

Minutes of a meeting of the **Borders NHS Board** held on Thursday 24 September 2020 at 9.00am 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 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 L McCallum, Medical Director

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Strategic Change & Performance
- Mr A Carter, Director of Workforce
- Mr R McCulloch-Graham, Chief Officer Health & Social Care
- Dr K Allan, Associate Director of Public Health
- Mr G Clinkscale, Associate Director of Acute Services
- Dr J Bennison, Associate Medical Director
- Dr A Cotton, Associate Medical Director
- Mrs L Jones, Head of Clinical Governance & Quality
- Mr S Whiting, Infection Control Manager
- Ms S Horan, Associate Director of Nursing for Acute & Head of Midwifery
- Ms C Oliver, Head of Communications

1. Apologies and Announcements

Apologies had been received from Mr Tris Taylor, Non Executive, and Dr Tim Patterson, Director of Public Health.

The Chair welcomed Dr Keith Allan who was deputising for Dr Tim Patterson.

The Chair formally welcomed Dr Lynn McCallum, Medical Director to her first meeting of Borders NHS Board.

The Chair noted that Ms Sonya Lam and Mr Rob McCulloch-Graham would have to leave the meeting at 10am.

The Chair noted that Dr Amanda Cotton would have to leave the meeting at 10.30am.

The Chair confirmed the meeting was quorate.

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

The Chair announced that a short private meeting would be held at the conclusion of the public meeting to consider matters classed as “commercial in confidence” and “person identifiable”.

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 was an executive member of the Board of Northumberland Health Trust.

Ms Sonya Lam declared that her partner was appointed a temporary specialist adviser to the Scottish Government.

The **BOARD** noted the verbal declaration.

The **BOARD** approved the inclusion of the declaration of interest for Dr Lynn McCallum in the Register of Interests.

3. Minutes of Previous Meeting

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

The minutes of the Extra Ordinary meeting of the Borders NHS Board held on Thursday 30 July 2020 were amended at page 3, paragraph 2, to include as a final sentence “However he expressed a degree of confidence about Scottish Government funding coming through” and with that amendment the minutes were approved.

4. Matters Arising

4.1 Minute 5: COVID-19 Re-Mobilisation Plan (Recovery) Update: Ms Lam requested an update on her query regarding risk and mitigations. Mrs June Smyth commented that there was nothing on the risk register for unmet need. Risk had not been quantified other than in regard to the services that could be offered within existing resources and monitoring any backlog/increase in waiting times.

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

The **BOARD** noted the Action Tracker

5. Audit Committee Update

Mr Malcolm Dickson referred to Question 10 and highlighted that the Audit Committee were suggesting the drafted response to the Audit Scotland COVID-19 Guide for Audit and Risk Committees be shared with the Resources and Performance Committee at its meeting scheduled for November.

Mr Dickson also confirmed that the audit planned for the Integration Joint Board and how it was operating would focus on delayed discharges.

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

The **BOARD** noted the update from the Audit Committee meeting held on 14th September 2020.

6. Audit Committee Minutes: 15.06.20

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

The **BOARD** noted the minutes.

7. Endowment Fund Minutes: 14.05.20

The Chair referred to Question 16 in the Board Q&A which was a brief update on matters.

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

The **BOARD** noted the minutes.

8. Finance & Resources Committee minutes: 19.03.20

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

The **BOARD** noted the minutes.

9. Resources & Performance Committee Update

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

The **BOARD** noted the update.

10. Finance Report for the period to the end of August 2020

Mr Andrew Bone provided an overview of the content of the report and highlighted that at that point in time the reflected expenditure forecast was pessimistic against the current operational spend.

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

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

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

The **BOARD** 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.

11. COVID-19 Remobilisation Plan (Recovery) Update

Mrs June Smyth provided an overview of the content of the report and highlighted that planning was focused on the response required for the projected second wave including how current plans would be flexed and adapted to deal with that next phase.

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

The **BOARD** noted the update on the COVID-19 Remobilisation (Recovery) planning process.

12. Clinical Governance Committee minutes: 20.03.20, 26.05.20

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

The **BOARD** noted the minutes.

13. Quality & Clinical Governance Report

Mrs Laura Jones provided an overview of the report and highlighted key elements including: tracking HSMR and crude mortality rates closely; additional reviews of all COVID-19 related deaths by Associate Medical Director to ensure all matters were picked up and addressed; and a national move to build in coding around COVID-19. She advised that the backlog of complaints were now being addressed as the department staff returned to their substantive roles.

In regard to flu vaccinations she commented that members of the public had received a letter regarding making an appointment for their flu vaccination. The volume of calls and emails received as a consequence of the letter being issued had overwhelmed the local call centre provision that had been arranged. Communications were being relayed to the public through social and national media to provide reassurance to the public that a backlog in contacts was being dealt with and people would receive an appointment.

Ms Sonya Lam commented that there had been a rise in crude mortality against the scottish norm since 2019 (page 3) which could not all be COVID-19 related and she suggested there needed to be an understanding of that. Mrs Jones advised that the trend was within normal limits as the first upward point was for the previous quarter. During the winter the organisation would experience an upward data point which correlated to higher delayed discharges and length of stay in the system. Patients who would normally die in a community setting were passing away within the inpatient setting. She confirmed that it was a proven theme of previous analysis and therefore the organisation tried to ensure people were in the right setting at that point in their life for their own comfort and dignity, as well as the underlying impact it had on data.

Mrs Jones further explained that all deaths within the first 2 quarters had been reviewed and no areas of concern had been identified. A summary report of the themes would be provided to the next meeting of the Clinical Governance Committee to look at in more detail.

Mrs Fiona Sandford sought clarification that it was unadjusted crude data. Mrs Jones confirmed that it was.

Mrs Sandford asked for further information on the different models of palliative care provision within the Borders and how that impacted on crude mortality rates. Dr Lynn McCallum commented

that she would happy to discuss the matter further outwith the meeting via the Clinical Governance Committee.

The Chair commented that the organisation would always be impacted as a consequence of having the Margaret Kerr Unit on the Borders General Hospital site.

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

The **BOARD** noted the report.

14. Healthcare Associated Infection Prevention & Control Report

Mr Sam Whiting commented that on page 9 of the report, reference was made to the spot checking process. He clarified that a new improved process, to provide a sense of proportionality and recognise that the wards were a live working environment, had been adopted. The new process would also assist in identifying if there were more widespread issues.

Mr Whiting further provided an update in regard to page 11, commenting on the challenges faced nationally by Infection Control Teams as well as the national shortage of Intensive Care (IC) nurses. He advised that locally 2 IC nurse posts were being advertised both internally and externally and the expectation was that both would be filled by internal applicants.

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

The **BOARD** noted the report.

15. Public Governance Committee Update

Mrs June Smyth updated the Board on public governance activity since March. She highlighted several points including: meetings with public members; priorities for public member engagement; consultation and engagement on a national basis; strategy development/actions arising from November 2019 audit of Public Involvement; and resources. She advised that she would circulate the update after the meeting.

Cllr David Parker commented that it had been right to stand down the Public Governance Committee at the start of the pandemic.

Mr Malcolm Dickson commented that once the threat of the pandemic had been significantly reduced it might be helpful for NHS Borders and Scottish Borders Council to work with each other and learn from each other. He suggested an alignment of public engagement and a look at any overlaps or synchronisation that could be done.

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

The **BOARD** noted the update.

16. Staff Governance Committee Minutes: 19.12.19

Cllr David Parker assured the Board that the committee had met since December 2019.

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

The **BOARD** noted the minutes.

17. NHS Borders Performance Briefing

Mrs June Smyth provided an overview of the briefing which covered the main areas of performance and service delivery, but did not cover the full suite of indicators due to the team supporting the COVID-19 dashboards and data analysis.

The Chair enquired if the delayed discharges trajectory had been suspended as per the chart on page 3. Mrs Smyth commented that at the beginning of COVID-19 all organisations were asked to submit a trajectory to get delayed discharges to zero and that was the trajectory submitted as part of the NHS Borders and the Health & Social Care partnership COVID-19 response. That trajectory was not achieved and latterly NHS Borders were asked again for a revised trajectory. The graph in the paper reflected the trajectory that Mr Rob McCulloch-Graham had submitted to the Scottish Government and that the organisation was aiming to achieve. In effect there was no trajectory for missing period.

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

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

18. Consultant Appointments

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

The **BOARD** noted the new consultant appointment.

19. Board Committee Memberships

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

The **BOARD** approved the membership and attendance of Non Executive members on its Board and other Committees as recommended by the Chair with immediate effect.

The **BOARD** approved the nomination by the Chair of Bill Brackenridge as the Chair of the Discretionary Points Meeting.

20. Borders NHS Board Business Cycle 2021

Miss Iris Bishop confirmed that in terms of meeting in public, the outcome of a national “Once for Scotland” approach was awaited, which would clarify if meetings should be recorded, live streamed, the public invited as guests through MS Teams, etc.

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

The **BOARD** approved the Board meeting dates schedule for 2021.

The **BOARD** approved the Board Business Cycle for 2021.

21. Strategy & Performance Committee minutes: 06.02.20

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

The **BOARD** noted the minutes.

22. Scottish Borders Health & Social Care Integration Joint Board minutes: 24.03.20

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

The **BOARD** noted the minutes.

23. Any Other Business.

There was none.

24. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would be an Extra Ordinary meeting held on Thursday 22 October at 11.30am via MS Teams, to approve the Annual Report and Accounts.

The meeting concluded at 10.07am.



Signature:

Chair

BORDERS NHS BOARD: 24 SEPTEMBER 2020

QUESTIONS AND ANSWERS

No	Item	Question/Observation	Answer
1	Declarations of Interest Appendix-2020-86	Malcolm Dickson: I'll make my usual doi because external healthcare purchasers and providers are mentioned in the Finance Report at 5.6.	Iris Bishop: Thank you Malcolm.
2	Declarations of Interest Appendix-2020-86	Sonya Lam: I declare that my partner is appointed as a temporary specialist adviser to the Scottish Government.	Iris Bishop: Thank you Sonya.
3	Minutes of Previous Meeting	Karen Hamilton: P3 para 3 Any further update on Vaccination Programme timescales etc	Ralph Roberts: Further information is provided within the Remobilisation update paper as part of the Private Board agenda
4	Minutes of Previous Meeting	Karen Hamilton: P3 para 7 Sonya requests for further details ? Any update?	Keith Allan: As Lockdown is a governmental decision I'm unsure what detail I can provide on the mechanism they would work through, however I think the wider point being made was the need to balance action between covid and non-covid harm. NRS data tells us that at 13th September, there have been a total of 4,236 deaths registered in Scotland where the novel coronavirus (COVID-19) was mentioned on the death certificate. After peaking at 878 in the week ending 12 April, the number of excess deaths has reduced. For the most recent week (ending 13 September) deaths are 5% above the normal level (excess deaths are the total number of deaths registered in a week in 2020 minus the average number of deaths registered in the same week over the period 2015 to 2019). Excess deaths include

			<p>deaths caused by COVID-19 and those resulting from other causes.</p> <p>The proportion of people who agreed that they would avoid GPs or hospital for immediate non-COVID-19 health concerns has decreased, from a high of 45% in late April. Since then, it has reduced, and is now at 28%.</p> <p>There has been a reluctance from people to seek non-COVID-19 healthcare treatment during the COVID-19 pandemic. Evidence suggests that during the pandemic between 25-45% of people agreed or strongly agreed they would avoid visiting GPs or hospitals for immediate non-COVID-19 health concerns. This proportion was highest in April but has decreased by over a third since then, suggesting that although some people may be becoming more willing to seek treatment for immediate non-COVID-19 health concerns, there is still a relatively high proportion of people who are worried about this. Responses were broadly similar across different groups of the population.</p>
5	Minutes of Previous Meeting	<p>Karen Hamilton: P4 para 7 National tools and campaign for self management? Did this happen?</p>	<p>June Smyth: Yes the Right Care Right Place tools were issued as part of the <i>know who to turn to</i> campaign</p>
6	Minutes of Previous Meeting	<p>Sonya Lam: Page 3 of the paper. My recollection was that a degree of confidence was expressed about SG funding coming through.</p>	<p>Iris Bishop: I am happy to amend the minute to reflect that a degree of confidence was expressed about SG funding coming through.</p>

7	Matters Arising	<p>Karen Hamilton: Item 13 and 15 – updates?</p>	<p>Rob McCulloch-Graham: Action 13. Directions. The expected “Directions” were with regards to the Recommissioning of Hospital Beds, Residential Care Beds and Home Care Capacity. Work has been undertaken as part of the NHSB Transformation stream within the Turnaround programme. The bed format within BGH and the 4 Community Hospitals have been reconfigured as a result of Covid, and the length of time this position will be required cannot be determined as yet. There is therefore no timetable as yet for the issuing of directions. Modelling work across the system will continue within the Commissioning Work Stream of the Strategic Implementation Plan of the IJB.</p>
8	Matters Arising	<p>Sonya Lam: Action 13: What progress has been made and what are the timescales for business cases and IJB Directions as this is a long standing action.</p>	<p>Rob McCulloch-Graham: Directions. The expected “Directions” were with regards to the Recommissioning of Hospital Beds, Residential Care Beds and Home Care Capacity. Work has been undertaken as part of the NHSB Transformation stream within the Turnaround programme. The bed format within BGH and the 4 Community Hospitals have been reconfigured as a result of Covid, and the length of time this position will be required cannot be determined as yet. There is therefore no timetable as yet for the issuing of directions. Modelling work across the system will continue within the Commissioning Work Stream of the Strategic Implementation Plan of the IJB.</p>

9	Matters Arising	<p>Sonya Lam: Action 15: Timescale for presenting to the Board on delayed discharges? Will this be after the internal audit report on delayed discharges or before?</p>	<p>Rob McCulloch-Graham: Yes, we have contracted 15 days worth from NHS Internal Audit. The scope of the audit will be to interrogate the processes and practice in place now, and ascertain why we were so successful in the early stage of the pandemic, and why this performance has slipped. This help us determine with a higher degree of rigour, how we might maintain or earlier performance. Internal Audit are expecting to report in December.</p>
10	Audit Committee Update Appendix-2020-87	<p>Malcolm Dickson: I should have noticed when signing off this report that the suggestion to take a response to Audit Scotland's Covid19 Guide for Audit and Risk Committees to Resources and Performance Cttee in November was formed after the Audit Cttee meeting, so we should record that here. Perhaps Bill and Fiona, and Karen as chair of R&PC might indicate if they are content with that please? I believe it's largely because this is a quicker route to all Board members than to our next routine AC in December. I also suggest that this should be noted on the AC Action Tracker so that Audit Scotland attendees are sighted on what action has been taken.</p> <p>I should also add that I've learned from Rob McC-G that the NHSB Internal Audit scheduled for an IJB issue, from the Health Board perspective, will focus on delayed discharges.</p>	
11	Audit Committee Update Appendix-2020-87	<p>Sonya Lam: Page 2 of the report. In terms of Audit Committee Self-Assessment Checklist and the action about how the Board will seek assurance from all the Governance Committees in relation to delivery of their own performance, what progress has the SG Corporate Governance Steering Group made with Active Governance?</p>	<p>Iris Bishop: The national Board Secretaries group are due to meet on 7 October and hope to receive an update at that time.</p>

12	Audit Committee Update Appendix-2020-87	Sonya Lam: The update papers such as Audit (5.1) and Resources and Performance (5.5) are useful summaries as they include information from the last set of formal minutes but also highlight key points from meetings that have been held since. This approach isn't always consistent with other committee papers when there are just minutes which can be from several/many months ago.	Iris Bishop: I am happy to have a look at this with the Executive Leads for the Board Sub Committees.
13	Audit Committee Minutes Appendix-2020-88	Karen Hamilton: No cover papers but presumably these are just for noting as usual?	Iris Bishop: Yes just for noting we decided a while ago to put them on the agenda as separate items instead of as a collective set of minutes, therefore a cover paper is no longer produced. I am happy to produce separate cover papers if the Board would prefer that?
14	Audit Committee Minutes Appendix-2020-88	Sonya Lam: Noted.	-
15	Endowment Fund Minutes Appendix-2020-89	Karen Hamilton: No cover papers but presumably these are just for noting as usual?	Iris Bishop: Yes just for noting we decided a while ago to put them on the agenda as separate items instead of as a collective set of minutes, therefore a cover paper is no longer produced. I am happy to produce separate cover papers if the Board would prefer that?
16	Endowment Fund Minutes Appendix-2020-89	Karen Hamilton: Probably worth updating Board verbally : EAG met on 4/9/2020 Development Session of same on 7/09/2020 Trustees met on 10/09/2020 to approve accounts Trustees meet again on 28/09/2020 to consider/approve recommendations of EAG 4/9/2020	-
17	Endowment Fund Minutes	Sonya Lam: Noted.	-

	Appendix-2020-89		
18	Finance & Resources Committee minutes Appendix-2020-90	Karen Hamilton: No cover papers but presumably these are just for noting as usual?	Iris Bishop: Yes just for noting we decided a while ago to put them on the agenda as separate items instead of as a collective set of minutes, therefore a cover paper is no longer produced. I am happy to produce separate cover papers if the Board would prefer that?
19	Finance & Resources Committee minutes Appendix-2020-90	Sonya Lam: Noted.	-
20	Resources & Performance Committee Update Appendix-2020-91	Sonya Lam: Noted.	-
21	Finance Report for the period to the end of August 2020 Appendix-2020-92	Karen Hamilton: Section 1, 1.1 For clarity can we record the outcome of the request to SG for additional brokerage of 7.8m	Andrew Bone: The original brokerage request was submitted as part of the Annual Operational Plan (AOP). AOP discussions with SG were suspended at beginning of Covid19 outbreak and we have not had formal confirmation of agreement to our brokerage request, however we have been advised that the AOP will be considered the baseline position against which 2020/21 performance would be measured, with the subsequent LMP and Remobilisation plans becoming annexes to this plan. On this basis it is reasonable to assume that the brokerage request is accepted. All subsequent financial planning discussions with SG have included recognition of this position. I would not

			expect final confirmation until we have clarified the position in relation to Covid19 funding.
22	Finance Report for the period to the end of August 2020 Appendix-2020-92	Karen Hamilton: Operational Business Units table, Financial Recurring Deficit (balance) line. Can you explain further the Note please?	<p>Andrew Bone: The financial plan identified a recurring deficit of £18m, of which £9m is delegated as savings targets to business units. The balance of this target, plus a further £1.5m identified as non-recurrent pressure, is reported against the board's reserves. The revised budget against the "Financial Recurring Deficit (balance)" line in the report is reflective of this target.</p> <p>The financial plan outlines the expectation that this target will be managed through a combination of non-recurrent savings measures (£7.1m) – confirmed as still viable through our Q1 review process – and SG brokerage. The balance of this support would be utilised to manage the projected shortfall on savings delivery outlined in the plan.</p> <p>As we begin to enact the non-recurrent savings measures this figure will start to reduce in future reports.</p> <p>It is worth noting that the figures described here are not directly impacted by the additional pressures related to Covid19 and slippage on Financial Turnaround programme is reported via operational business units, so will not impact on this presentation.</p>

23	Finance Report for the period to the end of August 2020 Appendix-2020-92	Karen Hamilton: Section 3 Covid related expenditure – presumable no update from SG	Andrew Bone: We submitted the final Quarter One review forecast to Scottish Government on 18 th September. Since submission we are now in active dialogue to resolve queries in relation to the forecast. We have had indication that initial covid19 allocations are due to be made imminently (expect further update within the next week).
24	Finance Report for the period to the end of August 2020 Appendix-2020-92	Karen Hamilton: Section 4 How/when will the Board be kept up to date on developments on Financial Risk Assessment and the associated themes?	Andrew Bone: An update will be provided to the Resources and Performance Committee in November.
25	Finance Report for the period to the end of August 2020 Appendix-2020-92	Malcolm Dickson: I appreciate that this is a finance report and not a forecast so I presume that year-end projections will be submitted to the Resources and Performance Committee in November?	Iris Bishop: This is correct Malcolm it is scheduled on the R&PC business cycle for the November meeting.
26	Finance Report for the period to the end of August 2020 Appendix-2020-92	Malcolm Dickson: A general point which needs no response: the true cost of C19 might be the delayed treatment for other conditions and the impact that that has on patients.	-
27	Finance Report for the period to the end of August 2020 Appendix-2020-92	Fiona Sandford: Like others, I'm keen to hear if there has been any update from SG on funding Covid related expenditure	Andrew Bone: See response to 23, above. Verbal update will be provided at the meeting.
28	Finance Report for the period to the end of August 2020 Appendix-2020-92	Sonya Lam: Page 10; 4.3. It would be useful to understand how much has already been invested to achieve the access targets in the past and what assurance do we have that further investment will have an impact and by when.	Andrew Bone: SG allocations for Access in last 3 years are as follows:- 17/18 - £1.1m 18/19 - £2.4m 19/20 - £2.8m For 2020/21 our initial plan was described in the Annual Operational Plan (AOP). This

			<p>plan required £2.4m investment. Prior to Covid19 pandemic we had commitments of £1.3m against this plan. In addition, we have now submitted revised plans for a further investment of £1.4m – total would therefore be £2.7m in 2020/21.</p> <p>Performance against these plans has been reported to the board through the regular performance monitoring report. For 2020/21, there will be a significant deterioration in performance despite the level of investment described. This is directly a result of the impact of Covid19 on delivery of planned care. The level of performance is described within the board's remobilisation plans.</p> <p>Note – funding of the 2020/21 plan has not yet been confirmed by Scottish Government.</p>
29	COVID-19 Remobilisation plan (Recovery) Update Appendix-2020-93	<p>Karen Hamilton: Executive Summary para 2, RPG membership?</p>	<p>June Smyth: RPG has system wide representation, including business unit general managers, ADoNs, AMD's, Finance, Partnership, corporate business units, Planning & Performance and SBC / SB Cares representatives.</p>
30	COVID-19 Remobilisation plan (Recovery) Update Appendix-2020-93	<p>Karen Hamilton: Para 4 mentions key challenges to be highlighted, will the plan also offer some ideas to meet these challenges?</p>	<p>June Smyth: Some of these are point in time challenges so will be addressed as we move forward, some we need to plan for and be aware of, and for some challenges we need a plan B / contingency plan. This will be covered more in the separate presentation to Board Members re the updated plan.</p>

31	COVID-19 Remobilisation plan (Recovery) Update Appendix-2020-93	<p>Karen Hamilton: Presumably the impact also be from other winter pressures , normal flu, noro virus, c diff etc? Should that be included as a key challenge in its own right?</p>	<p>June Smyth: Noted and agreed, we shall move to include reference to these in the next update to the remobilisation plan.</p>
32	COVID-19 Remobilisation plan (Recovery) Update Appendix-2020-93	<p>Malcolm Dickson: Have we started any work yet on predicted costs and delays relating to dealing with elective backlogs (eg based on 100%, 90% etc of patients in backlog still requiring treatment?)</p>	<p>Andrew Bone: See response 28 above: proposal for additional investment of £1.4m submitted to SG describes actions available to mitigate pressures in 2020/21 but does not describe the full extent of actions required to deliver.</p> <p>June Smyth: We have modelled projected waiting times for both outpatients and inpatient/day case electives by specialty based on current service levels. On the 21st September there were 5,413 patients on the new outpatient waiting list with 2,348 having waited over 12 weeks and 1,630 having waited over 26 weeks for an appointment. The longest current expected wait for a new outpatient appointment is 35 weeks for Dermatology.</p> <p>On the 25th September there were 1,318 patients waiting for routine elective surgery with 1,048 having waited over 12 weeks and 878 having waited over 26 weeks for surgery. The longest current expected wait for routine elective surgery is 48 weeks for Dental Surgery.</p> <p>We have costed recovery of some specialty backlogs where we have identified external capacity to support activity. A total</p>


			predicted cost of recovering the backlogs can be provided if helpful; the reality of delivery is that staffing and physical capacity will limit the pace of recovery.
33	COVID-19 Remobilisation plan (Recovery) Update Appendix-2020-93	Sonya Lam: Page 1. Was there any informal feedback from the meeting with SG on 7 th September?	June Smyth: NHSB was to provide some further information on actions being taken to improve performance against the Emergency Access Standard and we would share our updated underpinning planning assumptions for remobilisation. There was recognition that our next update was outwith the SG timescales for formal feedback or confirmation of the financial framework that will be made available to NHS Borders. We can touch on this in more detail during the separate presentation to Board Members re the updated plan.
34	Clinical Governance Committee minutes Appendix-2020-94	Karen Hamilton: Again no cover paper? Have we agreed this for Committee reports to the Board? Fine if it is and a pointless use of paper- Presumably for noting. – perhaps should be referenced as such on Agenda.	Iris Bishop: Yes just for noting we decided a while ago to put them on the agenda as separate items instead of as a collective set of minutes, therefore a cover paper is no longer produced. I am happy to produce separate cover papers if the Board would prefer that? We do not put on the agenda if papers are for noting, approval, ratification, etc. We can move to that if the board would prefer that?
35	Clinical Governance Committee minutes Appendix-2020-94	Malcolm Dickson: 5.1 relates to the C19 Ethical Advice Support Group. I appreciate that desperate times often need desperate measures so understand why known people were recruited to provide the lay perspective. My suggestion is that CGC may want, or the Board may want to ask CGC, to consider whether	Lynn McCallum/Laura Jones: Happy to consider further lay membership moving forward should the group need to continue in support of further COVID spikes. Both lay members have made a significant and extremely useful contribution to date.

		this function should, and if so how this function can, continue beyond C19, eg as a dormant group ready to provide a response to any ethical issue raised by an open invitation to staff, in which case an open competition for appointment of lay members might also be considered.	
36	Quality & Clinical Governance Report Appendix-2020-95	Karen Hamilton: Patient Safety HSMR data – note this is pre Covid – anticipate impact of Covid in next report? Noted that Graph 2 gives updated data on Covid deaths to 31/08/2020	Lynn McCallum/Laura Jones: There is a lag time in HSMR reporting and this measure can not be calculated locally but the methodology has been updated to reflect covid so not yet clear on the impact this will have on HSMR but hopefully will be more representative of the patient group being cared for during that period.
37	Quality & Clinical Governance Report Appendix-2020-95	Karen Hamilton: Clinical Effectiveness AUPR – I have seen this document and it is an excellent piece of work. Just a picky point – should it be headed Patient Nursing Assessment – improves the Person Centred principle from the outset	Nicky Berry: We are actively not using the term Patient to try and steer the narrative to Person centred. As the assessments are carried out by the Nursing team it was tested to make sure it's clear who is responsible for this document.
38	Quality & Clinical Governance Report Appendix-2020-95	Karen Hamilton: Person Centred Care- Care Opinion data is very good over a critical time, well done – sure this is shared with all staff?	Lynn McCallum/Laura Jones: Will liaise with Communications team to look at how best to share this positive feedback.
39	Quality & Clinical Governance Report Appendix-2020-95	Karen Hamilton: Complaints Graph 6 and 7 – does this include the back log addressed.	Lynn McCallum/Laura Jones: Yes, the backlog of cases from the COVID period have now been completed with the exception of one case which is subject to and SAER.
40	Quality & Clinical Governance Report Appendix-2020-95	Karen Hamilton: Volunteering – were links made with Community Volunteer/Support Groups to offer 'redundant' people?	Lynn McCallum/Laura Jones: Volunteer Borders are active members of our local Volunteer Steering Group. During COVID we have taken steps to limit volunteering

			roles consistent with other Boards and national direction in recognition that many of our volunteers are in the over 60s age group and many within shielding groups. On a risk assessed basis roles have been reintroduced and are making use of technology to deliver their roles to ensure safe practice at this time for example Breastfeeding Peer Support Volunteers. This can be reviewed further as roles are reintroduced.
41	Quality & Clinical Governance Report Appendix-2020-95	Malcolm Dickson: Patient Experience - NEDs used to get alerts to Care Opinion submissions relating to NHSB but I haven't seen any for a while. They are a useful context for NEDs to balance against complaints etc.	Lynn McCallum/Laura Jones: Iris Bishop: When made available the Care Opinion reports are attached to the weekly Board Round Up emails.
42	Quality & Clinical Governance Report Appendix-2020-95	Malcolm Dickson: Page 9 SPSO cases - I see the sense in recording the level of risk to Board reputation but, by themselves, these assessments can convey an overly negative approach. Would it be possible to also have assessments of potential for positive outcomes for patients and/or positive organisational learning?	Lynn McCallum/Laura Jones: Happy to look at how this information is presented. May be difficult to refer this to individual cases but we could include an overarching statement with regard to the positive learning which may come from external review of complaints and that we welcome this.
43	Quality & Clinical Governance Report Appendix-2020-95	Sonya Lam: Page 3. Although within normal HSMR limits, what analysis has been carried out on the difference between the predicted and the observed, as presumably only a proportion can be C-19. The NHS Borders crude mortality rate was on the increase from June 2019, so C-19 may explain the rise in the last quarter, but what are the reasons for this difference with overall rate in Scotland?	Lynn McCallum/Laura Jones: Having sought advice on interpretation from national bodies we are advised to monitor HSMR using the funnel plot and look for remaining within normal limits. HSMR is a complex methodology which takes into account many different factors but can also be effected by different models of palliative care provision in Boards and quality of clinical coding practice. In previous discussions with

			national teams this had some impact on our local data and trend. Through the NHS Borders mortality review process we study deaths to ensure care was delivered as intended and to identify any harm and omissions.
44	Quality & Clinical Governance Report Appendix-2020-95	Sonya Lam: Page 4: NEWS. Has this been rolled out for use by SAS?	Lynn McCallum/Laura Jones: There is a national drive for this but I am not aware if it is has been fully implemented in SAS. We can enquire about this and provide further information outwith the Board meeting.
45	Healthcare Associated Infection Prevention & Control Report Appendix-2020-96	Karen Hamilton: Covid 19 Outbreaks – could Fig 11 show those tested Negative as a comparator – this would be easier to read than Fig 13.	Sam Whiting: Business Intelligence has updated their regular reports so this will be addressed in future Board reports.
46	Healthcare Associated Infection Prevention & Control Report Appendix-2020-96	Karen Hamilton: HAI Report cards – given the current situation I would like to have seen Hand Hygiene and Cleaning Compliance at 100% consistently.	Sam Whiting: I agree that this should be our aspiration. To give a sense of proportionality, in relation to hand hygiene for August, out of 321 opportunities, there were only 2 occasions missed (1 nurse and 1 doctor) Cleanliness continues to be a focus of attention for us. On 23/09/20 Infection Control and Domestic Managers ran a joint training session with Domestic Supervisors focussed on attention to detail in relation to cleaning.
47	Healthcare Associated Infection Prevention &	Sonya Lam: Page 11. What strategy are we using to recruit and retain the 2.0wte Infection Control Nurses?	Sam Whiting: As these are specialist posts they are advertised externally.

	Control Report Appendix-2020-96		<p>We have repeatedly advertised when we failed to recruit. We have welcomed interested candidates to have taster days working with the Team.</p> <p>When we have successfully filled with internal candidates, we have supported them in the role and we currently have two nurses who are progressing with the post graduate diploma and another two who have successfully completed this.</p>
48	Public Governance Committee Update	Karen Hamilton: verbal report await with interest	-
49	Staff Governance Committee minutes Appendix-2020-97	Karen Hamilton: No comment – most actions overtaken by Covid.	-
50	Staff Governance Committee minutes Appendix-2020-97	Malcolm Dickson: Page 3 first bullet, has this action been taken, ie escalation of concern to Board? Or has it been paused due to C19?	Andy Carter: This was the SGC of 19 December 2019. It refers to the low level of engagement with the NHS Scotland survey tool iMatter during 2019. This pre-dates the author's arrival in Borders but it is believed that the matter was not escalated to the Board. For information, the iMatter survey was not undertaken during March 2020, as planned, because of the pandemic outbreak. The next iMatter cycle starts again in May 2021 and there will be a concerted effort to achieve directorate and Board reports.
51	NHS Borders Performance Briefing Appendix-2020-98	Karen Hamilton: Delayed Discharges – is the March 2021 revised target accepted by SG – do we have a view from them on this? Is the Choices policy being rigorously applied?	Rob McCulloch-Graham: The choices policy is in place. The level of data available now is much improved and we can ascertain the reasons for any delayed patient. Staff will escalate when there is a delay due to patients awaiting residential care

			placements. Nursing staff, AHPs and Social Workers address this with the patient and their families. There is a variance has to how well this policy is applied, and work is underway between senior managers and team members to correct this.
52	NHS Borders Performance Briefing Appendix-2020-98	Karen Hamilton: Cancer Treatment – first bullet point – 100% seen with in 62 days – but 3 breaches (confused!)	June Smyth: Apologies this was an error in reporting- the breaches highlighted were actually May 2020, have removed and attached updated report  NHS Borders Performance Briefing
53	NHS Borders Performance Briefing Appendix-2020-98	Karen Hamilton: Outpatient and inpatient breaches are alarming but understandable. Do we have an idea how long we will be reporting this level of breaches?	June Smyth: At current capacity and referral levels the number of patients breaching OP 12-weeks will continue at the current level. Modelling on referral levels returning to pre-Covid demonstrates that the backlog will increase without a further increase in capacity. At current capacity levels the number of patients breaching TTG will continue to increase. Work is underway to increase capacity and external capacity is being sought to reverse this position.
54	NHS Borders Performance Briefing Appendix-2020-98	Malcolm Dickson: Very disappointing to see the creep back upwards in delayed discharges and the related occupied bed days, despite strenuous efforts - all the more reason for internal auditors to take a look and see whether they can offer any recommendations to tackle these.	Rob McCulloch-Graham: Agreed, and the scope requested covers this point exactly.
55	NHS Borders	Malcolm Dickson:	June Smyth: Think this should have read

	Performance Briefing Appendix-2020-98	<p>Cancer treatment - very daft laddie question: I don't understand why a 70% drop in referrals has contributed to delays?</p> <p>Also, bearing in mind that some patients have chosen not to attend BGH for treatment for fear of C19 or because shielding - aren't there alternatives available, eg outreach home chemotherapy?</p> <p>I'm guessing that might be impractical due to time needed for prep and recovery when staff may be supervising several patients simultaneously?</p>	<p>'<u>and</u> there has been a significant drop in referrals' rather than '<u>as</u> there has been..'</p> <p>We have increased the number of patients receiving chemotherapy at home as part of our Covid response which has been maintained through remobilisation.</p>
56	NHS Borders Performance Briefing Appendix-2020-98	<p>Sonya Lam: A difficult performance report in the context of the challenges identified with the remobilisation plan and the finance report. What assurance is there regarding improvement in performance?</p>	<p>June Smyth: Through our remobilisation work it is clear that not all services will be able to return to pre-COVID-18 activity levels due to constraints such as available space and available workforce. Performance will therefore continue to be impacted in some service areas. Where services have committed to levels of remobilised service activity we will be monitoring against these. New dashboards are currently being created to assist with this and will be included, in time, in reports to the Board.</p>
57	NHS Borders Performance Briefing Appendix-2020-98	<p>Sonya Lam: Page 2: Delayed discharges. Note the revised target for March 2021 of a 30% reduction in delayed discharges/20 delayed discharges. Considerable difference between a target of 0 in April and 20 now. Are we being ambitious enough with 20 when we did reduce down to less than 15?</p>	<p>Rob McCulloch-Graham: We will always strive to get to zero delays, any trajectory serves as a measure from where we currently are. They have changed constantly both locally and nationally.</p>
58	NHS Borders Performance Briefing	<p>Sonya Lam: Page 6: of the performance standards not included in the briefing, are there any of particular concern that the Board</p>	<p>June Smyth: 6 week Diagnostics is of concern given COVID-19 backlog and is a key focus of remobilisation efforts.</p>

	Appendix-2020-98	should be aware of.	
59	Consultant Appointments Appendix-2020-99	Karen Hamilton: Well done – good news	-
60	Board Committee Memberships Appendix-2020-100	Karen Hamilton: Noted – it has become necessary to appoint a Chair for the Discretionary Points Committee as a matter of urgency	Iris Bishop: The Board will be required to agree that Bill Brackenridge take up the position of Chair of the Discretionary Points Committee as agreed with the Chair.
61	Borders NHS Board Business Cycle 2021 Appendix-2020-101	Karen Hamilton: Dates and content acceptable – are we any clearer/closer to holding meetings more readily open to the public	Iris Bishop: We are awaiting the outcome of the “Once for Scotland” approach to holding meetings with public access.
62	Borders NHS Board Business Cycle 2021 Appendix-2020-101	Malcolm Dickson: There is very good contextual info here - thanks Iris. Re Board Development Sessions, I repeat my oft cited mantra: presentations should take up no more than 50% of the time allotted. The aim should be not only that NEDs listen to developments, issues etc covered by Execs and Managers, but that that Execs and Managers also listen to NEDs. I’m not saying that Execs don’t want to do that, I’m just saying that there seems to be an understandable concern to cram as much as possible into the sessions with the result that there is often too little time for discussion.	Iris Bishop: Thank you Malcolm. I hear what you are saying in regard to the Board Development sessions. Ralph and Andy have already met to have initial discussions in regard to the Board Development sessions programme and I am intending that we have that finalised over the next month or so and share it with the Board for consideration.
63	Strategy & Performance Committee minutes Appendix-2020-102	Karen Hamilton: Cover paper comment as before - Noted	Iris Bishop: Yes just for noting we decided a while ago to put them on the agenda as separate items instead of as a collective set of minutes, therefore a cover paper is no longer produced. I am happy to produce separate cover papers if the Board would prefer that?
64	Scottish Borders Health & Social Care Integration	Karen Hamilton: Cover paper comment as before - Noted	Iris Bishop: Yes just for noting we decided a while ago to put them on the agenda as separate items instead of as a collective set

	Joint Board minutes Appendix-2020-103		of minutes, therefore a cover paper is no longer produced. I am happy to produce separate cover papers if the Board would prefer that?
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