen; and some services had achieved underspends, however whether they were due to reduced activity levels and would be recurring or non-recurring required clarification.

Mrs Smyth advised of 2 errors within the paper, page 3, second bullet to read “£780k” and not “£900k” and the third bullet to read “part year effect” and not “full year effect”.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the report with the amendments reported.

8. Laboratory Information Management System (LIMS) National Outline Business Case

Mrs Jackie Stephen introduced the LIMS item and explained that it was a critical component for a diagnostic service. The current system was 26 years old and required renewal. It had been agreed with colleagues in the East Region to work towards a single system. A consortium was formed and 10 Health Boards were participating. The aim had been to ensure a consistent position across Scotland that fitted with the national laboratory programme and achieved sustainable diagnostic services across Scotland. Deloittes had been commissioned to work through the outline business case and several meetings had taken place using MS Teams. Mrs Stephen explained that in terms of Borders, the consortium approach was the best outcome and it was anticipated that costs would be further reduced. She clarified that the next stage in the process was to run a procurement process to reach a preferred option with the intention of then commissioning a framework contract.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** approved NHS Borders continued participation and commitment to the national Outline Business Case for a LIMS as a committed partner in the procurement and development of the Final Business case and recommend to NHS Borders Board that they ratify this position.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the potential level of financial commitment that may be required to replace the current LIMS and ask that NHS Borders factor that into future financial plans.

9. Edinburgh Cancer Centre Initial Agreement

Mr Kirk Lakie advised the Committee of the intention to replace the cancer facilities currently located on the NHS Lothian Western General site. He commented that in regard to the Initial Agreement it would contain a number of principles to include in the outline business case such as equality and equity of access across the region and the development of local satellite units. It was intended that the Initial Agreement would be submitted to the Scottish Government for review and feedback shortly and then resubmitted for agreement in October.

Mr Tris Taylor suggested the language in the paper appeared cautious. Mr Lakie advised that the language reflected the position of partners being keen to look at the provision of care that could be provided in a new facility in the future as opposed to a direct like for like replacement.

Mrs Sonya Lam echoed the sentiments that the replacement facility should not drive the new model but should be reflective of what cancer services should be delivered for people.

Mr Ralph Roberts commented that the report referenced NHS Dumfries & Galloway who currently sent their cancer patients to the east region, however, if they moved to sending patients to the west region it would have an impact on the final costs of the new facility.

Mr Bill Brackenridge enquired how the Health Board would influence the provision of the new facility to ensure it was person centred. Mr Roberts explained the process from Initial Agreement to Outline Business Case to achieving a final agreement and advised that the Board would only be able to influence the project to a certain extent.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the content of the Edinburgh Cancer Centre Initial Agreement and plan to submit it to Scottish Government CIG on 9th September.

10. Complex Care Unit – Learning Disabilities

Mr Simon Burt explained the proposal to provide a local complex care unit subject to permission from the Scottish Government. The unit would enable the repatriation of clients from expensive placements elsewhere in the UK back to the Scottish Borders as well as providing a resource to meet the increasing demand locally for those transitioning from young people to adults who had high level needs. A third sector provider Cornerstone were willing to develop the model in the Borders as it was within their strategic plan and they had access to capital funding, however they required access to land. A portion of land on the NHS Borders estate had been identified as suitable and legal advice was being sought from the Scottish Government in regard to the possibility of using that land.

Mr Andrew Bone commented that all of the NHS estate land was crown owned and there were processes and mechanisms to be followed in regard to the disposal of land and buildings and the gifting or leasing of land. It was a complex issue and advice was being sought from the Scottish Government and Central Legal Office as to how to take the matter forward.

The Chair commented that the general view from the Committee appeared to be to support the proposal in principle and pursue the further work to develop an agreement.

Further discussion focused on: consequences of provider failure; failure clause would be built into legal agreements; and opening up assets to local communities.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** approved the project in principle and approved pursuing further work in the development of a local Learning Disabilities Complex Care Unit, subject to advice and permission from the Scottish Government.

The **RESOURCES AND PERFORMANCE COMMITTEE** requested an update on the project early in 2021.

11. Finance Report for the Period to the end of July 2020

Mr Andrew Bone advised that the table at the beginning of the Executive Summary presented the high level drivers of current financial performance. He further advised that the organisation was £4.96m overspent of which £4m related to the COVID-19 response and a stringent monitoring mechanism for COVID-19 expenditure had been established.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the 2020/21 Finance Performance Report for the period to 31st July 2020.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted that NHS Borders' ability to deliver the agreed Efficiency Plan had been impacted as a direct result of service dealing with the pandemic and the subsequent remobilisation.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the results of the initial Quarter One Review and year end outturn forecast based on end of June 2020 financial position will be detailed in a separate report.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted that following review of the Quarter One submission NHS Borders may be required to amend the year end brokerage funding requested from Scottish Government to achieve a break even outturn.

12. COVID-19 Local Mobilisation Plan – Finance Report

Mr Andrew Bone provided an overview of the content of the report and advised that it covered COVID-19 costs specifically and had been confined to report on the year to date position. A national mechanism had been established for Health Boards to report on COVID-19 expenditure on a monthly basis. The report described the same £4m referred to in the Finance report with more detail in terms of how it had been incurred and what the driving costs were. He also advised that whilst the report covered expenditure it also set out the financial impact of COVID-19 on other activities.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the contents of the report.

13. Quarter One Review and Financial Forecast

Mr Andrew Bone provided an overview of the content of the report and highlighted: the Draft Quarter 1 Review had been prepared to Scottish Government timelines; it predated the Turnaround review and the paper presented the pessimistic view; section 3 provided background to the quarter 1 review; the annual operational plan was the baseline for performance; and section 4 provided an overview of the forecast, described the underlying position and savings forecast; and uncertainty of planning assumptions.

Mr Bone advised that allocations were expected in September, however there remained a risk that retrospective cover for costs endured earlier might not be included.

Mr Ralph Roberts commented that he was uncomfortable as the Accountable Officer with the risk associated with the level of projected overspend, however he recognised and acknowledged the reasons for the position. Discussions were taking place with the Scottish Government in regard to levels of assurance on the initial remobilisation plan and greater clarity was expected over the following weeks.

Further discussion focused on: costs of new services from scratch with new staff or inclusive of deployed staff; and addressing shortfalls in funding through the level of remobilisation to be put in place.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the forecast position of £22.7m deficit as presented in the draft Quarter One Review.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted that this position excluded the brokerage figure of £7.9m anticipated in the board's financial plan; and that the net movement from plan is therefore £14.8m.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted that the net additional costs associated with Covid-19 response and remobilisation are forecast at £14.0m.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the revisions to the projected savings delivery as described in the paper.

The **RESOURCES AND PERFORMANCE COMMITTEE** acknowledged the level of uncertainty in relation to planning assumptions arising from the current operating environment.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed the actions that would be taken to finalise the forecast, as described in section 9 of the report.

14. Performance Briefing July 2020 – during COVID-19 Pandemic Outbreak

Mrs June Smyth provided a brief overview of the content of the report.

Mr Tris Taylor commented that 'Unfortunately' was a weasel word as it amounted to the Board being asked to accept 'luck' as an explanation for failure to achieve a target - which was not sufficient for any governance process. He sought assurance on "the analysis of why not?" "Why had our ambition so drastically decreased - from eradication of delayed discharges altogether, to a 30% reduction?" He put it to colleagues that certainly in the 3 years he had been a Board member the Board had collectively failed in its duty to scrutinise delayed discharge performance, because it had not taken any action on the associated assurance information systems. The only developments he thought he could remember were the employment of the terms 'standard' and 'complex' to describe types of cases; and the trajectory line on the chart. He suggested the Board should have systematically, iteratively developed its delayed discharge reporting such that it was able to better understand the reasons for delays, the costs associated with delay reduction plans, the value achieved, the gap in performance against expectations, the reasons for that gap, and the associated opportunity cost. For such a big issue the numbers of patients involved were small, and he suggested the Board should receive better-stratified data over time. He suggested very little data processing would be involved and where there was a problem the Board must apply analysis, and that analysis must develop and keep developing until the problem was solved. He hoped the Board could apply that in every case where an indicator was subject to the same interrogation over and over again - as signified by Fiona's 'age old question about why so many standard delays'.

Mrs Smyth agreed that the conversation took place at each presentation of the report as the position with delayed discharges continued to decline. She reminded the Committee of the direction from

the Board for the Integration Joint Board (IJB) to take ownership of the issue and she advised that data was available for the IJB.

Mrs Nicky Berry welcomed Mr Taylors commented and assured the Committee that work had been taken forward on addressing delayed discharges in the Borders General Hospital (BGH) through implementing a "moving on policy" which was being revisited and would be implemented across the Community Hospitals. An improvement facilitator was assisting Community Hospitals with the implementation.

The Chair suggested further information on addressing delayed discharges be provided to the next meeting.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the questions and answers provided.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the Performance Briefing for July 2020.

The **RESOURCES AND PERFORMANCE COMMITTEE** sought an update on Delayed Discharges at the next meeting.

15. Any Other Business

There was none.

16. Date and Time of next meeting

The Chair confirmed that the next meeting of the Resources & Performance Committee would take place on Thursday 5 November 2020 at 9am via MS Teams.

The meeting concluded at 11.03am.

Signature: ……..
Chair

RESOURCES & PERFORMANCE COMMITTEE: 5 NOVEMBER 2020

QUESTIONS AND ANSWERS

No	Item	Question/Observation	Answer
		DECLARATIONS OF INTEREST	
1	Declarations of Interest	**Malcolm Dickson:** Because the Finance Report mentions external providers and purchasers, and cross-border flows, I make my usual declaration, ie my sister-in-law is an executive member of the Board of Northumberland Health Trust. Should anyone wish to ask a question which could elicit identification of dealings with that Trust I will switch off the MS Teams call and return to the meeting when I am emailed to say that any such discussion has finished.	**Iris Bishop:** Thank you Malcolm I will note in the minute accordingly.
2	Declarations of Interest	**Sonya Lam:** I declare my partner is a specialist advisor for the Scottish Government	**Iris Bishop:** Thank you Sonya I will note in the minute accordingly.
		MINUTES OF PREVIOUS MEETINGS	
3	Minutes of Previous Meetings	**Malcolm Dickson:** **Item 10 Complex Care Unit:** I recall asking why the proposal was only for an 8-bedded unit when we might forseeably have more resident Borderers than that in need of a bed from time to time, and when occasions arose when we might have less the operating company could make a vacancy available to another health authority. I think someone, perhaps Simon, undertook to look into this. If that recollection is correct I think we should note that in the minute and put an action on the tracker.	**Iris Bishop:** I am happy to amend the minute and add to the Acton Tracker if the Committee agree.
		MATTERS ARISING	
4	Matters Arising		

		FINANCE	
5	Finance Strategy (Presentation)		
6	Finance Report for the period to end of September 2020	**Malcolm Dickson:** I'm asking these questions in light of the External Auditor's Annual Audit for 2019-20 so that we have a trail which takes account of more recent assessments of what may be possible and what may be delayed because of the latest developments in response to Covid-19. The Annual Audit recommended that we prioritise a resumption of the Turnaround Programme (or its successor I presume) and we accepted that recommendation. Does the Executive still assess that we will be able to do that any time soon and, if so, do we have a target date, or, as I suspect, are we likely to have to pause for an indefinite period of time until the C19 demand becomes clearer because we will need the staff who would otherwise work on such a programme to carry out similar sorts of vital work to that which they undertook during and after the first wave? If the latter is the case I suggest we communicate that to Audit Scotland.	**Andrew Bone:** Update will be provided to next Audit committee against all actions arising from the Annual Report and Auditor's recommendations. At this stage no target date for resumption of the Turnaround programme has been set. This issue will be discussed as part of the financial strategy item on agenda.
7	Finance Report for the period to end of September 2020	**Malcolm Dickson:** In response to another recommendation in the Annual Audit, we agreed to aim to be able to report actual expenditure in Set Aside services from 2021-22, as opposed to using the allocated budget figure. Are we confident that this will be possible or, because of the pressures on Finance staff to continue undertaking the same level of additional reporting to Scottish Government during the second wave as was required during and after the first, will this also have to be paused?	**Andrew Bone:** We have established a working group within finance to consider reporting changes for 2021/22. This will be part of our workplan. Further work required to clarify what is required in order to implement this but the intention at this stage would be to progress for implementation next year. Update will be provided to next Audit committee against all actions arising from the Annual Report and Auditor's recommendations.

8	Finance Report for the period to end of September 2020	**Sonya Lam:** With the underspend in operational budgets of £1.3m, how much of this staff vacancies v reduction in patient related activity? With staff vacancies, how much have we spent on agency to provide capacity for vacancies?	**Andrew Bone:** The main driver for underspend is in relation to reduced patient activity and corresponding impact on clinical supplies expenditure. Although there are vacancies within the core establishment the overall workforce has increased through use of fixed term and supplementary staffing. Agency spend in the first six months of 2020/21 has averaged £187k per month (against a prior year average of £180k per month). Medical agency increased by c. 50% (from £66k to £99k per month) with all other staff groups reporting a reduction in monthly spend. The main driver for increased spend on Medical staff is in relation to additional posts required to address Covid19 pandemic.
9	Finance Report for the period to end of September 2020	**Sonya Lam:** What is the reason for the £1.15m of C-19 related expenditure not being highlighted as part of the Board's response?	**Andrew Bone:** All identified C-19 expenditure (including these elements) is reported through the national reporting template (LMP) to Scottish Government. The treatment of the £1.15m is relevant only to internal NHS Borders reporting and reflects the way that costs are recorded and reported internally within the board, i.e. how costs are recorded within our financial reporting system. We adjust this for Scottish Government returns to ensure full costs are reported, but do not do this internally because this requires manual intervention and is based on an element of judgement (using standard assumptions agreed with Scottish government colleagues).

			For clarification: Where a ward is repurposed as Covid19, the expenditure continues to be recorded through existing mechanisms. Managers receive reports on their expenditure within the ward and will be fully sighted on the operational deployment of this facility to support Covid response. For GP prescribing where there is an expectation that an element of expenditure will be related to Covid19 treatment, this expenditure cannot be separately identified from the overall prescribing spend. A proportion of prescribing costs is attributed to Covid based on national assumptions – this is c.1% of total spend.
10	Finance Report for the period to end of September 2020	**Sonya Lam:** What is our confidence level in terms of achieving £1.6m of savings in Q4?	**Andrew Bone:** The majority of these savings are secured already and will begin to be delivered from October. A small element (c.£100k) remains unconfirmed at this stage. We will review as part of our mid-year forecast and provide a revised assessment. It is unlikely that there will be material change to this estimate.
11	Finance Report for the period to end of September 2020	**Sonya Lam:** Taking into consideration the Scottish Government feedback at the end of September 2020 (Item x), does this impact or change the risks identified in Section 4?	**Andrew Bone:** The individual risks described in section 4 are current following confirmation of resources and in light of issues arising from September feedback. The overall quantification of financial risk in current year is currently being assessed and will be revised following update to the board's financial forecast. Implications for the forecast are discussed further under item 7.

12	Finance Report for the period to end of September 2020	**Fiona Sandford:** P9 and Exec summary: Why is £1.15m expenditure in relation to Covid not reported as part of the response to the pandemic but as part of the Board's operational expenditure? What implication does that have for Covid funding?	**Andrew Bone:** Briefly, the reason for this expenditure being reported through core performance is because it is not recorded under the separate arrangements established for Covid19. Recording this expenditure separately is not necessary because it can be easily identified through existing arrangements. It is noted in the financial report to provide reconciliation to the LMP template. See also response to question 9, above. There is no implication for Covid funding. The Scottish Government have based allocations on the LMP submission template, which includes all relevant expenditure including those items that are not separately reported within the board's finance report.
13	Finance Report for the period to end of September 2020	**Fiona Sandford:** P9 #2 'The 13.7m excludes the under achievement of savings targets. .. and is broadly in line.' Not clear about this – in line with what?	**Andrew Bone:** Apologies. Text has been deleted from this sentence in error in the final report. It should read "in line with previous reporting to Resource & Performance Committee". The turnaround update provided to the committee in September advised that recurring savings of £1.6m were available in 2020/21. This is the basis for the figures included in both Q1 forecast and the most recent LMP submission.
14	COVID-19 Local Mobilisation Plan – Finance Update	**Malcolm Dickson:** Comment: I appreciate that Scottish Government Health and Social Care will be just as hard pressed in trying to manage and coordinate the national situation as territorial board executives, but the known unknowns of SG support continue to make life very difficult for the latter.	-
15	COVID-19 Local	**Malcolm Dickson:**	**Andrew Bone:** Fair point. Risks noted at 4.6 &

	Mobilisation Plan – Finance Update	Question: Page 9. 6.4 I presume the degree of uncertainty over what kind of support SG will offer for non-delivery of predicted savings ("to be discussed separately") has been, or will be, taken into account in the risks referred to at 4.6, 4.7 and 4.8 of the Finance Report	4.8 will be amended for future reports. The risk noted at 4.7 remains current, although it is likely that this can be managed in light of the funding situation described within the paper.
16	COVID-19 Local Mobilisation Plan – Finance Update	**Sonya Lam:** Noted.	-
17	COVID-19 Local Mobilisation Plan – Finance Update	**Fiona Sandford:** I commend Andrew of this report; the presentation of complex data is clear, and I look forward to discussions on Thursday. For now, I have three queries: 6.7.5 Waiting Times funds £1m to be used to offset core expenditure already in place? Might we be questioned on this?	**Andrew Bone:** The treatment of the £1M to offset core expenditure has been agreed with Scottish Government Access support team. For clarify, this "core" expenditure relates to additional investment agreed in 2019/20 on a recurrent basis to increase Waiting Times delivery. It is embedded within the board's core expenditure, but underpinned by a planning assumption that this will be resourced through Waiting Times investment.
18	COVID-19 Local Mobilisation Plan – Finance Update	**Fiona Sandford:** 6.7.10 Virement of resources to H&SC – again are we justified in doing this?	**Andrew Bone:** The Scottish Government have specifically provided for this within the correspondence in support of the allocation of funding. Funding allocations are made in 2 streams – delegated and non-delegated. The delegated funding stream covers Health & Social Care. The letter advises "We expect, in principle, that funding is allocated between NHS Boards and Integration Authorities on the basis of the tables of the Annex, however Boards and Integration Authorities may agree to allocate funding flexibly between categories to better recognise local pressures and priorities".

			It is therefore for the board to determine whether it would increase vire funding between delegated and non-delegated functions.
19	COVID-19 Local Mobilisation Plan – Finance Update	**Fiona Sandford:** 6.11 Mitigating Actions: Outturn of £3.1M underspend by September? Surely if continued that will have major impact on the forecast – interested to hear comments on that	**Andrew Bone:** Yes, this is true. The forecast at Q1 included an estimated increase to core expenditure over the remaining months as remobilisation plans are enacted, however current trend would suggest this was pessimistic (financially). It is likely that the extrapolation of the current trends will present an improvement to outturn forecast. This will be confirmed following review of the forecast to be undertaken in late November.
20	Capital Plan Update	**Malcolm Dickson:** **Comment:** Overall, I acknowledge that the method used to arrive at the adjustments and those adjustments themselves appear to be appropriate.	**-**
21	Capital Plan Update	**Malcolm Dickson:** Question: Audit Scotland made what I believe they termed a "note of emphasis" in their Annual Audit with reference to the reduced reliability of property evaluation, I believe because it had been carried out as a desk-top exercise because of C19 restrictions. They did not feel this amounted to a material concern, or words to that effect, but recommended that we aim to return to a more thorough methodology as soon as practicable. Do we have a plan to follow for this?	**Andrew Bone:** We have not yet developed an action plan in response to this recommendation but would expect to have discussed options in advance of Audit Committee and will provide update at that meeting as part of response to recommendations from Audit Report.
22	Capital Plan Update	**Malcolm Dickson:** Question: Para 5.1.6 - I presume that we can negotiate carry forward of the ear-marked capital funding provided by SG for specific purposes (eg the Forensic Medical Examination Suite) which cannot be completed this financial year because of C19?	**Andrew Bone:** At present we are anticipating that this will be the case however there is a risk that SG may need to reprioritise capital resources in future years as a result of the wider NHS Scotland impact (Covid, etc.) on delivery of its overall capital programme. Ring-fenced

			projects would be expected to be first call for reinstatement in future years. This is subject to ongoing discussion with SG colleagues. Agreed in principle but subject to wider pressures on overall NHS Scotland capital programme which is managing increased uncertainty in current operating environment and slippage arising from a number of major projects (e.g. elective centre programme).
23	Capital Plan Update	**Malcolm Dickson:** Question: Para 5.1.7 - I think I'm probably wrong in initially thinking when I read this that some of the funding from the allocated capital for the Borders Health Campus exploratory work in this financial year will be used for specific works for the BGH front door. But it has been mentioned under that heading, so I'm confused. If it is really intended that such work could anticipate what patient flow into the future campus will look like then that seems wrong-headed to me. I would have thought that much of the patient flow into a future campus would be handled online in advance and updated remotely on the physical arrival of a patient, largely negating the need for a single point of entry.	**Andrew Bone:** Apologies. There were 2 separate elements to plan: (1) Borders Health Campus (2) Front door (flow) The second item was earmarked for investment of c.£200k as an early priority for BGH in advance of developing the campus strategy. We are assuming that there will still be some requirement for adaptation of the Emergency dept. and associated front door areas to facilitate changes to flow management and issues arising from Covid, however the Reshaping urgent care may – as you note – influence this. At present we continue to hold provision in the plan at the existing level. We will continue to review as this programme becomes clearer. The campus strategy funding – by agreement of SG – is released to flexibility in year with expectation that we will discuss future requirements as part of the development of our capital programme for 2021/22 and beyond. SG have agreed that we can redirect this resource

			to local priorities, which include the development of our primary care premises strategy for which no resource had previously been agreed.
24	Capital Plan Update	**Malcolm Dickson:** Comment: Para 5.1.8 - I suspect I will not be the only NED to express much disappointment at the anticipated slippage of the creation of the Adult Changing Facility, especially since I think I recall that SBC lent us a member of staff to expedite the project. If slippage is unavoidable, then so be it, but if it has once again fallen foul of the argument that there are now greater priorities within the BGH, then that must be challenged because otherwise it might never be completed.	**Andrew Bone:** The slippage on timescales for this programme is separate from any issue in relation to project resources. The space earmarked for this facility is located at main entrance of BGH. Undertaking works in this location during current pandemic would have a significant impact on the ability to maintain social distancing and infection control measures. We continue to monitor this situation on an ongoing basis. A revised timescale will be agreed as soon as we have a clear understanding of the timing and process for restoring normal operations.
25	Capital Plan Update	**Sonya Lam:** The risks listed in 6.1 are noted. There are presumably risks associated with capital projects not proceeding or being delayed. Are there key risks the Committee should be aware of?	**Andrew Bone:** At a strategic level the main risks of projects not proceeding or being delayed would be within three main domains: • Service risk (including quality/safety risk) • Financial risk • Reputational risk It is intended to develop a capital programme risk register against individual projects through the new Capital Investment Group. Individual projects will undertake their own risk assessment in line with project management methodology.
26	Capital Plan Update	**Fiona Sandford:** 4.1.5 Estimated backlog maintenance = £13m (seems incredibly high – how do we plan to pay for this?	**Andrew Bone:** Progressing backlog maintenance will be subject to prioritisation within the board's capital investment plan. At present we direct between £0.5m - £1.0m

			annually to backlog maintenance. As part of the development of our longer term property strategy we would expect to discuss with Scottish Government how the Borders Health Campus can be maintained in advance of a longer term reprovision, including any additional capital resources that can be made available to support a reduction to estate risks. <u>Background</u> This figure is adjusted annually (with full review of the estate over a 5 year cycle) and we would anticipate this figure continuing to be revised. Recognising the age of BGH (32 years) the backlog figure includes a number of major plant/infrastructure elements which would be subject to planned replacement cycles. c.50% of this figure is assessed as high or very high risk, including c.£3m in relation to theatre ventilation.
		PERFORMANCE	
27	Delayed Discharges Update	**Malcolm Dickson:** It's not clear whether the measure in the chart at the foot of page 3 is similar to that in the next chart at the top of page 4, ie delays per 100,000 population.	**Rob McCulloch-Graham:** The chart on page 3 is the total number of delays, the second chart on page 4 is per 100,000.
28	Delayed Discharges Update	**Malcolm Dickson:** Page 5 - I'm still astounded that consultants generally work weekdays with weekends off. I appreciate that this a difficult nettle to grasp and that it must be approached on a national basis, but how can we expect the rest of our efforts to be efficient as long as this inefficient and out dated practice continues? [A rhetorical question, I don't expect an answer!]	**Lynn McCallum:** Consultants do of course work weekends but we do not have anything close to the capacity required to deliver the same processes (including ward rounds and senior decision making) as we have during weekdays. We need to be clear that it is not just senior decision making that is the issue here as no service truly provides a 7 day service including the essential discharge services such

			as AHPs and social work.
29	Delayed Discharges Update	**Malcolm Dickson:** The individual work programmes outlined on pages 6, 7 and 8 are very welcome, as are the new partnership-led workstreams within the H&SCP. However, we don't seem to have, or we're not being given, metrics which can help us understand to what extent each of these are contributing, or not, to reducing delayed discharges. I believe this is the granularity of data analysis that Tris has been arguing for and, until we get that analysis, we, and more importantly the Executive and managers, are not provided with the tools to focus improvement where it is most needed.	**Rob McCulloch-Graham:** As can be seen from the national report attached, there are many issues which impact on delays, it is therefore difficult to attribute specific actions directly to an impact or outcome on delays. There are qualitative measures which we continue to apply, and we do examine impact across a range of measures. The policy and strategies that have been employed have been endorsed by the national direction of jobs across Scotland.
30	Delayed Discharges Update	**Sonya Lam:** From the national lessons learned, intermediate care has been increased with additional AHP capacity. Am I right in thinking we have increased our AHP capacity for reablement and if so, is this a temporary solution or a sustainable one?	**Rob McCulloch-Graham:**
31	Delayed Discharges Update	**Sonya Lam:** What assurance do we have that all the measures highlighted in 4.3 will have an impact and what are the timescales for improvement?	**Rob McCulloch-Graham:** This is our intention, we have not achieved it as yet.
32	Delayed Discharges Update	**Fiona Sandford:** In the Executive Summary, I wonder whether it is wise to say that 'Every partnership .. were very successful reducing these delays…'? In the light of press coverage and enquiries into discharges to care homes without testing. While we are content that no harm was done in our board, I think we could be questioned about the rather sweeping statement.	**Rob McCulloch-Graham:** We take the point, however this was a national report, whilst we input to its writing we didn't have any editorial control.
33	Delayed Discharges Update	**Fiona Sandford:** P6 Monitoring and responding to demand. I read this paragraph multiple times and still don't understand it.	**Rob McCulloch-Graham:** We have many reports on delays which use different definitions as to what constitutes a delay. It is therefore not

		What is a single point of truth in a moment of time	possible to compare many of the reports. We have had differing local and national demands to address within plans. We have had to offer several trajectories for example on our targeted reduction of delays
34	Delayed Discharges Update	**Tris Taylor:** This paper doesn't address the observations minuted at the last meeting about assurance information systems. It lacks specificity and baseline data and is focused on narrative historical activity rather than cost/benefit analysis and clear quantification of the impact current actions are expected to have on current issues. There is no quantitative analysis of why initiatives to date have not improved the overall position - or indeed whether they have, but improvement is not visible because demand has increased. Indeed there is no data on demand or throughput in the paper. Contrary to the minuted request, there isn't anything to help me "better understand the reasons for delays, the costs associated with delay reduction plans, the value achieved, the gap in performance against expectations, the reasons for that gap, and the associated opportunity cost.	**Rob McCulloch-Graham:**
35	Performance Briefing	**Sonya Lam:** What are the variations in outpatient performance between specialities if any?	**June Smyth:** Please see Annex A at end of document.
36	Performance Briefing	**Sonya Lam:** Sickness absence: was discussed at the Staff Governance Committee last week in particular whether musculoskeletal cases were arising from clinical settings or Working From Home (WFH)	**Andy Carter:** A single MSK adverse event has been RIDDOR-reported in 2020 and it may ultimately not prove to be solely work-related. Looking at the Adverse Event System, NHSB has half the number of Moving & Handling Events which were reported in the same timeframe last year (17 c.f. 39). Further enquiry will be required but it may not be unreasonable to assume that the increase in self-reported

<table>
<tr><td></td><td></td><td></td><td>MSK absence relates to injury suffered whilst not working or onset of symptoms & conditions from an increasingly ageing workforce. Further communication is going out to line managers around the importance of employees carrying out home risk assessments and acting upon findings.</td></tr>
<tr><td>37</td><td>Performance Briefing</td><td>Sonya Lam:
Acute: What are our re-admission rates?</td><td>Nicky Berry: Comparisons for Oct-Dec 2019, Apr-Jun 2020 and July 2020 readmissions (as the latest data that will be complete) are as follows and shows rates are decreasing:
<table><tr><th rowspan="2">Period</th><th colspan="2">7 Day</th><th colspan="4">28 Day</th></tr><tr><th>No of Re-admissions</th><th>Total Admissions</th><th>Rate</th><th>No of Re-admissions</th><th>Total Admissions</th><th>Rate</th></tr><tr><td>Oct-Dec 2019</td><td>209</td><td>2926</td><td>7.1%</td><td>470</td><td>2926</td><td>16.1%</td></tr><tr><td>Apr-Jun 2020</td><td>125</td><td>1936</td><td>6.5%</td><td>308</td><td>1936</td><td>15.9%</td></tr><tr><td>Jul-20</td><td>38</td><td>667</td><td>5.7%</td><td>64</td><td>667</td><td>9.6%</td></tr></table>
The latest data available for the IJB, in the Core Suite of Integration Indicators that gives the annual position to 2019, shows us at 109 per 1,000 population compared to Scotland's 105 for 2019, and puts us middle of the pack of Integration Authorities.</td></tr>
<tr><td>38</td><td>Performance Briefing</td><td>Fiona Sandford:
Noted. Cancer Treatment performance good to see</td><td>-</td></tr>
<tr><td>39</td><td>COVID-19 Remobilisation Plan</td><td>Malcolm Dickson:
Comment: My following question harks back to my previous points about the possibly excessive expectations of those who seek too judge and govern us. I understand that the demands have to be made from an SG point of view, and that some of the larger boards may have the capacity to respond, but….</td><td>-</td></tr>
</table>

40	COVID-19 Remobilisation Plan	**Malcolm Dickson:** Question: Page 4 of Ms McLaughlin's letter - 1st bullet, how are we going to resource the reassessment of options for savings that can still be delivered in this financial year for which she has asked? P.S. I have just read the Chief Exec's response to that letter and he has properly, and more tactfully, pointed out the difficulty.	No answer now required - MRD
41	COVID-19 Remobilisation Plan	**Malcolm Dickson:** Question: Page 5 - levels of remobilisation of services. This is useful information for the Board, but there was an aspiration for surgery that we'd start at 50% and hope to creep up higher. Am I expecting that to happen too soon? I appreciate all this may well fall back to zero if the pressure on ITU beds becomes any greater than it was during the first phase, or we feel we have to plan for greater numbers.	**June Smyth:** There was indeed an aspiration to increase levels above the 50% of clinic lists that had been restarted. An extended working day is being planned for, however, due to workforce restraints it will not be possible to implement until after the winter period. The resurgence of COVID-19 activity has also resulted in Theatres Recovery being converted to ITU 2 which has also stalled work to increase Theatre utilisation and therefore activity.
42	COVID-19 Remobilisation Plan	**Sonya Lam:** What is the balance of risk between administering CPAP outwith ICU and the risk of not providing this intervention? What are the barriers to the former?	**June Smyth/Lynn McCallum:** CPAP can be used as a first line of intervention without it people would potentially need more invasive intervention sooner. Some patients who wouldn't necessary be ready for full ITU intervention, people with co-morbidities for example, have been shown to benefit from CPAP. There are several drivers to deliver CPAP for COVID-19 positive patients out with ITU. Once ITU exceeds three COVID-19 positive patients, the unit expands into Theatre Recovery (ITU 2). At this point, depending on non-COVID-19 activity in ITU elective operations will be reduced. The ability to deliver CPAP for

			COVID-19 patients out with ITU increases the ability of ITU to remain in ITU and thus protective our routine elective programme. The risk of delivering CPAP for COVID-19 patients out with ITU is intro associated with the introduction of another COVID-19 pathway out with ITU. It is felt the benefit offered to our elective programme outweighs this risk.
43	COVID-19 Remobilisation Plan	**Fiona Sandford:** Noted: disappointed re escalation	-
44	Resurgence Plans		