Borders NHS Board

Minutes of a meeting of the **Borders NHS Board** held on Thursday 4 February 2021 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
Mrs L O'Leary, Non Executive
Mr B Brackenridge, Non Executive
Mr J McLaren, Non Executive
Mrs A Wilson, Non Executive
Cllr D Parker, Non Executive
Mr A Bone, Director of Finance
Mrs N Berry, Director of Nursing, Midwifery & Operations
Dr L McCallum, Medical Director
Dr T Patterson, Joint Director of Public Health

In Attendance:
Miss I Bishop, Board Secretary
Mrs J Smyth, Director of Planning & Performance
Mr R McCulloch-Graham, Chief Officer, Health & Social Care
Mr A Carter, Director of Workforce
Mrs S Horan, Deputy Director of Nursing & Midwifery
Dr A Cotton, Associate Medical Director
Mrs L Jones, Head of Clinical Governance & Quality
Mr S Whiting, Infection Control Manager & Laboratory Service Manager
Mr C Myers, General Manager Primary & Community Services
Mrs F Doig, Head of Health Improvement & Strategic Lead ADP
Mrs C Oliver, Communications Manager
Ms K Kiln, Specialist Registrar
Mr A McGilvray, Radio Borders

1. Apologies and Announcements

Apologies had been received from Mr Tris Taylor, Non Executive, Dr Janet Bennison, Associate Medical Director and Mr Ralph Roberts, Chief Executive.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting including: Mrs Laura Jones, Mr Sam Whiting, Mrs Fiona Doig, Mr Chris Myers and Ms Kirsty Kiln.

The Chair welcomed members of the public to the meeting including Mr Ally McGilvray, Radio Borders.

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 private meeting would be held at the conclusion of the public meeting to consider matters classed as "commercial in confidence" and "litigious".

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 declarations by Mr Malcolm Dickson and Ms Sonya Lam as per the Board Q&A document.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Borders NHS Board held on 3 December 2020 were approved.

4. Matters Arising

4.1 Minute 16: Public Governance Update: Mr Malcolm Dickson referred to the Board Q&A and his suggestion that an action be added to the Action Tracker seeking the Chair of the Public Governance Committee, Chair of the IJB Strategic Planning Group, IJB Chief Officer and Director of Planning and Performance meet to see if there were any synergies that might be created by overlapping models of public engagement. Mrs June Smyth advised that she would include Mrs Clare Oliver in the discussions.

The **BOARD** agreed to include the action on the Action Tracker.

The **BOARD** noted the Board Q&A.

The **BOARD** noted the action tracker.

5. Governance Arrangements

Miss Iris Bishop provided a brief overview of the content of the paper.

The **BOARD** noted the Board Q&A.

The **BOARD** ratified the changes to governance arrangements as set out below:

- The Board will continue to meet in February and April.
- The Remuneration Committee meeting in February will be cancelled and any business deferred to the next meeting on 21 April.

- The Resources & Performance Committee will continue to meet in January with a business light agenda.
- The Endowment Committee meeting in January will be cancelled and any business deferred to the next meeting on 31 March.
- The Clinical Governance Committee meeting in January will be cancelled and any business will be deferred to the next meeting on 17 March. Any key issues will be reported to the Borders NHS Board meeting on 4 February.
- The Staff Governance Committee will continue to meet in March with a business light agenda.
- The Area Clinical Forum meeting on 26 January will be cancelled and any business deferred to the next meeting on 30 March.
- To support continued Non Executive oversight of the Board and its response to the Pandemic, the Chair, Chief Executive and Non Executives will continue to meet on a fortnightly basis.

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

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

6. NHS Borders Annual Review Letter 2019/20

Mrs June Smyth introduced the formal letter received from the Minister following the Annual Review held in October 2020. She reminded the Board that the Annual Review had been for the period 2019-20.

Mr Andrew Bone commented that whilst the organisation had been at level 4 of the national Performance Escalation Framework due to leadership and financial issues, the Scottish Government had indicated their wish for a discussion on the scale of the escalation. Mr Bone reminded the Board that significant change had occurred in the leadership of the organisation with a change in Chief Executive, Directors, as well as the Chair and Non Executives members and that could potentially lead to de-escalation. However, he was mindful that in terms of financial sustainability the performance of the organisation whilst it had been in line with the forecast progress, had been impacted by the COVID-19 Pandemic and was therefore unlikely to be de-escalated for that element.

The **BOARD** noted the Board Q&A.

The **BOARD** noted the Annual Review Feedback Letter for 2019/20 and the key action points.

7. COVID-19 Remobilisation Plan 2021/22 - Commissioning Letter and NHS Borders Timetable for Submission

Mrs June Smyth provided a brief overview of the content of the paper and highlighted the timescales as set by the Scottish Government.

The Chair highlighted Item 12 on the Board Q&A and encouraged Board members to read "The Independent Review of Adult Social Care in Scotland Report".

The **BOARD** noted the Board Q&A.

The **BOARD** noted the timetable for submission of the 1st Draft of the 2021/22 COVID-19 Remobilisation Plan.

8. Finance Report for the period to the end of December 2020

Mr Andrew Bone provided an overview of the content of the report and highlighted to the Board the: COVID-19 funding; completion of the Financial Quarter 3 review and confidence that break-even would be achieved; revenue position concern on treatment of non-recurring support to non delivery of savings in year and discussions taking place with Scottish Government for financial support; agreed level of slippage on the capital plan with the Scottish Government; and potential to bring forward expenditure for medical equipment.

The Chair welcomed the news in terms of brokerage.

Mrs Fiona Sandford commented that it was worth noting that so much of the savings this year were due to inaction due to COVID-19 and therefore not sustainable. Mr Bone accepted that view and highlighted that the financial plan would include a one year plan in line with the expectations of the Remobilisation plan.

Mr Bill Brackenridge enquired by how much the financial position might be improved if the sickness absence target were being achieved. Mr Bone suggested some modelling work could be done on that.

Mr Andy Carter commented that a reduced usage of supplementary staffing (bank, agency) could have an impact on the position.

The **BOARD** noted the Board Q&A.

The **BOARD** took significant assurance that the Board would achieve its financial target (i.e. breakeven) at March 2021, noting the position in relation to financial flexibility (brokerage) as described in section 5.

The **BOARD** noted the contents of the report, as follows:

- The Board was reporting a £4.92m deficit for the nine months to 31st December 2020.

- Performance against core operational budgets continued to demonstrate improvement against mid-year forecast and that the impact of that improvement was reflected in the updated forecast.

- The position included the release of £6.78m in relation to confirmed COVID-19 allocation and that funding was matched to spend incurred to date.

- The position reported in respect of non-delivery of savings (£6.01m) remained in line with the expected position as identified at the Quarter One Review.

- The Capital Resource for 2020/21 totalled £6.41m with expenditure incurred to date of £2.53m for the period to end of December 2020 as described in section 6.

- The forecast outturn position on Capital was following discussion and agreement with Scottish Government to a carry forward of £1.45m capital slippage into 2021/22 relating to projects which had been impacted by the Board's focus to the COVID-19 response and remobilisation.

This carry forward remains subject to finalisation of the NHS Scotland capital programme for 2021/22 and is therefore indicative pending further confirmation.

- Projects which had been impacted by the focus given to the COVID-19 response were MRI Installation and contingency works, the business case development work on the Borders Health Campus and Patient Flow projects and the Forensic Medical Examination Suite.

- An element of the committed 2020/21 capital expenditure was in relation to accelerating works from future years including from backlog maintenance, estates and medical equipment projects. That action enabled the resource commitment to those areas in future years of the plan to be reduced and as a result made resources available to support the prioritised Capital Strategic Plan once it was developed and agreed by the Board.

9. Quality & Clinical Governance Report

Mrs Laura Jones drew the attention of the Board to the content of the report in regard to COVID-19 and the risks currently being held. She advised that the organisation remained under significant pressure from both COVID-19 and non COVID-19 emergency demands.

Mr Malcolm Dickson welcomed the initiative that Black, Asian, Minority Ethnic (BAME) staff were being proactively supported and he enquired if the organisation had tried to reach out to BAME people in the community, given the media reported vaccination reluctance. Mrs Clare Oliver commented that, that work was being looked at nationally.

The Chair welcomed the good progress being made in regard to the vaccination programme and congratulated all those involved in the delivery of the programme.

Mrs Fiona Sandford commented that she was concerned in regard to data and she enquired of the percentage of over 50s in the 115,000 population of the Scottish Borders as that was the cohort frequently published in the press. She further suggested there should be more proactive comms in regard to how people would be contacted for their vaccination appointments.

Cllr David Parker echoed Mrs Sandford's remarks in regard to data and also recorded the thanks of Scottish Borders Council to NHS Borders and the vaccination team for the efforts that were made in regard to vaccinating care home staff, residents and home care staff.

Mrs Nicky Berry commented that it had been a phenomenal response by the whole team which included staff across NHS Borders, Scottish Borders Council and GP colleagues. In regard to the question of percentages, a single source of trust on numbers for population size was being explored by the Scottish Government, National Records for Scotland and Public Health Scotland.

Mrs Berry further commented that for the over 80s, the Scottish Government had said NHS Borders achieved 96% vaccinated as of 2 February 2021, which was expected to be exceeded once the final mop up had been concluded.

The Chair commented that work was being taken forward to develop and improve broadening the comms perspective to make sure Borderers understood the process and what they might expect.

Mrs Lucy O'Leary enquired in regard to staffing pressures in the mental health service if they were being experienced elsewhere in the system and if they put pressure on policy, GPs and other services.

Dr Amanda Cotton commented that pressures on the system were different to the way they were presented in other settings. Mental Health services were experiencing an increase in the onset of psychosis, relapse of psychosis, increased levels of anxiety in communities and increased stress in the population. Those pressures were expected to continue especially in regard to young people. Dr Cotton advised that it was a difficult scenario to explain as there were several knock-on effects. She commented that nursing staff had supported direct calls from NHS 24, 111 the out of hours service and had intervened earlier in the pathway which in turn placed pressure on junior doctors and senior doctors supporting the overnight rotas. Lots of work had taken place and mitigating actions had been put in place to reduce risks. She suggested the Board may like to receive a presentation in the future to explain the demands and pressures faced by the Mental Health and Learning Disabilities (MH&LD) Services.

The Chair welcomed the suggestion that a more in-depth discussion of the challenges facing the MH&LD service be shared at a future meeting.

Cllr Parker commented that having spoken to lots of constituents in the 70 plus age group the feedback he had received had been very positive in terms of the telephone contact and appointment process.

The **BOARD** noted the Board Q&A.

The **BOARD** noted the report.

10. Healthcare Associated Infection – Prevention & Control Report

Mr Sam Whiting highlighted to the Board that the biggest risk factor for patients in relation to E. coli Bacteraemia was Catheter Associated Urinary Tract Infection (CAUTI). COVID activity had been prioritised by the Infection Control Team over the last few months and that continued to impact on capacity for improvement activity associated with CAUTI. A meeting of the CAUTI Group had been scheduled for early December 2020 but had been postponed due to COVID-19.

Mr Whiting further commented that the latest round of recruitment to the infection control nurse vacancies had been unsuccessful and the requirements for those posts were being reviewed.

Mr Whiting also assured the Board that there were currently no closures across NHS Borders for COVID-19 or any other infection reasons.

The **BOARD** noted the Board Q&A.

The **BOARD** noted the report.

11. NHS Borders Performance Briefing – November 2020 – During COVID-19 Pandemic Outbreak

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

Mrs Lucy O'Leary enquired about the status of the Breast Screening programmes. Mrs Nicky Berry commented that the Breast Screen programmes were continuing.

The **BOARD** noted the Board Q&A.

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

12. NHS Borders Performance Briefing – December 2020 – During COVID-19 Pandemic Outbreak

The **BOARD** noted the Board Q&A.

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

13. Care Of Older People In Hospitals Update

Mrs Nicky Berry introduced the paper and advised that there was a need to focus on the metrics as there were areas for improvement and Healthcare Improvement Scotland (HIS) had restarted their inspections of healthcare premises.

Mrs Sarah Horan drew the Boards attention to the Falls performance. NHS Borders performed well with a reduction in falls pre COVID-19, however since the pandemic there had been several falls recorded with significant harm. Work was being taken forward to understand that reduction in performance to ensure patient safety was maintained. She suggested the Board may wish to see further information on falls.

The Chair welcomed the opportunity to receive an update on falls.

The **BOARD** noted the Board Q&A.

The **BOARD** sought a 6 monthly update on falls.

The **BOARD** noted the report**.**

14. Alcohol and Drug Partnership Annual Report

Dr Tim Patterson introduced the report and highlighted a number of areas of progress particularly around: improved education resources for schools; assertive engagement to reduce any barriers of access to services; "we are with you" which was the new name for Adaction; supporting children and their families with lived in experience; alcohol related deaths; and drug related deaths.

In answer to question 42 on the Board Q&A, Mrs Fiona Doig advised that there was other involvement from the third sector. The Board membership included the Chief Executive of the Scottish Drugs Forum (SDF) and he brought the third sector issues to the Board. That arrangement had been in place for a number of years and worked well. Commissioned services representatives were also members of the ADP sub groups.

In answer to question 46 on the Board Q&A, Mrs Doig advised that the National Records of Scotland report on the number of deaths per 1000 head of population placed Scottish Borders estimated problem drug users as lower than the scottish average. Mrs Doig advised that locally there was a benchmarking family of Boards who were of similar population levels. It was difficult to benchmark as it was estimated data and based on a proxy of those accessing services and admitted to hospital. In 2019 the Scottish Borders percentage of deaths was higher than some of the benchmarking families but lower than the national average.

Dr Lynn McCallum commented that she, Mrs Doig and Mrs Jones were taking forward discussions on how to broaden the learning in the organisation in regard to drug and alcohol deaths as they touched on a plethora of services from primary care into multiple secondary care services. It was

suggested that broadening the awareness could lead to interventions right across the health, social care and third sector and all would be included in discussions further down the line.

The **BOARD** noted the Board Q&A.

The **BOARD** noted the report.

15. Joint Health Improvement Team Annual Report 2019-2020

Dr Tim Patterson provided an overview of the content of the report and commented that it provided a snapshot of the work that the Health Improvement Team undertook across a wide range of areas to address the national public health outcomes. Dr Patterson further advised that it was a historic report and the public health team were actively looking at how they responded to the COVID-19 pandemic. He emphasised that the pandemic had lead to significant anxiety in society and a widening of health inequalities. The next report would focus on the mitigations to reduce health inequalities for low income groups, the young, those with mental health problems during the pandemic, poverty and social isolation. After that report the team would refocus their attention to a whole system approach to diabetes prevention.

Mrs Fiona Doig commented that the intention of the next report was to produce something that would reflect what had been achieved during the pandemic. Feedback would be sought from frontline services who dealt with people in distress and also the findings of a survey of older people in the Borders which noted key themes of loneliness and social isolation. One that data had been reviewed it would be used to inform the work of the JHIT for next year.

The Chair welcomed the view that the impact of the pandemic on mental health and wellbeing was high up the agenda for the JHIT.

The **BOARD** noted the Board Q&A.

The **BOARD** noted the report.

16. Resources & Performance Committee Update: 21.01.2021

The **BOARD** noted the update from the Resources & Performance Committee.

17. Resources & Performance Committee Minutes: 05.11.2020

The **BOARD** noted the minutes.

18. Audit Committee Update: 14.12.2020

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

19. Audit Committee Minutes: 14.09.2020, 22.10.2020

The **BOARD** noted the minutes.

20. Clinical Governance Committee Minutes: 02.10.2020

The **BOARD** noted the minutes.

21. Staff Governance Committee Minutes: 30.10.2020

Mr Bill Brackenridge commented that he was surprised that sickness absence had not been discussed at the Staff Governance Committee given the rate at August was 4.82% compared to the national target of 4%. He suggested it was likely that backfill arrangements were used to cover sickness absence and as much as 1.5% of the staff budget might be being used for excessive sickness.

Mr Andy Carter commented that sickness absence was on the radar of the Area Partnership Forum and was currently running at 6%. He suggested the national target of 4% was ambitious for the health and social care environment. He assured the Board that there were trajectories in place within each Clinical Board to reduce sickness absence and if cover arrangements were brought in to cover sickness that would be on an excess hours basis.

Mr Carter suggested he speak with the Chair of the Staff Governance Committee in regard to discussing sickness absence at a future meeting.

The **BOARD** noted the minutes.

22. Area Clinical Forum Minutes: 29.09.2020

The **BOARD** noted the minutes.

23. Extra Ordinary Scottish Borders Health & Social Care Integration Joint Board minutes: 21.10.2020

The **BOARD** noted the minutes.

24. Any Other Business

There was none.

25. Date and Time of next meeting

The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday 1 April 2021 at 9.00am via MS Teams

The meeting concluded at 11.15am.

Signature: ……..
Chair

BORDERS NHS BOARD: 4 FEBRUARY 2021

QUESTIONS AND ANSWERS

No	Item	Question/Observation	Answers
1	Declarations of Interest	**Malcolm Dickson:** Since the Finance Report mentions external providers and purchasers I declare that my sister-in-law is an executive member of Northumberland Health Trust's Board.	**Iris Bishop:** Thank you Malcolm your declaration will be noted.
2	Declarations of Interest	**Sonya Lam:** I declare that my partner is a temporary specialist advisor to the Scottish Government.	**Iris Bishop:** Thank you Sonya your declaration will be noted.
3	Minutes of Previous Meetings	**Malcolm Dickson:** Noted	
4	Matters Arising/ Action Tracker	**Malcolm Dickson:** If the Chair agrees I think my suggestion from the Q&A for the last meeting could be added to the Action Tracker, ie 48 Appendix-2020-119 PGC Update. Malcolm Dickson: Noted. It would be helpful if June Smyth and Rob MG could perhaps virtually meet with Chair of Public Governance and Chair of IJB"s Strategic Planning Group to see if synergies might be created by overlapping models of public engagement. June Smyth/Rob McCulloch-Graham: Agreed	**Karen Hamilton:**
5	Matters Arising/ Action Tracker	**Karen Hamilton:**	**Nicky Berry:** Alongside national work on transforming roles, NHS Borders has brought

		Final para of Item 9 of the minutes – Dr Buchan to follow up with Nicky Berry re AHP and other professions – did this happen?	together a group to look at developing NMAHP advanced practice roles across the organisation. Certain roles have been mandated through the PCIP such as Advanced Nurse Practitioners and First contact Physiotherapy Practitioners and these roles alongside other advanced practice roles within the organisation are being supported by the newly appointed Advanced Practice Lead, Sarah Tait. The NMAHP leadership are committed to supporting developing professional practice in all professions across the organisation.
6	Matters Arising/ Action Tracker	**Sonya Lam:** • tem 9 in the minutes (Page 6). Is there any feedback regarding Scottish Government drive and support for advancing professional roles?	**Nicky Berry:** Alongside national work on transforming roles, NHS Borders has brought together a group to look at developing NMAHP advanced practice roles across the organisation. Certain roles have been mandated through the PCIP such as Advanced Nurse Practitioners and First contact Physiotherapy Practitioners and these roles alongside other advanced practice roles within the organisation are being supported by the newly appointed Advanced Practice Lead, Sarah Tait. The NMAHP leadership are committed to supporting developing professional practice in all professions across the organisation.
7	Matters Arising/ Action Tracker	**Sonya Lam:** Page 13, has the risk of unmet demand been captured in one of the strategic risks?	**Rob McCulloch-Graham:**

8	Appendix-2021-1 Governance Arrangements	**Malcolm Dickson:** Happy to ratify the changes to governance arrangements as set out in the paper. **Karen Hamilton:** Ratified – would like to see numbered paragraphs! **Sonya Lam:** Approved.	**Iris Bishop:** Noted and I have now amended the template to ask people to provide paragraph numbering on all future Board papers.
9	Appendix-2021-1 Governance Arrangements	**Fiona Sandford:** While I'm supportive of these temporary measures, I would hope that the next meeting of CGC is not postponed again. I'd be happy to chair a light touch meeting with reduced paperwork if COVID numbers are still causing significant stress	**Iris Bishop:** Noted.
10	Appendix-2021-2 NHS Borders Annual Review Letter 2019/20	**Malcolm Dickson:** Noted **Karen Hamilton:** Noted - would like to see numbered paragraphs! **Sonya Lam:** Noted.	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers.
11	Appendix-2021-2 NHS Borders Annual Review Letter 2019/20	**Fiona Sandford:** Review letter #4&5. 'the need for greater pace in delivering longer term financial sustainability' Do we know how that 'greater pace' might be assessed? Disappointing to see that review of our escalation status is scheduled to be 'as and when'.	**June Smyth:** Since this letter was issued we have received a subsequent letter (22nd January 2021) advising us that, as part of the wider consideration of NHS Borders' next Remobilisation Plan, SG intend to take the opportunity to review the Board's position in relation to the NHS Scotland Performance Escalation Framework. SG will take into account existing financial information and performance data as part of that consideration. In addition they have suggested we should include as part of our Remobilisation Plans the following:

			'an update on the actions which the Board has taken since the most recent escalation decision, to address the factors which underpinned that decision, along with any pertinent evidence of the impact those actions have had to date. The review will take account of the progress which has been made in addressing or resolving these key issues, and the extent to which the actions and approach set out in your plans for 2021/22 provide assurance that suitable progress will continue to be made over the coming months, while recognising the significant additional challenge presented by Covid-19 and its continuing impact on the whole health and care system' SG will discuss this in more detail with the Executive Team during the RMP3 feedback session they plan to set up following receipt of our draft plan.
12	Appendix-2021-3 COVID-19 Remobilisation Plan 2021/22 - Commissioning Letter and NHS Borders Timetable for Submission	**Malcolm Dickson:** P 57 of pack, Supporting the Safe Provision of Adult Social Care "during 2021-22" - it's perhaps understandable that NHS Scotland can be no more time-specific than this, but is there a possibility/need for this to become a permanent arrangement post-Covid? I've noted the useful discussions and information in Clinical Governance minutes. And, second para on the following page "At the start of 2021, the UK's Transition Period with the EU will end, and the impacts from this may continue to be felt	**June Smyth:** Your question may be superseded by the publication on 3rd February of The Independent Review of Adult Social Care in Scotland report, which we are currently reviewing and will share key messages with Board Members once in a position to do so. **Andy Carter:** During Autumn/Winter 2020, NHS Borders and Scottish Borders Council worked closely on planning to minimise Brexit

		including with respect to workforce issues. The measures that your Board will put in place to address this and mitigate any impact should be reflected in your Plan." Are we/IJB expected, and is it feasible (eg is the necessary data available), to plan for the impact on Private Sector carer workforces?	related disruption. Both agencies supported their respective employees to apply for (Pre-) Settled status. SBC and CAB offered some assistance around Settled status to privately owned care homes; a few which had a high proportion of Eastern European born staff. With EU exit, the advent of a new points based immigration system and no longer automatically accepting professional registrations granted in EU countries, NHS Borders will monitor to see if interest in our jobs from EU-nationals decreases over time. Finally, NHSB HR Department does not have data on Private Sector carer workforces.
13	Appendix-2021-3 COVID-19 Remobilisation Plan 2021/22 - Commissioning Letter and NHS Borders Timetable for Submission	**Malcolm Dickson:** P 63 of pack - draft Remob Planning timeline. John Connaghan stated in his letter of 14 Dec (last para of P 54 of pack) that "As with previous iterations of the Remobilisation Plans, these updates should be developed and submitted in partnership with the IJB(s) in your area (for Territorial Boards) and should reflect national guidance/policy frameworks". There is no mention of or allowance for this development and partnership ownership in the NHSB draft timeline on page 63 of the pack, until very near the end of the process. I suggest there should be H&SCP representation throughout and that the IJB Chair be included at critical points.	**June Smyth:** I can assure you Malcolm that members of the H&SCP senior team (including staff from SBC) are very much involved in the actual drafting of the plan, and one section has been passed to the Chief Officer to draft. This is the same process we have used for the development of previous remobilisation plans. This remobilisation plan is being developed through the weekly Remobilisation Planning Group, membership of which includes representatives from all of our Business Units and invites are extended to relevant SBC staff. The line you refer to is consistent with what has been referenced in SG letters when setting out expectations relating to the development of Annual Operational Plans (AOPs) previously. Given the tight timescales the plan is being

			developed by service and clinical leads, then reviewed by RPG and subsequently the Board Executive Team and updated. This can involve several iterations / versions of the plan. Once the proposed final draft is ready this is reviewed by the Chair and Chief Executive together before finalised and submitted to SG. This version is then shared with Board members for review and feedback. In previous years we shared this at the same time with IJB members to offer them the same opportunity to review and feedback. Unfortunately this was missed off our timeline so we will add this now. Board and IJB feedback will then be collated and along with feedback from SG will be used to inform the final version of the plan. This is in line with the steps taken in previous years to develop our AOP, although I suspect this year the turnaround time for comments will be more challenging in light of the overall SG timeline.
14	Appendix-2021-3 COVID-19 Remobilisation Plan 2021/22 - Commissioning Letter and NHS Borders Timetable for Submission	**Karen Hamilton:** Noted - would like to see numbered paragraphs! RMP 3 Timelines tight – turnaround windows very short – how confident are we these can be achieved.	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers. **June Smyth:** Unfortunately the overall timeline has been set by SG. This is a similar timeline to what we have worked to in previous years when developing the Annual Operational Plan, although we recognise this was pre-pandemic. We know the clinical and service

			leads, supported by the planning team are actively working on drafting the sections and so far there is no indication that there are any difficulties with this. What it does mean is that we will have quick turnaround times for those of us reviewing the various drafts as we move to a final draft for submission. This is similar to what we experienced with the earlier remobilisation plans.
15	Appendix-2021-3 COVID-19 Remobilisation Plan 2021/22 - Commissioning Letter and NHS Borders Timetable for Submission	**Sonya Lam:** Noted. Page 60 regarding planned care and clinical prioritisation: are we requesting any additional funding for waiting times improvement?	**June Smyth/Andrew Bone:** SG have advised that any additional resource requirements to address recovery of performance against Access standards are outlined within RMP submissions. The development of specific proposals remains work in progress and is likely to include capacity which has not yet been secured with independent sector providers, in addition to increases to internal (NHS) capacity where possible (recognising limitations in availability of workforce and likely timescales for implementation)
16	Appendix-2021-4 Finance Report for the period to the end of December 2020	**Malcolm Dickson:** Sensible decisions on Capital plan slippage. Content to take significant assurance that the board will achieve its financial target (i.e. breakeven) at March 2021, noting the position in relation to financial flexibility (brokerage) as described in section 5 and to note the contents of the report.	**-**
17	Appendix-2021-4 Finance Report for the	**Karen Hamilton:**	**Andrew Bone:**

	period to the end of December 2020	2.1.1. Assurance taken 2.1.2 – 2.1.8 plus rogue 2,1.4 (!) all noted. Numbered paragraphs hooray! 6.1 Slippage on MRI replacement – do we have back up?	Apologies for para numbering error. MRI replacement – the current MRI remains operational and subject to ongoing maintenance. In the event of a critical failure we would need to source a temporary mobile unit and situate on BGH campus. This would require displacement of the temporary mortuary facility pending completion of groundworks to situate in line with the replacement plan. Current indications are that there is no temporary facility available prior to June 2021 however we would undertake rapid procurement exercise in the event of an urgent requirement. Replacement is envisaged for mid-2021 (plan currently being finalised). This will include temporary scanning facilities to be located on a new hard standing area on BGH site.
18	Appendix-2021-4 Finance Report for the period to the end of December 2020	**Sonya Lam:** Content with significant assurance and noted	-
19	Appendix-2021-4 Finance Report for the period to the end of December 2020	**Fiona Sandford:** I welcome this very clearly written report. While it should give us some reassurance, it does seem that most of our savings are due to inaction due to COVID so that is not sustainable. Ref # 5.4 This may not be answerable, but I wonder if we have any idea when we might no longer be the worst	**Andrew Bone:** Noted in relation to opportunity savings (inaction) and sustainability. The development of longer term actions to address financial sustainability will be the focus of ongoing financial strategy development during 2021/22. I don't have any direct benchmarking

		(financially) performing board in Scotland?	information on individual board performance in 2021/22 but I do suspect that the scale and impact of Covid19 will have materially shifted the financial performance landscape and it is likely that a number of other HBs are likely to face financial challenges of a similar scale moving forward.
20	Appendix-2021-5 Quality & Clinical Governance Report	**Lucy O'Leary:** (paragraph numbering, please) **Page 3/ Clinical Prioritisation/ Mental Health** Reference here to staffing challenges (and related observations in both the Finance and Performance reports elsewhere on this agenda). • o these challenges relate to particular staff groups? • hat impact are these challenges having on patient experience and other services within the system (primary care/ social care/ third sector, etc)? • hat is the expected timescale for resolution of the difficulties being encountered?	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers. **Laura Jones/Sarah Horan:** In particular this relates to registered nurses and healthcare support workers. However, there are pockets of pressure across all staff groups relating to sickness absence and in some cases linked to test, trace and isolate requirements. These pressures have impacted on the ability to maintain routine services including elective surgery and outpatient appointments meaning patients are waiting longer for routine care. This extends to routine care provided across all clinical boards due to the need to use staffing resources flexibly across the wide range of COVID 19 response services. As COVID 19 numbers ease and decline across the community and the need for additional inpatient beds and COVID 19 response services reduces staff will be released to core roles to resume normal

			services. For staff deployed to services such as COVID 19 vaccinations this will take a longer period of time given the trajectory of this extensive vaccination programme.
21	Appendix-2021-5 Quality & Clinical Governance Report	**Malcolm Dickson:** Huge appreciation for the way that staff across the organisation have adapted and been so flexible over the past year, under enormous pressure, and for the responsiveness of management and executives to changing circumstances at a level never previously experienced. P 76 of pack, Equality and Diversity "compliant" – what, if anything is being done to identify and reach out to potential health inequality sufferers in the community, eg for Mental Health needs, vaccination reluctance etc? Partners in SBC, private sector home care providers, BME groups and the third sector etc could seek agreement from potentially at-risk clients to pass on contact details to NHSB so that this kind of pro-activity could touch at least some of the hard-to-reach.	**Laura Jones/Sarah Horan:** A targeted approach is being taken in relation to vaccination roll out to ensure good accessibility in deprived areas. Scottish Borders Council has provided data to inform this selection. BAME staff are being proactively supported by the human resources team. Health and social care staff are being vaccinated in line with the JCVI guidance and the vaccination programme board made the decision to give the second vaccination dose at 10 weeks.
22	Appendix-2021-5 Quality & Clinical Governance Report	**Malcolm Dickson:** P 76 again, Staffing in Acute Services. Accepting that some detail cannot be up to date in this unprecedentedly fluid situation (eg on the opening and closing of Covid wards), are the 30 WTE Healthcare Support Workers now in place and will they be permanently doing the jobs they have been assigned to now or some re-deployed elsewhere in	**Laura Jones:** The 22 WTE HCSWs are now in place. The remaining 8 WTE join NHS Borders over the next 14 days with all in post by the 18 February 2021. The 30 WTE is beyond core staffing compliments and have been appointed on fixed term contracts for 6 - 12 month duration. This is not part of a longer term strategic approach at this stage and has been in response to immediate pressures.

		NHSB, post-Covid? In either case, does this re-profiling of the workforce correspond to the longer-term aims of the workforce plan, ie will there be less RNs and more HSWs than before, at a net efficiency gain to IJB which will be used in Primary & Community Service and/or Adult Social Care?	However, we are currently proactively looking at staff turnover and forthcoming vacancies to assess if there is an opportunity to continue to use this workforce in the longer term. National workload tools are used to assess the skill mix required locally for nurse to patient ratios and this will continue to be done in line with National Health and Care (staffing) Scotland bill. This is highly unlikely to result in the release of efficiencies to transfer to IJB based on current workload tool results.
23	Appendix-2021-5 Quality & Clinical Governance Report	**Karen Hamilton:** Noted - - would like to see numbered paragraphs! Given the fast moving developments of current pressures across NHSB it would be helpful any significant changes since writing this paper were brought to the Boards attention on Thursday. **Staffing within Acute Services**– the concept of offering Bank Staff 15 hour contracts through to July 21 has been discussed at Chairs meeting and elsewhere. I understand there has been no formal directive as yet – do we have a view on this? **Acute Services –** has the reduction in elective services been communicated to Public and elsewhere? (SG?)	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers. **Laura Jones/Sarah Horan:** Whilst COVID presentations are reducing, unscheduled presentations to the emergency department have continued to increase and pressures on acute hospitals beds remains high. The Intensive Care Unit remains under significant pressures from both COVID and non COVID 19 patients. In addition, there are still a number of delayed discharges across the system, primarily in community hospitals providing challenges to patient flow. NHS Borders have offered bank staff 15 hours contracts. There was a very low update to this. Students in 1st to 4th year nursing, medical and

			allied health professional's degrees are now able to be offered 3-6 month contracts of 15 hours per week to support the pandemic response. This process is now underway in NHS Borders. The reduction in elective services has been communicated to the public through social media accounts and media releases.
24	Appendix-2021-5 Quality & Clinical Governance Report	**Sonya Lam:** A comment more than a question: the challenges with workforce recruitment and retention have been highlighted and I welcome the proactive recruitment of additional healthcare support workers. The need for a NHS Borders integrated workforce strategy is key to the sustainability of services into the future. Are we seeing any impact of long Covid-19 in the community and our health & care staff?	**Laura Jones/Sarah Horan:** As referenced in Q22 agree with this statement and need to consider options for use of new staff in the longer term. The impact in the community is not yet fully understood. There has been an impact in health and care staff.
25	Appendix-2021-5 Quality &Clinical Governance Report	**Fiona Sandford:** P2: are preparations still underway to open CV4 & 5? I had understood that we may be ready to stand down CV3?	**Laura Jones/Sarah Horan:** Plans remain in place but COVID 19 demand has declined over the last week but non COVID demand remains high. As demand continues to fluctuate CV 3 remains open but will be under regular review over the course of this week.
26	Appendix-2021-5 Quality &Clinical Governance Report	**Fiona Sandford:** P4&5 COVID 19 Vaccinations.	**Nicky Berry:** NHS Borders are on track against the NHS Scotland trajectory. A full update was provided to Non-Executive

		We seem to be about to meet our targets for Wave 1, and fully recognising the huge complexity of the task, I would welcome more detailed data / evidence to enable us to rebut the negative comments now widely circulating in the community. So, discounting most of the highly politicised comments in the media, the hard data does seem to show that Scotland as a whole is underperforming compared to the other nations. It seems unlikely that this could still be because we prioritised Care Homes? Are there other reasons? - G targets are lower than other nations? - o we have more in the 80+ group? - s our supply more 'lumpy' - ? I know time is limited but I'd really value an proper brief on this at some point	Directors following a meeting of Chairs and Chief Executives on 3 February 2021.
27	Appendix-2021-6 Healthcare Associated Infection – Prevention & Control Report	**Malcolm Dickson:** Noted, thank you. The following is an operational matter so is simply offered as an observation and suggestion by a non-exec. The *proper* wearing of masks by outpatients still seems, reportedly, to be a problem. Some supermarkets are now employing 'bouncers'. We may not be able to afford that (nevertheless should we not encourage a national push for funding for similar?) but at the very least we ought to have life-sized cardboard cut-outs at every public entrance to every Health Board building of	**Nicky Berry:** We are using social media to promote messages about face masks including both the requirement to wear them and how to wear them. A3 posters (see link below) are also being printed and put up today both in the Outpatient Department and at the stand where masks are available to the public. **https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3105/documents/1_covid-**

		public use, showing the proper usage, and challenging patients to check they are complying. I'd also vote for masks being a permanent requirement for staff and public in publicly accessible areas of NHS premises across the UK/Scotland. The ability of the virus to mutate will apparently continue to challenge us in the years ahead. Good to learn that two more WTE infection control nurses will be recruited. Another small positive to emerge from a tragically negative experience for the world.	**19-wearing-facemask-staff.pdf**  We are also scoping similar stands for other premises.
28	Appendix-2021-6 Healthcare Associated Infection – Prevention & Control Report	**Karen Hamilton:** Noted - - would like to see numbered paragraphs! Mask wearing across NHSB sites in general – are we confident this is complied with – what measures are in place to monitor this?	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers. **Sam Whiting:** At every meeting of the PPE Committee (currently meeting weekly) we specifically ask from each division for assurances that:- • taff are not denied access to PPE • taff know where to access PPE • taff are aware of how to use PPE. Monitoring correct PPE use including wearing masks is included in the regular spot checks of clinical areas.

		***Escherichia coli (E. coli)* Bacteraemia (ECB)** A meeting of the CAUTI Group was scheduled for early December 2020 but due to lack of attendance this was rescheduled to take place in mid-January 2021= - Covid related lack of attendance? Has this taken place now? This is described earlier as a key focus to get back on target.	Informal unannounced inspections have continued throughout the pandemic through the nursing management structure. This process has been supported with additional capacity with a Quality Improvement Facilitator which has enabled the frequency of these inspections to increase. Although there is no routine monitoring of mask use in non-clinical areas, I observe good compliance when I am walking around the BGH site. On occasions where specific issues have been identified, action has been taken to address compliance. The lack of attendance was COVID related and the meeting scheduled for January had to be cancelled by the Infection Prevention and Control Team due to prioritisation of COVID-19 outbreak management. A CAUTI meeting has been rescheduled for 23/02/21.
29	Appendix-2021-6 Healthcare Associated Infection – Prevention & Control Report	**Sonya Lam:** Noted.	**-**
30	Appendix-2021-6 Healthcare Associated Infection – Prevention & Control Report	**Fiona Sandford:** P5 #1 ECB . Did the CAUTI meeting take place in mid-January?	**Sam Whiting:** The meeting scheduled for January had to be cancelled by the Infection Prevention and Control Team due to prioritisation of COVID-19 outbreak management.

			A CAUTI meeting has been rescheduled for 23/02/21.
		P8 #2 Can we make sure that we are regularly updated on the work to ensure that all measures to reduce the risks of physical distancing in 6 bedded rooms are fully implemented	A quick read summary has been developed for staff to prompt that everything possible is being done to keep patients and staff safe. The plan is for this to be circulated and promoted this week. Along with the prompt, a patient information leaflet has been developed for inpatients about wearing face masks.
		Can we get an update on Recruitment of 2wte infection control nurses.	The latest effort to fill these vacancies has been unsuccessful. The Infection Control Manager and Associate Director of Nursing are rapidly reviewing the required roles, responsibilities and associated job banding with a view to re-advertising as soon as possible.
31	Appendix-2021-7 NHS Borders Performance Briefing – November 2020 – During COVID-19 Pandemic Outbreak	**Malcolm Dickson:** Noted **Karen Hamilton:** Noted - - would like to see numbered paragraphs!	**-**
32	Appendix-2021-7 NHS Borders Performance Briefing – November 2020 – During COVID-19 Pandemic Outbreak	**Sonya Lam:** Page 3 of the report (96 of the pack): I note from the paper that diagnostic services are under pressure from increasing routine waiting times and this may impact on urgent waiting times. Is this a combination of staffing issues and equipment? What is the level of	**June Smyth:** Your question refers to the position as at the end of November, when we were concerned about the impact a resumption of routine work would have on diagnostic services at that point given potential volumes and covid restrictions.

		risk? What mitigating actions are in place to provide assurance that clinical risk is minimised?	What we've done since November is put in place limited additional capacity across the majority of modalities where possible. This has included additional ultrasound capacity, true 7 day working in MR and additional sessions in CT. This allowed us to stabilise our waits for routine referrals, as well as ensuring we can continue to prioritise urgent and cancer work. We are managing to meet the required standard of 4 weeks for urgent referrals in the majority of cases for these modalities. Additionally, all referrals are routinely reviewed / re-reviewed by our clinical teams and expedited if there are clinically concerning symptoms. There is also a mechanism for referrers to ask that tests are reviewed if the clinical picture for a patient has changed. Our primary limitation is staff, but for MRI equipment is a rate limiting factor as we are also already supporting a 7 day service. The exception is Endoscopy and Colonoscopy where the increase in referrals is causing increasing pressure on waiting times. We are working with the unit to increase available capacity in line with demand, but with a number staff members out supporting covid related activity this will take some time and we may see Endoscopy waiting times increasing in the short term, and until additional capacity has been secured.

33	Appendix-2021-8 NHS Borders Performance Briefing – December 2020 – During COVID-19 Pandemic Outbreak	**Lucy O'Leary:** (paragraph numbering, please) **Page 5/ Sickness absence** Absence breakdown by clinical board noted. Are there any significant variations by job role/ locality/ demographics?	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers. **June Smyth:** Yes more detailed reports are available through the HR team, we only bring a high level summary through to the Board Reports. In summary, whilst nursing is consistently above the overall absence percentage in each clinical board this is most marked within the acute setting with absence rates in unscheduled care almost always above those in planned care. Within primary & community services the higher rates re most prevalent within community hospitals with occasional spiked within district nursing and health visiting teams. I am sure Andy Carter and his team would be happy to provide more information if requested.
34	Appendix-2021-8 NHS Borders Performance Briefing – December 2020 – During COVID-19 Pandemic Outbreak	**Malcolm Dickson:** Noted	-
35	Appendix-2021-8 NHS Borders Performance Briefing – December 2020 – During COVID-19 Pandemic Outbreak	**Karen Hamilton:** Noted - - would like to see numbered paragraphs! Delayed Discharges – look forward to seeing improved outcomes following the focus on this activity' Cancer Treatment – good consistent results here and	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers.

		staff are to be commended.	
36	Appendix-2021-8 NHS Borders Performance Briefing – December 2020 – During COVID-19 Pandemic Outbreak	**Sonya Lam:** The decrease in delayed discharges through greater grip & control is welcomed.	**-**
37	Appendix-2021-8 NHS Borders Performance Briefing – December 2020 – During COVID-19 Pandemic Outbreak	**Fiona Sandford:** For this and the previous report, it would be good to understand how much sickness absence (non COVID) is caused by stress / overwork	**Andy Carter:** It can be difficult to size this problem for a number of reasons : non-disclosure by individual to manager (people cite other physical health conditions in its place), GP Fit Notes record a different reason even if stress is a factor, workplace stress can't be recorded explicitly on the national rostering/payroll system (SSTS). The Health & Safety Executive report 828,000 workers suffering from work-related stress, depression or anxiety (new or longstanding) in Great Britain and 17.9 million working days lost due to work-related stress, depression or anxiety in 2019/20. In the week to 24-Jan 2021, NHS Borders recorded total absence of 5.66% of available hours; comprising 1.85% Covid-related and 3.81% Non-Covid. 1.34% of available hours in this week were lost to anxiety, stress, depression or other psychiatric illnesses but this is a mixture of workplace and home-life issues.
38	Appendix-2021-9 Care Of Older People In Hospitals Update	**Malcolm Dickson:** Very good report in terms of descriptions of development and how everything fits together, but no	**Peter Lerpiniere:** Thanks Malcolm, I note your observation regarding metrics – while this is a qualitative report rather than quantitive the point you make is a fair one. Some of the

		metrics to show what effect the developments have had (eg percentages of patients who should receive specific assessments who have received same, reduction in numbers of falls in NHSB care). On pages 6 and 21 of the report (113 and 128 of the pack) there is a lot of good stuff and good intentions about patient-centred care, including involvement in rehabilitation goals, care plan and discharge plans. But, as far as I'm aware, we haven't yet adopted the practice followed in some Boards which appears to reduce DDs, ie to begin the conversation about arrangements for discharge with patient/family/carers the minute the patient is admitted to hospital, prompting the Health Cab Sec to ask recently why not?	metrics you seek are available in other documents.(E.G Governance reporting and SCN dashboards) however I will seek to incorporate the data into next years COPH standards report to reflect impact in some arenas. Regarding the practice of planning discharge from point of arrival and including patient/carer/family in that discussion. I am confident that this does form part of the initial discussion where the clinician perceives it as appropriate – but as you observe we are not currently promoting that nor recording the practice or impact. I will discuss with Elaine Dickson to progress over the next year.
39	Appendix-2021-9 Care Of Older People In Hospitals Update	**Karen Hamilton:** Noted - - would like to see numbered paragraphs! A good report that details some progress over a very difficult time. Thank you to Peter and his team. Achievements are noted in the Exec Summary but are there any areas of slippage that give significant concern in progress?	**Peter Lerpiniere:** I will plead guilty to noting the more positive aspects in the Exec summary, I think it was important to reassure the board that in spite of a global pandemic staff have been mindful of their practice, continued to try to improve and been conscious of what is expected and what they strive to deliver. There remain many areas where I believe our aspiration is not fulfilled. The COPH standards reflect systemic standards of care and require the system to move together from admission to discharge, for information to pass effectively through many hands on the patient journey. In the last year there are few, if any, services which have not changed, moved or in other

			ways had their clinical delivery affected by the pandemic. Our biggest risk may well be that when it comes to realigning services again some of our progress may be lost. If you wish for a specific area where we are exposed, I would note communication regarding "What and who matters to me". Paradoxically during C19 when visiting is kept to the minimum, pro-active engagement with families has visibly been thoughtful and person-centred, but it is an area which we can significantly improve in our routine practice.
40	Appendix-2021-9 Care Of Older People In Hospitals Update	**Sonya Lam:** Noted.	**-**
41	Appendix-2021-9 Care Of Older People In Hospitals Update	**Fiona Sandford:** Very interesting to read this, and to see the open and reflective approach to Areas for development. Hope we'll be updated on progress	**-**
42	Appendix-2021-10 Alcohol and Drug Partnership Annual Report	**Lucy O'Leary:** **Third sector membership of the ADP** – I think the only organisation mentioned in the report is Crew, which I understand works in Edinburgh. Are any Borders-based third sector organisations current/past members of the partnership? Are there plans to increase local third sector membership and engagement?	**Tim Patterson/Fiona Doig:** Mrs Fiona Doig advised that there was other involvement from the third sector. The Board membership included the Chief Executive of the Scottish Drugs Forum (SDF) and he brought the third sector issues to the Board. That arrangement had been in place for a number of years and worked well. Commissioned services representatives were also members of the ADP sub groups.

43	Appendix-2021-10 Alcohol and Drug Partnership Annual Report	**Malcolm Dickson:** Noted. Not really an Annual Report (no measurement of activity and outcomes, eg Arrest Referrals, Alcohol Brief Interventions compared to previous years), more a copy of responses to SG questions. Enlightening and encouraging to a degree, but still room for improvement, especially in promoting a whole-systems approach (eg on page 11/142 at para 3.12 there are a lot of negative responses, implying a bit of 'not my responsibility' from some partners? And on page 19/150 a worrying deficit of equalities engagement). Good to see recognition of the need for more input from lived experience. The most successful outcomes I've seen across Scotland were achieved where the incredibly powerful contribution of lived experience was heeded and acted upon.	**Tim Patterson/Fiona Doig:** It is a difficulty acknowledged by Scottish Government and ADP colleagues elsewhere that the prescribed template (particularly in the most recent reporting year) makes it difficult to convey both the breadth of work and progress. If it would be helpful we could consider presenting additional information in future years to more fully brief the Board and would welcome the opportunity to discuss what would be the best approach. *Re: Page 11/142 para 3.12:.* The responses in the Annual Report reflect the situation at March 2019. It is not the case that the ADP would expect all interventions to be undertaken by all the services listed due to both the clinical nature of the intervention and some progress has been made during 2020-21. It may be that in other larger boards where dedicated services (e.g Housing Addictions Services) exist that some of these interventions may be commissioned. Please see specific notes below: Drug services Council – these are all n/a as there is no dedicated drugs service within the local authority - Naloxone – Borders has a good record on supply of naloxone. In March 2020 it was not legally permissible to supply naloxone outwith drug treatment services. During the Covid-19

			pandemic the Lord Advocate wrote a letter of assurance to allow wider distribution and on that basis we have now trained the following to supply: - Homeless Service - Reconnect (Justice service for women) and wider justice services - Mental Health services - Action for Children - Hepatitis C testing – this is done via drug services. There has been previous consideration of extending to pharmacy but this was not pursued based on the low numbers and corresponding lack of opportunity for staff to maintain quality. It is the case that wider clinical areas (e.g. HP's) may undertake this testing on an individual basis based on clinical history and presentation but it is not something the ADP is planning to routinely pursue as a harm reduction approach. During 2020-21 Borders Addiction Service has successfully initiated and supported patients through Hepatitis C treatment for the first time. - IEP provision (Injecting Equipment Provision e.g. needles and syringes) – at the time of reporting IEP takes place in We Are With You and 7 community pharmacies. During 2020-21 we have opened an additional pharmacy site. Borders Addiction Service and We Are With You also supply IEP via drop-in clinics and on an individual basis based on need.

			During 2020-21 we have agreement to initiate a test of change within the BGH to allow safe IEP supply at discharge to people at risk of drug overdose. - Wound Care – given the clinical nature of this work we would not expect staff other than those already doing this work (drug services, GP's, A&E) to give advice on wound care although it is likely that pharmacists will also be able to direct people for additional support. *Re paragraph 6:* While there are no specific services or interventions listed it is the case that commissioned services are expected to fulfil obligations in terms of protected characteristics and that positive relationships exist across partnerships, for example, joint work between practitioners and the Learning Disability Service in relation to individual clients. The HIIA did flag a need to review staff training in several areas and we are taking this forward via the Quality Principles Group. *Re Diversion* – Strategic Lead ADP is a member of the local Community Justice Board and will feed this back.
44	Appendix-2021-10 Alcohol and Drug Partnership Annual Report	**Malcolm Dickson:** Page 14/145, para 3.21. I would hope that the aims of the Borders Drugs Death Review Group would also be to learn from the lessons of drug deaths elsewhere in Scotland, the UK and the rest of the world, by	**Tim Patterson/Fiona Doig:** *Re paragraph 3.21* - I note the response in the report is specifically related to local drug death review procedures and therefore did not contain any of the wider work done in this area and would like to reassure the Board that external

		seeking that information and considering it. If we place too much emphasis on our own experience in the Borders we, as in in Scotland as a whole, will never improve what we can do to improve the prospects of people at risk of drugs related death. I appreciate that SG will or should be doing much of this, but I suggest that, the Borders ADP is not already doing this it needs to do as much as it can to bring outside experience to bear on its thinking. On page 17/148 I note that "the use of Diversion by the Procurator Fiscal Service is relatively low". This should be at least queried through the Criminal Justice Board. The COPFS needs to listen to health boards: rural fiscals have sometimes been characterised as 'old school', believing that public prosecution should not be influenced by public circumstances. If that is the case here, or even occasionally the case, it needs to be challenged.	experience and evidence is considered locally. For example, during 2019-20 stakeholders were brought together to assess our local performance against Scottish Drugs Forum's Staying Alive in Scotland toolkit which outlines actions across a range of areas (e.g. take home naloxone, non-fatal overdose). Actions taken forward include improving commucation between A&E and BAS when someone presents following non-fatal overdose and this has resulted in an increase in referrals. Being in a treatment services reduces people's risk dying from accidental overdose. The Drugs Death Task Force is currently consulting on standards for Medicine Assisted Treatment (MAT) standards. BAS has already adopted the approach set out in the new standards in relation to prescribing e.g. to support same day prescribing, therapeutic dosing and choice of medication in relation to Opiate Substitution Therapy (e.g. methadone) and, at time of reporting, has 377 (74%) of estimated 'problem drug users' in treatment. There is no national target for this at the moment but we expect there to be one and for Borders to be meeting the target. The ADP Strategic Lead is a member of the national Drug Deaths Task Force which has advises Scottish Government on its approach to reducing drugs death so Borders ADP is well placed well in access and understanding of current and emerging evidence.

45	Appendix-2021-10 Alcohol and Drug Partnership Annual Report	**Malcolm Dickson:** Pages 22-38/153-169. Health Inequalities Impact Assessment. This is a much better attempt at such an assessment than some cursory efforts we've seen in public services. I've already commented elsewhere on the limited consultation with minority groups so will leave it at that.	-
46	Appendix-2021-10 Alcohol and Drug Partnership Annual Report	**Karen Hamilton:** Noted - would like to see numbered paragraphs! I understand drug related deaths in Scotland are highest in Europe. Do we have an overall view on where Borders sits here?	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers. **Tim Patterson/Fiona Doig:** In answer to question 46 on the Board Q&A, Mrs Doig advised that the National Records of Scotland report on the number of deaths per 1000 head of population placed Scottish Borders estimated problem drug users as lower than the scottish average. Mrs Doig advised that locally there was a benchmarking family of Boards who were of similar population levels. It was difficult to benchmark as it was estimated data and based on a proxy of those accessing services and admitted to hospital. In 2019 the Scottish Borders percentage of deaths was higher than some of the benchmarking families but lower than the national average.
47	Appendix-2021-10 Alcohol and Drug Partnership Annual Report	**Sonya Lam:** Noted.	-
48	Appendix-2021-11	**Malcolm Dickson:**	-

	Joint Health Improvement Team Annual Report 2019-2020	Good readable report with well-presented data which will no doubt eventually allow for comparisons over future years. Particularly encouraging to learn of co-operation between Health Board and SBC on child poverty, and of the Eyemouth healthier eating initiative.	
49	Appendix-2021-11 Joint Health Improvement Team Annual Report 2019-2020	**Karen Hamilton:** Noted - - would like to see numbered paragraphs!	**Iris Bishop:** I have now amended the template to ask people to provide paragraph numbering on all future Board papers.
50	Appendix-2021-11 Joint Health Improvement Team Annual Report 2019-2020	**Sonya Lam:** Noted.	**-**
51	Appendix-2021-12 Resources & Performance Committee Update: 21.01.2021	**Malcolm Dickson:** Noted. **Karen Hamilton:** Noted. **Sonya Lam:** Noted.	**-**
52	Appendix-2021-13 Resources & Performance Committee Minutes: 05.11.2020	**Malcolm Dickson:** Noted. **Karen Hamilton:** Noted. **Sonya Lam:** Noted.	**-**
53	Appendix-2021-14 Audit Committee Update: 14.12.2020	**Malcolm Dickson:** Noted. **Karen Hamilton:** Noted. **Sonya Lam:** Noted.	**-**
54	Appendix-2021-15 Audit Committee Minutes: 14.09.2020, 22.10.2020	**Malcolm Dickson:** Noted. **Karen Hamilton:** Noted. **Sonya Lam:** Noted.	**-**

55	Appendix-2021-16 Clinical Governance Committee Minutes: 02.10.2020	**Malcolm Dickson:** Noted. **Karen Hamilton:** Noted. **Sonya Lam:** Noted.	**-**
56	Appendix-2021-17 Staff Governance Committee Minutes: 30.10.2020	**Malcolm Dickson:** Noted. **Karen Hamilton:** Noted. **Sonya Lam:** Noted.	**-**
57	Appendix-2021-18 Area Clinical Forum Minutes: 29.09.2020	**Malcolm Dickson:** Noted. **Karen Hamilton:** Noted. **Sonya Lam:** Noted.	**-**
58	Appendix-2021-19 Extra Ordinary Scottish Borders Health & Social Care Integration Joint Board minutes: 21.10.2020	**Malcolm Dickson:** Noted. **Karen Hamilton:** Noted. **Sonya Lam:** Noted.	**-**