

A meeting of the **Borders NHS Board** will be held on **Thursday, 30 June 2022** at 9.00am
at Tweed Horizons, Newtown St Boswells, Melrose.

AGENDA

Time	No		Lead	Paper
9.00	1	ANNOUNCEMENTS & APOLOGIES	Chair	<i>Verbal</i>
9.01	2	REGISTER OF INTERESTS	Board Secretary	Appendix-2022-37
9.02	3	MINUTES OF PREVIOUS MEETING 07.04.22	Chair	<i>Attached</i>
9.03	4	MATTERS ARISING Action Tracker	Chair	<i>Attached</i>
9.05	5	STRATEGY		
9.05	5.1	Aseptic Pharmacy Dispensing Service Provision	Director of Pharmacy	Appendix-2022-38
9.15	5.2	2022/23 Annual Delivery Plan Commissioning Letter	Director of Planning & Performance	Appendix-2022-39
9.25	6	FINANCE AND RISK ASSURANCE		
9.25	6.1	Resources & Performance Committee minutes: 03.03.22	Board Secretary	Appendix-2022-40
9.26	6.2	Audit Committee minutes: 21.03.22	Board Secretary	Appendix-2022-41
9.27	6.3	Endowment Fund minutes: 24.03.22, 16.05.22	Board Secretary	Appendix-2022-42
9.28	6.4	NHS Borders Annual Report and Accounts	Director of Finance	Appendix-2022-43 To Follow
9.40	6.5	External Annual Audit Report	Audit Scotland	Appendix-2022-44 To Follow
9.50	6.6	NHS Borders Endowment Annual Accounts	Director of Finance	Appendix-2022-45 To Follow
10.00	6.7	NHS Borders Private Patients Funds Annual Accounts	Director of Finance	Appendix-2022-46 To Follow

10.05	7	QUALITY AND SAFETY ASSURANCE		
10.05	7.1	Clinical Governance Committee minutes: 16.03.22	Board Secretary	Appendix-2022-47
10.06	7.2	Quality & Clinical Governance Report	Medical Director	Appendix-2022-48
10.25	7.3	Healthcare Associated Infection – Prevention & Control Report	Director of Nursing, Midwifery & AHPs	Appendix-2022-49
10.45	8	ENGAGEMENT		
10.45	8.2	Area Clinical Forum Minutes: 30.11.21, 05.04.22	Board Secretary	Appendix-2022-50
10.46	8.3	Area Clinical Forum Annual Report	Chair ACF	Appendix-2022-51
10.47	9	PERFORMANCE ASSURANCE		
10.47	9.1	NHS Borders Performance Scorecard	Director of Planning & Performance	Appendix-2022-52
10.56	10	GOVERNANCE		
10.56	10.1	Code of Corporate Governance Sectional Update	Board Secretary	Appendix-2022-53
10.58	10.3	Scottish Borders Health & Social Care Integration Joint Board minutes: 02.03.22	Board Secretary	Appendix-2022-54
10.59	11	ANY OTHER BUSINESS		
11.00	12	DATE AND TIME OF NEXT MEETING		
		Thursday, 6 October 2022 at 9.00am via MS Teams	Chair	<i>Verbal</i>

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Register of Interests
Responsible Executive/Non-Executive:	Karen Hamilton, Chair
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Person Centred

2 Report summary

2.1 Situation

2.1.1 The purpose of this report is to include the declarations of interest for Dr Tim Patterson, Dr Lynn McCallum, Mr Tris Taylor and Mr John McLaren in the formally constituted NHS Borders annual Register of Interests as required by Section B, Sub Section 4, of the Code of Corporate Governance.

2.2 Background

2.2.1 In accordance with the Board's Standing Orders and with the Standards Commission for Scotland Guidance Note to Devolved Public Bodies in Scotland, members are required to declare annually any private interests which may be material and relevant to NHS business.

2.3 Assessment

The Register of Interests is made up of details received from members regarding any private interests which may be material and relevant to NHS business and constitute the Register of Interests.

The Register is made publicly available both through the NHS Borders website and on request, from the Board Secretary, NHS Borders, Headquarters, Education Centre, Borders General Hospital, Melrose TD6 9BD.

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Not applicable.

2.3.4 Risk Assessment/Management

Regulatory requirement.

2.3.5 Equality and Diversity, including health inequalities

An HIA is not required for this report.

2.3.6 Other impacts

Regulatory requirement.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

Not applicable.

2.4 Recommendation

The Board is asked to **approve** the inclusion of the declarations of interests for Dr Tim Patterson, Dr Lynn McCallum, Mr Tris Taylor and Mr John McLaren in the Register of Interests.

3 List of appendices

The following appendices are included with this report:

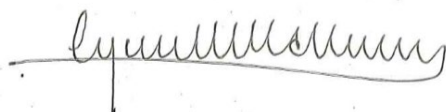
- Appendix No 1, Declarations of Interests

Register of Interests of Board Members

This register has been drawn up in accordance with the Standards Commission for Scotland, Standards in Public Life: Model Code of Conduct for Members of Devolved Public Bodies.

Board Member: DR LYNN McCALLUM..... *(please insert your full name in capital letters)*

Registerable Interest	Members Interest
<p>Remuneration Remuneration by virtue of being</p> <ul style="list-style-type: none"> • employed or self employed • the holder of an office • a director of an undertaking • a partner in a firm • undertaking a trade, profession or vocation or any other work • allowances in relationship to membership of an organisation 	None
<p>Related undertakings Any directorships held which are not themselves remunerated, but where the company (or other undertaking) in question is a subsidiary of, or a parent company of, a company (or other undertaking) for which a remunerated directorship is held.</p>	None
<p>Contracts Any contract between NHS Borders and the member or a firm in which the member is a partner, or an undertaking in which the member is a director or has shares (as described below), under which goods or services are to be provided or works executed, which has not been fully discharged.</p>	None
<p>Houses, land and buildings Any right or interest owned by the member in houses, land or buildings which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders</p>	None
<p>Shares and securities Any interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders and the nominal value of the shares is; greater than 1% of the issued share capital of the company or other body; greater than £25k.</p>	None
<p>Gifts and hospitality Any relevant gifts or hospitality received by the member or the members spouse or cohabitee, company or partnership.</p>	None
<p>Non financial interests Any non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders, such as membership or holding an office in other public bodies, clubs, societies and organisations, such as trade unions and voluntary organisations.</p>	None



Signed

Date 11 April 2022

Register of Interests of Board Members

This register has been drawn up in accordance with the Standards Commission for Scotland, Standards in Public Life: Model Code of Conduct for Members of Devolved Public Bodies.

Board Member: JOHN MCLAREN..... *(please insert your full name in capital letters)*

Registerable Interest	Members Interest
Remuneration Remuneration by virtue of being <ul style="list-style-type: none"> • employed or self employed • the holder of an office • a director of an undertaking • a partner in a firm • undertaking a trade, profession or vocation or any other work • allowances in relationship to membership of an organisation 	Agenda for Change Band 7 Remuneration as a Board member
Related undertakings Any directorships held which are not themselves remunerated, but where the company (or other undertaking) in question is a subsidiary of, or a parent company of, a company (or other undertaking) for which a remunerated directorship is held.	Nil
Contracts Any contract between NHS Borders and the member or a firm in which the member is a partner, or an undertaking in which the member is a director or has shares (as described below), under which goods or services are to be provided or works executed, which has not been fully discharged.	Nil
Houses, land and buildings Any right or interest owned by the member in houses, land or buildings which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders	Nil
Shares and securities Any interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders and the nominal value of the shares is; greater than 1% of the issued share capital of the company or other body; greater than £25k.	Nil
Gifts and hospitality Any relevant gifts or hospitality received by the member or the members spouse or cohabitee, company or partnership.	Nil
Non financial interests Any non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders, such as membership or holding an office in other public bodies, clubs, societies and organisations, such as trade unions and voluntary organisations.	Member of Trade Union - Unite the Union Registered on NMC



Signed.....


.. Date17.05.2022.....

Register of Interests of Board Members

This register has been drawn up in accordance with the Standards Commission for Scotland, Standards in Public Life: Model Code of Conduct for Members of Devolved Public Bodies.

Board Member: DR TIM PATTERSON..... (please insert your full name in capital letters)

Registerable Interest	Members Interest
<p>Remuneration Remuneration by virtue of being</p> <ul style="list-style-type: none"> • employed or self employed • the holder of an office • a director of an undertaking • a partner in a firm • undertaking a trade, profession or vocation or any other work • allowances in relationship to membership of an organisation 	N/A
<p>Related undertakings Any directorships held which are not themselves remunerated, but where the company (or other undertaking) in question is a subsidiary of, or a parent company of, a company (or other undertaking) for which a remunerated directorship is held.</p>	N/A
<p>Contracts Any contract between NHS Borders and the member or a firm in which the member is a partner, or an undertaking in which the member is a director or has shares (as described below), under which goods or services are to be provided or works executed, which has not been fully discharged.</p>	N/A
<p>Houses, land and buildings Any right or interest owned by the member in houses, land or buildings which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders</p>	N/A
<p>Shares and securities Any interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders and the nominal value of the shares is; greater than 1% of the issued share capital of the company or other body; greater than £25k.</p>	N/A
<p>Gifts and hospitality Any relevant gifts or hospitality received by the member or the members spouse or cohabitee, company or partnership.</p>	N/A
<p>Non financial interests Any non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders, such as membership or holding an office in other public bodies, clubs, societies and organisations, such as trade unions and voluntary organisations.</p>	N/A

Signed..... 

..... Date 12.05.2022.....

Register of Interests of Board Members

This register has been drawn up in accordance with the Standards Commission for Scotland, Standards in Public Life: Model Code of Conduct for Members of Devolved Public Bodies.

Board Member: TRIS TAYLOR..... *(please insert your full name in capital letters)*

Registerable Interest	Members Interest
<p>Remuneration Remuneration by virtue of being</p> <ul style="list-style-type: none"> • employed or self employed • the holder of an office • a director of an undertaking • a partner in a firm • undertaking a trade, profession or vocation or any other work • allowances in relationship to membership of an organisation 	Nil
<p>Related undertakings Any directorships held which are not themselves remunerated, but where the company (or other undertaking) in question is a subsidiary of, or a parent company of, a company (or other undertaking) for which a remunerated directorship is held.</p>	Nil
<p>Contracts Any contract between NHS Borders and the member or a firm in which the member is a partner, or an undertaking in which the member is a director or has shares (as described below), under which goods or services are to be provided or works executed, which has not been fully discharged.</p>	Nil
<p>Houses, land and buildings Any right or interest owned by the member in houses, land or buildings which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders</p>	Nil
<p>Shares and securities Any interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders and the nominal value of the shares is; greater than 1% of the issued share capital of the company or other body; greater than £25k.</p>	Nil
<p>Gifts and hospitality Any relevant gifts or hospitality received by the member or the members spouse or cohabitee, company or partnership.</p>	Nil
<p>Non financial interests Any non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders, such as membership or holding an office in other public bodies, clubs, societies and organisations, such as trade unions and voluntary organisations.</p>	Nil

Signed 

Date ...19/04/22.....

Minutes of a meeting of the **Borders NHS Board** held on Thursday 7 April 2022 at 9.00am via MS Teams.

Present:

- Mrs K Hamilton, Chair
- Mrs F Sandford, Vice Chair
- Ms S Lam, Non Executive
- Mrs L O'Leary, Non Executive
- Mr J Ayling, Non Executive
- Cllr D Parker, Non Executive
- Mr J McLaren, Non Executive
- Mrs A Wilson, Non Executive
- Mr R Roberts, Chief Executive
- Mr A Bone, Director of Finance
- Mrs S Horan, Director of Nursing, Midwifery & AHPs
- Dr T Patterson, Director of Public Health

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Planning & Performance
- Mr G Clinkscale, Director of Acute Services
- Mr C Myers, Chief Officer Health & Social Care
- Dr Amanda Cotton, Associate Medical Director MH&LD
- Mrs L Jones, Head of Clinical Governance & Quality
- Mr S Whiting, Infection Control & Laboratory Service Manager
- Mr K Allan, Associate Director of Public Health
- Mrs L Pringle, Risk Manager
- Mr B Salmond, Associate Director of Workforce
- Dr O Herlihy, Director of Medical Education
- Ms S Downie Health Improvement Practitioner Communities Team
- Mrs L Lang, Communications Officer
- Mr P Seeley (Public)

1. Apologies and Announcements

- 1.1 Apologies had been received from Mr Tris Taylor, Non Executive, Mrs Harriet Campbell, Non Executive, Dr Lynn McCallum, Medical Director, Mr Andy Carter, Director of Workforce, Dr Tim Young, Associate Medical Director P&CS and Dr Janet Bennison, Associate Medical Director Acute.
- 1.2 The Chair welcomed Mr Keith Allan, Associate Director of Public Health to the meeting who deputised for Dr Patterson.
- 1.3 The Chair welcomed a range of attendees to the meeting.
- 1.4 The Chair welcomed members of the public to the meeting.

- 1.5 The Chair confirmed the meeting was quorate.
- 1.6 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 Q&A would not be revisited during the discussion.

2. Register of Interests

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

The **BOARD** approved the Register of Interests.

3. Minutes of Previous Meeting

- 3.1 The minutes of the previous meeting of the Borders NHS Board held on 3 February 2022 were approved.

4. Matters Arising

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

The **BOARD** noted the action tracker.

5. Pharmaceutical Care Services Plan (2022 update)

- 5.1 Mrs Alison Wilson provided an overview of the changes to the pharmaceutical care services plan and reminded the Board that a substantial update would be provided every 3 years.
- 5.2 Mrs Fiona Sandford welcomed the population narrative as set out on page 10 and suggested it should be a feature of all documentation submitted to the Scottish Government given the significant impact population change had on services. Mrs Wilson commented that the local population had increased from 115k to 121k and any increase in population had a significant impact on local prescribing and the prescribing budget especially when it was predominantly an increase in the elderly population.
- 5.3 Mrs Lucy O'Leary sought confirmation that the plan remained on track. Mrs Wilson explained that in terms of technological projects such as HEPMA and Robots, progress had slipped however in terms of technician roles progress was further ahead than in other Boards.
- 5.4 Ms Sonya Lam enquired about the barriers to progress. Mrs Wilson commented that they were largely as a consequence of capacity issues within Estates.
- 5.5 Mr Ralph Roberts sought clarification on the reference to the closures of community pharmacies. Mrs Wilson commented that this was within the context of opening times such as not opening on a day or opening later, rather than closure of whole facilities.

- 5.6 Mr Andrew Bone commented that in regard to HEPMA and Robots, capital funding had been identified to support the projects however there were issues in regard to the programme for capital works. With regard to population size he advised that a population weighting adjustment of an extra £2.7m of funding had been received for the Board's total funding through the NRAC formula
- 5.7 Further discussion focused on the community pharmacy contract; and care homes and admission avoidance funding.

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

The **BOARD** noted the report.

6. National Workforce Strategy

- 6.1 Mr Bob Salmond presented the National Workforce Strategy and highlighted: that the previous national workforce strategy had been launched in 1998; the current strategy had been formed in collaboration with Scottish Government, COSLA and NHS Scotland and was cross system; it was likely to require investment to achieve each of the 5 Pillars; and an awareness raising campaign was being drawn together locally to appraise the workforce of the new strategy.
- 6.2 Mr John McLaren commented that there was a challenge in implementing the strategy given he felt it did not come across as inclusive of all disciplines and services. He further commented that work would be taken forward locally to enhance the development of the staff wellbeing element.
- 6.3 Mr Chris Myers commented that there had been good progress made to bring together teams from across health and social care and the independent sector through the integrated workforce plan.
- 6.4 Further discussion focused on: the need for an iterative process to connect service needs, workforce and demographics to achieve sustainable services moving forward; transformation of services and staffing skill sets based on service models; a key priority should be to nurture current staff to flourish; retention of staff; mechanism to support professions to work together; reference to remote and rural areas within the plan; and the plan would be refined over the course of the year.

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

The **BOARD** noted the update.

7. Strategic Risk Report

- 7.1 Dr Tim Patterson provided an overview of the content of the report and highlighted that strategic risks were developed and managed by the Board Executive Team. Operational risks were discussed with services and brought to the Risk Management Board. If operational risk were problematic they were taken to the Operational Planning Group and escalated to the Board Executive Team if necessary.

7.2 Mr Keith Allan commented that since that previous report to the Board the Board Executive Team had undertaken an exercise to ensure the appropriate Governance Committees had sight of relevant risks in order to provide appropriate assurance to the Board.

7.3 Mr James Ayling noted that health and safety was recorded as a very high risk and enquired if it was always seen as a very high risk or had been recently escalated to very high. Dr Patterson advised that Mr Andy Carter, Director of Workforce was the lead of Health and Safety and he would discuss the query with him and respond to Mr Ayling outwith the meeting.

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

The **BOARD** noted the report.

8. Audit Committee minutes: 13.12.21

The **BOARD** noted the minutes.

9. Endowment Fund Board of Trustees minutes: 27.09.21, 16.21.21, 31.01.22

The **BOARD** noted the minutes.

10. Resources & Performance Committee minutes: 04.11.21

The **BOARD** noted the minutes.

11. Finance Report

11.1 Mr Andrew Bone provided an overview of the content of the report and confirmed that additional support had been received from the Scottish Government in regard to the non delivery of savings. He was therefore able to report a break even position and confirmed that the support provided was not on a brokerage basis and was therefore both non repayable and non recurring. He further advised the Board that all covid costs were fully funded.

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

The **BOARD** noted that the board is reporting a breakeven position for eleven months to end of February 2022.

The **BOARD** noted that this position is achieved following confirmation of additional funding of £7.8m by Scottish government to offset non-delivery of savings.

The **BOARD** noted the position reported in relation to Covid-19 expenditure and the update on funding allocations in relation to same.

12. Financial Plan 2022-23

12.1 Mr Andrew Bone provided an overview of the plan and highlighted: that it was a 1 year revenue plan; the resources delegated to the Integration Joint Board; and the draft 5 year capital plan.

- 12.2 Mrs Fiona Sandford suggested the Board needed to be realistic about what could and could not be achieved in the current climate.
- 12.3 Mr James Ayling commented that much of what the organisation tried to achieve was outwith its control. He sighted savings as something the organisation had a degree of control over but noted they were often not delivered. He enquired if the targets set at the outset were unrealistic and if they were not, then a clear audit trail of why they were not achieved needed to be set out and discussed with the Scottish Government.
- 12.4 Mr Ralph Roberts commented that it was difficult to sign off the financial plan for year 1 with the amount of deficit that it contained. He was also unsure of what the 3 year plan was likely to look like as wider service modelling progressed. He commented that in any other normal year he would find it difficult to ask the Board to sign off a plan that contained such a substantial level of deficit. He recognised that there was a level of risk in terms of the deficit and it was highly likely pressure would be placed on the Board to deliver the savings identified and reduce the £12m deficit in year. He further commented that assumptions were being made that brokerage would be required by the year end in the region of £20m and at the end of year 3 of around £30m, all of which would require to be repaid at some point. Significant discussions would need to take place with the Scottish Government and locally on how to address the future financial position through transformation and savings.
- 12.5 Mrs June Smyth commented that in regard to the nurturing and wellbeing of staff in the context of financial savings there was a recognition that the previous approach to a turnaround programme would need to be different. Given the impact of the pandemic over the previous 2 years it was also likely that savings identified pre pandemic might not be achievable post pandemic.
- 12.6 Ms Sonya Lam commented that in terms of transformation it was time to look at radical solutions to increase equality and performance. She enquired if any investment in transformation would provide the time required to transform as well as evidence of future significant savings.
- 12.7 Mrs Sandford echoed Ms Lam's comments and suggested there was a need to find a way to let clinical leadership identify transformative ways of working such as the virtual covid ward. In regard to transformation she was supportive that such change required investment to build the space and capacity to progress change and ultimately deliver savings.
- 12.8 Dr Tim Patterson suggested areas of preventative work should be prioritised to ensure joint work with partners through the Community Planning Partnership could be progressed on socio economic and lifestyle effects and determinants of health, especially for the vulnerable groups in greatest need. He suggested preventative work would lead to better outcomes for individuals and should lead to less requirements for treatment and in turn less pressure on services in the long term.

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

In relation to the one year revenue plan the **BOARD** approved the financial plan for 2022/23.

In relation to the one year revenue plan the **BOARD** approved the delegated resource to Scottish Borders IJB for 2022/23.

In relation to the one year revenue plan the **BOARD** approved the delegation of budgets to health board retained functions for 2022/23 in line with the plan.

In relation to the capital plan the **BOARD** endorsed the direction of travel in relation to the development of the five year capital plan.

In relation to the capital plan the **BOARD** approved the delegation of budgets in relation to rolling programmes.

13. Clinical Governance Committee minutes: 19.01.22

The **BOARD** noted the minutes.

14. Quality & Clinical Governance Report

- 14.1 Mrs Laura Jones provided an overview of the content of the report and highlighted: the extensive amount of time spent on considering issues under section 2.3.3; clinical pressures continued to be faced by front line services; heightened levels of sickness absence both covid and non covid related; shortages of staff and beds and significant delays with patient flow; and whole system challenges across social care.
- 14.2 Mrs Jones further advised that an update on the issues and mitigations would be presented to the next meeting of the Resources & Performance Committee.
- 14.3 Mr Ralph Roberts commented that it was important that the Board recognise the concern expressed at the Clinical Governance Committee.
- 14.4 Mr John McLaren commented that the feedback he had received from line managers was that they were seriously concerned about unsafe staffing levels and felt helpless. Mrs Jones commented that those sentiments had been reflected through the governance leads of the clinical boards who attended the Clinical Governance Committee. The Committee had also recognised the extensive effort that frontline clinical staff and managers had put in place to mitigate risks.
- 14.5 Mrs Sarah Horan commented that there was a recognition of the need to do things differently and to support exhausted staff.
- 14.6 Mr Gareth Clinkscale commented that the 5 priority tasks would assist with recovery from the impacts of the pandemic on the staff and the system. The priority tasks had been identified by clinical teams and were about significant change in a number of areas and supportive conversations were being progressed with services.
- 14.7 Mr Chris Myers commented that pressures were felt across the whole system of health and social care and there were a number of actions being taken forward which he anticipated would yield benefits for the whole system over the coming months.

14.8 Ms Lam enquired if the Ockenden Report had been reviewed. Mrs Horan advised that the Lead Midwife and Obstetrics Consultant were benchmarking against the Ockenden Report and she expected a report to be submitted to the Clinical Governance Committee in due course.

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

The **BOARD** noted the report and detailed oversight on each area delivered through the Board Clinical Governance Committee.

The **BOARD** noted the concern raised by the Committee in relation to the service and patient impact as a result of the on-going pressures around staffing and patient flow as a result of increased length of stay and delayed discharges.

The **BOARD** sought an update from the Board Executive Team of the steps being taken to mitigate, as far as possible, the impact, and to present them to the Resources & Performance Committee.

15. Healthcare Associated Infection – Prevention & Control Report

15.1 Mr Sam Whiting highlighted several elements of the report to the Board including: the funnel charts where NHS Borders data was compared to other Health Boards and showed that NHS Borders had amongst the highest rates in Scotland in the quarter 1 data; SABs community cases; ecoli cases; and the appointment of an infection control nurse.

15.2 The chair welcomed the appointment of an Infection Control Nurse.

15.3 Mrs Sarah Horan drew the attention of the Board to the de-escalation of pandemic restrictions and the significant efforts of the Infection Control Team over the past 2 years as well as their on-going work. She highlighted that the team were short staffed and had worked tirelessly across the whole system.

15.4 The Chair recorded the thanks of the Board to Mr Whiting and his Team for the work they had undertaken during the on-going period of the pandemic.

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

The **BOARD** discussed, examined and considered the implications of the content of the paper.

The **BOARD** noted the report.

16. Public Governance Committee minutes 24.09.21, 10.11.21

The **BOARD** noted the minutes.

17. Staff Governance Committee Minutes 14.12.21

The **BOARD** noted the minutes.

18. Medical Education Report

- 18.1 Dr Olive Herlihy provided an overview of the content of the report and highlighted that: it was a positive report advising of good progress being made; the governance structure had been improved; the wellbeing of trainees had been addressed; rota resilience of junior staffing; allocation of deanery numbers; and supervision of trainees.
- 18.2 The Chair commented that it was good to note the better position in regard to medical trainees.
- 18.3 Mrs Lucy O’Leary enquired how many trainees were in place at any one time. Dr Herlihy advised that it was 65.
- 18.4 The Chair recorded the thanks of the Board to Dr Herlihy for the progress made and for her continued commitment to medical education.

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

The **BOARD** acknowledged the progress in Medical Education facilities and experience and supported the team in continuing to improve the quality of training for all training and non-training grade doctors working at the BGH.

19. NHS Borders Performance Scorecard

- 19.1 Mrs June Smyth provided an overview of the content of the report and drew the attention of the Board to the revised format. She advised that the format would continue to evolve. She then highlighted that there were 4 areas outwith the performance standards at February and in future more narrative would be included in the report to explain the actions being taken by services.

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

The **BOARD** noted February 2022 Performance

20. Redress Scheme for survivors of historical abuse in residential care in Scotland – Acknowledgement of the harms of the past

- 20.1 Mr Ralph Roberts commented that the Board had previously agreed in a private session (due to legally privileged information) to join the national scheme. He advised that all 22 NHS Boards had agreed to join the scheme and to recognise the harm of child abuse across Scotland.
- 20.2 The Chair enquired when the scheme would be live. Mr Roberts advised that the detail of the scheme was available on the NHS Borders website. The scheme would be managed on a national basis and national communications were expected to be released shortly.

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

The **BOARD** noted the report.

21. Scheme of Integration Refresh

21.1 Miss Iris Bishop reminded the Board of the agreement reached via email during March 2022.

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

The **BOARD** formally recorded its agreement as reached via email by 31 March 2022 as per below:

- Borders NHS Board is asked to **note** the process undertaken and the findings.
- Borders NHS Board is asked to **approve** the enclosed reviewed and updated Scottish Borders Scheme of Integration.
- Borders NHS Board is asked to **agree** that the updated Scheme of Integration be submitted to Scottish Ministers for approval.

22. Integration Joint Board membership

22.1 Miss Iris Bishop provided a brief overview of the content of the report and clarified that Mrs Lucy O'Leary could remain as a member of the Integration Joint Board (IJB) Audit Committee. The Chair of the IJB Audit Committee would rotate to a Local Authority Councillor at the same time the Chair of the IJB rotated to an NHS Borders Non Executive.

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

The **BOARD** formally endorsed the continued Non Executive voting members of the Integration Joint Board as:-

- Karen Hamilton, Non Executive (Chair of IJB Audit Committee)
- Harriet Campbell, Non Executive
- Tris Taylor, Non Executive
- John McLaren, Non Executive
- Lucy O'Leary, Non Executive (Vice Chair of the IJB, Member of the IJB Audit Committee)

23. Consultant Appointments

23.1 Mr Ralph Roberts advised that in addition to the report the Board Executive Team (BET) had discussed a submission to appoint 2 additional consultants. The BET had agreed that those appointments be progressed on a substantive basis and were funded on a non recurrent basis with the recurrent position being built into the 3 year financial plan.

23.2 Ms Sonya Lam commented that the appointment of additional consultants creating additional activity without the appointment of supporting staff would lead to additional pressure on support services.

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

The **BOARD** noted the report.

24. Scottish Borders Health & Social Care Integration Joint Board minutes: 15.12.21

The **BOARD** noted the minutes.

25. Any Other Business

25.1 Mr Ralph Roberts advised the Board that it was likely that an Extra Ordinary Board meeting might need to be held in July/August to discuss the Edinburgh Cancer Centre Agreement. The documentation had been expected for the April Board meeting but had not been available.

26. Date and Time of next meeting

26.1 The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday, 30 June 2022 at 9.00am via MS Teams

The meeting concluded at 10.57am.

Signature:
Chair

BORDERS NHS BOARD: 7 APRIL 2022

QUESTIONS AND ANSWERS

No	Item	Question/Observation	Answers
1	Appendix-2022-17 Register of Interest	Karen Hamilton: Noted Sonya Lam: Approve	-
2	Minutes of Previous Meeting	Karen Hamilton: Noted Sonya Lam: Noted	-
3	Minutes of Previous Meeting	Harriet Campbell: P20 I'm sure we'll get an update somewhere, but just in case, how is progress on the FMES? (Given we are now April) and has there been any pushback from SG on the fact that this is now overdue?	Andrew Bone/Cathy Wilson: SG are sighted on the issue of timescales and have accepted our programme for completion by 12 th May. FME progress update: <u>Oakleaf Centre</u> <ul style="list-style-type: none">• Capital Works final works still underway with a planned completion date of 12th May.• FME Suite will then undergo a final deep clean and be stocked ready to open (date to be confirmed)• RioMed Cellma (IT National System) access established and users identified, access has been set up and training modules shared.• Pathways, SOPs and Flowcharts have been worked on following the completion and agreement of a national pathway. Working with colleagues in a Short life Working Group of leads and practitioners across SE Scotland, a suite of SOPs and flowcharts have been shared and NHS Borders are adapting these where necessary to reflect local differences i.e. access to suite and out of hours contacts.• Simulation test is being organised once the suite is completed to strength test and sign of protocols and processes before opening.

4	Matters Arising/ Action Tracker	<p>Karen Hamilton:</p> <p>8.1 The Chair enquired about progress with the Forensic Medical Examination Suite (FMES). Mr Bone advised that the unit had been commissioned and work was on-going as there had been some disruption to the schedule leading to the completion date of the end of March being unlikely to be met. Progress????</p> <p>13.1 it was agreed to direct the questions that related to workforce to the Staff Governance Committee to consider and for the Public Governance Committee to pick up the questions related to engagement. Has this been done??</p> <p>Action Tracker Regional Health Protection Service – up date at meeting please.</p>	<p>Andrew Bone: See above (question 3).</p> <p>Andy Carter: Yes. Discussions at the Staff Governance Committee recognised the need to streamline staff engagement/involvement mechanisms and ensure that work is not duplicated. Form 01 April 2022; Collecting Your Voices and iMatter will both be managed within the Organisational Development (O.D.) Lead portfolio within HR. The OD lead is also continuing work with myself and a Non Executive Director on monitoring and reporting of Culture in NHS Borders – response to the Sturrock report relevant to this.</p> <p>Iris Bishop: For information the update was not provided to R&PC on 3 March but has been rescheduled to R&PC on 5 May.</p> <p>Tim Patterson: Update on Regional Health Protection Service workstream:</p> <ul style="list-style-type: none"> • 2 successful Workshops and further planned to continue to develop the model • Agreement to establish a regional leadership team for the service, with a shadow arrangement in place by May to
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			<p>support the transition</p> <ul style="list-style-type: none"> • DPH Leadership arrangements agreed on rotational basis • Underpinning Finance and HR principles agreed • Training and Education actively being taken forward to support teams • Active Partnership representation continues – The regional project coordinator has also followed up individually with John McLaren the NHS Borders Employee Director and he receives a copy of the Project Newsletter so he is kept sighted on the developments.
5	Matters Arising/ Action Tracker	Sonya Lam: Noted	-
6	Appendix-2022-18 Pharmaceutical Care Services Plan (2022 update)	<p>Karen Hamilton:</p> <p>Numbered sub paragraphs makes it so much easier to reference the document!</p> <p>P77 of pack Current BGH Pharmacy Services I have been made aware of frustrations that patients ready for discharge early evening cannot go home as Pharmacy is closed – it was suggested a 1 hour evening opening to facilitate discharge might be helpful?</p>	<p>Alison Wilson:</p> <p>Noted and will action for next update</p> <p>We have engaged with BGH Q to review opening hours and this has not been raised as an issue. A prescription pad is available to be taken to a community pharmacy (open till 8pm) for urgent items if a patient is going home. We work with wards if they identify patients and will prepare any medicines that might be required if a discharge letter cannot be provided in time. Creating an evening rota is a challenge with a small pool of staff. A priority is to fund a full weekend service and this has not been finalised.</p>
7	Appendix-2022-18	Sonya Lam:	Alison Wilson:

	<p>Pharmaceutical Care Services Plan (2022 update)</p>	<p>Thank you for the update.</p> <p>Page 67: Previous challenges. I note a local focus on missed doses of medicines (BGH) and that the pandemic has limited progress. What is the remaining challenge in this area? Has it improved? What metrics are used to measure this?</p> <p>Page 67: Independent prescribing: with the delay in some independent prescribers putting their skills to into practice, what are the barriers?</p> <p>Page 68: the challenges are noted. What are the most effective enablers for these challenges i.e. what are the most impactful solutions?</p>	<p>Still an area of concern and challenge. It was presented at a Grand Round and we need to work with Drs and nurses to continue to highlight missed doses. We will repeat the survey in the summer when we have some students available to see if it has changed.</p> <p>Limited opportunity but this has improved with Pharmacy First Plus and additional funding being available.</p> <p>Availability of pharmacy staff. New roles have become available but increase in trained pharmacists and technicians has not kept pace. We can only train 2-3 student technicians at a time due to impact on and availability of trained technicians. Keeping our foundation pharmacists beyond 2 years has been a challenge. We need to create an attractive work environment where they want to stay on.</p> <p>New technology, e.g. robotics and HEPMA will free up staff time to take on the new roles and improve efficiency of the working day.</p>
8	<p>Appendix-2022-18 Pharmaceutical Care Services Plan (2022 update)</p>	<p>James Ayling:</p> <p>Given that pharmacies can currently only provide vaccinations as a private service in our pharmacies, due to the 1978 NHS (Scotland) Act.....is there any progress to date re government considering</p>	<p>Alison Wilson:</p> <p>Emergency legislation has enabled pharmacists to provide flu and Covid vaccinations. Nationally legislation needs to change permanently for pharmacists to invest</p>

		<p>amending legislation to allow them to offer general vaccination services?</p> <p>I note that NearMe technology was made available to all NHS Borders Community Pharmacies in July 2020 and that fifteen (50%) of community pharmacies have so far signed up to use the technology. Should its uptake by pharmacies be considered mandatory and incorporated into the style contract for community pharmacies or are these contracts based on a national style?</p>	<p>in vaccination programmes.</p> <p>Many pharmacists state they haven't needed NearMe for their consultations. The national arrangement is not a rigid contract as such and it's hard to mandate. We are seeing this with pharmacy closures at the moment.</p>
9	Appendix-2022-18 Pharmaceutical Care Services Plan (2022 update)	<p>Harriet Campbell:</p> <p>Thank you – this is really helpful to be able to see progress being made on a regular basis – and some areas where lots of progress has been made!.</p> <p>For future years it would be helpful in the covering paper to have a brief note of any key changes/progress. Also can we make it clear that the amendments are to the Action Plan and not the Pharmaceutical Care Services Plan – the covering note just says 'the plan' which is a bit confusing.</p> <p>P95 first box point 3. I think this is saying that 'develop and share educational messages to community pharmacy teams' is 'complete'. Clearly successful work has gone on in relation to pregnant women and thanks to the teams involved. However, I think it is misleading to mark this as 'complete' when I don't see how it ever can be – it's a constant and ongoing project, surely. I note that it's also shown as 'ongoing' for next year and I think the two are conflicting and misleading. There are a number of</p>	<p>Alison Wilson:</p> <p>Noted</p> <p>We were trying to show that some aspects had been completed but other elements under the same heading were still on-going. We will relook at this for next update.</p>

		<p>other boxes (eg the next one on engagement with GP practices' where the action is an ongoing one and again I think it is misleading to mark this as complete. If I have misunderstood though am very happy to be corrected.</p> <p>P97 – I note 'manual' collection of data for GP integrated pharmacy practices. Is this a cause of concern? Is the aim to do it differently?</p> <p>It seems that not much progress has been made on serial prescribing. Are there ways in which this can be further supported? What do the weekly progress statistics show thus far?</p> <p>P101 'NHS Borders Board asked if an increase to the WTE of Care Home Pharmacy Technician post. Repsonse to this is No and in the short term care homes and care at home is funded by Winter planning.' Can we have a bit more detail on what happened here please and why? (and apologies if I should know this already but I don't – or have forgotten).</p>	<p>Yes especially when a solution was available. We now have agreement from PCIP Exec to proceed with implementing the solution.</p> <p>This was not supported by PCIP Exec as an area to focus on. They have now agreed that the team can roll it out as part of the daily tasks so we will see a slow increase. Monitoring will be monthly.</p> <p>Although this was included in the IJB Commissioning Plan it was not progressed as funding was not released for it. The IJB COO has asked for some further data before it can proceed and we are working on collecting this information at the moment.</p>
10	Appendix-2022-19 Strategic Risk Report	<p>Karen Hamilton:</p> <p>2.3 A number of issues were highlighted at the Audit Committee on 21st March and as such this process remains in development until these issues are addressed – progress plan?</p> <p>P2/3/4 of table: I note BET are still noted as Lead Governance Group in a number of areas– my understanding was that this was to be revised?</p>	<p>Tim Patterson/Lettie Pringle:</p> <p>Progress of this work will be fed back into the Audit Committee within a 6 month timeframe</p> <p>BET has been removed as an assurance group as it was deemed a conflict of interest for BET to own risks and provide assurance on</p>

			<p>them. This has been updated in revised copy of report and highlighted in yellow.</p>
<p>11</p>	<p>Appendix-2022-19 Strategic Risk Report</p>	<p>Sonya Lam:</p> <p>Page 124/132: ID 3032: Organisational compliance with H&S regulations. What has pushed this risk to very high? To what extent and where are we not compliant with in terms of health & safety regulations? The adequacy of controls is no and red? Is that acceptable with H&S legislation?</p>	<p>Tim Patterson/Lettie Pringle: <i>Response from Vikki Hubner (in Andy Carter's absence) as health and safety lead:</i></p> <p>This risk sits as a very high risk, graded as a consequence of major and a likelihood of almost certain, using the NHS Scotland risk matrix. It is not measuring compliance with H&S legislation but is recognising a health board will always carry H&S risk.</p> <p>The risk level is always going to be significant because of human factors. Unpredictable risk on site every day due to human factors. NHS Borders operates open sites with general public access.</p> <p>It is unlikely for the consequence of this risk to be reduced; however reduction in the likelihood will come as the organisation embeds health and safety culture across the whole system. This is an open and honest risk score of the risk the organisation currently faces.</p> <p>This risk assessment shows that the organisation is aware of risks and HSE would note this under due diligence. The HSE support the organisation to meet their statutory compliance regarding safety.</p> <p>The Risk Management Board and BET have oversight of all operational very high risks to</p>

		<p>The adequacy of controls column is in the main red/no (except for three risks). What does this mean? Does this mean that we are not assured that are control measures are adequate enough to reach the target risk level?</p>	<p>enable the organisation to make informed resource based decisions which support this strategic risk assessment and action plan.</p> <p>This highlights that the controls currently in place do not manage the risk to an acceptable level. Within Appendix No 2 (Strategic Risk Register), this is supported by the gap analysis which shows why these controls are not managing the risk to an acceptable level. The gaps identified will inform the action plan for each risk and support the organisation in reaching the target risk level.</p> <p>Please see above comment</p>
12	Appendix-2022-19 Strategic Risk Report	<p>James Ayling:</p> <p>Organisational compliance with health and safety regulations and legislation (ID3032) has jumped straight to a very high risk . Safety is of fundamental importance to our workforce and in addition leaves parties open to prosecution. More information required.</p>	<p>Tim Patterson/Lettie Pringle: <i>Response from Vikki Hubner (in Andy Carter's absence) as health and safety lead:</i></p> <p>Please see response to Sonya Lam, as provides information on risk level.</p> <p>Clarification on further information required would be helpful to support answering this query.</p>
13	Appendix-2022-19 Strategic Risk Report	<p>Harriet Campbell:</p> <p>P124 what is risk 3588 referred to in the comments on non achievement of financial targets. Also what is the significance of the four figure risk numbers and how does these differ from the two figures ones shown on the left?</p> <p>'Failure of resilience' seems very 'catch all'. I wonder</p>	<p>Tim Patterson/Lettie Pringle:</p> <p>Four figure risk numbers are how the risks are identified within the risk register, whereas 2 digit numbers are in place for ease of reader to see risk movement more easily on p5 of the report.</p> <p><i>Response from Tim Patterson as risk owner:</i></p>

		<p>if there is a better term. 'business resilience'? 'Corporate resilience'? 'organisational continuity'? Are there particular regulations or legislation that are considered more risky than others and if so should these be their own risks? Also does this include (as it appears to from the detailed risk register) organisational policies (which are neither 'regulation' nor 'legislation'?)</p> <p>Why is the Covid 19 vaccination delivery rated high – I would have perhaps expected it to be lower. And conversely given the many unknowns about remobilisation I would have expected this to be a higher risk – are we really confident that sufficient controls are in place?</p> <p>Please can we label the x and y axes on the charges on p127. Presuming impact and likelihood but which is which? And could the 'now' chart on the right please have a date?</p>	<p>Resilience refers to organisational business continuity and emergency planning mechanisms as detailed in the Civil Contingencies Act 2004. This legislation places responsibility on the public sector to ensure effective arrangements are in place for planning for, responding to and recovering from emergencies and for the continued delivery of services in the event of disruption. Failure of resilience relates to failure in these processes across the whole of NHS Borders. It does not relate to failure of organisational policies.</p> <p>COVID-19 Vaccination delivery - This risk is related to the long term strategy for delivery of the COVID vaccination programme and will be re-assessed following the release of the Scottish Government's strategy regarding vaccinations. Because of uncertainty concerning the future COVID threat, no long term strategy has yet been issued. The current vaccination programme risk is covered in the operational risk register. Remobilisation risk feeds into the Performance and Resource Committee. This Committee were assured that risks were managed appropriately and proportionately.</p> <p>This has been updated in revised copy of report and highlighted in yellow.</p>
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14	Appendix-2022-20 Audit Committee minutes: 13.12.21	<p>Karen Hamilton: Noted Sonya Lam: Noted</p>	-
15	Appendix-2022-20 Audit Committee minutes: 13.12.21	<p>Harriet Campbell:</p> <p>P150 Fiona's name is wrong in the list of attendees!</p> <p>P153 could we have an update on the equality issues mentioned please?</p> <p>P154 What is NFI? National Fraud something? Initiative? Identification? What does it do?</p>	<p>Andrew Bone:</p> <p>P150. Noted and will correct.</p> <p>P153. The equalities mainstreaming report was published in January and timescales did not allow for revision to address issues raised. The issues raised have been reflected in an updated action plan arising from the board's Annual audit and plans for how these will be addressed will be considered in advance of the next iteration of the report. The audit action plan will continue to be monitored through Audit Committee moving forward.</p> <p>P154. The National Fraud Initiative (NFI) is an exercise that matches electronic data within</p>

		<p>P155 Thank you for detailed discussion and minute on risk governance structure. I just want to record that I entirely agree with Sonya’s point that I think the ‘secondary owners’ of risks need to be explicitly aware of this and that it should be standing item within the remit of individual committees.</p> <p>I note a suggested 12 month period but am slightly unclear on what the agreed structure is to be trialled in this period. Also unclear when the 12 months starts.</p> <p>Finally – if audit committee is not responsible for formulating operating procedure has this now been agreed by BET (who I presume are responsible – and if not BET, then who is?)</p>	<p>and between public and private sector bodies to prevent and detect fraud. Public sector bodies are required to participate. We provide transaction level information for 1000s of payments and respond to queries which flag up any potential fraud events.</p> <p>Tim Patterson/Lettie Pringle: An update around the risk governance structure was discussed at Audit Committee on 21st March and this is included within the strategic risk report as below: <i>‘A number of issues were highlighted in relation to the proposed approach to assurance of individual risks including: discussion regarding the role of BET within the assurance process; and consideration of the alignment of individual risks to specific committees and whether these were appropriately assigned. It was recognised that there remains a concern regarding the practicality of how committees will seek assurance on strategic risks not aligned directly with their own portfolio. No changes were agreed at the committee however it was recommended that the process remain ‘in development’ and that these and other issues are addressed during implementation.’</i> Work is ongoing and a progress report is to be fed into the Audit Committee within a 6 month timeframe.</p>
16	Appendix-2022-21 Endowment Fund Board of Trustees	<p>Karen Hamilton: Noted Sonya Lam: Noted</p>	-

	minutes: 27.09.21, 16.21.21, 31.01.22		
17	Appendix-2022-21 Endowment Fund Board of Trustees minutes: 27.09.21, 16.21.21, 31.01.22	Harriet Campbell: Sorry if I should know this but do these come to Board on a six monthly basis? September in particular seems a long time ago.	Iris Bishop: Only approved minutes are taken to the Board, the 27.09.21 minutes will have been approved by the Endowment Fund Board at its next meeting on 16.12.21 which was after the December Board meeting, and should have been presented to the Board at its meeting in February 2022, however at that time we were considering whether the Board should receive the Endowment Fund Board of Trustees minutes or not and did not include them on that meeting agenda.
18	Appendix-2022-22 Resources & Performance Committee minutes: 04.11.21	Karen Hamilton: Noted Sonya Lam: Noted	-
19	Appendix-2022-23 Finance Report	Karen Hamilton: Good report structure and questions answered within narrative.	-
20	Appendix-2022-23 Finance Report	Sonya Lam: Noted	-
21	Appendix-2022-23 Finance Report	James Ayling: Given that we are now post year end it would be useful to have a brief verbal update on the approximate final position at end March 22 against our 21/22 financial plan. Fully recognise however that not all the final figures may be available and likewise that you might want to deal with this verbally rather than spending time writing here.	Andrew Bone: We do not yet have final position (expected to conclude position next week). Early indicators are that we are in line with our forecast (recognising this was amended from plan at Q1 review and subsequently).
22	Appendix-2022-24	Karen Hamilton:	Andrew Bone:

	Financial Plan 2022-23	<p>2.2. The challenge facing the board remains significant and breakeven in 2021/22 will only be achieved through the provision of additional Scottish Government financial support. – I thought this had been agreed??</p> <p>2.3 The Scottish Borders IJB carries a significant reserve in relation to COVID resources not utilised in 2021/22 and this will be utilised against planned expenditure before any additional investment is required. – can we rely on this?</p>	<p>Yes, financial support is agreed (and has been received). Wording is unclear – apologies.</p> <p>We are working through the final reserve balances as part of the year end financial close. This will include notification of the reserves balances to the IJB and confirmation of the conditions attached to the reserve. There is a degree of uncertainty around COVID resources and the position will be refined through further discussion at local and national level. I expect to have further update by end April.</p>
23	Appendix-2022-24 Financial Plan 2022-23	<p>Sonya Lam:</p> <p>Page 230. 2.3.2. I note the increase in Clinical Development Fellows and two additional consultants. Has thought been given to an increase in other professional staffing groups who will work alongside these additional medical staff e.g. nursing, AHPs, clinical scientists etc.</p>	<p>Andrew Bone:</p> <p>These posts were raised as high operational risk for immediate resolution in advance of wider workforce planning discussions. The intention is to develop a workforce plan for summer 2022 and in same timescales we will be developing our three year financial plan. I would anticipate any further workforce risks will be raised and considered via that route.</p>
24	Appendix-2022-24 Financial Plan 2022-23	<p>James Ayling:</p> <p>The paper notes that significant focus in the early part of 2022/23 will be required to rapidly scope and implement detailed plans for delivery of the proposed £5 million savings.</p> <p>Is it not the case that there will already be reasonably</p>	<p>Andrew Bone:</p> <p>Whilst there are some plans already developed for savings the initial assessment of these plans suggest that a savings relating to clinical service change are not currently viable and would be deferred to future years. Detailed plans for actionable savings, including those</p>

		<p>detailed plans in existence in respect of savings scheduled to have been implemented in the current year (or even previous years) which have not yet commenced and which could now be picked up quickly when conditions allow?</p> <p>Have external consultants now been appointed in relation to this ?</p> <p>Capital wisegiven that we have very little money allocated for feasibility/consultancy supporthow are we meant to work up bespoke workable projects to take to the Gov capital investment group?</p>	<p>brought forward from previous years, are currently less than 10% of the target level.</p> <p>External consultancy not yet appointed. I am still refining scope of this appointment however I would intend to progress this in next 2-3 weeks.</p> <p>We are in discussion with SG to seek additional capital resources and would see this as an interim position pending agreement of additional in year resources. The board development session will pick this issue up further under the 'Property & Asset Management Strategy' item.</p>
25	Appendix-2022-24 Financial Plan 2022-23	<p>Harriet Campbell:</p> <p>P230 I note that we will consider workforce sustainability in due course, but this feels a real risk to the plan (among many others, of course!). Not sure if I'm actually asking a question here, but it would be good if you could address some of the uncertainties in the plan a bit further – perhaps in your presentation to the meeting.</p> <p>P231 'there is no provision for additional investment in increased demand'. Should there be?</p>	<p>Andrew Bone:</p> <p>P230 Noted and will seek to cover this at the meeting.</p> <p>P231 The plan is framed in context of remobilisation and in recognition that SG are directly investing in additional capacity to address gaps in some priority areas. We have not been able to identify resources to invest further in the plan, recognising the scale of current deficit, however we do expect that this issue will need to be picked up via the development of the board's three year plan.</p>
26	Appendix-2022-25 Clinical Governance Committee minutes: 19.01.22	<p>Karen Hamilton: Noted Sonya Lam: Noted</p>	-
27	Appendix-2022-26	Karen Hamilton: Noted	-

	Quality & Clinical Governance Report	Sonya Lam: Noted	
28	Appendix-2022-26 Quality & Clinical Governance Report	<p>James Ayling:</p> <p>83% of COVID 19 deaths occurring between March 2020 and February 2022 in a hospital within 30 days of admission have been reviewed for learning to inform the local delivery of care. Can you advise what has been learnt?</p> <p>I see that from April 2022 COVID 19 deaths will be reviewed under the same sampling approach as all other deaths (i.e.20%). Is this a Govt guideline?</p>	<p>Laura Jones:</p> <p>A full report was presented to the Board Clinical Governance Committee (CGC) sharing learning from the mortality review process for 2020/21. As 2021/22 comes to a close the Associate Medical Director for Clinical Governance and Quality will prepare an annual review of learning for the Board CGC. The key themes and learning are used to inform the annual review of our local patient safety programme priority workstreams (which is also considered by Board CGC). For 2021/22 priority areas across all NHS Borders services include falls, pressure damage, care of the deteriorating patient, food/fluid and nutrition, medications, communication/documentation, maternity/paediatrics/neonates and mental health.</p> <p>No there is no requirement to review deaths from the Scottish Government but NHS Borders has always considered it good practice to do this under our local patient safety programme which takes a proactive approach to identifying actual or potential harm and developing targeted approaches to reduce this. There was no requirement to review all COVID 19 deaths, again NHS Borders took the view that there may be learning from this and so developed a programme of review internally.</p>

29	Appendix-2022-27 Healthcare Associated Infection – Prevention & Control Report	Karen Hamilton: Noted Sonya Lam: Noted	-
30	Appendix-2022-28 Public Governance Committee minutes 24.09.21, 10.11.21	Karen Hamilton: Noted Sonya Lam: Noted	-
31	Appendix-2022-29 Staff Governance Committee Minutes 14.12.21	Karen Hamilton: Noted Sonya Lam: Noted	-
32	Appendix-2022-30 Medical Education Report	Karen Hamilton: Noted	-
33	Appendix-2022-30 Medical Education Report	Sonya Lam: Page 299. Are we at risk of losing ACT funding because of lack of transparency? I appreciate this update on medical education and understand the importance in terms of a training organisation. It would be useful for the Board to receive an update on the education and training environment for other professional groups.	Olive Herlihy/Laura Jones: Not at risk of losing funding but going forward more transparency required as difficult to do retrospectively for many boards as previous funding embedded. The Director of Medical Education (DME) role specifically relates to medical education thus the DME is not in a position to provide the board with a report on other professional groups. The Board CGC will consider as part of its annual workplan an education report for nursing, midwifery and allied health professions which may then be considered by the Board thereafter.
34	Appendix-2022-31 NHS Borders Performance Scorecard	Lucy O’Leary: P320 (and other charts pages).	June Smyth: Noted thank you

		I've previously highlighted the issue with Y axis not starting from 0 so it's great to see that this isn't present in this report. Thank you – so much clearer	
35	Appendix-2022-31 NHS Borders Performance Scorecard	<p>Karen Hamilton:</p> <p>P327 of pack – EAS stats are alarming- can you describe measures to improve?</p> <p>P328 of pack – can you update on use of the Discharge Lounge and when that might be staffed again?</p>	<p>Gareth Clinkscale:</p> <p>The acute management team including clinical leads are currently undertaking a programme of work supported by National Services Scotland focusing on 3 priority goals to be delivered in the next three months:</p> <ul style="list-style-type: none"> • Moving activity out of the Emergency Department • Reducing length of stay within BGH • Creating a protected elective area <p>5 Task and Finish Groups have been created each with project management support to deliver the three goals. A programme board has been set up to monitor performance against deliverables. This approach is different to previous improvement efforts in the BGH. Clinical engagement is at the heart of the 5 Priority Actions identified and a senior level of support is being wrapped around each of the clinical teams leading delivery.</p> <p>The discharge lounge is currently staffed and work is being undertaken through the Discharge Without Delay piece of work, being lead by the Associate Director of Nursing for Acute Services, to assess current use, criteria and ensuring we are able to utilise it to its full</p>

		P331 of pack – good to see staff sickness rates improving?	capacity Noted thank you
36	Appendix-2022-31 NHS Borders Performance Scorecard	Sonya Lam: Noted	-
37	Appendix-2022-31 NHS Borders Performance Scorecard	James Ayling: I certainly look forward to the proposed additional narrative particularly in relation to underperforming areas which I note will set out what the data is telling us/why /what is being done and what learning has been applied for improvement . A critical part of this however in my opinion is a timeline confirming when learning will be applied. Will that be incorporated?	June Smyth: Yes we can include that in any narrative around learning to be applied. We are initially looking for the learning Q to be highlighted on a quarterly basis, recognising the services will need to analyse activity / changes over time.
38	Appendix-2022-31 NHS Borders Performance Scorecard	Harriet Campbell: CAMHS waiting times – these come up in a number of other papers (clinical governance, public governance) and are an area of real concern. What, if anything, that isn't already being done can be done? While this isn't something that is within the IJB's remit there is nonetheless a clear overlap with SBC (particularly education) here. What if any joint work is/can be done on this? If none, should this not be explored as a priority.	Simon Burt: Thank you for your question. A significant amount of work is being undertaken to move towards delivering the new CAMHS Standards published by SG in 2020. Additional funding has been made available and recruitment plans are in place. Recruiting to posts has been a significant limiting factor in relation to tackling the CAMHS waits. Some improvement has been made with the internal waits. For example we have had a long standing internal wait for Autism assessments. Approximately 50 young people. This list has more or less been eliminated. New pathways for specific conditions are approaching completion and some progress with recruitment has been made. We are looking to

		<p>I also worry about exacerbation of inequalities if particular service areas consistently show poor performance – CAMHS is a good example – are these young people who are already disadvantaged? Are we alive to this and how are we mitigating it where possible?</p> <p>P319 Can we put labels on the y axes of the first two charts.</p> <p>Is the 31 Day cancer waits showing percentages on the y axis? We'd be doing well to reach the projected 130% in March. It also seems to show that at 31 December we achieved 80% which doesn't match the key metrics on the previous page which say 100% of patients were treated. Can someone explain. My only possible explanation is a) I am reading it wrong – and if so sorry or b) it is numbers of individuals, which isn't actually a very helpful metric, for me anyway.</p>	<p>double the number of patients seen per week from June 2022. New trajectories and medium/long term impacts are also being worked through and should be completed by the end of April.</p> <p>We are working with Education and Children's services. A new stakeholder reference group is in place where we meet with other providers/services etc using it as a forum to share/formulate and discuss plans.</p> <p>As above, we have additional investment and recruitment plans in place and we are developing new care pathways which we envisage will reduce waiting lists and treatment times. We have a local "dashboard" reporting the services performance as well as a performance scorecard. The performance of CAMHS is therefore visible within the NHS Boards governance structures.</p> <p>June Smyth: Noted thank you this will be added in</p> <p>These graphs demonstrate number of patients treated not percentages, as defined by SG in their RMP4 performance templates.</p>
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	<p>Also the various page elements seem to have got swapped round.</p> <p>Should it not be all 31 day info on the left and all 62 day info on the right?</p> <p>In fact the more I look at these the more confused I get. What do the top charts show that the second don't and why is actual performance different on the top from what it is on the bottom? And why is the upper tolerance line above 100%?</p> <p>There's a note at the bottom of the page that says August data is unavailable – which August?</p> <p>I am sure I have asked before, but can't remember. Who sets the 'projections' or are these a trajectory from some point in the past?</p> <p>Possibly for clinical governance but outpatient waiting times are significantly greater for some specialties than others – Dermatology (up around 150% since April 21 – percentages done in my head so approximate), Gastroenterology (up nearly 100%), Gynaecology (is this an equalities issue) (up over 150%), Ophthalmology (100%), Respiratory (100%) Rheumatology (over 300% although actual numbers low) Orthopaedics 3000% - I think, my maths fails me – but from 12 to 384), Urology (100%). – while others – ENT, Cardiology seem much more under control, so increases are small or in line with normal fluctuations. Why is this and what can be done about it? I've previously picked up particular specialities to ask this</p>	<p>Noted thank you this will be updated as we continue to develop the format ahead of May R&PC</p> <p>The bottom charts demonstrate the ongoing national targets previously agreed as part of our AOP- we have left them in to demonstrate performance against these as well as the RMP4 so we do not lose sight of them.</p> <p>Apologies this is an error and the reference will be removed</p> <p>The projections were set by the leads for the relevant clinical areas when RMP4 was developed.</p> <p>This has been passed to the waiting times team to respond to - answer to follow</p>
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		<p>but I wonder if there is a global issue here perhaps to do with prioritisation or staffing?</p> <p>Can you explain the trajectory on the 12 week TTG please? Seems to bear little relationship to what is actually happening.</p> <p>Can we possibly show NHSB performance as a figure (as well as a chart) for all these? It's there for some (eg 12 week TTG) but not for others (eg 18 week RTT –it's around 65% but the charts are quite small!)</p> <p>CT scan waits (and Barium) have dropped dramatically. That's great – what has been done and can lessons be learned?</p> <p>Some of the titles are a little confusing – eg 'CAMHS treatments within 52 wks – is that numbers actually seen (in which case, it's good, but would perhaps be more useful as a percentage of those waiting), or numbers currently waiting, but who have been waiting less than a year?</p> <p>Positive that sickness absence is coming down again – is that just because it is Spring or is there anything even more positive we can take from that?</p>	<p>Again this has been passed to the waiting times team to respond to.</p> <p>We will discuss with the BI team and consider for future reporting</p> <p>Question has been passed to the Radiology team - answer to follow</p> <p>Yes, this is the number of patients treated within 52 weeks and there is also a chart of patients seen after 52 weeks. Performance is above agreed projections. This is a pre-defined target from SG therefore is presented as we report to them.</p> <p>Ailsa Paterson: February is a shorter month and tends to see higher annual leave rates, HR continue to support managers to manage staff absence and will be monitoring rates closely over the next few months to see if the trend continues.</p>
39	Appendix-2022-32 Redress Scheme for survivors of historical abuse in residential care in Scotland –	<p>Karen Hamilton: Noted. Sonya Lam: Noted.</p>	-

	Acknowledgement of the harms of the past		
40	Appendix-2022-33 Scheme of Integration Refresh	Karen Hamilton: Noted	-
41	Appendix-2022-33 Scheme of Integration Refresh	Sonya Lam: Approved In terms of the consultation, I recognise time may have been a limiting factor but are there any reflections on the number of responses and how will the feedback be used going forward.	Chris Myers: <ul style="list-style-type: none"> • I can confirm that time was a limiting factor, and despite a blended consultation approach, including a targeted approach across a number of stakeholder groups and open public consultation, as a result there were unfortunately a low number of responses to the 6 week consultation. • However the content of these responses has been very helpful and the feedback will be considered by the HSCP Senior Management Team, and by the IJB. • We will communicate how we have acted upon this feedback to the public, once this has been worked through.
42	Appendix-2022-34 Integration Joint Board membership	Lucy O’Leary: I will be taking over as IJB Chair – I assume this will be agreed at the next IJB meeting (deferred from March to 15/6/22 due to Council elections) and so will no longer be a member of the IJB Audit Committee ... as of 8/4/22 the paper is correct but just to note it won’t be after June 2022	Iris Bishop: You can remain as a member of the IJB Audit Committee but will be unable to Chair that Committee.
43	Appendix-2022-34 Integration Joint Board membership	Karen Hamilton: Noted Sonya Lam: Approved	-
44	Appendix-2022-34 Integration Joint Board	Harriet Campbell:	-

	membership	I have an interest in this item	
45	Appendix-2022-35 Consultant Appointments	Karen Hamilton: Noted	-
46	Appendix-2022-35 Consultant Appointments	Sonya Lam: The appointment of two new consultant staff is welcome. Have any consultant staff left in the same period or are about to leave? Are there any themes arising from exit interviews? What is the progress with recruiting to the 2 nd respiratory consultant post?	Andy Carter/Bob Salmond: Between April 2021 – March 2022, four substantive consultants have retired or resigned on obtaining a post elsewhere in the NHS. There has been a high turnover of locum consultant physicians over the last two years; appointed for long term durations but leaving prematurely. The feedback from agencies is that career locum doctors are reluctant to work away from home during the pandemic uncertainty – two locum physicians left their assignments early with the on-set on Omicron in December 2021. We do not report on individual exit interviews or themes from such small numbers from a single staff group to maintain confidentiality. We are in a project phase with the future of exit interviewing; led by 2 members of the HR Team. At the conclusion of the pilot we are seeking an electronic offering and a face-to-face meeting with a neutral manager. In the fullness of time users may have access to exit-interview link within the HR microsite which would also confidentially record outcomes. When meeting the current cohort during the pilot; the HR staff have offered face to face interviews with nurses, midwives and AHP's - a key question is if they would consider remaining in the service if we could offer them

			<p>alternative hours, location etc. The pilot is due to last for 4 months.</p> <p>The Respiratory Consultant post is a newly created 3rd post in the Service established in 2021, as part of the Board's recovery plan given the projected impact on patient activity of long COVID. We did offer the post as a Respiratory only role (without GIM) but the successful candidate accepted a role elsewhere, the post was re-advertised without success. There are 2 consultant respiratory / GIM physicians in post (prior to the pandemic there was only one), their age profile suggests vulnerability in this service in the foreseeable future. The CD and Service Lead are considering a new advertising campaign later in the year for best advantage of potential available candidates. As a contingency an NHS Locum (a lung cancer specialist) has been offered a part-time post to support the service with duration still under discussion. The Service is hopeful given the reputation of the new NHS locum and the substantive respiratory physician that we can attract applications from senior respiratory trainees in future.</p>
47	Appendix-2022-36 Scottish Borders Health & Social Care Integration Joint Board minutes: 15.12.21	<p>Karen Hamilton: Noted</p> <p>Sonya Lam: Noted</p>	-

Borders NHS Board Action Point Tracker

Meeting held on 2 September 2021 (Extra Ordinary)

Agenda Item: Coldingham Branch Surgery

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
3	5	<p>The BOARD agreed that work would be taken forward in co-production with local communities, other stakeholders and sectors to explore ways for the Eyemouth Medical Practice to manage their appointment service to link to those patients who required public transport and for the provision of potential home delivery pharmacy services.</p> <p>The BOARD would monitor progress through it's Action Tracker.</p>	Chris Myers / Clare Oliver	<p>Update: From an NHS Borders public involvement perspective this piece of work is closed.</p> <p>There remains activity amongst the Coldingham Community through the renamed East Berwickshire Wellness Group, focused on the development of a 'wellness model" by potentially creating the use of community assets (ie. Village Halls), to provide clinics within the villages.</p> <p>Anecdotally to date there have been no patient complaints received by the Practice about access to face to face appointments due to transport limitations, or any issues with pharmacy provision.</p>

Meeting held on 2 December 2021

Agenda Item: Matters Arising

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
4	4.1	Minute 6.8: Regional Health Protection Service: Dr Tim Patterson	Tim Patterson	In Progress: Item scheduled for Resources & Performance Committee meeting to be held

		suggested an agreed model would likely be available later in the year and an update be provided in March. The Chair asked that a progress report be provided to the March Resources & Performance Committee meeting.		on 3 March 2022. Update: A progress report was not provided and depending on progress nationally a full report is anticipated for the November meeting.
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Agenda Item: Climate Emergency & Sustainability Development

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
5	8	The BOARD agreed that a development session for board members should be scheduled for early 2022.	Andrew Bone	In Progress: Board Development session on 30 June 2022 identified. Update: This subject matter has now been deferred to the October Board Development session to allow the Board to focus on risk and strategy at the June session.

Agenda Item: NHS Borders Equality Mainstreaming Report 2021

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
6	14	The BOARD agreed to undertake a workshop and to add the action to the Action Tracker.	Keith Allan Andy Carter	In Progress: Board Development session on 6 October 2022 identified.



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Aseptic Pharmacy Dispensing Service Provision
Responsible Executive/Non-Executive:	Alison Wilson, Director of Pharmacy and Gareth Clinkscale, Director of Acute Services
Report Author:	Karen Maitland, Senior Project Manager

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Emerging issue

This aligns to the following NHS Scotland quality ambition(s):

- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to update the Board on further discussions that have taken place with NHS Lothian regarding the proposed changes to the Aseptic Pharmacy Dispensing Service Provision previously supported by the Resources & Performance Committee in November 2021. Discussions have also been held with the Public Involvement Officer and Head of Communications & Engagement in relation to the requirement for public engagement.

2.2 Background

As part of the NHS Scotland Shared Services Health Portfolio, a service change was recommended in a national business case for Pharmacy Aseptic Dispensing which required the agreement on the configuration of Aseptic Dispensing Units in the South East.

2.3 Assessment

The Resources & Performance Committee approved that NHS Lothian would provide the aseptic service for the Borders General Hospital (BGH) and the aseptic suite at the BGH would close.

This approval was subject to further discussions taking place with NHS Lothian, led by the Director of Acute Services to ensure we were satisfied that the level of service offered is at the same level of service provided in the East Region and that NHS Lothian cancer service is sighted on the proposal. The Resources and Performance Committee also asked for a proportionate level of public involvement to be undertaken before the changes are implemented.

Multiple discussions have taken place with Oncology and Pharmacy colleagues at NHS Lothian over the last few months to discuss any potential impact to the service provided to NHS Borders patients as a result of the proposed change to the aseptic dispensing service. Assurance has been sought around the following areas:

1. **Toxicity Assessment** - the paper presented to the Resources & Performance Committee detailed what would be required from a Borders Macmillan Centre (BMC) perspective in terms of changing the days that patient toxicity assessments are undertaken, and the additional staffing resource required to achieve this.

Discussions with NHS Lothian and visits to other Boards have presented some additional options in this regard which have been reviewed by the service. The service have concluded that the best option for patients and staff is to proceed with the plan as outlined in the original paper.

2. **Prefill Capacity & Wastage** – there are currently some national issues with the manufacturing and supply of prefill medication. Work has started in the BGH Pharmacy to trial the ordering and holding of stock of the most common used prefills. This will allow us to identify any issues in relation to accessing these in sufficient time and allow for us to identify ways in which we can reduce the potential wastage of this medication that was detailed in the original paper.

BGH Pharmacy colleagues will work closely with Lothian Pharmacy to ensure that these risks are mitigated, and continuity plans are in place to ensure any medication not available in prefill form in time for NHS Borders patients is provided by the WGH so there is no delay in patients receiving treatment.

3. **Pentamidine** – there is one type of chemotherapy medication that has a short shelf life (less than 8 hours) which would mean that this could not be made at WGH, transported to the BGH, and administered to patients within this tight time frame. This is also not available in prefill form. Based on previous year's activity, this would impact on approximately 19 patients per year (who receive 6 treatments annually) which accounts for 2.81% of the patients treated in BMC.

There are a few options available to us to address this issue. There is an alternative oral medication that could be offered to patients instead. Patients could travel to NHS Lothian to receive Pentamidine which would not be as convenient for patients. We are also exploring if we can prepare this product

safely on site if we have the required capacity/space and can purchase a fume cupboard.

The last available option available to us is to commission a stability assessment of Pentamidine to be undertaken to assess if the shelf life can be safely increased to allow for the WGH to make this medication for NHS Borders patients to receive locally as they do currently. Discussions are ongoing with national colleagues around the commissioning of this study.

The Board are asked to note that we will work towards a solution before implementation of the new service that will minimise the risk of any patients who may still need to travel to Lothian for treatment. Should any of the above options incur any additional costs than what was outlined in the original paper to the Resources & Performance Committee, we will report back accordingly.

Based on the above, the Board can be assured that the level of service offered to Borders patients will be the same as it is currently with the shared aseptic dispensing service model with NHS Lothian.

The second ask from the Resources & Performance Committee was to ensure a proportionate level of public engagement was undertaken. To identify the level of additional public engagement required, work has been undertaken to identify the potential numbers of patients that would be affected by the change in aseptic dispensing service, specifically patients that may need to travel to NHS Lothian to receive chemotherapy treatment. As detailed above this applies to approximately 19 patients per year (who receive 6 treatments annually) and there are options available to us to avoid the need for patients to travel to NHS Lothian.

Based on this, the Public Involvement Manager and Head of Communications and Engagement have advised that they are satisfied with the level of public engagement undertaken to date, which was detailed in the original paper that was submitted to the Resources & Performance Committee, and that one-to-one conversations should be held with patients who are prescribed Pentamidine to advise of any potential changes to the way in which they receive treatment.

The Board are also asked to note that monthly project team meetings have been established to prepare for this change in service, the membership of which is being expanded to include representation from NHS Lothian Oncology and Pharmacy colleagues.

2.3.1 Quality/ Patient Care

The aim will be to provide the same service as we do currently but there are some potential risks of affecting the treatment time of BMC patients.

2.3.2 Workforce

Additional nurse staffing resource is required within the BMC and Gastroenterology Specialist Nurses Team. There will also be a change in job role for the current aseptic unit team.

2.3.3 Financial

A full financial option appraisal was carried out and included in the original paper presented to the Resources & Performance Committee, this is included in Appendix 1.

Any financial changes to those outlined in the original paper that we identify during the planning for the new model, will be updated to the Resources & Performance Committee accordingly.

2.3.4 Risk Assessment/Management

A risks analysis and scoring exercise was carried out and included in the original paper presented to the Resources & Performance Committee, this is included in Appendix 1.

2.3.5 Equality and Diversity, including health inequalities

A Healthcare Inequalities Impact Assessment was completed and included in the original paper presented to the Resources & Performance Committee, this is included in Appendix 1.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how this has been carried out and note any meetings that have taken place.

- Meetings with NHS Lothian Pharmacy Service, ongoing
- Meetings with NHS Lothian Oncology Service, ongoing

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Operational Planning Group, 20 September 2021
- Board Executive Team, 26 October 2021 & 7 June 2022
- Resources & Performance Committee, 4 November 2021
- Acute Services Quadumvirate, 1 June 2022

2.4 Recommendation

The Board is asked to make the decision on the continuation with planning for the new Aseptic Pharmacy Dispensing Service Provision noting the additional discussions that have taken place with NHS Lothian.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Aseptic Pharmacy Dispensing Service Provision paper presented to Resources & Performance Committee on 4 November 2021

Resources and Performance Committee



Meeting Date: 4 November 2021

Approved by:	Alison Wilson, Director of Pharmacy, June Smyth, Director of Planning & Performance and Dr Lynn McCallum, Medical Director
Author:	Karen Maitland, Senior Project Manager
ASEPTIC PHARMACY DISPENSING SERVICE PROVISION	
Purpose of Report:	
<p>The purpose of this report is to seek approval from the Resources & Performance Committee from the options available to them regarding the future of NHS Borders aseptic pharmacy dispensing service provision. This paper considers the option of moving to a shared aseptic service with NHS Lothian against an option of refurbishing our own unit to ensure it meets the necessary environmental requirements.</p>	
Recommendations:	
<p>The Resources & Performance Committee is asked to note the work to date relating to the provision of an aseptic pharmacy dispensing service within Borders and approve the adoption of Option 3 as outlined above. This would mean that once implemented, NHS Lothian would provide the aseptic service and the aseptic suite at the Borders General Hospital would close.</p> <p>This is subject to further discussion with NHS Lothian, led by the Director of Acute Services to ensure we are satisfied that the level of service offered is at the same level of service provided in the East Region and that NHS Lothian cancer service is sighted on the proposal. It is also our intention to undertake a proportionate level of public involvement before the changes are implemented. We aim to conclude these discussions by the end of the financial year and will report back to the Committee the final outcome.</p>	
Approval Pathways:	
<p>This report has been reviewed by the Operational Planning Group and the Board Executive Team.</p>	
Executive Summary:	
<ul style="list-style-type: none"> • As part of the direction from the National Pharmacy Aseptic Dispensing Programme, NHS Lothian have offered to provide an aseptic service for NHS Borders from the Western General Hospital location. • The existing aseptic unit within the BGH has not been refurbished since the hospital was built. • NHS Borders currently carry a high risk on the risk register in relation to the environmental condition of the unit and its need for refurbishment. • An option appraisal has been completed to assist in decision making in relation to 	

<p>the preferred option for NHS Borders, this has included a financial appraisal.</p> <ul style="list-style-type: none"> • A design team was appointed to carry out a feasibility study for the required refurbishment works. • Impacted services in relation to the NHS Lothian option, our aseptic unit, Borders Macmillan Centre (BMC) and Gastroenterology (GI) specialist nurses have been consulted with and details of resource and clinical impact has been explained in this paper. • A recommendation on a way forward is proposed as outlined in the paper. • A proportionate level of public involvement is still to be undertaken with regard to the change in service provision within NHS Borders. 	
Impact of item/issues on:	
Strategic Context	As part of the NHS Scotland Shared Services Health Portfolio, a service change was recommended in a national business case for Pharmacy Aseptic Dispensing which required the agreement on the configuration of Aseptic Dispensing Units in the South East.
Patient Safety/Clinical Impact	The aim will be to provide the same service as we do currently but there are some potential risks of affecting the treatment time of BMC patients which has been detailed in the paper. There are ongoing safety concerns associated with the environmental condition of the current aseptic unit.
Staffing/Workforce	In relation to the refurbished unit at BGH option, there are no additional staffing/workforce requirements. The NHS Lothian option would mean additional nurse staffing resource is required within the BMC and GI Specialist Nurses Team. There will also be a change in job role for the current aseptic unit team.
Finance/Resources	There are different financial/resource implications for each of the available option which have been outlined as part of the financial option appraisal carried out, the results of which has been included in this paper.
Risk Implications	Risks associated with each option are detailed in the paper and scored against the risk assessment matrix. The environmental risks associated with the current aseptic unit are included on the NHS Borders risk register as a high risk.
Equality and Diversity	Healthcare Inequalities Impact Assessments completed for both options and attached as appendices to paper.
Consultation	N/A
Glossary	Aseptic Pharmacy Dispensing – preparation of sterile medicines, including chemotherapy, total parenteral nutrition and central intravenous additive services.



Aseptic Pharmacy Dispensing Service Provision

Version History

Version	Date	Author	Comments
1	5 July 2021	Karen Maitland	Initial draft
2	12 July 2021	Karen Maitland	Updated following comments from Project Team
3	20 July 2021	Karen Maitland	Updated following comments from GI& Deputy Director of Finance
4	9 August 2021	Karen Maitland	Updated non-financial option appraisal information
5	14 September 2021	Karen Maitland	Updated outcome from non-financial option appraisal & completed financial appraisal
6	21 October 2021	Karen Maitland	Updated to include detailed risks & benefits section with risk scoring
7	26 October 2021	Karen Maitland	Updated following discussion at BET to include recommended option

Review History

Review Date	Reviewer (s)	Recommendations
w/c 5 July 2021	Aseptic Unit Project Team	Additions re SACT nurse training & minor changes to wording
20 September 2021	Operational Planning Group	Advised to include clear recommended option for consideration by R&PC
12 & 26 October 2021	Board Executive Team	Requested to include detailed risks & benefits section
4 November 2021	Resources & Performance Committee	
2 December 2021	NHS Borders Board	

Situation

A decision is required by the NHS Borders Resources & Performance Committee regarding the future of NHS Borders aseptic pharmacy dispensing service provision. This paper considers the option of moving to a shared aseptic service with NHS Lothian against an option of refurbishing our own unit to ensure it meets the necessary environmental requirements.

Background

Aseptic Dispensing Services provide patients with aseptically prepared medicines of suitable quality in accordance with a valid prescription and pharmaceutical standards. This should be achieved within the capacity of the unit, within an acceptable time and, where appropriate, directions given to medical and nursing staff or patients and/or carers on the use and administration of the medicine.

As a result of NHS Scotland Shared Services Health Portfolio, a service change was recommended in a national business case for Pharmacy Aseptic Dispensing which was approved in full by the Chief Executives in August 2017.

The business case recommended the following:

- a national pharmacy aseptic dispensing service model
- a new configuration of pharmacy aseptic dispensing units
- a national Central Intravenous Additives Service (CIVAS) for Scotland

The programme was created in response to challenges which were highlighted by NHS Boards, specialist Aseptic pharmacists/technicians and their quality assurance colleagues in relation to:

- ongoing problems with resilience and sustainability of Pharmacy Aseptic Services
- increasing demand
- a number of Aseptic units requiring refurbishment or rebuild, variation in prescribing practices and clinical service delivery

The National Pharmacy Aseptic Dispensing Programme (NPAD) had a milestone of “Agreed Configuration of Aseptic Dispensing Units in South East” by March 2020 which was subsequently delayed by the coronavirus pandemic. It was agreed that NHS Borders would consider the option of moving to a shared aseptic service with NHS Lothian against options of refurbishing our own unit.

NHS Lothian have requested that we advise them by the end of December 2021 if we wish to pursue with the shared service model.

Assessment

Non-financial option appraisal

A number of common benefits criteria and weights were agreed for the aseptic pharmacy dispensing service which allowed the Project Team to develop a methodology to make an assessment of the options. Scoring was based on Safety, Timeliness, Equity, Environment & Accessibility and Resource Utilisation, in line with NHS Scotland’s Quality Strategy and NHS Borders Clinical Strategy. These are set out in the table below. No benefits criteria are related to the value for money objective. This was assessed later in the process by combining the benefits and financial appraisals. The benefits criteria had been assigned a relative weighting from a maximum of 100%. Each of the options was then scored against criteria on a scale of 1 to 5 by facilitated groups representing all key stakeholders.

Potential Criteria	Definition	Score	Weighting
Timeliness	- Does the option reduce waits and sometimes harmful delays for both those who receive care	1 - 5	12%

	and those who give care?		
Patient Safety	<ul style="list-style-type: none"> - No increase in risk for patients/meets current requirements - Delivers a safe service - Level of care/service remains the same - Appropriate treatment mix 	1 - 5	20%
Ability to meet quality of care	<ul style="list-style-type: none"> - The quality of care has a positive effect on the patient, family and carers - Delivers a safe service that achieves the standards identified in national and local strategies, including appropriate staffing - Provides an appropriate environment 	1 - 5	12%
Equity	<ul style="list-style-type: none"> - No variation in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status - Consider more deprived and remote and rural areas 	1 - 5	12%
Environment & Accessibility (Aseptic Unit)	<ul style="list-style-type: none"> - Delivers the physical capacity for all desirable facilities - Facility meets National Audit Requirements - Provides direct access and appropriate surroundings for patients, family and carers 	1 - 5	12%
Resource Utilisation	<ul style="list-style-type: none"> - Effective use of scarce resources - Staff back-up available if necessary, including the number of skilled staff across other areas - Availability of cover/ resilience - Level of wastage/ availability of stock 	1 - 5	20%
Ability to Deliver	<ul style="list-style-type: none"> - Is the option achievable - Is level of skill mix/trained staff available - Is the option sustainable 	1 – 5	12%

Score	Description
1	Not compliant / consistent with criteria
2	Only limited compliance with criteria or significant limitations / compromises
3	Partial compliance with criteria, but with some limitations / compromises
4	Compliance with criteria, although with some minor limitations / compromises
5	Fully compliant with criteria

The following three options were considered during the non-financial option appraisal process:

Option	Description / Additional Information
1	Status Quo- retain the aseptic suite in the BGH pharmacy as it is currently
2	Retain the aseptic suite in the BGH plus long term restructure/rebuild
3	NHS Lothian provision of aseptic service and close the BGH aseptic suite

Option 1: Status Quo

The current service is provided from within the aseptic suite in the Pharmacy department on the first floor of the Borders General Hospital.

The suite has capacity for the current amount of patients who require treatments to be made in a controlled environment that protects staff from exposure to cytotoxics. The service has adapted to increasing demand in past years by purchasing more “pre-filled” cytotoxics which removes the requirement for staff to prepare the drug mixtures on site.

The suite has not been refurbished since the hospital was built (over 30 years ago) and is no longer deemed fit for purpose. The unit has received appropriate maintenance during this time.

Legally we have to follow NHS guidance under Section 10 exemption to the 1968 Medicines Act which states that “All activities should be in accordance with defined NHS guidelines”. There are several challenges that prevent the current suite from meeting both this guidance and the best practice guidance for pharmacy facilities as defined in The Health Building Note 14-01, these are:

- The suite does not have dedicated changing facilities
- The suite does not have first and second-stage changing rooms
- The suite does not have outer and inner support rooms separated by airlock hatches
- The support room does not have units that are easy cleaning
- The outer support room has consumables on open shelving rather than within units
- The outer and inner support rooms are within the same room
- In addition the air handling unit is due for replacement and has been breaking down on a regular basis.

Due to the above the aseptic unit currently carries a high risk on the NHS Borders risk register in relation to its environmental condition which would also have an impact on business continuity.

The aseptic unit is audited regularly by specialists within NHS Scotland according to the list of acceptance criteria that was drawn up with reference to the current National Standard:

Quality Assurance of Aseptic Preparation Services (QAAPS), 5th Edition, edited by AM Beaney.

An audit from August 2018 (Appendix 1) stated that there is a good system of work in place which overcomes the constraints of a dated aseptic unit design. Previous audits have noted that there are no pass through hatches, no changing rooms for entry into preparation rooms, and negative isolators are not vented to the outside.

This option assumes that the current service will continue providing audits are passed and are able to adapt to accept increasing demand on the service.

Option 2: Retain the aseptic suite in the BGH plus long term restructure/rebuild

The aseptic service remains the same however this option addresses the dated design by restructuring or rebuilding the suite to meet the best practice guidance for aseptic pharmacy services. This improves the resilience and capacity of the facility for the future.

Option 3: NHS Lothian provision of aseptic service and close the BGH aseptic suite

This option fits with the national programme for shared services and results in the aseptic dispensing service being provided by the Western General Hospital in Edinburgh. The BGH aseptic suite would be closed.

Anticipated Service provision:

- NHS Lothian will provide us with some of the cytotoxic drugs that need to be made up in the aseptic unit within the required timeframes for NHS Borders patients.
- Remainder of cytotoxic drugs and some other products will be bought in and kept in stock in the BGH as unlicensed “prefilled” products or made in clinical areas as needed.
- Service will be available from December 2022 from Western General Hospital, Edinburgh.

Assumptions:

- More patients will need to have treatments deferred as same day dosage changes cannot be accommodated by NHS Lothian.
- Drug wastage for NHS Borders pharmacy will increase as cytotoxic pre-filled medication have to be kept in stock at all times at all dosages and also have a much reduced shelf life.

- Manufacturers of cytotoxic pre-filled medication can match demand from Boards in a timely manner.
- A space can be provided for the preparation of GI drugs to be retained on site.

The full non-financial option appraisal pack and attendee list is attached as Appendix 2.

A total of 17 key stakeholders were in attendance at the virtual non-financial option appraisal which took place on 8 September 2021. Given the numbers of stakeholders in attendance, it was necessary for 3 groups to be formed to provide their scores for each option. The table below sets out the summary appraisal of the short-listed options with weighted scores.

Criteria	Group	OPTION 1		OPTION 2		OPTION 3	
		Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
Timeliness – 12%	1	4	48.0	5	60.0	4	48.0
	2	4	48.0	4	48.0	3	36.0
	3	4	48.0	4	48.0	3	36.0
Patient Safety – 20%	1	2	40.0	5	100.0	4	80.0
	2	2	40.0	4	80.0	3	60.0
	3	2	40.0	5	100.0	5	100.0
Ability to meet quality of care – 12%	1	3	36.0	5	60.0	4	48.0
	2	3	36.0	4	48.0	3	36.0
	3	2	24.0	4	48.0	4	48.0
Equity – 12%	1	5	60.0	5	60.0	4	48.0
	2	5	60.0	5	60.0	5	60.0
	3	4	48.0	4	48.0	4	48.0
Environmental & accessibility – 12%	1	1	12.0	5	60.0	5	60.0
	2	1	12.0	5	60.0	5	60.0
	3	1	12.0	5	60.0	5	60.0
Resource Utilisation – 20%	1	3	60.0	4	80.0	2	40.0
	2	2	40.0	2	40.0	2	40.0
	3	3	60.0	3	60.0	3	60.0
Ability to deliver – 12%	1	2	24.0	4	48.0	3	36.0
	2	2	24.0	3	36.0	4	48.0
	3	1	12.0	3	36.0	4	48.0
TOTAL		56	784.0	88	1240.0	79	1100.0

The table below shows the outcome of the non-financial option appraisal considering the weighted scores. It concluded that Option 2 (retain the aseptic suite in the BGH plus long term restructure/rebuild) was considered better than the remaining two options.

Ranking	Option	Name	Weighted Score
1	2	Retain the aseptic suite in the BGH plus long term restructure/ rebuild	1240
2	3	NHS Lothian provision of aseptic service and close the BGH aseptic suite	1100
3	1	Status Quo- retain the aseptic suite in the BGH pharmacy as it is currently	784

Details of refurbished unit option

In order to progress with securing detailed accurate costs of a potential refurbishment for use during the financial option appraisal, local Estates colleagues advised that specialist advice would

be required to provide this information. Approval was therefore gained to appoint a design team to complete a feasibility study. The appointed architect was Oberlanders Architects LLP and the appointed cost adviser was Thomson Gray who are also part of the design team for the new aseptic unit at the Western General Hospital and therefore had the necessary knowledge to provide a full feasibility report.

The design team were provided with plans of the existing aseptic unit and potential available space adjacent to the unit that could be used if required. This space was the adjacent 4 offices and 2 overnight stay rooms that are used by other services. A list of specifications from the aseptic service was also shared in order for them to produce a set of proposals. The feasibility report and draft floor plan provided by Oberlanders Architects LLP have been included as Appendix 3.

The current aseptic unit at NHS Borders is provided within Pharmacy on the first floor of the BGH occupying an area of approximately 77m². An additional space of 78m² (incorporating the adjacent 4 offices and 2 overnight stay rooms) was also highlighted to the design team as an option to expand into should this be required for the refurbished unit, given a total floor area of 155m².

The main outcome from the feasibility report was that in order to provide a compliant aseptic unit, a total area of 197.5m² would be required. This means that an additional 42.5m² would be required from within the Pharmacy footprint (this includes 2 offices, DSR and WC) The DSR would be re-provided within the new aseptic unit footprint and an office for aseptic unit staff is also included which would free up one smaller office within pharmacy itself.

The Pharmacy Department have submitted previous capital bids in order to refurbish the department as it does not meet their current requirements therefore, utilising some of the existing pharmacy space for aseptic would have a further impact on the suitability of the pharmacy environment.

The total cost of the refurbished unit including construction costs, new air handling unit, professional fees, inflation, equipment, NHS assurance requirements, temporary unit for decant, maintenance and replacement costs and optimism bias analysis is £1,567,251 including VAT.

Costs for a temporary unit have been supplied as part of the above due to the requirement for the current aseptic unit facility to be entirely vacated during construction works which have been estimated to last a minimum of 20 weeks.

Any costs associated with the re-provision of the overnight stay rooms and offices have not been included in the above figure and no options for where these could be relocated to have yet been explored.

Staffing resource for the aseptic unit, BMC and GI would stay the same for a refurbished unit so there are no additional costs in this respect.

Details of shared service with NHS Lothian option

In order to ensure the timely delivery of medication from the Western General Hospital to the BGH twice daily Monday to Friday, we will need to employ our own driver and hire a van for this purpose. We have explored utilising other courier deliveries that currently go between the Western General Hospital and BGH but these are not all daily and times do not correlate with our requirements. The cost of a full time driver, fuel and van rental costs of £53k have been included in the financial appraisal.

During March 2021, a test of change exercise was carried out with the Aseptic Unit and Borders Macmillan Centre (BMC) to establish the potential impact of moving to a shared aseptic service with NHS Lothian. A summary report detailing the outcome of this test of change is attached as Appendix 4.

A total of 175 patients received treatment from the BMC during March 2021 which accounted for 264 treatment episodes. Three main types of treatment regimens are provided to patients that include oral medication, medication that would be available in prefilled form and medication that would need to be supplied by NHS Lothian should this option be taken forward. Combinations of these medication types are also provided in a patient regime e.g. mixture of prefilled medication and oral medication.

The test of change identified that there will be less patients than initially anticipated that would be affected by a potential shift in having their chemotherapy medication made in NHS Lothian (approximately 15%) with the majority of patients during this test of change period being able to have their medication available as prefilled.

Should the NHS Lothian option go ahead, the key time stamp of 11:30am the day prior to when treatment is being given needs to be met. This means that any required bloods, the toxicity assessment, prescription authorisation and verification all needs to be completed by 11:30am. A number of recent improvements have been made within BMC to their ways of working around earlier toxicity assessments and treatment authorisations but this benefit has come from doing these a day earlier rather than at an earlier time during the day. It would not be realistic to have all patients assessed and authorised prior to the cut off time for ordering medication from NHS Lothian.

It would be possible though to make arrangements for assessments to happen earlier. The impact of this would be that it would be necessary to carry out assessments on a Sunday. At the moment within BMC, Mondays are used for work up sessions, pre-chemo bloods and toxicity assessments for patients attending on a Tuesday and long day regimens on a Wednesday. SACT (systemic anti-cancer therapy) treatments are delivered Tuesday to Friday. Consideration was also given to moving treatment days to a Wednesday to Saturday however, this was discounted as an option due to the input from other services being required and the patient preference of not receiving treatment at the weekends.

It would also be vital to be able to access Consultant Oncologist support to deal with any queries on the Monday morning to guarantee that treatment can go ahead as planned with the medication ordered in time.

Additional nursing resource is therefore required within the BMC to carry out the assessments on a Sunday. This equates to one Band 6 nurse and one Band 5 nurse working 7.5 hour shifts. The total cost of this is £35k per year and has been included in the financial appraisal. There would also be additional staff implications during the week as instead of patient assessments starting at 1pm this would need to start on a Tuesday and Wednesday at 9am.

A non-recurring cost related to the required training associated with the additional nurse staffing resource in the BMC would also be incurred. This would equate to £35,800 (the cost of 1wte Band 5 for 12 months) to allow the nurse to achieve the professional competency required for SACT nurses.

The test of change also allowed us to gather a list of prefilled medication used throughout the month which should help as a baseline for establishing what stock levels we would need to hold locally. It should be noted that although there would be a reduction in the overall staff resource needed in the Aseptic Unit itself, there would still be a need for appropriately qualified staff to manage the prefill stock and authorisation of prescriptions. The local staffing resource within the Aseptic Unit would reduce from the current level of £153k per year to £68k for the Lothian option. This would involve changes to staff roles and responsibilities. HR and Partnership are members of the Project Team and will provide the necessary support to staff throughout any changes.

It was highlighted ahead of the test of change that patients often have to get their medication changed or treatment delayed due to the outcome of their toxicity assessment. During March 2021, this happened on 18 occasions - 14 or 5% of treatment episodes were prefilled medication

and 4 or 2% of treatment episodes were NHS Lothian medication. If we assume that the prefilled and NHS Lothian medication had already been ordered or made then this could have resulted in overall wastage of 6.81% of medication. Previous reviews of the current ways of working in the aseptic unit identified low wastage rates of 1-2%. Therefore the option of utilising NHS Lothian would significantly increase drug wastage costs.

In addition to the wastage explained above, there will also be wastage associated with the use of prefilled medication. All prefilled medications and dosages need to be held in stock in order to be able to treat patients with the prescribed medication. Unfortunately the prefilled medication needs to be ordered a number of weeks in advance so cannot be ordered for each specific patient. There is also a short shelf life associated with this medication ranging from a couple of weeks to 3 months. Approximate wastage costs associated with this have been included as part of the financial option appraisal.

Given the high wastage costs, discussion was held with NHS Lothian about the possibility of NHS Borders buying prefilled medication that they hold in stock or making us the medication that is available in prefilled form. NHS Lothian have explained that they would not be able to make us any medication that is available in prefilled form and that the lack of a manufacturing licence and restrictions in relation to wholesaler dealer authorisation would also restrict them from being able to sell us any prefilled medication that they have in stock.

In order for NHS Lothian to become a licensed unit to be able to supply NHS Borders with prefilled medication, a manufacturing licence would be required and additional staffing resource provided. Whilst the licence itself would only cost around £3k, staffing costs for a qualified clinician and associated administration staff would also be required at an approximate cost of £97k (based on 1wte Band 8A and 1wte Band 4). There are also a huge amount of regulatory processes required to be licensed and kept up to date i.e. data collection, audit and performance monitoring and they would be subject to MHRA (The Medicines and Healthcare Products Regulatory Agency) inspection.

Whilst the costs associated with gaining a manufacturing licence and associated staffing (which would have to be paid by NHS Borders) are less than the anticipated wastage figures, NHS Lothian are not willing to go down this route given that this is a significant additional ask for them. This is particularly relevant with the direction to provide a national CIVAS service which would remove manufacturing of non-cytotoxic drugs from local units and manufactured in a centralised facility that is anticipated being delivered in 2026.

The BGH Aseptic Unit also supplies the GI (gastroenterology) service with medication. As this is not classed as a cytotoxic drug or a drug that is part of cancer treatment, NHS Lothian would not make up these drugs for us as they do not currently do that for their own patients. The options therefore are to buy in the drugs in a prefilled form where possible or require the GI nurses to make them up locally. Additional nursing resource would be required for this which would account to 5 hours of Band 6 time per week. The total cost of £5.8k per year for this has been included as part of the financial appraisal.

There is also a requirement for a suitable preparation area for the GI nurses to make up these drugs which they do not have access to currently. It is therefore assumed that shared access to a treatment room in one of the outpatient departments would be agreed in order for this to be carried out safely.

Financial option appraisal

An initial scoping exercise to gather the required financial information has been completed to allow for the completion of a financial option appraisal as part of this business case. Please note the following caveats to the financial appraisal which are further to those mentioned elsewhere in this paper:

- All drugs/medication figures have been supplied by the service
- No peer review of drugs/medication costs has been completed

- Current overhead costs for the unit are based on 2015/16 information with the relevant inflation figures applied
- Refurbished unit running costs have been increased by the same percentage as the increase in the footprint of the new build (e.g. current space of 77m² to proposed new floor area of 198m²)
- Wastage figures included are conservative estimates and may be subject to variation, this is associated with the delivery timescales for prefilled medication and the associated short life span of these products
- No NHS Lothian overhead costs were provided by NHS Lothian so these have been based on NHS Borders figures
- No costs have been included for any works that would be required for the relocation of other services in order to provide a refurbished aseptic unit at the BGH

The financial option appraisal can be summarised as follows:

		Option 1	Option 2	Option 3
		Status Quo	New Build at BGH	SACT prepared in Lothian
Staffing				
Aseptic staff		£153,000	£153,000	£68,000
BMC				£35,000
GI				£6,000
Unit Operating Costs		£61,500	£61,500	£9,500
Drugs				
Aseptic		£1,484,000	£1,484,000	£435,000
Prefills		£148,000	£148,000	£851,000
GI prefills				£127,500
Bal Figure Ascribe vsChemocare. Costs associated with prefills				£218,500
Wastage				
Aseptic		£29,680	£29,680	£26,100
Prefills		£2,960	£2,960	£220,000
GI				£31,000
Overheads				
Capital Charges		£4,000		£4,000
Heating Fuel and Power		£3,500	£9,000	£3,500
Property (hard FM)		£4,000	£10,300	£4,000
Soft FM		£5,000	£8,000	£5,000
Other Revenue Costs		£4,000	£10,400	£4,000
New Build and Equipment				
Whole Life Cycle Costs	25 year life		£12,500	
Depreciation - Building	25 year life		£50,000	
Depreciation - Equipment	10 year life	£5,000	£5,000	£5,000
Increased Cold Storage				£3,500
Logistics				
Van Rental				£12,000
1.2wte B2 Driver				£32,000
Fuel 200 miles per day (2 runs) 5 days a week @ 17.5p per mile				£9,100
Grand Total		£1,904,640	£1,984,340	£2,109,700
Weighted Non-Financial Indicators		784	1240	1100
Cost per Benefit Point		£2,429	£1,600	£1,918

The table below shows the ranking of each option based on the cost per benefit point:

Ranking	Option	Name	Cost per Benefit Point
1	2	Retain the aseptic suite in the BGH plus long term restructure/ rebuild	£1,600
2	3	NHS Lothian provision of aseptic service and close the BGH aseptic suite	£1,918
3	1	Status Quo- retain the aseptic suite in the BGH pharmacy as it is currently	£2,429

Should Option 3 (shared service with NHS Lothian) costs reduce by 16.5% then this option would have the same cost per benefit point as Option 2 (refurbished unit at BGH). Similarly, the costs of Option 2 (refurbished unit at BGH) would have to increase by 19.8% to have the same cost per benefit point as Option 3 (shared service with NHS Lothian).

Risks & Benefits

Each of the options have been assessed against time, cost and the six domains of health care quality in terms of the risks and benefits associated with each. The definition of the six domains are as follows:

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centred:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Each of the risks for the two options have also been scored against the risk assessment matrix, scored by “Impact” multiplied by “Likelihood” to get the risk level and scoring. A total risk score for each option is also included. Please note that no weightings have been applied to any of the risk scores.

Risks

	Option 2 – Retain the aseptic suite in the BGH plus long term restructure/rebuild	Option 3 - NHS Lothian provision of aseptic service and close the BGH aseptic suite
Time (to deliver project)	Works could not be started to refurbish the unit until we had secured the required capital funds, and in the meantime, service is running at high risk of failures. Likely timeline of 3-5 years to implement. Major x Likely = High (16)	NHS Lothian require a decision on whether this is the preferred option by the end of this calendar year, or this option may no longer be feasible. Time to implement is 12 months – December 2022. Minor x Unlikely = Medium (4)
Cost	Local capital monies unavailable –	This is currently the most

	<p>this would be a capital scheme that requires Scottish Government approval through national capital investment group process and would take 18 months plus to progress. Scottish Government may decide not to fund / prioritise this scheme.</p> <p>Risk of cost escalation of this option due to whole project costs not included (movement of offices etc), and material/labour price increases.</p> <p>Moderate x Almost certain = High (15)</p>	<p>expensive option.</p> <p>Cost of wastage of pre-filled medicines has been estimated and makes this option more expensive.</p> <p>Minor x Likely = Medium (8)</p>
Quality – Safe care	<p>Works could not be started to refurbish the unit until we had secured the required capital funds.</p> <p>This would be a capital scheme that required Scottish Government approval through national capital investment group process and would take 18 months plus to progress. Scottish Government may decide not to prioritise this scheme.</p> <p>Remains high risk on risk register until new build complete or a temporary unit is in place – could be 3-5 years.</p> <p>A temporary unit will be required and this will require a safety and security assessment.</p> <p>Extreme x Possible = High (15)</p>	<p>Established unit, less risk.</p> <p>Negligible x Unlikely = Low (2)</p>
Quality – Effective care	<p>Availability and sustainability of having suitably trained staff to work in the unit.</p> <p>Major x Almost Certain = Very High (20)</p>	<p>Availability and sustainability of having suitably trained staff to work in the unit.</p> <p>Major x Possible = High (12)</p>
Quality – Patient-centred care	<p>Negligible x Unlikely = Low (2)</p>	<p>Potential for chemotherapy treatment delays if any changes to patient condition on the day as medication from Lothian would need to be ordered day prior.</p> <p>Patients will need to travel to Lothian to receive products with a short expiry time.</p>

		Will require patients to come in at weekends for bloods etc. Moderate x Almost Certain = High (15)
Quality – Timely care	Availability and sustainability of having suitably trained staff to work in the unit. Recruitment to pending Accountable Pharmacist vacancy proving difficult. Patients - Minor x Unlikely = Medium (4) Staff - Moderate x Unlikely = Medium (6)	Reliance on timely delivery of medication from NHS Lothian. Reduced SACT diary flexibility – impact on meeting patient's treatment times and potential treatment delay when accommodating deferred patients. Patients - Moderate x Possible = Medium (9) Staff - Minor x Possible = Medium (6)
Quality – Efficient care	Minor x Unlikely = Medium (4)	Minor x Unlikely = Medium (4)
Equitable	Against national direction of travel in relation to recommendations from National Pharmacy Aseptic Dispensing Programme. Minor x Unlikely = Medium (4)	Reliance on sufficient stock levels of prefilled medication which have a short shelf life meaning increased wastage. Requires greater cold storage capacity. Moderate x Likely = High (12)
Total Risk Score	86	72

Benefits

	Option 2 – Retain the aseptic suite in the BGH plus long term restructure/rebuild	Option 3 - NHS Lothian provision of aseptic service and close the BGH aseptic suite
Time (to deliver project)		Would be delivered quicker than the refurbishment option, meaning that a fully compliant service is available to patients sooner.
Cost	Currently assessed as lower cost than combining service with Lothian.	Exploit economies of scale to increase efficiency, reduce costs and maximise returns from continuous improvement.
Quality – Safe care	Fully refurbished unit meeting required standards of 1968 Medicines Act and Health Building Note 14-01.	Unit at Western General Hospital meets the required standards of 1968 Medicines Act and Health Building Note 14-01.
Quality – Effective care		Maximise opportunities nationally for improved sustainability, efficiency, resilience and value.
Quality – Patient-centred care	Allows for last minute changes to prescriptions for patients receiving chemotherapy.	
Quality – Timely	Allows for last minute changes to	Shared service would be more

care	prescriptions for patients receiving chemotherapy. Patients will be able to receive treatments with a short expiry time within Borders.	resilient to staffing issues, reducing risk of delays due to staff absence etc. Aseptic workload known day before.
Quality – Efficient care	Reduced wastage of medication as only making products as and when they are required. Reduced stockholding of pre-filled products as products can be made locally if required. Less cold storage space required. Greener model in terms of environmental costs, e.g. travel, wastage.	
Equitable	Locally based service tailored to meet specific local needs. Local training opportunities, better staff retention.	Better use of nationally stretched specialist staffing resource. In line with national direction of travel in relation to recommendations from National Pharmacy Aseptic Dispensing Programme.

Healthcare Inequalities Impact Assessments

The Project Team has facilitated the completion of Healthcare Inequalities Impact Assessments for both the NHS Lothian option and the refurbished unit within NHS Borders option. These completed documents have been included as Appendix 5.

Conclusion

The output of the Option Appraisal Process indicates that Option 2 (retain the aseptic suite in the BGH plus long term restructure / rebuild) is preferred although it should be noted that the scores between that option and option 3 (NHS Lothian provision of aseptic service and close the BGH aseptic suite) were close. As highlighted any change to the costings of the options could impact on the overall ranking.

In discussing the outcome of the Option Appraisal, the Board Executive Team had several detailed discussions regarding the risks and associated benefits with both Option 2 and Option 3. On balance, it was considered that pursuing a local aseptic unit located in Borders is not sustainable given the level of risks and in particular the workforce risks that have been articulated.

There do remain, however, some outstanding questions relating to how the service would be provided, and confirmation is required from NHS Lothian cancer service that they are sighted on this proposal and this change will not result in inappropriate changes to our local cancer provision. This will be picked up with local and regional cancer services by the Director of Acute Services.

Recommendation

The Resources & Performance Committee is asked to **note** the work to date relating to the provision of an aseptic pharmacy dispensing service within Borders and **approve** the adoption of Option 3 as outlined above. This would mean that once implemented, NHS Lothian would provide the aseptic service and the aseptic suite at the Borders General Hospital would close.

This is subject to further discussion with NHS Lothian, led by the Director of Acute Services to ensure we are satisfied that the level of service offered is at the same level of service provided in the East Region and that NHS Lothian cancer service is sighted on the proposal. It is also our intention to undertake a proportionate level of public involvement before the changes are implemented. We aim to conclude these discussions by the end of the financial year and will report back to the Committee the final outcome.

Appendices

Appendix 1 – Quality Assurance of Aseptic Preparation Services Audit Report



Completed Aseptic
Audit 6th Ed Aug 20

Appendix 2 - Non-financial Option Appraisal Pack& list of attendees



Aseptic 2nd Option Aseptic Non
Appraisal Pack 2021 Financial Option Appr

Appendix 3 – Feasibility Report from Oberlanders Architects LLP



BGH-OBE-XX-XX-RP- 2716-OBE-ZZ-02-D-
A-ASFEA1.pdf A-SK001.pdf

Appendix 4 – Test of Change Summary Report



2021_04_21 Test of
Change Summary Re

Appendix 5 - Healthcare Inequalities Impact Assessments



Health Inequalities Health Inequalities
Impact Assessment A Impact Assessment A

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	2022/23 Annual Delivery Plan Commissioning Letter
Responsible Executive/Non-Executive:	June Smyth Director of Planning & Performance
Report Author:	Gemma Butterfield Planning & Performance Officer

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan/Remobilisation Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper updates NHS Borders Board on the need to submit our 2022/23 Annual Delivery Plan (ADP), which Scottish Government (SG) has confirmed will replace our Annual Operational Plan and subsequent Remobilisation Plans for 2022/23. The plan is due to be submitted to SG on 28th July 2022.

2.2 Background

On 27th April 2022 Paula Spiers NHSScotland Deputy Chief Operating Officer, Planning and Sponsorship, wrote to all NHS Boards to notify them of the need to

develop and submit a 2022/23 ADP a further letter was received on the same day giving finer detail of requirements, See **Appendix 1** and **2**.

This is a revised approach to the previous indication that Boards would be required to develop a medium-term plan; the change in commission is in recognition that there is a need for our health and social care system to stabilise and improve as we recover from the COVID-19 pandemic.

2.3 Assessment

The Annual Delivery Plan is focused on a limited set of SG priorities for 2022/23 to enable the system and workforce to recover from the incredible pressure experienced over the last two years.

Boards are required to develop their plans using an updated Delivery Planning Template developed by Scottish Government as part of Remobilisation Plan 4 (RMP4) Alongside this there is also a need to provide accompanying narrative to summarise proposed action to deliver the following priorities:

- Recruitment, retention and wellbeing of our health and social care workforce
- Recovering planned care and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case.
- Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative
- Supporting and improving social care
- Sustainability and value

Although the commission from SG asks for the plan to focus on the reduced set of core priorities as set out above there is a recognition that Boards may wish to broaden the content of the plan to reflect additional local priorities. NHS Borders is taking the latter approach to ensure a more rounded ADP.

Sitting alongside the ADP will be a 3 year Financial Plan and a 3 year Integrated Workforce Plan. Although the ADP will only map across to the first year of these other plans we are ensuring they are cross referenced and consistent.

The Business Units are currently working with the Planning & Performance Team to develop our plan. Further details on the plan and progress to date will be provided at the Board development session on the afternoon of 30th June 2022.

SG have confirmed that all draft ADPs will be reviewed and feedback provided, following which the final plan will be brought forward for approval by NHS Borders Board. An exact timeline for this is not yet confirmed.

2.3.1 Quality/ Patient Care

Each key deliverable has been prioritised using scoring criteria which considers, amongst other criteria, patient safety and quality improvement including impact on health inequalities.

2.3.2 Workforce

This plan is being developed in conjunction with the Integrated Three Year Workforce Plan that is currently being developed for submission to SG. One of the key SG priorities for the ADP is the recruitment, retention and wellbeing of health and social care workforce.

One of the key factors in prioritising deliverables for 2022/23 is the availability of the workforce to deliver or the need for workforce redesign to support workforce challenges being faced.

2.3.3 Financial

This plan is being developed in conjunction with the Three Year Financial Plan that is currently being developed for submission to SG.

2.3.4 Risk Assessment/Management

This will be continually assessed by the business units as we progress the key deliverables.

2.3.5 Equality and Diversity, including health inequalities

A Health Inequalities Impact Assessment will be undertaken as part of developing this plan prior to submission in July 2022

2.3.6 Other impacts

None noted.

2.3.7 Communication, involvement, engagement and consultation

As the plan is developed it will be presented to various forums by means of update and to seek feedback.

The plan is being developed in conjunction with service leads and will be reviewed by the Board Executive Team with the final draft being agreed with the Chair and Chief Executive for submission to SG.

The plan will be shared for review and comment with the Area Partnership Forum, Area Clinical Forum, Operational Planning Group, the Health & Social Care Partnership senior management team and members of NHS Borders Board for an opportunity for review and comment.

Light Touch public engagement will also take place on the plan, with this plan focusing on stabilisation. A much broader engagement plan being developed as we move into developing our medium term plan, which will also be informed by any outputs from the 'what matters to you?' exercise.

2.3.8 Route to the Meeting

The commissioning letters have been noted by the Operational Planning Group (OPG) and the Board Executive Team (BET). This paper is brought forward to the Board today for information purposes at this stage. As our plan is developed it will be taken through the relevant governance processes.

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHSScotland Deputy Chief Operating Officer Letter to Boards
- Appendix 2, Further Detailed Commissioning Letter

E: dghsc@gov.scot

NHS Scotland Chief Executives

Copy to Chairs and Chief Officers

27 April 2022

Dear Colleagues

I am writing to follow up the letter of the 10th December 2021 from John Burns, which outlined our strategic intent as part of the continuing response to the extreme pressures faced by the health and social care system. In that letter we stated the overarching strategic position was to;

- Maintain urgent and emergency care to maintain critical and life threatening services
- Maximise capacity in our health and care system
- Support our workforce.

I had intended to write to you sooner to move from the stated intent set out on the 10th December however the impact of the most recent Covid 19 Omicron wave meant that we have had to work for an extended period under these conditions. Whilst we are still experiencing pressure across health and social care, recent weeks have started to see a reduction in Covid 19 inpatients and Covid 19 in our communities. We are therefore writing to stand down the strategic intent set out on the 10th December with immediate effect.

This has undoubtedly been the most difficult winter and I would like to pay tribute to the leadership that you and your senior teams have given in support of all teams across health and social care and to thank everyone for their contribution to the care and treatment of those in need.

The Cabinet Secretary is reviewing the emergency footing status of the NHS and an announcement is likely this week. I want to assure you that if the status changes I will provide clarity on what this means for Accountable Officers. For example, there are a number of temporary terms and conditions and I can advise there will be no immediate change to temporary terms and conditions provisions such as Covid Special Leave, which will remain in place for the time being. It was always intended that such provisions would be temporary and we will begin discussions via the established fora on a clear timeline to revert to normal arrangements as soon as practical.

We have been in response mode for over 2 years and as indicated above the last 6 months have been the most difficult. It is important that as leaders we now start to look forward to recover and renew our health and care system. Of course when we talk about recovery we recognise that we must look forward and not back and that our work must maximise the opportunity to transform pathways and service delivery. In doing this it is important to acknowledge that it will take time and we need to stabilise and start to take forward improvement work that will strengthen our services for any future Covid 19 waves and the demands of next winter. In addition to the cross-portfolio priorities of Child Poverty, Climate Change, Communities and Fair Work, as well as a commitment to reducing drugs deaths, we have the following key priorities;

- Staff wellbeing;
- recruitment and retention of our health and social care workforce;
- recovering planned care and looking to what can be done to better protect planned care in the future;
- urgent and unscheduled care;
- supporting and improving social care;
- sustainability and value.

We have seen many impactful changes and it will be important that we continue to build on these. Examples will include digital solutions that support remote care and the critical role of multidisciplinary teams supporting care in the community.

Whilst we focus attention on these areas we need to continue to develop our work to support the longer term ambitions of service design and reform as part of the Care and Wellbeing Portfolio. I also recognise that Boards will have work underway to develop plans beyond this year and I would encourage you to continue this where possible.

In various discussions over recent months we have talked about how we set the vision for the future. We have also set out how we look at our work through the three horizons model, summarised below:

Horizon 1	1-2 years	“stabilising”
Horizon 2	3-5 years	“reform”
Horizon 3	5-10 years	“transformation”

The Care and Wellbeing Portfolio is where we will develop the future vision, linking horizons 2 and 3, building on people and place and using the Scottish Approach to Service Design. We will work with you building on recent discussions with the Cabinet Secretary and Permanent Secretary.

The NHS Recovery Plan and the detailed Delivery Framework will support and connect our work in horizons 1 and 2. As you know it had been our intention to write to Boards at the end of April with planning guidance and to ask for your plans for the next 3 years. Recognising that we need to have a period to stabilise and start our early improvement work focussed on key priority areas, we think it would be sensible to delay this for a few months and to write in July giving an extended time frame for plans to be developed for 23/24 to 25/26. We will require Annual Delivery Plans for 22/23 that reflect the priorities and I attach a letter from Paula Speirs regarding this.

Paula Speirs will continue the engagement currently underway with National Boards on a more bespoke approach to their respective plans.

As we look forward we also want to strengthen our connections with Boards and to that end John and his team will work with Directors across the DGHSC and with CEOs to introduce quarterly meetings with each Board to hear from CEOs and their teams on local matters and how we are delivering on key issues. The arrangements for National Boards will tie in with existing Sponsorship meetings.

As we look to move from response, to recover and renew, it is essential that we take time to meet to have an in depth discussion. We will arrange a face to face meeting with Chief Executives in May to further develop this work. The Office of the Chief Executive will work with the Executive Support for the Chief Executives Group to make the arrangements.

Yours sincerely



Caroline Lamb

NHSScotland Deputy Chief Operating Officer



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: paula.speirs@gov.scot

27 April 2022

Dear Colleagues

2022/23 ANNUAL DELIVERY PLANS – TERRITORIAL BOARDS

As referenced in the preceding letter from Caroline Lamb, we are proposing a revised approach to the development of medium-term plans. This approach recognises the need for our health and care system to **stabilise** and **improve** as we recover from the COVID-19 pandemic. It will focus on a limited set of priorities for 2022/23 to enable our system and workforce to recover from the incredible pressure experienced over the past two years whilst we start to take forward improvement work that will strengthen our services for any future Covid 19 waves and the demands of next winter. We recognise that a number of Boards have begun to develop plans beyond this year, we would encourage you to continue that, however, this commission is to ensure a focus, for 2022/23, on a reduced set of priorities.

We are therefore now requesting that you develop your 2022/23 Annual Delivery Plan, using the current Delivery Planning Template. We would also ask for an accompanying narrative to summarise proposed actions to deliver the following priorities:

- Recruitment, retention and wellbeing of our health and social care workforce
- Recovering planned care and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case.
- Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative
- Supporting and improving social care
- Sustainability and value

More information on the detail required on the five stated priorities above will be issued shortly to your Directors of Planning. 2022/23 Annual Delivery Plans should be submitted by **30 June 2022** and, as previously, should be sent to the Health Planning Mailbox (healthplanningandsponsorship@gov.scot).

For clarity, we will continue to work with National Boards on more bespoke development of their plans.

If you have any queries, please don't hesitate to contact me.

Yours sincerely

PAULA SPEIRS

NHSScotland Deputy Chief Operating Officer – Planning and Sponsorship



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Resources & Performance Committee Minutes
Responsible Executive/Non-Executive:	Andrew Bone, Director of Finance
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

2.2 Background

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

2.3 Assessment

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

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An HIIA is not required for this report.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

This has been previously considered by the following group as part of its development. The group has supported the content.

- Resources & Performance Committee 5 May 2022

2.4 Recommendation

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Resources & Performance Committee minutes 03.03.22

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 3 March 2022 at 9.00am via MS Teams.

Present:

- Mrs K Hamilton, Chair
- Mrs F Sandford, Vice Chair
- Ms S Lam, Non Executive
- Mrs H Campbell, Non Executive
- Mr J Ayling, Non Executive
- Mrs L O'Leary, Non Executive
- Mr J McLaren, Non Executive
- Cllr D Parker, Non Executive
- Mr R Roberts, Chief Executive
- Dr L McCallum, Medical Director
- Mr A Bone, Director of Finance
- Mrs J Smyth, Director of Planning & Performance
- Mr G Clinkscale, Director of Acute Services
- Dr T Patterson, Director of Public Health
- Mrs S Horan, Director of Nursing, Midwifery & AHPs
- Mr C Myers, Chief Officer Health & Social Care

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs A Paterson, Associate Director of Workforce
- Mrs C Oliver, Head of Communications

1. Apologies and Announcements

- 1.1 Apologies had been received from Mr Tris Taylor, Non Executive, Mrs Alison Wilson, Non Executive, Mr Andy Carter, Director of Workforce, Dr Tim Young, Associate Medical Director and Dr Janet Bennison, Associate Medical Director.
- 1.2 The Chair welcomed Ailsa Paterson, Associate Director of Workforce to the meeting who deputised for Mr Andy Carter.
- 1.3 The Chair confirmed the meeting was quorate.
- 1.4 The Chair reminded the Committee that a series of questions and answers on the papers had been provided and their acceptance would be sought at each item on the agenda along with any further questions or clarifications.
- 1.5 A discussion ensued in regard to the future of the Q&A process and the Chair agreed that it was time for a review of the process to take place and that it be marked as an action on the action tracker.

2. Declarations of Interest

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

The **RESOURCES AND PERFORMANCE COMMITTEE** noted there were none declared.

3. Minutes of Previous Meeting

3.1 The minutes of the previous meeting of the Resources and Performance Committee held on 4 November 2021 were approved.

4. Matters Arising

4.1 **Action 8:** Ms Sonya Lam advised that she and Mr James Ayling had spoken the previous day and agreed to have a discussion with the Audit Committee in the first instance. The Chair agreed that the item should be marked as complete on the action tracker and remitted to the Audit Committee.

4.2 Mrs Lam enquired further about areas of risk and Mr Ralph Roberts commented that the 3 year plan and workforce plan would focus on areas of risk associated with any service or potential challenges to the way services were delivered. Discussions would take place both locally, regionally and nationally to ensure the right balance was achieved. It would become business as usual and part of service planning moving forward.

4.3 Further discussion focused on: the significant number of services with challenges around recruitment including GP practices; an appetite to think about how services could be delivered differently; recording of service risks on the operational risk register; a timeline for the Board to receive the strategy; mitigations in place for operational risks; and consistency of approach to service reviews.

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

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

5. NHS Borders Remobilisation Plan 2021/22 (RMP4) Quarter 3 Update against Key Deliverables to Scottish Government & HIA

5.1 Mrs June Smyth provided an overview of the content of the report and highlighted that it was an update to the December 2021 report with the Quarter 4 report due in April. She also advised that the Health Inequalities Assessment had been revisited and would be refreshed on an on-going basis as RMP4 discussions progressed.

5.2 Mr James Ayling enquired what lessons had been learnt from the Treatment and Care pilot. Mrs Smyth advised she would ask the General Manager for Primary & Community Services for a response outwith the meeting.

5.3 Mrs Harriet Campbell enquired about the Health Inequality proposal. Mrs Smyth commented that it was an enhanced programme of work over and above the normal programme and had not been commenced but would be reassessed.

- 5.4 Ms Sonya Lam enquired by the outcomes column was blank. Mrs Smyth advised that the outcomes column was an aspirational column for the Scottish Government and had been introduced so that if there were some service proposals with defined outcomes, then the Board were welcome to put those in but it was compulsory.

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

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

6. NHS Borders Performance Scorecard

- 6.1 Mrs June Smyth provided an overview of the content of the report and highlighted that it was a revised format of the scorecard with some of the trajectories for RMP4 built in. She further advised that following on from the active governance session the format of reports would be evolved over time with a focus on the performance reports in the first instance. A discussion would be held with Board members to seek their further input and feedback at the April Board Development session.
- 6.2 Mr James Ayling enquired about the discrepancy with waiting times data. Mrs Smyth commented that historically with the previous version of Trak the data reporting for waiting times had been challenging. Services had created an access database and data input and reports were pulled from that database through a manual data extraction process which was time consuming. When the updated Trak version was implemented the system was moved across at that point in time, however faults were recognised in the information and quality checks were carried out. The Trak data is now used for the waiting times reports and a team are working on cleansing the data to ensure it is correct. She confirmed that the Scottish Government were sighted on the issues.
- 6.3 Further discussion focused on: a focus on the front door of acute hospitals and the pressures on the Emergency Departments across Scotland; redesign of urgent care; deteriorating patients at home being the unseen consequence of the pandemic; impact of cancelling elective work on patients and clinical staff; challenges in social care; equal risk must be shared across the whole partnership; supporting GPs who are working to full capacity and seeing more patients than pre pandemic levels; timelines for improvements; resetting the whole system; collective leadership and review of risk appetite; new structure in acute to increase operational capacity and push decision making to the front line with clinical leads taking an engagement approach to patient flow; and internal and external messaging and managing public expectations.
- 6.4 Ms Lam suggested the Board might have a further discussion on the decisions and priorities between unscheduled and planned care in terms of viability.

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

The **RESOURCES AND PERFORMANCE COMMITTEE** noted January 2022 performance.

7. Finance Report – December 2021

- 7.1 Mr Andrew Bone provided an overview of the content of the report and highlighted the £5.4m overspend and year end outturn position. He advised that he had received

confirmation that £7.8m would be made available in order to achieve break even at the year end.

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

The **RESOURCES AND PERFORMANCE COMMITTEE** noted that the Board is reporting a £5.38m deficit for nine months to end of December 2021.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the position reported in relation to Covid-19 expenditure and assumptions around funding in relation to same.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the December reported position remains in line with the revised year end forecast outturn (£7.78m deficit).

8. Financial Plan

- 8.1 Mr Andrew Bone provided an overview of the content of the report and a presentation to support the discussion. The key elements highlighted in the presentation were: draft 1 year financial plan; recurring and non recurring funding within the current modelling; resources; deficit; potential actions; savings delivery; and risk.
- 8.2 Ms Sonya Lam noted transformation as the direction of travel and enquired if there was enough capacity for the degree of transformation required. Mr Bone commented that in order to address the financial situation the organisation had to transform.
- 8.3 During further discussion the following key points were raised: staff wellbeing, training and engagement; sustainability of services; level of financial risk; financial worst case scenario; transformation of services to enable financial sustainability for the future; deficit payback; give a focus to plans for savings and efficiencies to reduce the £12m anticipated expenditure;
- 8.4 Mr James Ayling enquired how the Committee would gain assurance on the aspects of patient safety and how the financial plan aligned to patient safety. Mr Bone commented that in reality the financial plan was an interim plan at that point and made provision for risk that was targeted towards patient safety, other than the underlying resources allocated to services. He suggested the risk assessment would be undertaken in more depth and by doing that further focus would be placed on patient safety issues, and by the end of June there would be a proper discussion on how patient safety informed the long term financial plan.
- 8.5 Mr Ralph Roberts commented that there was a balance to be achieved around the responsibility to deliver safe services to meet the targets, alongside the responsibility to deliver financial balance. He explained that a lot of issues were not necessarily about money but were about workforce and other matters. Until the 3 year plan, longer term strategic issues and transformation had been worked through, it would not be clear around what was required to be spent in Borders in order to deliver safe sustainable services with a good level of quality.
- 8.6 Mrs June Smyth reminded the Committee that during the financial turnaround programme the mandates that had been completed contained a risk assessment which included patient safety as part of that process. When schemes were identified as over a certain threshold it

was the Medical Director and Director of Nursing, Midwifery and AHPs that had the authority to sign off those schemes given any potential patient safety consequences.

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

The **RESOURCES AND PERFORMANCE COMMITTEE** considered the issues described in the draft one year financial plan for 2022/23.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the risks described in the paper and the actions identified to address those risks.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed the direction of travel as outlined in the powerpoint presentation.

9. Scheme of Integration

9.1 The item was deferred.

10. Resources & Performance Committee Annual Report 2021/22

10.1 Miss Iris Bishop introduced the report.

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

The **RESOURCES & PERFORMANCE COMMITTEE** noted the current draft report and approved final sign off by the Chair after the elements from the 3 March 2022 meeting had been included.

11. Any Other Business

11.1 There was none.

12. Date and Time of Next Meeting

12.1 The Chair confirmed the next meeting of the Resources & Performance Committee would be held on Thursday, 5 May 2022 at 9.00am via MS Teams

The meeting concluded at 10.56am.

Signature:
Chair

RESOURCES & PERFORMANCE COMMITTEE: 3 MARCH 2022

QUESTIONS AND ANSWERS


No	Item	Question/Observation	Answer
DECLARATIONS OF INTEREST			
1	Declarations of Interest	-	-
MINUTES OF PREVIOUS MEETINGS			
2	Minutes of Previous Meeting	<p>Harriet Campbell: I think I've mentioned this before but I think it would be better if the Q&A were incorporated into the body of the minutes themselves at the appropriate point if possible.</p> <p>6.2 Please can we have an update on the FME? Are we going to meet the March deadline? Guessing not...</p> <p>8.7 I don't think second half of the last sentence of this (after 'as it') makes sense. I'm afraid I can't remember what it was I was trying to say but can you clarify or remove if you can't clarify from your notes?</p>	<p>Iris Bishop: Sorry Harriet I don't recall that suggestion. The formal minute is supposed to reflect the actual discussion held. The purpose of the Q&A was to enable good debate at the meeting by ensuring any small issues or side issues could be resolved through the Q&A. The Q&A was introduced as part of the governance light process as health boards were moved to an emergency footing status. The Chair and the Committee may wish to discuss if the Q&A is retained after the Board moves off of emergency footing status.</p> <p>Andrew Bone: Current schedule indicates completion by 12th May. Unfortunately we have not identified any opportunities to reduce this timescale. SG colleagues are informed of the position.</p> <p>Iris Bishop: I have amended as follows: <i>"She enquired if the provision of a new aseptic unit would attract the specialist pharmacist required. It would be a shame to step down services to only provide what other Boards provided when the current service had been so flexible and</i></p>


		<p>I note we will be updated on the aseptic service in April.</p> <p>P11 and following. There are a number of questions (mostly from Lucy) on the Q&A that may not have been answered. Could these please be answered if they haven't been – and if they have been circulated separately (sorry, can't check at the moment) then I think that should be noted.. This is another reason to add these to the minutes proper I feel as then they won't be overlooked.</p> <p>Appendix p31 re delayed discharges. 'Preferably people will either be discharged home or transferred out of the acute hospital to an NHS or SBC Intermediate Care facility to allow the individual time to recover, rehabilitate and then be assessed.' . How often does this actually happen in practice? I hadn't been aware that it was even a possibility. Is this something that we should be keeping an eye on?</p>	<p><i>accommodating."</i></p> <p>-</p> <p>June Smyth:</p> <p>Planning & Performance have developed a process to monitor outstanding Q&A we will do a check in with the Board Secretary to ensure that what is outstanding is tallies up and is responded to</p> <p>Chris Myers: This is a regular occurrence and is based on the principle that older people need time to be discharged from the acute environment to a more homely setting (either home or bed based intermediate care) for recovery prior to undertaking an assessment of their care needs. Where people are assessed in hospitals, this leads to increased demand for long term care, and poorer outcomes.</p> <p>Based on our figures there were 12 transfers to Community Hospitals, and 2 transfers to Garden View (SBC intermediate care) a week between 12/10/2020 and 14/02/2021. Operational teams keep a close eye on this both through daily community integrated huddles, and weekly review of the whole system flow report. We are also considering this in the context of our work around the Older People's Pathways (workstream commissioned by the IJB) against national benchmarks. What this shows is that we need to work to develop our pathways to get</p>
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		More practically this is marked 'draft'. Was it ever approved and if so when and who by?	more people home (with support), and fewer to bed based intermediate care (community hospitals and Garden View). There is work ongoing to increase the capacity and ability of the Home First service to increase the flow of people home with support, along with work with SB Cares to integrate the service and improve general capacity and resilience. Iris Bishop: The document has been approved. The "Draft" watermark is for the minutes but has covered the complete document.
3	Minutes of Previous Meeting	Karen Hamilton: Noted no comment	-
		MATTERS ARISING	
4	Matters Arising Action Tracker	Karen Hamilton: Action 8 – any update? To pick up at the meeting from James/Sonya	James Ayling/Sonya Lam: Mrs Sonya Lam advised that she and Mr James Ayling had a conversation the previous day and had agreed to have a discussion with the Audit Committee in the first instance.
5	Appendix-2022-1 NHS Borders Remobilisation Plan 2021/22 (RMP4) Quarter 3 Update against Key Deliverables to Scottish Government & HIA	Harriet Campbell: P45 AHP remobilisation. The reasons for the delay on this are clear and understandable but please may we have an update, if possible on the timescales going forward. Have they yet been reviewed as per the Q3 review and if not when do we think they will be?	Paul Williams: AHP services have again been affected by the recent covid (Omicron) wave. Through clinical prioritisation discussions routine AHP outpatient services were identified as a lower priority services which could be paused in order to support areas deemed to be of higher clinical priority. This 3 week reduction in activity has further impacted AHP outpatient waiting times. Inpatient and community services have been maintained at full capacity and have continued to deliver rehabilitation and therapy in

			<p>order to maintain patient flow and prevent admission where possible. The focus of AHP remobilisation will not only continue to address existing waiting times but also on the strategic needs of the organisation by seeking to further support early intervention and admission prevention to help mitigate some of the pressures currently being felt within unscheduled care services. This approach is being supported by a restructuring and bolstering of community services seeking to deliver a locality based community model seeking to support those most at need and at risk of admission. An integrated approach in services such as Home First will help further develop this approach. Further development of primary care services such as First Contact Practitioners, virtual wards and potential for holistic long term condition management by Occupational Therapists will help develop this further.</p> <p>Regarding outpatient wait times, both the Access Board and Primary & Community Services Clinical Board are sighted on current waiting times and will continue to provide accountability and governance. Historic use of EMIS IT system has meant data extraction and accurate reporting has been a challenge and significant work has been ongoing in order to cleanse data and provide the level of governance required. AHP services cover more than 30 separate outpatient specialities with each service having different challenges</p>
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		<p>P47 and p48 CAMHS is there any update on MH recruitment ? Also psychology recruitment.</p>	<p>regarding demand and capacity. As an example, Podiatry new patient waiting times have reduced over the last 12 months from over 100 patients more than 12 weeks to only 5 patients waiting more than 12 weeks as of Feb 22. This was achieved by a simple QI approach addressing clinic templates and triage approach. Other services have seen a significant increase in demand with waiting times increasing. Within Children and Young People’s Speech and Language Services the number of patients waiting more than 12 weeks has increased from 22 to 100 as of Feb 22 and work is ongoing to develop universal and targeted service delivery options that will address this increase in demand. All AHP services are developing service specifications in order to clarify pathways, workforce, skill mix and demand and capacity, and to establish agreed data and reporting mechanisms.</p> <p>Philip Grieve: There is now a new Leadership Team within CAMHS consisting of a medical, nursing (ANP), psychology and manager representation. They have met and considered a more structured model of care within the CAMHS service. December saw our second highest number of referrals and indeed accepted referrals into service (62) only bettered by Feb 19 (64). Recruitment of posts linked to CAMHS specification funding is still on-going and unfortunately extensions to advertisements have taken place due to limited to no applicants.</p>
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		P 61 HIIA what data and evidence is behind this? These areas are blank on the form.	Answer to follow
6	Appendix-2022-1 NHS Borders Remobilisation Plan 2021/22 (RMP4) Quarter 3 Update against Key Deliverables to Scottish Government & HIIA	<p>Karen Hamilton: It may seem a small point but is there any way the headings for pages 44 to 56 be set as a 'Header' so that they appear on each page of the chart? It saves RSI constantly scrolling up and down to recall the topic for each column?</p> <p>Otherwise noted – no further comment</p>	<p>June Smyth: Thank you for the feedback- this document is an SG template in Excel and when this was PDFd for the meeting the format became fixed. The original excel document is embedded here for ease of reference in the discussion.</p>  <p>MASTER RMP4 - Q3 Progress Update - Re</p>
7	Appendix-2022-1 NHS Borders Remobilisation Plan 2021/22 (RMP4) Quarter 3 Update against Key Deliverables to Scottish Government & HIIA	<p>James Ayling: Community Treatment and Care service. What were the main lessons learnt from pilot resulting in need for renegotiation?</p> <p>Any update on CAMHS recruitment?</p> <p>Any update on paediatric nursing staff recruitment? Important to retain general paediatric services in the Borders</p> <p>Reducing Health Inequalities .Paper advises that “ This piece of work is paused as we wait board direction around resource to deliver” . Update please.</p>	<p>Service lead contacted response to follow</p> <p>See above response to Harriet’s question</p> <p>Kirsteen Guthrie: We are unable to recruit to advanced practice externally and have had limited applications to adverts; we are working with HR and have a rotational post out to advert which includes working in paediatrics and SCBU and we are currently working with HR and the Comms Team to pull together a recruitment video for advanced practice within the paediatrics. A service review is also due to commence in April 22</p> <p>June Smyth: The Board received a proposal in April 2021 to enhance the work already underway within NHS Borders around reducing health inequalities. The proposal outlined a</p>

		 <p>Appendix-2021-21 Reducing Health Ine</p>	<p>programme of work which would aim to support clinicians and service users to develop practical actions that can be taken at an individual level to help reduce health inequalities and also aimed to embed an understanding of health inequalities at all levels of the organisation and adopt an 'inequalities lens' when undertaking service improvement and development and when considering resource allocation.</p> <p>Unfortunately, although there was significant commitment from this by the Board and within NHSB the programme was not prioritised for funding when assessed against other competing priorities during 2021/22 and no alternative funding source was identified.</p> <p>In light of this an alternative approach was considered whereby the approach would be built into core service planning / developments but over a longer time period. However capacity to do this was significantly impacted by the ongoing operational and covid pressures faced by services and the retirement of key individuals involved in the initial proposal.</p> <p>Moving forward we will look to assess this proposal against other priority areas of work as we develop our 3 year plan, recognising that difficult choices will be required as to what resources and capacity we can allocate to a wide range of competing priorities facing the Board.</p>
8	Appendix-2022-1	Fiona Sandford:	

<p>NHS Borders Remobilisation Plan 2021/22 (RMP4) Quarter 3 Update against Key Deliverables to Scottish Government & HIA</p>	<p>The recurring theme that stops us achieving our targets seems to be recruitment and retention on staff. Given that there is no easy fix to this, are we being sufficiently ambitious with investment in capital, particularly IT and diagnostics that might make Borders a more attractive place to work, make to job easier for existing staff / improve productivity?</p> <p>Disappointing to see our digital strategy is marked as red.</p>	<p>Bob Salmond: In the acute sector, an initiative on overseas recruitment of Registered Nurses should see the first cohort of five ward based RGNs commence at BGH over the next few weeks. Given the quality of candidates this initiative is being expanded to the overseas recruitment of more specialist theatre nurses.</p> <p>Director P&P chairing a SLWG on future strategy for branding and social media job advertising, with objective to broaden the demographic reach of our recruitment.</p> <p>A review of joint recruitment and educational opportunities across health & social care is planned with colleagues from SBC, and this corresponds with integrated workforce planning.</p> <p>June Smyth: Enhancing our digital infrastructure and digital offerings may well help attract and retain more staff as well as enhance productivity. Demand for digital projects far outstrips current organisational capacity and resource to deliver unfortunately. The Digital Portfolio Programme Board is currently overseeing the development of a 3 year digital delivery plan which will seek to advance all the current prioritised / must do projects sitting within the portfolio and identify the required resources in order to do so. Once the resource requirements are more fully understood this will be brought forward for consideration.</p> <p>Jackie Stephen: Thanks you for the comment –</p>
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			<p>it is indeed disappointing. Unfortunately the staff involved in refining the strategy document have been heavily involved in winter / Covid planning during November & December and from December into January in developing, building and delivering Covid virtual ward functionality.</p> <p>We are regrouping around the strategy to finalise a short strategy document and focus our attention on a delivery plan for the next three years. We hope both can be available in April.</p>
9	Appendix-2022-2 NHS Borders Performance Scorecard	<p>Lucy O’Leary: P 64 Emergency admissions ALOS. Given 2000 emergency admissions in the period an extra 0.9 days ALOS over trajectory is non-trivial. Is it possible to analyse the causes of this “excess” LOS? Sicker people being admitted than expected? Reduced ability to discharge within expected time? Both? Something else?</p>	<p>Gareth Clinkscale: The increase in ALOS is a significant factor behind the patient flow pressures currently being experienced. We can evidence that a significant proportion of this is due to more patients staying longer periods of time in hospital. There has been a doubling of patients with a LOS over 28 days from last summer until now. Feedback from clinical teams is that patients are arriving more deconditioned and with more complex presentations, which is reducing the proportion of ‘simpler’ discharges and increasing demand on social care services on discharge. Workforce challenges are likely a factor at play here too. We are working with Scottish Government to explore the adoption of an ‘extended LOS analysis’ used in other health boards as an improvement tool.</p>
10	Appendix-2022-2 NHS Borders Performance Scorecard	<p>Lucy O’Leary: P73 (and other charts pages). Are we stuck with these chart formats, in which the Y axis doesn’t start at 0 (statistical bad form)? It makes it hard to see at a glance</p>	<p>June Smyth: A meeting was held with the Business Intelligence Team (BI), the Board Secretary and the Planning & Performance Team (P&P) week</p>

		<p>whether variation from trajectory/ variation over time is a “big number” or not.</p> <p>I’m assuming this may be a national template and so, sadly, nothing we can do about it</p>	<p>21st February to discuss the scorecard format in the context of Active Governance. An action from this meeting was for the BI and P&P to review and refine the format of the scorecard with a view to having a slot in the board development session in April 22. We will ensure to consider your feedback will be considered as part of this review.</p>
11	<p>Appendix-2022-2 NHS Borders Performance Scorecard</p>	<p>Harriet Campbell: P 64 Critical failure of waiting times database is not ideal. Was any other IT system similarly affected. Do we know what happened and why and will the data be recoverable?</p> <p>P70 Always good to see some targets being met and good to see cancer waiting times back in the green zone.</p> <p>P83. Why are flow 3 figures consistently so much worse than other areas? (and sorry if this has been asked before).</p>	<p>June Smyth:</p> <p>The Waiting Times Database is a standalone MS Access system so there are no other data affected. The Database has been running since NHSB moved to Trakcare in 2010 so is an old system that has a significant amount of data contained in the tables (but all the data is in Trakcare also) so has reached a size where it is too large to function appropriately.</p> <p>The data is stored on Trakcare so NHSB IM&T are working through a project to make reporting more robust by taking it directly from Trakcare rather than via feeds to the Database.</p> <p>Comment noted thank you and the feedback will be passed to the acute team.</p> <p>Flow 3 is the pathway for medical admissions, so is affected by the availability of medical beds within the BGH. This is a usual pressure point in the system.</p>
12	<p>Appendix-2022-2 NHS Borders Performance</p>	<p>Karen Hamilton: 2.3 Assessment – critical failure? What happened? Is it just Borders? Human error? Can we recover data going</p>	<p>June Smyth: The Waiting Times Database is a purely Borders MS Access database that was built in 2010 to handle waiting times information.</p>

	<p>Scorecard</p>	<p>forward?</p> <p>CAMHs treatment time – progress on recruitment?</p> <p>A&E 4 hour target – consistently poor performance here and I appreciate the challenges with hospital occupancy levels and Delayed discharge. Are we proactively reported the position to SG and when do we anticipate some improvement here OR an acceptance that this will not happen?</p>	<p>At the time it was not possible to take data directly from Trakcare without an intermediate step that cleaned the data up. Now that we have moved to Trakcare 2018 we can take data direct from the system so NHSB IM&T are working to do this. As the data sits on Trakcare already the data is available to pull. Robust extracts need to be built from Trakcare to gather the data and reporting will be built using the BOXI reporting tool in the first instance; then it is the intention to build Dashboards for end users to access.</p> <p>See answer to Q6 above</p> <p>Gareth Clinkscale: The acute team are in daily communication with the Scottish Government on 4 hour performance. Leads from across both Health and Social Care are working with Scottish Government leads from each of the national priority areas; Redesign of Urgent Care, Interface Care and Discharge without Delay. Health and Social Care leads also continue to actively work with the Centre for Sustainable Delivery (CfSD) support team to develop an action plan for Unscheduled Care and Delayed Discharge. A recent 2 day visit from the CfSD support team Unscheduled Care experts took place on the 16th and 17th February 2022. The findings and recommendations are currently being worked through by the respective leadership teams.</p> <p>The current position is not accepted and there is</p>
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		<p>Sickness absence is concerning but understandable as staff become increasingly overwhelmed. It is crucial that staff are mentored and supported from an overall well being perspective.</p> <p>RMP4 Charts are well presented and clear.</p>	<p>a plethora of work underway to improve performance. Progress has been delayed by both clinical and operational capacity to deliver change in the high-pressure environment that relevant leads are operating within. Additional operational and clinical leadership capacity is being recruited which should help progress improvement work. It may be helpful for a deeper dive into 4 hour performance and associated work to improve here at a future R&PC.</p> <p>Ailsa Paterson: We are developing a Staff Wellbeing Plan which will be a vital component part of a wider Workforce Strategy. The Work and Wellbeing team have adapted/increased resources and services to meet staff demand. In addition, a dedicated Staff Psychologist is now in post to offer specialist psychological support to staff. The resources available through the National Wellbeing Hub are promoted which includes a Coaching for Wellbeing service.</p> <p>Noted thank you</p>
13	Appendix-2022-2 NHS Borders Performance Scorecard	<p>James Ayling: I note the critical failure of our local Waiting Times Database which means that we are (a) unable to provide performance against some measures relating to acute waiting times and (b) that historic data on outpatients has also been removed pending resolution. We need more information on this please. How did the database fail/timeline for resolution ? Is there an operational risk on risk register around this? Lessons to be learnt going forward ?</p>	<p>June Smyth: See answer to Q12 above</p> <p>The timeline for resolution is currently being worked through – it has been flagged as an urgent and ‘must do’ request to IM&T who are aware of the situation.</p> <p>In terms of waiting times reporting, the need to</p>

		<p>Any other impacts other than those set out in paper?</p> <p>What is SG reaction?</p> <p>How historic is the problem?</p> <p>The paper says that it is only “ anticipated” that the data will be available for the April Board Meeting. This is not</p>	<p>improve and strengthen this (including alternatives to the local database) were included in the scope of a wider internal review which was commissioned by the Access Board late last year. The output of that review along with a number of recommendations was considered and agreed by the Access Board in February (and by the Information Governance Committee in March). We will now look to respond to / action the recommendations, with the aspects highlighted in the cover paper as the first priority areas to address.</p> <p>SG have been informed and are aware we are working hard to resolve the position.</p> <p>We don't know how historic the issue is with Outpatient Waiting Times at the moment until reports are written from the new extracts to compare and check the accuracy of previous reporting.</p> <p>As part of the M365 Programme IM&T are working to remove the most business critical MS Access database use within the organisation and build solutions that are more sustainable and can be supported by IM&T in the future. Further work is also planned to start later in this financial year that would see the eventual removal of all Access databases from NHS Borders.</p> <p>Until we have looked into the issue in more detail we can't be any more specific with a</p>
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		<p>terribly reassuring....</p> <p>We had our internal audit issue with failure of sampling of waiting times recently.</p> <p>I need to know how do we as Committee/Board get assurance on this critical measure of performance? Thank you</p>	<p>timeline at this stage.</p> <p>That audit referred to the physical review of 10 patient paper records per month and is not related to this failure. However, it was as a direct result of that audit that the internal review was commissioned.</p> <p>We will provide progress updates to the Committee/Board in the monthly performance reports on the resolution to the immediate waiting times reporting issues. The Information Governance Committee will receive progress reports on delivery against the full list of recommendations in the report.</p>
14	Appendix-2022-2 NHS Borders Performance Scorecard	<p>Fiona Sandford: Could you please unpack the critical failure of Waiting Times Database – is this resolved? Underlying cause?</p> <p>4 hour EAS: it would be interesting to have a deep dive into how people are accessing A&E – are we seeing decline in inappropriate use?</p> <p>Sickness absence continues to be a worry- how much is stress related?</p>	<p>June Smyth:</p> <p>See answer to Qs12 & 13 above</p> <p>Service lead is on annual leave - answer to follow</p> <p>Ailsa Paterson: In January 2022 26% of all sickness absence was coded as being due to stress/anxiety/depression.</p>
15	Appendix-2022-3 Finance Report – December 2021	<p>Karen Hamilton: Noted as expected</p>	-
16	Appendix-2022-4 Financial Plan <i>(To Follow)</i>	-	-
17	Appendix-2022-5 Scheme of	-	-

	Integration (To Follow)		
18	Appendix-2022-6 Resources & Performance Committee Annual Report 2021/22	<p>Harriet Campbell: How does the addition of elements from this meeting work and is this just approved by the Chair?</p> <p>There are issues we have discussed (eg FME) which aren't on either the report or the workplan. Does this matter?</p> <p>Conversely why is the hydrotherapy pool on the workplan?</p>	<p>Iris Bishop: The calendar year for this report runs from 1 April to 31 March each year and will therefore need to include substantive matters discussed at this meeting.</p> <p>The FME was discussed as a substantive item by the Committee in March 2021 and featured in the report produced for last year. It was a feature of the Capital Plan discussion in November 2021 and as it was not a substantive standalone item I have not included it in this report, however I am happy to amend the report if the Committee wish to include it.</p> <p>Hydrotherapy is on the workplan as at some point in the future we expect to be discussing the future of the hydrotherapy provision at BGH, however this work is currently on hold.</p>
19	Appendix-2022-6 Resources & Performance Committee Annual Report 2021/22	<p>Karen Hamilton: Noted for decision</p>	-

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Audit Committee Minutes
Responsible Executive/Non-Executive:	Andrew Bone, Director of Finance
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to share the approved minutes of the Audit Committee with the Board.

2.2 Background

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

2.3 Assessment

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

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An HIA is not required for this report.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

This has been previously considered by the following group as part of its development. The group has supported the content.

- Audit Committee 15 June 2022

2.4 Recommendation

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Audit Committee minutes 21.03.22

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 21st March 2022 @ 2 p.m. via MS Teams.

Present: Mr J Ayling, Non Executive Director (Chair)
Mrs F Sandford, Non Executive Director
Ms S Lam, Non Executive Director
Mr T Taylor, Non Executive Director

In Attendance: Dr K Allan, Associate Director of Public Health (Items 9.1 and 9.2)
Mr A Bone, Director of Finance
Mrs J Brown, Partner, Audit, Grant Thornton
Mr A Carter, Director of Workforce (Item 6.2)
Mr P Clark, Director, Public Sector Internal Audit, Grant Thornton
Mr G Clinkscale, Director of Acute Services
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)
Mrs K Hamilton, Chair, NHS Borders (Left at 3.30 p.m.)
Mr C Myers, Chief Officer, Scottish Borders Health and Social Care Integration Joint Board (Item 5.4)
Mr T Patterson, Joint Director of Public Health
Miss M Richardson, Audit Associate, Grant Thornton
Mr G Samson, Audit Senior, Audit Scotland
Mrs A Wilson, Director of Pharmacy (Item 5.4)
Mrs G Woolman, Director, Audit Scotland

1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting. Apologies were received from Ms S Brook, Audit Manager, Grant Thornton, Mr R Roberts, Chief Executive and Mrs S Paterson, Deputy Director of Finance (Head of Finance).

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meetings - 13th December 2021**

The minutes were approved as an accurate record.

4. **Matters Arising**

James Ayling noted the comments made by Tris Taylor at the December meeting in regard to scheduling a discussion on strategic risk at a Board Development Session as he was keen not to lose sight of this. Karen Hamilton agreed to take forward with the Board Secretary and schedule this in as appropriate.

Action Tracker

Sonya Lam referred to the “Audit Follow Up Report” action in regard to the Duty of Candour audit and highlighted that the point she had raised was specifically relating to training for lead reviewers. Fiona Sandford confirmed that the document had come forward to the Clinical Governance Committee and had been fully discussed.

Tris Taylor referred to the “External Audit Annual Audit Report 2020/21 – Update on Recommendations” action in regard to the update on “equality considerations” as he did not feel that the proposed course of action was sufficient and furthermore he felt unable to assure the Board that an appropriate system of control was in place. Andrew Bone highlighted that the Equalities report had been submitted in January so there was no opportunity to amend this, however he would pick up with Tim Patterson to agree a satisfactory way forward taking the comments received into account. It was noted that an update on the recommendations arising from the External Audit Annual Audit Report will be brought to the Committee twice yearly so progress would be monitored through this. Andrew confirmed that this report will reflect the issues not yet addressed as raised by Tris Taylor.

The Committee noted the action tracker.

5. **Governance & Assurance**

5.1 *Audit Committee Terms of Reference*

James Ayling advised that the Terms of Reference are reviewed annually as part of the Code of Corporate Governance and highlighted that no changes were proposed. James confirmed that he had spoken with the Director of Finance in regard to assurance from the IJB and that discussions were ongoing.

James referred to the “Other Matters” section and the bullet stating that “the Committee shall monitor how the Board addresses risk in relation to potential litigation” and advised that he was also discussing this point further with the Director of Finance.

The Committee noted the Audit Committee Terms of Reference for 2022/23.

5.2 *Audit Committee Workplan*

Andrew Bone spoke to this item which provided the annual workplan for the Committee to sit alongside the Terms of Reference. Andrew highlighted that the IJB elements were not fully reflected in the workplan and these would need to be looked at in more detail for next year’s plan.

James Ayling highlighted the importance of this not being seen as a static document and ensuring items are added as they arise. Gillian Woolman noted that the External Audit Plan was scheduled in the workplan for December 2022 which would have been the timing for this pre pandemic, however as there would be a new team of auditors from 2022/23 this would be a challenging timescale to meet so Gillian wished to flag so as not to raise expectations.

The Committee noted the Audit Committee Workplan for 2022/23.

5.3 *Audit Follow Up Report*

Peter Clark spoke to this item. Peter reported that out of the 18 outstanding actions at the last meeting, four of these had been implemented and closed. Of the remaining 14, 11 of these, two of which were rated high risk, were not yet due for implementation and three were overdue. For the three overdue recommendations a progress update had been received and a further revised implementation date had been agreed with management.

Tris Taylor referred to two assurance areas, namely Public Health and HR Grievances and Disciplinarys, and enquired if these had been audited recently as he was not aware if they had been. Tris felt that these were very important topics, particularly as it can be difficult to work out the lines of responsibility in Public Health due to joint reporting and he expected there to be mitigating actions in place to address any risks identified in relation to HR grievances. Peter advised that this would be discussed further at item 5.5 (Internal Audit Plan 2022/23) but agreed these were valid points which could be taken into account within the audit plan.

The Committee discussed and noted the audit follow up report.

5.4 *Audit Follow Up Process*

James Ayling advised that he had discussed with the Director of Finance reintroduction of the process of inviting managers to attend the Audit Committee to provide an update on overdue recommendations and having balanced against current pressures on the organisation it had been agreed to reintroduce this from today's meeting with only a verbal update requested to make this less onerous.

Budget Setting Arrangements

Andrew Bone provided an update on the outstanding recommendations arising from the Budget Setting Arrangements audit. Andrew advised that a virtual training programme was being developed which will meet the needs of the organisation and it was hoped to have a training plan for roll out by the end of the month. Andrew highlighted that there was an issue around where this sat within the organisation's current priorities, and recognising the backlog of training requirements, including statutory and mandatory training accumulated during the last 2 years. Sonya Lam noted that full implementation of the training plan across the organisation was not to be achieved until 31 March 2023, and in light of the current financial situation, asked if there were priority areas to be tackled meantime. Andrew confirmed that there would be a phased rollout, taking into account priority areas, over the next 12 months. Andrew referred to the other recommendation arising from the audit in regard to the minutes/notes from meetings with budget holders and advised that a systematic process for action tracking is being developed and he did not envisage this being an ongoing issue. Tris Taylor enquired about managing and monitoring compliance of the training. Andrew advised that this would be very important and having escalation points when unable to deliver would also be required. Andrew added that it had been identified that there is not currently the correct level of resource to support the training needs of the organisation and investment will be made in this area.

The Audit Committee noted the update.

Pharmacy Controls

Alison Wilson provided an update on the outstanding recommendations arising from the Pharmacy Controls audit. Alison advised that a drugs report has been devised to aid the monitoring and reporting of controlled drug transactions. This is issued on a monthly basis and Pharmacy will be looking at how these are used on wards. In regard to access of the automated drugs cabinets Alison advised that Healthcare Support Workers (HCSW) have been given access and all new installations will implement HCSW witness access by default. It was noted that it would not be possible to close this action until all cabinets are installed and training undertaken. Alison confirmed that additional Standard Operating Procedures have been produced to cover emergency opening procedures and will be rolled out and training provided.

The Audit Committee noted the update.

Primary Care Improvement Plan (PCIP)

Chris Myers provided an update on the outstanding recommendation arising from the above audit. Chris advised that out of the four recommendations made during this audit one was still outstanding. Chris highlighted the response provided, namely that for the six workstreams under PCIP a project plan has been put in place for three of these (Community and Care Services, First Contact Practitioner Physiotherapy and Vaccination). For the other three workstreams (Urgent Care, Pharmacotherapy and Renew) the audit findings indicated there was no evidence of a project plan and Chris went on to provide an update on each of these. For Urgent Care it was noted that it was going through a service redesign and that the operating process for Pharmacotherapy had changed so they are currently working with the Pharmacy Team and will adjust the timescales for this. It was noted that the Scottish Government deadline for delivering Pharmacotherapy was the end of the financial year. Chris confirmed that an action plan will be in place by that deadline but implementation would be challenging due to skill mix issues. In regard to Renew a project plan will be developed once a further piece of work has been concluded. James Ayling enquired about the timescales for implementing Urgent Care. Chris advised that two sessions have taken place to bottom this out but the model is still being debated. It was noted that the timescale for this is from 2023 onwards so there was sufficient time to put in place a sustainable service. An action plan was anticipated within the next quarter.

The Audit Committee noted the update.

5.5 *Internal Audit Plan 2022/23*

Jo Brown spoke to this item which included an indicative 3 year strategic plan. Jo advised that the plan had been developed following review of the Board's risk register, discussion with Board members and management and review of NHS Borders' audit universe. Jo proposed that the plan be discussed by the Board Executive Team (BET) to ensure it is still applicable and if any changes are required. From the comments made earlier Jo highlighted that Equalities is not currently included and suggested this be discussed with management to agree if this is a potential area for review. It was noted that a meeting was scheduled between the Chair of the Audit Committee, Director of Finance and Grant Thornton in the near future to discuss the plan further.

Fiona Sandford felt that the staff recruitment and retention audit was crucial as this is a major risk to the organisation and would be keen to keep this within the plan. Fiona also added that given where NHS Borders is currently at with staff recruitment there would need to be a creative approach in the wording of this scope. Jo agreed and suggested also factoring in the impact from Covid. Tris Taylor added in relation to the staff recruitment and retention audit that he would be keen to know about the recruitment approach to people with protected characteristics and the statistics available in relation to this. Jo agreed to include within the scope. Sonya Lam referred to the new Whistleblowing Standards and if there was any opportunity to build this into a future audit as she was keen to know if the organisation met these.

Andrew Bone advised that the plan was scheduled for discussion by BET mid April and he would expect the lead Executive Directors to discuss with the Chairs of their respective Governance Committees unless it was felt there was a better way of communicating this. Following discussion it was agreed that this would be sufficient and it would be at the discretion of each Chair if they wished to feed anything back. James Ayling also suggested that findings could be shared with Board members on what had been agreed for their information.

The Committee noted the Internal Audit Plan arrangements for 2022/23.

5.6 Governance Arrangements/Gold Command

James Ayling reminded members of an action arising from the December meeting for the Director of Finance to review the Terms of Reference for the Board Executive Team (BET) and Gold Command to clarify how reporting aligns with the requirements of the Code of Corporate Governance (CoCG) and assurance framework. James advised that there had been subsequent discussion between himself and the Director of Finance with the scope being amended to review the Terms of Reference for Gold Command only.

Andrew Bone advised that the CoCG does not describe in detail how emergency situations will be managed, however the Board has an established set of Major Emergency Procedures. A key component of the emergency planning response is the establishment of a Gold/Silver/Bronze command structure. Andrew highlighted that Gold Command has operated longer than expected during the pandemic, and has adapted over time. Andrew advised that with exception of temporary adjustments at the beginning there have been no other changes to Board governance throughout the pandemic. It was also noted that there had been no change to the CoCG and the process and structure is still the same as it has always been. The powers enacted were within the normal structure and all decisions made at Gold Command are fully documented. The paper also detailed the link between Gold Command and the Operational Planning Group and BET and was being brought today to provide clarification.

Sonya Lam referred to the Terms of Reference (ToR) for the NHS Borders Covid 19 Pandemic Committee and asked if this had been tailored for the pandemic. Andrew confirmed this is correct and that there was a standard suite of governance documents for standing up during emergency situations. Sonya enquired if the ToR would be reviewed and kept up to date. Andrew confirmed

that it was a recommendation from the audit undertaken the previous year to review the emergency procedures and the timescale for this was the end of the month. Karen Hamilton noted that there is no reference within the ToR for reporting to Scottish Government and asked if this should be included. Andrew advised that part of the recommendations arising from the previous audit is around clearer linkages with other bodies so this would encompass that point.

The Committee noted the report.

5.7 *Audit Committee Self Assessment*

Andrew Bone spoke to this item which provided the findings from the Audit Committee self assessment recently completed. Andrew advised that two actions had been identified which were self explanatory and asked if the Committee were content with him taking forward in discussion with the Chair of the Audit Committee. The Committee noted they were content with this proposal.

The Committee noted the report.

6. **Internal Audit**

6.1 *Internal Audit Plan Update Report*

Peter Clark spoke to this item which provided an update on progress with the Internal Audit Plan for 2021/22. Peter advised that one report had been finalised since the last meeting, namely the Mandatory and Statutory Training audit which was on today's agenda. The scopes for the three remaining audits (Health and Safety Reporting, Staff Recruitment and Retention and IT Recovery and Resilience) were currently being agreed and fieldwork scheduled.

The Committee noted the report.

6.2 *Internal Audit Report – Statutory and Mandatory Training*

Peter Clark introduced this item which had an overall rating of partial assurance with improvement required. Peter highlighted that the findings resulted in two high and two medium rated recommendations. The high rated recommendations were noted as 'scrutiny of mandatory and statutory training compliance does not take place' and 'risk assessments following non compliance of mandatory and statutory training are not completed by line managers'. In regard to the first high rated recommendation Peter advised that management have advised that a Training & Development Board is being formed which will principally report to the Staff Governance Committee. For the second high rated recommendation the management response noted that section three of the Education Policy will be reviewed and updated, a Standard Operating Procedure will be developed as an appendix to the Education Policy, risk assessment training will be re-launched, there will be an annual review of training risk assessments by the sub group and Learnpro notifications will be reviewed and updated to clearly state expectations where training is missed. The two medium recommendations related to the Mandatory and Statutory Matrix not being clear and complete resulting in it being difficult for line managers to determine what training to assign to their team and staff members not attending training due to work commitments.

Andy Carter welcomed this audit as he was keen to get a baseline and appreciated that compliance was not good prior to Covid. Andy highlighted that training is within a number of Executive Directors' portfolios and provided examples. Andy confirmed that once the Training & Development Board is set up this will meet bi monthly and will report on compliance.

Sonya Lam assumed Borders was not alone in experiencing difficulties with training during the pandemic and enquired if other Boards experienced the same issues and if any work is being done nationally on how training is delivered. Andy advised that the National Workforce Strategy had been released earlier in the month and although there was nothing in this relating to the issues raised, there would still an opportunity to do something locally.

The Committee discussed and noted the Statutory and Mandatory Training Internal Audit report.

Item 9.1 was taken at this point in the agenda.

7. External Audit

7.1 *External Audit Annual Audit Plan 2021/22*

Gillian Woolman spoke to this item and went through the report bringing to the Committee's attention any items of significance. Gillian referred to page 3 which provided a summary of the planned work for the 2021/22 external audit. Gillian highlighted the impact of Covid19 and the effects this has on public services which could result in changes to Audit Scotland's approach and subsequent revisions to the Annual Audit Plan. Gillian confirmed that the audit is carried out in accordance with the International Standards on Auditing and highlighted exhibit 1 which detailed the materiality levels for NHS Borders and exhibit 2 which detailed the significant risk of material misstatement to the financial statements. Gillian referred to the other areas where there would be focus which included payments to primary care contractors, noting that NSS had previously received qualified opinions. Gillian advised that the four dimensions which frame the audit work undertaken were detailed at exhibit 3, namely financial sustainability, financial management, governance and transparency and value for money. Gillian referred to financial sustainability which was an area of focus for NHS Borders and advised that the Director of Finance provided them with regular updates. Gillian went on to the section which provided detail on the reporting arrangements, timetable and audit fee. Gillian advised that they would work with officers to achieve the deadlines within the timetable and although Scottish Government are allowing an extension if required, it was preferable to achieve the pre pandemic timescales detailed. It was noted that there would be a fee increase for the 2021/22 audit which had taken into account the risk exposure of the Board, the planned management assurances in place and the level of reliance Audit Scotland takes from the work of Internal Audit. Gillian highlighted the independence and objectivity of auditors appointed by the Auditor General for Scotland and the need to comply with the Code of Audit Practice and relevant supporting guidance.

Tris Taylor referred to the section on Internal Audit and in particular the reference to a joint arrangement between Grant Thornton and NHS Lothian. Jo Brown explained that when the previous contract came to an end NHS Borders

and NHS Lothian decided to procure the service as one contract for both organisations. It was noted that Grant Thornton are the Internal Auditor in entirety for NHS Borders and that NHS Lothian also have a separate in house audit service. James Ayling enquired if the audit fee required Board approval. Andrew Bone confirmed that it did not require Board approval as it was part of a contract previously set and regardless was not at a level which would require this.

The Committee noted and discussed the External Audit Annual Audit Plan for 2021/22.

7.2 *Audit Scotland Reports*

No issues were raised on the report detailing where Audit Scotland reports were distributed across the organisation.

The Committee noted the report.

8. **Fraud & Payment Verification**

8.1 *Countering Fraud Operational Group Update*

Andrew Bone spoke to this item which provided an update from the recent annual review meeting with CFS. The Partnership Agreement had also been included for awareness along with a copy of the presentation received at the annual review meeting on preparing for the new Counter Fraud Standards. James Ayling enquired if the Partnership Agreement replaced an existing document. Andrew confirmed that it did. James referred to the section on roles and responsibilities and stressed the need to be clear on compliance prior to signing up to the new agreement. Andrew confirmed that this was in hand.

The Committee noted the report.

8.2 *NFI Update*

Andrew Bone spoke to this item which was a routine report providing an update on the national exercise. It was noted that 99% of the total matches issued had been investigated with no fraud identified. Andrew highlighted that eight of the outstanding matches are where an NHS Borders employee has a second employment with Scottish Borders Council (SBC) and the matches were in regard to a number of dates of sickness for each employee. It was noted that SBC do not currently have the capacity to investigate these and as there is no other avenue to take this forward this would be fed back.

The Committee noted the report.

9. **Risk Management**

9.1 *Strategic Risk Register*

Keith Allan spoke to this item. Keith advised that the Risk Team had met with risk owners and the risk register had since been reviewed and updated. The outcome from this noted three risks being removed from the strategic risk register, however there had been an increase in very high risks, three new risks being identified and one risk, relating to staff wellbeing, being escalated from

medium to very high. Keith referred to the KPIs and advised that the Board Executive Team (BET) have worked to address these to ensure increased compliance. It was noted that further work is to be undertaken to ensure the risk appetite for strategic risks is reviewed in light of the number of high and very high risks.

Keith referred to Appendix 1, Strategic Risk Governance, as this provided an overview of risks being visible to each of the Governance Committees following recent discussions. Keith stressed that due to the Risk Team capacity it would be difficult to manage attendance at each meeting as well as it having the potential to overwhelm agendas. Keith suggested that a way forward may be to have visibility of all risks but only pick up those of particular interest. The individual Chairs of the Committees could also meet separately to discuss.

Karen Hamilton appreciated the complexities around this but asked what alternatives were available as she did not feel this was clear. Keith felt that as long as there is awareness and the Chairs know what the risks are then it should not be too arduous for the Governance Committees to oversee. Fiona Sandford noted concern that there was a danger of too much discussion and not enough action and felt there was a requirement for an escalation strategy to inform the Chief Executive/Chair when involvement was required from the Board to make a decision on what risks take priority. Tris Taylor welcomed this being developed and referred to the Strategic Risk Register update paper where he highlighted the Public Governance Committee would require to be amended to include risks relating to inequalities. Tris noted that BET were included within the table on this paper but queried whether the purpose of BET was to act as an assurance body. Tris highlighted that BET does not have any independent members so felt there was a conflict of interest. Tris went on to raise issues on individual risks which Keith agreed to feed back to Lettie Pringle. James Ayling noted that although this had moved forward it had perhaps made the process more complicated in doing so but agreed that ownership needs to be at Committee level. Andrew Bone suggested that the complexity arises in part because of the dual objectives of risk management and assurance, and that it was important to be clear which function was being undertaken. Tim Patterson highlighted that the pressures on the organisation are intense and there is a limit to what can be done within the Risk Team as there is only one member of staff who is a topic specialist. Tim advised that he also shared the concerns previously raised around not having enough resource within the team to attend each Governance Committee to provide a briefing on risks. In regard to the comments made about BET Tim advised that this would require Chief Executive input to agree. Tris queried if a member of the Risk Team would be required to attend each Governance Committee meeting as he felt that it would be sufficient for the Executive Director to provide an update as they should be aware of the risks. Andrew Bone agreed that this would be a reasonable approach and suggested that the changes discussed should be adopted, with the revised approach remaining in development and further update to the Committee following implementation. Keith agreed to take on board the comments received for the paper that would be presented to the Board on 7th April 2022. James reminded that the Audit Committee's role is only to comment on the effectiveness so he looked forward to receiving the proposals on a way forward.

The Committee noted, discussed and made comments on the Strategic Risk Register.

Karen Hamilton left the meeting at 3.30 p.m.

9.2 *Risk Management Annual Report – Update on Action – Inclusion of Security into the Risk Management Framework*

Keith Allan spoke to this item and advised that work on the Risk Management Framework is ongoing and will be presented to the next Risk Management Board for approval. Keith advised that any legislation will be included as part of the monitoring. Lettie Pringle to provide an update at the next meeting.

The Committee noted the update.

10. **Integration Joint Board**

James noted that the agenda pack was not available for the meeting on 14th March 2022. Andrew Bone agreed to check if this could be added to the website.

The Committee noted the link to the IJB Audit Committee agenda and minutes.

10.1 *IJB External Audit Annual Audit Plan 2021/22*

Andrew Bone spoke to this item. Andrew advised that there was a specific risk around the Chief Finance Officer post which was currently going through the interview process and it was hoped to make an appointment in the next few weeks. Andrew highlighted that there were a few points around financial management set aside within the report and advised that SBC and NHS Finance teams meet on a regular basis to discuss issues such as these so they were in hand as per the normal process. It was noted that the IJB audit would be somewhat after the Board's audit so the IJB accounts would not be audited prior to the Board accounts coming forward for approval so there would not be that level of assurance. Graeme Samson confirmed that it would be the same arrangement as per previous years and that it was the same audit team for all three organisations so they were aware of any issues between them. Graeme highlighted that the timetable within the IJB annual audit plan noted the accounts being signed off in September, however it had been agreed at the recent IJB Audit Committee that this will now be October.

The Audit Committee noted the IJB External Audit Annual Audit Plan for 2021/22.

11. **Annual Accounts 2021/22**

11.1 *Annual Accounts 2021/22 Timetable*

Andrew Bone spoke to this item which provided the internal timetable highlighting key dates for production of the 2021/22 annual accounts. Andrew reiterated that due to timings the IJB annual accounts would not be available until the December meeting by which point they will have been audited and approved.

The Committee noted the Annual Accounts timetable for 2021/22.

12. **Any Other Competent Business**

12.1 *Tender Waiver – Air Handling Unit for MRI Department*

Andrew Bone spoke to this item. Andrew provided background to the procurement process for replacement of the air handling unit for the MRI department and advised that it was being presented today for awareness due to a full tender not being undertaken in regard to the procurement aspect. It was noted that a tender process had been undertaken and the Mechanical Engineering Consultant had produced a tender report which recommended a preferred contractor. Andrew advised that there was limited risk and it was not of material significance. There was also no evidence that a lower tender would have been received. In terms of the value approval this was required from the Chief Executive, Director of Finance and the relevant advisor from the Estates function.

James Ayling asked for assurance that the work would be checked to ensure it was to a satisfactory regulatory standard. Andrew assured that it would be and added that this was a positive step forward as ventilation in general is an issue for the Board. Sonya Lam made an observation that this was not the first tender waiver to come to the Audit Committee retrospectively in recent months. Andrew confirmed that there had been a total of three with the other two being in relation to the MRI project. Andrew explained that in reality timescales have been so tight that procurement timelines have been shortened to meet the deadline. It was further noted that had the opportunity not arisen to include the air handling unit within the MRI project it would have meant contractors coming back on site at a later date with the possibility of an increased cost.

The Committee noted the report.

13. **Date of Next Meeting**

Wednesday, 15th June 2022 @ 2 p.m., MS Teams.

BE
28.03.22

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 April 2022
Title:	Endowment Fund Board of Trustees Minutes
Responsible Executive/Non-Executive:	Andrew Bone, Director of Finance
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to share the approved minutes of the Endowment Fund Board of Trustees with the Board.

2.2 Background

The minutes are presented to the Board as per the Endowment Fund Board of Trustees Terms of Reference and also in regard to Freedom of Information requirements compliance.

2.3 Assessment

The minutes are presented to the Board as per the Endowment Fund Board of Trustees Terms of Reference and also in regard to Freedom of Information requirements compliance.

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An HIA is not required for this report.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

This has been previously considered by the following group as part of its development. The group has supported the content.

- Endowment Fund Board of Trustees 16 May 2022
- Endowment Fund Board of Trustees 6 June 2022

2.4 Recommendation

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Endowment Fund Board of Trustees minutes 24.03.22
- Appendix No 2, Endowment Fund Board of Trustees minutes 16.05.22

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Thursday, 24th March 2022 @ 9 a.m. via Microsoft Teams.

Present: Mr J Ayling, Trustee
Mr A Bone, Trustee
Mrs H Campbell, Trustee (Left at 10.58 a.m.)
Mrs K Hamilton, Trustee (Chair) (Arrived at 9.25 a.m.)
Ms S Lam, Trustee
Mr J McLaren, Trustee
Mrs F Sandford, Trustee (Chair until 9.40 a.m.)
Mr T Taylor, Trustee (Left at 10.32 a.m.)
Mrs A Wilson, Trustee (Left at 10.27 a.m.)

In Attendance: Ms C Barlow, Fundraising Manager
Mrs B Everitt, PA to Director of Finance (Minutes)
Mrs S Paterson, Deputy Director of Finance (Head of Finance)
Mr G Reid, Investment Advisor
Mrs J Smyth, Director of Planning & Performance (Left at 10.54 a.m.)
Mrs K Wilson, Fundraising Manager

1. **Introduction, Apologies and Welcome**

Fiona Sandford welcomed those present to the meeting. Apologies had been received from Mr R Roberts, Trustee, Mrs S Horan, Trustee, Mrs L O'Leary, Trustee and Dr L McCallum, Trustee.

2. **Declaration of Interests**

James Ayling referred to the Valuation Report which listed holdings in "First Sentier Invr Stewart Invr Asia Pac Ldrs" and declared an interest as this investment was managed by a company of which he was previously a Director and that he receives a pension from its ultimate parent company.

Harriet Campbell declared that she worked for an accountancy firm practising in the Borders who might be seen as a competitor of those who had been approached to tender.

3. **Minutes of Previous Meeting – 31st January 2022**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The action tracker was noted.

John McLaren asked for an update on the Staff Lottery Fund. Susan Paterson advised that this fund was previously managed by a sub group of the Area Partnership Forum which was no longer meeting. Following discussion Susan recommended that the fund be managed by the Work & Wellbeing Group and agreed to provide Trustees with an SBAR for formal approval.

Children's Centre Charges

Susan Paterson spoke to this item and provided Trustees with the background to this project which would have been met fully by charitable funds. In regard to the £500,000 ring fenced for this project Susan reminded that Trustees had agreed at the September meeting that these funds should be returned to the unrestricted General Fund. Susan advised that the cost of the Fundraising Team's input to the fundraising feasibility study and the business case for the project had been charged to a separate restricted endowment fund. The total costs incurred over a two year period were noted as £106,243.47. Susan advised that as Trustees no longer had an ongoing commitment to the Children's Centre project the Fundraising costs required to be offset to the unrestricted General Fund.

John McLaren noted his concern around this due to the project being withdrawn and hoped that lessons had been learnt from this. James Ayling agreed with John's comment regarding lessons learnt and also highlighted a discrepancy between the figure within the report against that within the accounts. Harriet Campbell referred to the costs incurred and queried if these had been spent appropriately and gave value for money. Andrew Bone explained that there will always be risks with a major project like this but agreed lessons needed to be learnt and that project risks and uncertainties required to be clearly understood. Andrew clarified that the discrepancy with previously reported figures had been resolved and was the result of incorrect attribution of portfolio gains/losses which had subsequently been corrected. Susan assured that the cost of £106,243.47 for the support provided by the Fundraising Team over a two year period was correct and the updated figure had been reviewed by the Endowment Fund's External Auditor. Susan added that perhaps on hindsight these costs should have been charged to the Board which would have allowed an application to Scottish Government requesting write off. Susan advised that this would be looked into before committing to any projects of this magnitude in the future. Andrew confirmed that similar challenges to those outlined in the paper are faced with the Board's capital projects as there is limited capacity to support infrastructure projects. Andrew added that he and June Smyth are in active discussion on how to maximise capacity to deliver the projects which have currently been committed to.

The Board of Trustees approved the removal of the Trustee restriction applied to the Fundraising Costs Fund number 401.

The Board of Trustees approved the closure of the Fundraising Costs Fund number 401 with a resultant transfer of the deficit fund balance of £106,243.47 being charged to the Unrestricted (General) Fund.

5. **Funds Management**

5.1 *Investment Advisor Report*

Graham Reid spoke to this item. Graham reported that the portfolio had reacted as expected following Russia's invasion of Ukraine and at market close the previous day it was down by 5.1% since the start of year. Graham highlighted the inflationary impact across the globe and that more pressure is expected for the consumer. Graham also noted concern around a potential rise in interest rates. Graham advised that in the circumstances it would be unavoidable other than to look at taking some of the risk away from the portfolio. The equity exposure within the portfolio was noted as 60.7%.

Karen Hamilton enquired if modelling could be done to outline different scenarios. Graham advised that the situation was too complex to be able to do this within reasonable tolerances for accuracy. Fiona Sandford asked if any thought had been given on what to invest in if there was to be a move away from equity. Graham advised that he would be looking to invest in infrastructure, investment trusts and renewable energy. James Ayling referred to the portfolio performance on page 6 of the valuation report and noted that the portfolio had underperformed against the benchmark and queried if the portfolio was balanced enough. Graham confirmed that he felt it was and stressed that there is greater reward in long term investments. Andrew Bone highlighted the implication for the annual accounts given that the portfolio would very likely report an in year loss and that the agreed process would mean this loss should be proportionately attributed to individual funds. Andrew suggested that in recognition of the current market conditions Trustees might consider whether to defer attribution of gains/losses in order to retain stability of fund balances in short term. This would mean that the loss would not be attributed out to individual funds for a proposed period of at least 6 months and that the loss would be held as a designated Restricted Fund into the new financial year and distributed at a suitable point in 2022/23.

James asked for assurance from Investec around IT cyber security. Graham confirmed that they take this very seriously and have an in-house cyber security team. Graham agreed to provide a brief outline on the policy for Trustees' assurance.

The Board of Trustees noted the report.

6. **Governance Framework**

6.1 *Endowment Fund Governance Review 2021/22*

Susan Paterson spoke to this item. Susan recommended continued use of the existing Governance Framework and supporting policies in place for the Endowment Fund during 2022/23 until a full risk assessment and agreed action plan is in place in response to the recommendations within the national review. Susan highlighted the low risk amendments which were being proposed in the governance documentation for 2022/23 and took Trustees through these.

James Ayling referred to the cash management policy and the recommendation to operate with one commercial account, with any balance of funds being transferred to the investment portfolio. James noted his concern around this as he was aware of the OSCR guidance around the number of accounts required for the amount of cash being held. Susan explained that the amount held is £85,000 and that it would be unworkable to have this held over numerous accounts. James suggested that this still be reviewed in line with OSCR guidance. Susan agreed to undertake a review and to provide an update to the next meeting. Susan added that one account would be held meantime until the review is undertaken and agreement reached.

Harriet Campbell referred to the Investment Policy and noted investment was on a socially responsible basis and no investments were held in organisations whose main activity is the manufacture or promotion of alcohol, gambling, tobacco or armaments, however she felt that this still needed to be more specific. Harriet commented that there was nothing about the environment and did not feel it was ethically robust enough. Susan agreed to discuss these points further with the

Investment Advisor and bring forward a proposal to the next meeting. Graham Reid added that it was not an ESG portfolio but he would try and accommodate any specific requests to suit the needs of the charity.

The Board of Trustees noted the report and approved the continued use of the existing Governance Framework and supporting policies during 2022/23, inclusive of the recommended low risk changes, until the future governance action plan flowing from the national review of NHSS endowment funds report is complete.

Alison Wilson left the meeting at 10.27 a.m.

6.2 *Endowment Fund Governance Review 2022/23*

Colleen Barlow spoke to this item and advised that the report outlined the establishment of a working group to address the recommendations arising from the national review, the internal audit undertaken by Grant Thornton, the external audit undertaken by Geoghegans and the review of restricted funds undertaken by Turcan Connell.

The Board of Trustees discussed and approved the process outlined in the paper.

6.3 *Endowment Fund External Auditor Appointment*

Susan Paterson spoke to this item. Susan reminded Trustees that a Short Life Working Group had been set up to progress procurement of an External Auditor for the Endowment Fund for a four year period, with an optional one year extension. Susan confirmed that the group had met and agreed the documentation which had been issued to four organisations that fitted the criteria. It was noted that only two responses had been received, attached as an appendix to the report, which had been discussed by the group who had looked to pull out some of the stronger qualities and concluded that the preferred bidder was Thomson Cooper. Susan highlighted the findings when comparing the two tender responses. Karen Hamilton advised that she was part of the Short Life Working Group and was content that the process had been adhered to and also with the proposals being made. Susan, on behalf of Lucy O'Leary who was unable to attend today's meeting, noted approval of the proposals being put forward.

The Board of Trustees noted the tender exercise and the work completed to review the tender responses by the Trustee Short Life Working Group.

The Board of Trustees' preferred External Auditor, as recommended by the Trustee Short Life Working Group, is Thomson Cooper.

The Board of Trustees approved the offer of contract to Thomson Cooper for external audit services for the Endowment Fund for a 4 year (with optional +1 year extension) period from 1st April 2021 to 31st March 2025 as recommended by the Trustee Short Life Working Group.

Tris Taylor left the meeting at 10.32 a.m.

7. **Capital**

7.1 *Walk the Walk/Mammography - Update*

Colleen Barlow spoke to this item. Colleen reminded Trustees that they had received the initial email from Walk the Walk withdrawing their commitment due to the length of time it had taken to commence the project. Colleen provided background for the benefit of the new Trustees. Harriet Campbell appreciated that there would be lessons to be learnt but asked if anything could have been done differently to have avoided this situation. Andrew Bone advised this was a complex circumstance with a number of contributing factors including delay in confirmation of funding, capital planning delays and the more recent impact of the pandemic on hospital capacity and consequent ability to deliver infrastructure projects. Andrew highlighted the need to resolve Capital Planning and Estates' capacity within the Board around supporting projects which have been committed to and that they were actively taking this forward. Karen Wilson added that although they had received verbal confirmation of the grant they had been unable to get this in writing despite actively chasing. After a period of two years this was received but the pandemic put a halt to progressing the project. Karen did not expect to see another situation like this in the future but assured that lessons had been learnt. Karen Hamilton noted that the project was on hold and there was no further action at present. Andrew advised that they are looking to see if there are any other possible routes to take this forward and noted that the equipment has already been purchased through separate SG allocation.

The Board of Trustees noted the update.

8. **Fundraising**

8.1 *Fundraising Workplan*

Colleen Barlow spoke to this item which provided a summary and overview on the priorities for the Fundraising Team during 2022/23. It was noted that a Fundraising Plan for 2022/23 will be drafted and provided to Trustees for review in due course.

The Board of Trustees noted the update and the 2022/23 priorities for the Fundraising Team.

9. **Any Other Business**

Graham Reid left the meeting for this item (10.50 a.m.)

9.1 *Investment Advisor – Extension to Contract*

Susan Paterson spoke to this item. Susan reminded Trustees that the contract with Investec had been on a month to month basis since 1st October 2021. Susan confirmed that there is no length of term for this appointment and that it was entirely up to Trustees' judgement. Susan provided background to the current appointment and highlighted that Investec have kept the fee level of 0.03% since May 2011. Susan confirmed that Investec were content to accept a further extension and she was recommending a three year extension period (1st April 2022 – 31st March 2025), with a break clause at year two (31st March 2024) to allow new Trustees to take a view if they wish a tender exercise to be undertaken. This appointment would also ensure continuity.

Harriet Campbell noted comments raised previously about the portfolio underperforming against the benchmark, however given the likely changes due to the recommendations within the national report agreed that it would be beneficial to extend the contract with Investec for continuity. James Ayling agreed that due to changes forthcoming it would make sense for the new Trustees to make this decision. Andrew Bone added that in the current volatile market it would seem sensible to maintain consistency in investment advice in order to mitigate any further disruption.

June Smyth left the meeting at 10.54 a.m.

The Board of Trustees agreed to the extension of Investec for three years (1st April 2022 to 31st March 2025) with a break clause at year two (31st March 2024).

Harriet Campbell left the meeting at 10.58 a.m.

James Ayling highlighted that there may be a very tight window of opportunity for current Trustees to look at any potential capital projects. Andrew Bone advised that the implications for Trustee decision making during the transition period would be considered through the governance review discussed at item 6.2 and the action plan that is being populated. Andrew further advised that he would caution against any further capital projects in short to medium term, where these are likely to require property works, as a result of Estates capacity and construction industry factors and the likelihood of extended timelines to completion.

10. **Date and Time of Next Meeting**

Monday, 16th May 2022 @ 2 p.m.

(Apologies noted from Karen Hamilton - Fiona Sandford will chair the meeting)

BE
01.04.22

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 16th May 2022 @ 2 p.m. via Microsoft Teams.

Present: Mr J Ayling, Trustee
Mr A Bone, Trustee
Mrs H Campbell, Trustee
Ms S Lam, Trustee
Dr L McCallum, Trustee
Mr J McLaren, Trustee
Mrs L O'Leary, Trustee
Mr R Roberts, Trustee
Mrs F Sandford, Trustee (Chair)
Mr T Taylor, Trustee
Mrs A Wilson, Trustee

In Attendance: Ms C Barlow, Fundraising Manager
Mrs B Everitt, PA to Director of Finance (Minutes)
Mrs S Paterson, Deputy Director of Finance (Head of Finance)
Mr G Reid, Investment Advisor
Mrs K Wilson, Fundraising Manager

1. **Introduction, Apologies and Welcome**

Fiona Sandford welcomed those present to the meeting. Apologies had been received from Mrs K Hamilton, Trustee, Mrs S Horan, Trustee, Mr D Parker, Trustee and Mrs J Smyth, Director of Planning & Performance.

2. **Declaration of Interests**

James Ayling referred to the Valuation Report which listed holdings in "First Sentier Invr Stewart Invs Asia Pac Ldrs" and declared an interest as this investment was managed by a company of which he was previously a Director and that he receives a pension from its ultimate parent company.

3. **Minutes of Previous Meeting – 24th March 2022**

The minutes were approved as an accurate record.

4. **Matters Arising**

James Ayling referred to the issue he raised at the last meeting regarding cash being held in one account rather than a number of accounts as per guidance from OSCR. James noted his concern that the action to bring an update on the findings to today's meeting had been deferred to June and asked for an update on this. Andrew Bone advised that this had not been possible due to workload issues and proposed that a paper be circulated prior to the June meeting for approval by Trustees. This was agreed.

Action Tracker

Susan Paterson referred to the action regarding the Staff Lottery Fund and confirmed that she planned to issue an SBAR to Trustees for approval prior to the June meeting.

The action tracker was noted.

5. **Funds Management**

5.1 *Investment Advisor Report*

Graham Reid spoke to this item where it was noted that as at 4th May 2022 the portfolio value was just over £4.8M, a reduction of -2.65%, net of fees, since the last report. Graham noted the continuation of the volatile market conditions as per discussion at the last meeting. Graham advised that inflation continues to be a main factor and that there is concern around how central banks will manage this. Graham went on to provide a global update following the pandemic and felt that in general things were starting to look less uncertain. Fiona Sandford asked if it was felt that the portfolio was too heavily invested in equity, noting the current holding of 60.2%. Graham advised that as of Friday the equity holding had reduced to 57% which was well within a medium risk portfolio and he had no concerns with this, however the portfolio could be reduced to low/medium if Trustees so wished. James Ayling enquired if there had been a missed opportunity in two sectors, namely banking and oil/gas, as he was surprised these were not within a balanced portfolio and if appropriate if there was an opportunity to add these now. Graham advised that he did not believe there was a huge upside within the banking sector, unlike a number of years ago, to merit adding to the portfolio. In regard to the energy companies Graham appreciated there had been a massive hike in the price of oil following the Ukraine conflict which by default had seen a sharp rise in share prices however he suspected they would not continue at these levels and expected them to even out going forward. Harriet Campbell highlighted that fossil fuel holdings might not be compatible with an environmentally responsible approach and so if the fund were to be significantly invested in this sector this would need to be specifically discussed and agreed.

Harriet noted that the summary sheet was much improved but felt it would be helpful to include information on any significant disposals, at the Investment Advisor's discretion, and include the reasons for these. Graham agreed to include this information in reports going forward and would be happy to make any further adjustments as required.

The Board of Trustees noted the report.

6. **Endowment Fund Annual Accounts 2021/22**

6.1 *Draft 2021/22 Report from Trustees and Annual Accounts*

Susan Paterson spoke to this item. Susan advised that the draft report and accounts received at today's meeting had been sent to Thomson Cooper, the External Auditor, who had started their audit today and hoped to conclude by the end of the week. Susan confirmed that an adjusted draft document would be sent to them following today's meeting if necessary. Harriet Campbell advised that she had a number of minor points which she would pick up with Susan outwith the meeting but wished to raise two specific ones. Harriet noted that there was reference throughout the report to designated restricted funds and ring fenced funds and although appreciated these were the same thing felt that there should be consistency and her preference would be ring fenced funds. Harriet also referred to page 23 of the document and the substantial amount recorded against debtors as at 31st March 2022 when compared with the previous year. Susan explained the reason for this and agreed to add narrative to provide clarity. Harriet also asked for clarification around the 1% admin fee. Susan advised that this admin fee is a contribution taken from all restricted funds to support the

running costs of the charity, and specifically the workload associated with administration of funds. The charge is collected within a ring-fenced Finance and Governance fund and administrative costs are expected to be charged against this fund as incurred.

Andrew Bone drew Trustees' attention to the treatment of restricted funds in respect of gains, losses and investments and highlighted that these haven't been apportioned out across restricted funds due to market volatility and referred to the narrative within the report where this was detailed. A review was proposed to be undertaken in six months depending on the volatility of the market at that time.

James Ayling advised that he also had some minor amendments which he would pick up with Susan outwith the meeting. James went on to explain that outwith these meetings he had raised that there was no Privacy Policy on the Charity's website and had liaised with Colleen Barlow to produce one which had been approved by the Data Protection Officer and could now be accessed on the website. James confirmed that he had spoken with Karen Hamilton, as Chair of the Board of Trustees, who confirmed that she was content for it to be put straight on the website rather than there being any further delay by coming forward to a Trustees' meeting. James noted that within the narrative to the accounts it stated that Trustees comply with GDPR and suggested that this be reworded to reflect the current situation and agreed to work with Susan to do this. The update regarding the Privacy Policy was noted and Trustees agreed that the narrative within the report should be amended.

Susan agreed to make the adjustments as discussed, plus those that would be picked up outwith the meeting, however if any other amendments/clarifications were required prior to the June meeting Trustees should make direct contact.

The Board of Trustees noted the draft 2021/22 Report from Trustees and Annual Accounts.

7. Fundraising

7.1 *End of Year Fundraising Report 2021/22*

Karen Wilson spoke to this item. Karen took Trustees through the report highlighting areas of interest and where objectives had been rolled forward into the 2022/23 objectives. Sonya Lam enquired, in terms of outcomes and the impact/added value of investments, where this information was reported if not within the annual report. Karen advised there has been a challenge in articulating the impact, however work is ongoing to share knowledge and that they would be looking back at projects to assess the impact on staff and patients. An update report would be shared with Trustees in due course. Lynn McCallum felt that it would also be helpful to report on the unsuccessful submissions for endowment funding and the logic behind these decisions. Karen agreed that this information could be incorporated within future reports to Trustees. Karen added that it was hoped to start educating staff around making applications and to promote Fundraising to provide help and advice. Andrew Bone reminded Trustees of the pause to the Endowment Strategy which would now recommence and be taken forward over the coming months. Harriet Campbell enquired about the process for agreeing applications as she noted that the Endowment Advisory Group had not met for a number of years. Andrew explained that over 80% of funds are restricted and decisions on expenditure are taken by the nominated Fund

Manager within their delegated authority. Karen outlined the levels of delegated authority and summary spend against this during the past year. A copy of the scheme of delegation for Endowment Funds to be circulated to Trustees for information. Andrew clarified that the development of the Endowment Strategy is intended to strengthen transparency of this decision making and to ensure that trustees are able to influence the prioritisation of resources from within restricted funds in line with the wider aims of the charity. It was noted that in the absence of the Endowment Advisory Group any proposals had come forward to the Board of Trustees for approval. Andrew reminded of the suspension to spend on unrestricted funds over the last 12 months but as this had now been lifted he expected to see applications coming forward.

Lynn highlighted her view that there was a frustration across the organisation when applying for endowment funding. It was felt this might be due to a lack of understanding in the process highlighted above. Lynn also noted that as far as she was aware there was no clinical representation on the Endowment Advisory Group. Karen explained the process currently in place and following discussion agreed to discuss with Lynn outwith the meeting some recent examples which had not appeared to follow this. Andrew reiterated that all the issues raised today, and at previous meetings, should be resolved with the introduction of the Endowment Strategy now that this was moving forward again. Fiona Sandford welcomed this and asked that update on the strategy be provided to future meetings.

The Board of Trustees noted the end of year Fundraising Report for 2021/22.

7.2 *Fundraising Plan 2022/23*

Karen Wilson spoke to this item which provided the details of the Fundraising Plan for 2022/23. Karen went on to take Trustees through the objectives within the plan, namely to conclude the reorganisation of the restricted funds, encourage Endowment Fund spend by supporting staff/Fund Managers and support the Endowment Advisory Group in the review of applications, carry out prioritised recommendations from the national review, develop the Endowment Strategy, support the recommencement of outstanding capital projects, maximise the benefits of NHS Charities Together and continue the day to day running of the Fundraising office.

The Board of Trustees approved the Fundraising Plan for 2022/23.

8. **Endowment Advisory Group**

8.1 *Update on Endowment Fund Applications*

Karen Wilson spoke to this item. Karen explained that the outstanding applications received prior to the pause on the use of unrestricted funds had been reviewed but none were in a position to come forward to the Endowment Advisory Group so the May meeting had been cancelled and rescheduled for August. It was noted that Fundraising would offer support to any applicants should they wish to resubmit. It was further noted that two applications could be progressed through the approved scheme of delegation and these were currently being taken forward. Fiona Sandford enquired about the timescales for progressing the applications which were still relevant. Karen was unable to provide a timescale but assured that they would be moved forward as quickly as possible. Lynn McCallum referred to the funding application for the “Trickle Engagement &

Wellbeing App” subscription and asked if this could be prioritised as there was a potential reputational risk to the organisation. Karen advised that there had been conflicting views around the use of this App and they had required clarification that the organisation was in support of it. This had now been received so Karen saw no issue in moving this forward as a matter of urgency.

The Board of Trustees noted the report and confirmed support for the use of delegated authority as described in the Scheme of Delegation for Fund 400 to progress outstanding proposals if required.

9. **Any Other Business**

James Ayling reminded Trustees of the need to be aware of their responsibilities and ensure that there are adequate staff resources in place to take forward the work plans presented to Trustees, independently of any resource issues within the NHS Board. Andrew Bone recognised that co-dependencies with NHS resource in areas such as Estates would remain challenging but that there would be opportunity in broader terms within the scope of the work plan. Andrew reminded Trustees that additional capacity had already been agreed in relation to the implementation of the national review recommendations. Andrew suggested that Karen Wilson and Colleen Barlow work through resource requirements and bring an update to the next meeting highlighting if any further resource is required.

10. **Date and Time of Next Meeting**

Monday, 6th June 2022 @ 2 p.m.

BE
18.05.22

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Clinical Governance Committee Minutes
Responsible Executive/Non-Executive:	Lynn McCallum, Medical Director
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to share the approved minutes of the Clinical Governance Committee with the Board.

2.2 Background

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

2.3 Assessment

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

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An HIA is not required for this report.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

This has been previously considered by the following group as part of its development. The group has supported the content.

- Clinical Governance Committee 18 May 2022

2.4 Recommendation

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Clinical Governance Committee minutes 16.03.22

Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 16 March 2022** at 10am via Microsoft Teams

Present

Mrs F Sandford, Non Executive Director (Chair)
Mrs A Wilson, Non Executive Director
Ms S Lam, Non Executive Director
Mrs H Campbell, Non Executive Director

In Attendance

Miss D Laing, Clinical Governance & Quality (Minute)
Mrs L Jones, Head of Clinical Governance & Quality
Mr R Roberts, Chief Executive
Dr L McCallum, Medical Director
Dr O Herlihy, Associate Medical Director, Acute Services & Clinical Governance
Dr T Patterson, Joint Director of Public Health
Mrs S Horan, Director of Nursing Midwifery & Allied Health Professionals
Mrs S Flower, Associate Director of Nursing, Chief Nurse Primary & Community Services
Mrs E Dickson, Associate Director of Nursing/Head of Midwifery
Mr S Whiting, Infection Control Manager
Mr G Clinkscale, Director of Acute Services
Lynsey Milven, Infection Control Development Facilitator
Susan Elliot, ADP Coordinator
Fiona Doig, Head of Health Improvement/Strategic Lead Alcohol and Drugs Partnership
Simon Burt, Manager Learning Disability Services & General Manager MH Services

1 Apologies and Announcements

Apologies were received from:

Dr J Bennison, Associate Medical Director, Acute Services
Mrs L Pringle, Risk Manager
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Mr P Williams, Associate Director of Nursing, Allied Health Professionals

The Chair welcomed:

Susan Elliot & Fiona Doig (item 5.4)
Simon Burt Deputising for Peter Lerpiniere (items 6.3 & 6.4)

The Chair confirmed the meeting was quorate.

2 Declarations of Interest

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

The **CLINICAL GOVERNANCE COMMITTEE** noted that the previous declaration by Ms Lam was still relevant.

Mrs Campbell noted she was awaiting referral to CAMHS for one of her children

No other declarations of interest noted.

3 Minute of Previous Meeting

Changes were made to Mrs Horan's title. The minute of the previous meeting of the Clinical Governance Committee held on Wednesday 19 January 2022 was approved

4 Matters Arising/Action Tracker

Matters Arising from the previous meeting were noted and action tracker updating accordingly.

5 Patient Safety

5.1 Infection Control Report

Unfortunately due to technical issues the overview and some questions on Mr Whiting's report were missed on transcript. From notes taken at the time the following issues were raised. Most of these are also highlighted in the Acute Services and Duty of Candour reports and subsequent discussions.

- Day 5 Covid testing discussion and the importance of keeping a tight control
- NHS Borders did not reach recommended reduction in SAB infections, community SABS are difficult to capture as most patients have not had previous NHS intervention. Again Mr Whiting pointed out that not much we can do as these are patients who have not had previous intervention.
- Funnel chart shows that we are not outlying and our numbers remain small.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured we are doing the best we can to minimise infection spread.

5.2 Quarterly HSMR

Mrs Jones provided a brief overview of the content of the report. NHS Borders remains within the normal limits on NHS Scotland funnel plot.

A discussion followed where several points were raised including the in-depth scrutiny of COVID deaths which will continue to end of March 2022. Moving forward it is intended that we will go back to a sample of 20% of all deaths which feels proportionate based on findings during the last 2 years of auditing COVID deaths.

Ms Lam enquired about how we will note any changes when methodology is altered as there will be no comparable data against national reporting. Mrs Jones agreed that comparative reporting will be challenging, however it is expected that the annual report will give a more balanced view as all deaths are included in this report and not just the inpatient deaths recorded on HSMR report. It was agreed that the committee be mindful that there may be a lack of correlation due to the changes in methodology and this will be reflected in the annual mortality report.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents noting comments above regarding the comparative data.

5.3 Duty of Candour Annual Report

Mrs Jones provided a brief overview of the content of the report and shared some slides to highlight NHS Borders position. Report has been left in draft format until conclusion of discussion today. Annual report should be published by the end of March. Some Boards have published but NHS Borders were awaiting steer on reporting nosocomial deaths and whether these should be included in report.

Eight cases met duty of candour criteria; these were all subjected to management review with detailed investigation and action plan. It is expected that the conclusion of these investigations will be included in divisional reporting to the committee.

Ms Lam enquired about the impact COVID has had on waiting times Mrs Jones commented that this did not seem to have been highlighted in any of the cases investigated which would trigger a duty of candour response. Discussion had taken place with the Central Legal Office and the policy around standing down of services during lockdown. Going forward cases will be considered individually and circumstances like waiting times may be taken into consideration.

Lengthy discussion followed regarding the unseen harm that is concerning at present, it is anticipated that if there is any harm this will come to light following our usual adverse event recording process.

Mrs Campbell suggested that we keep pushing the Scottish Government on clear guidance around Duty of Candour in particular relating to any legislation.

Discussion took place regarding legislation and in particular within the context of day five Covid testing. Mr Roberts supports the organisation in their approach and is happy to assist in gaining better clarity and guidance from the Scottish Government.

The Committee agreed that Duty of Candour is not always the right way to address unintended harm and appropriateness and timing of Duty of Candour discussion needs to be considered but it is important to be open and honest if failures in our system cause harm.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured due to complexities of this subject.

5.4 Drug Deaths Annual Report

Ms Elliot provided a brief overview of the content of the report, she commented that the time lag of data was due to the waiting for national records for Scotland publishing their data. There was no real change in demographics of data and although there has been a trend increase over 2016-2020 our number of deaths has been largely stable since 2018. The Drug Deaths Review Group identify any learning from the outcomes of cases to ensure that all loops are closed but this is only check for patients who have previously been open to NHS services within the last 12 months prior to death.

Mrs Sandford enquired about comparative data nationally and in Europe. Ms Elliot commented that this kind of data is only available at higher level and she can include that in future reporting if there is an appetite for it.

There followed discussion regarding Naloxone uptake and it's effectiveness in terms of overdose across Scotland. Ms Elliot commented that she had not seen that data and will take back to the drug death coordination meeting and come back with data.

ACTION: Ms Elliot will discuss Naloxone effectiveness in overdose across Scotland and provide brief update to Committee.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents

6 Effectiveness

6.1 Clinical Board update (Acute Services)

Mrs Dickson provided a brief overview of the content of the report.

A discussion followed where several points were raised including staffing pressures which have a knock on effect across the system. Redeployed staff are returning to original work areas to alleviate the workloads there. Theatres have started running sessions and these are increasing towards what would usually be the norm. This all within the constraints of staff shortages. International recruitment has commenced and outpatient numbers have increased.

The Committee agreed that the staff pressures have been a concern at the last few Committee meetings and it was agreed that this should now be escalated to the Board. SH workforce strategy to board

Mrs Horan raised the issue of long waits in the Emergency Department and the need to address this particularly in the short term.

Mr Clinkscale commented that they have had feedback from the Centre for Sustainable Delivery who are working alongside NHS Borders to address the issues in ED and with the levels of surgery we are operating at. Conversation took place supported by CFSD and Clinical Director Group. There is a willingness to look at things differently and move forward with delivery of services. The CDG was asked to come back with five priority actions in respect of the three goals identified in Mrs Dickson's divisional report. A programme of improvement that supports multidisciplinary teams to delivery the five actions has been put in place.

Ms Lam commented that it would be useful to see the evaluation of virtual ward, Mr Clinkscale noted that the evaluation will go to the project board in April and he will share this once it has been approved.

Mrs Wilson enquired about staffing ratios relating to falls and sustainability there was a short discussion relating to this and it was noted that staff ratios are only part of safe staffing model and cannot be taken in isolation.

ACTION: Mrs Jones & Mrs Horan will escalate our lack of assurance regarding staffing levels to the Board

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is not assured by the content. Issues around delays and staffing will be escalated to the Board

6.2 Clinical Board update (Primary & Community Services)

Mrs Flower provided a brief overview of the content of the report.

A discussion followed where several points were raised including acknowledgement

that Primary & Community services were experiencing the same issues with workforce and short term sickness as the secondary care units. Really good joint working has been seen across the boards which will be a focus with the work commencing on discharges without delay programme. Work on education regarding deteriorating patients continues including how we escalate patients through GPs. Support for care homes also continues, in particular during recent outbreak which saw nine of the care homes closed to admissions and transfers which had a real knock on effect on flow across the whole system.

Work is underway by Clinical Nurse Managers in relation to falls sensors and care planning and the principles of good documentation. Mrs Flower commented that there were some really good examples of care planning in the residential care homes and they would be taking learning from those.

Further discussions took place regarding bed capacity following moratoriums on a number of care homes. There are none in place at the moment but Mrs Flower acknowledged that this and workforce issues had been causing issues with access to beds. The grip on care homes is highlighted in the report.

Ms Lam enquired about hydrotherapy remobilisation, Mrs Flower will update on that in the next report.

ACTION: Hydro therapy remobilisation update to be included in the next report.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents

6.3 Clinical Board update (Mental Health Services)

Mr Burt provided a brief overview of the content of the report.

A discussion followed where several points were raised including the issues relating to acuity which remains high. There are delays in assessment and a discharge as with the rest of the organisation and staffing also remains an issue. Provision of CAMHS is one of the areas causing quite a bit of concern. The service is looking at ways to tackle these issues during the recovery phase. The committee would like to see any action plans in place going forward, Mr Burt will feed this back to Mr Lerpiniere.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is not assured by the contents but note that service are looking at ways to address highlighted issues.

6.4 Clinical Board update (Learning Disabilities Services)

Mr Burt provided a brief overview of the content of the report.

A discussion followed where several points were raised including projects linked to the government strategic direction. The Service is working much more closely with Scottish Borders Council. Plans to develop a supported living service in Tweedbank are underway. Quality assurance work is also underway to formulate an action plan for improvements required; this will be discussed further at a planned development day.

Learning Disability mortality reviews have now been commenced.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents.

7 Assurance

7.1 Medical Education Annual update (including GMC Survey results)

Dr Herlihy provided a brief overview of the content of the report.

A discussion followed where several points were raised. The residency lease finishes in 2028 so some planning will need to be done regarding housing undergraduates; some funding is available for refurbishment but there is a reluctance to spend too much should we not continue leasing the current accommodation.

It has been recognised that this is important going forward that the organisation is transparent on where funding is spent in each department.

Discussion continued regarding difficulties of workload pressures and rotas and NHS Borders reliance on trainees to provide service. There is now access to the Trickle app which is a real time employee experience platform where the trainees can voice their concerns or worries. This allows the organisation to see and address any issues identified.

Dr Herlihy gave an update on the Clinical Development Fellow programme, she commented that there has been a good amount of interest and they are looking for fellows in senior and junior roles. Dr Herlihy noted that it is important to develop and stabilise the non training grades to balance to workload for the trainees. Dr McCallum commented that there is still work to be done with the Deanery and NES to ensure that we are still able to train in the Borders.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and although not assured by the contents they acknowledge the significant amount of work taking place to address any issues.

8 Items for Noting

- a. Clinical Governance Annual Audit Priorities - noted
- b. Clinical Governance Committee Improvement Plan, the chair noted that the non executives and Mrs Jones met to discuss the direction of the improvement plan for next year. Outcomes will be shared with the committee as appropriate.
- c. Clinical Governance Committee Draft annual report - noted
- d. Clinical Governance Committee TOR - noted

9 Any Other Business

There were no further items of competent business to record.

10 Date and time of next meeting

The chair confirmed that the next meeting of the Borders NHS Board's Clinical Governance Committee is on Wednesday 18 May 2022 at 10am via Teams Call.

The meeting concluded at 12:08

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Quality and Clinical Governance Report – June 2022
Responsible Executive/Non-Executive:	Laura Jones, Director of Quality and Improvement
Report Authors:	Susan Cowe Quality Improvement Facilitator - Person Centred Care, Justin Wilson Quality Improvement Facilitator - Clinical Effectiveness

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Clinical governance

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

2.1.1 This exception report covers keys aspects of clinical effectiveness, patient safety and person centred care in the context of the current pandemic response to COVID 19 within NHS Borders, including:

1. Clinical pressures
2. Mental Welfare Commission visit
3. Local gap analysis against the Ockenden report
4. Hospital standardised mortality and COVID 19 deaths
5. Patient experience

2.1.2 The Board is asked to:

- note the report and detailed oversight on each area delivered through the Board Clinical Governance Committee

2.2 Background

2.2.1 NHS Borders, along with other Boards in Scotland, are currently facing more extreme pressures on services than have been experienced in most people's working careers. Demand for services is intense and is exacerbated by significant staffing challenges, across the health and social care system.

2.3 Assessment

2.3.1 CLINICAL EFFECTIVENESS

2.3.2 The Board Clinical Governance Committee (CGC) met in May 2022 and discussed papers from all three clinical boards. Each clinical board continued to raise four main risks which are placing excessive pressure on patient access and staff.

1. **delays in patient flow** including increasing length of stay and numbers of delayed discharges and the strain this was placing on access to inpatient beds and emergency and elective access times. These delays were extending across all 3 clinical boards. In mental health this has led to admission outwith criteria to Huntlyburn ward; in primary and community services to delays in admission from home to community hospitals and in acute services to lengthy delays in admission for unscheduled care and an inability to fully remobilise elective surgery
2. **COVID 19 and infection control outbreaks** resulting in temporary closures of beds across hospital inpatient areas and care homes
3. **care and nursing home beds** and the impact of reductions in the number of care home beds across the Borders as a result of temporary staffing pressures over the last three months. In addition to this they referenced the impact on the number of available nursing beds as a result of the care homes being unable to resource and recruit registered nurses into their organisation. One care home with nursing beds has now submitted notice that they will be moving from "nursing" to residential care only.
4. **core deficits in registered nurses** to staff core and additional beds required to accommodate patient delays particularly within acute services. This is driven by the national recruitment challenges in this area but is a significant pressure in acute given the necessity to continue to operate with around an additional 50 unscheduled care beds to accommodate system delays.

2.3.4 Whilst the Board CGC continues to have close scrutiny of clinical pressures there have been two areas where assurance has not been able to be provided at the last 4 CGC meetings relating to the impact of staffing levels and the combined pressure of increased length of stay and delayed discharges on unscheduled access and elective care.

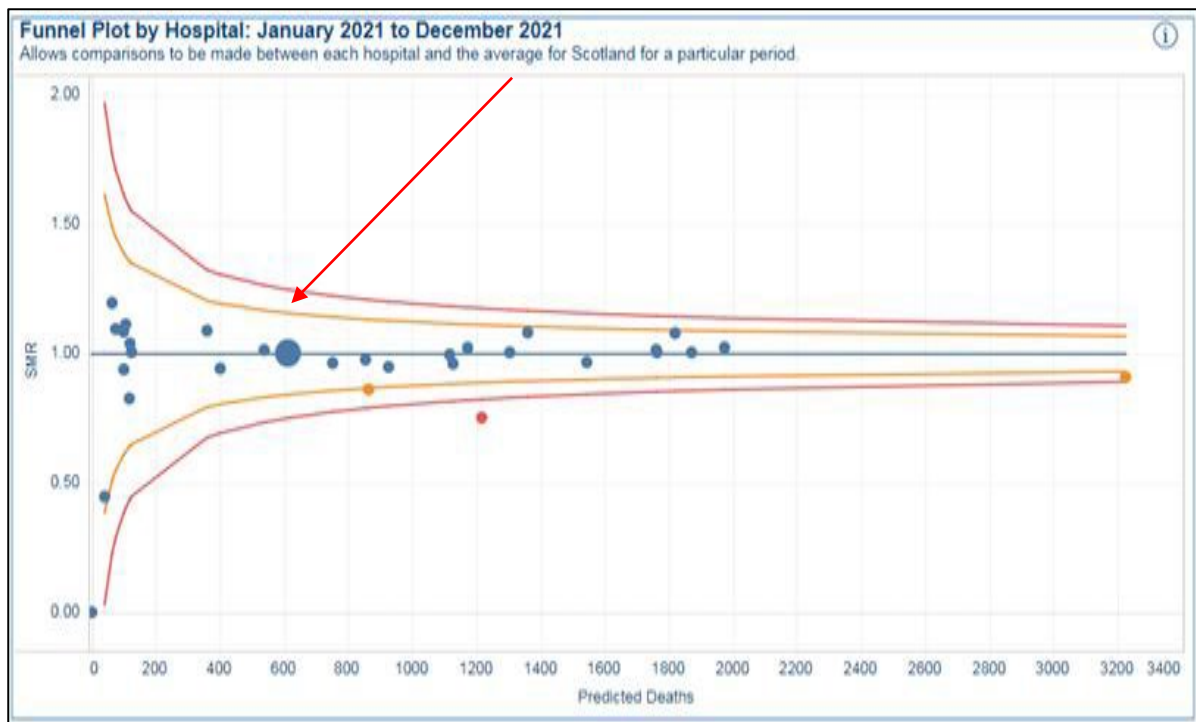
2.3.5 The CGC are aware of the proactive improvement work underway in unscheduled care and recognised the significant efforts being made within these workstreams to alleviate pressure. However, recognising the complexity and risk of the themes being raised by clinical boards and the need for a whole system response across health and social care

the CGC agreed to formally escalate these areas to the Board in March 2022 for further review. The CGC noted the significant effort from staff across services and from clinical management teams to mitigate risks as far as possible within their own control.

- 2.3.6 The CGC also noted an additional piece of work currently underway to scope out additional staffing models to further mitigate risk recognising the core national deficit of registered nurses. This paper will be considered in due course.
- 2.3.7 The CGC were informed of a visit from the Mental Welfare Commission to Huntlyburn on 23 February 2022. Their report contained 2 recommendations relating to better practice in care planning and to ensuring any restrictions or restrictive practice with patients (this might include limited or no unescorted time off the ward or enhanced engagement time with staff) should show a clear rationale and goal within the care plans. A response to the recommendations has been prepared and progress will be reported through the CGC.
- 2.3.8 The CGC considered the recently published Ockenden report. This Independent Review into Maternity Services at the Shrewsbury and Telford Hospital NHS Trust was commissioned in May 2017 by NHS Improvement at the request of the Right Honourable Jeremy Hunt MP, then Secretary of State for Health and Social Care. This was in response to concerns raised with Mr Hunt by Rhiannon and Richard Stanton Davies and Kayleigh and Colin Griffiths about the deaths of their daughters in 2009 and 2016 respectively and about 21 further families which experienced adverse outcomes at the Trust. These concerns were with regards to the maternity care received at the Trust and with the failure of the Trust to provide satisfactory answers to questions asked about the care it provided.
- 2.3.9 The NHS Borders Head of Midwifery provided an extensive gap analysis against both the Ockenden recommendations and those from the MBRRACE - Mother & Babies Reducing Risk Through Audits and Confidential Enquiries reports. The CGC were assured by NHS Borders position against the recommendations and the proactive work the service continue to do to maintain a positive safety culture under the local Maternity and Children Quality Improvement Collaborative (MCQIC).

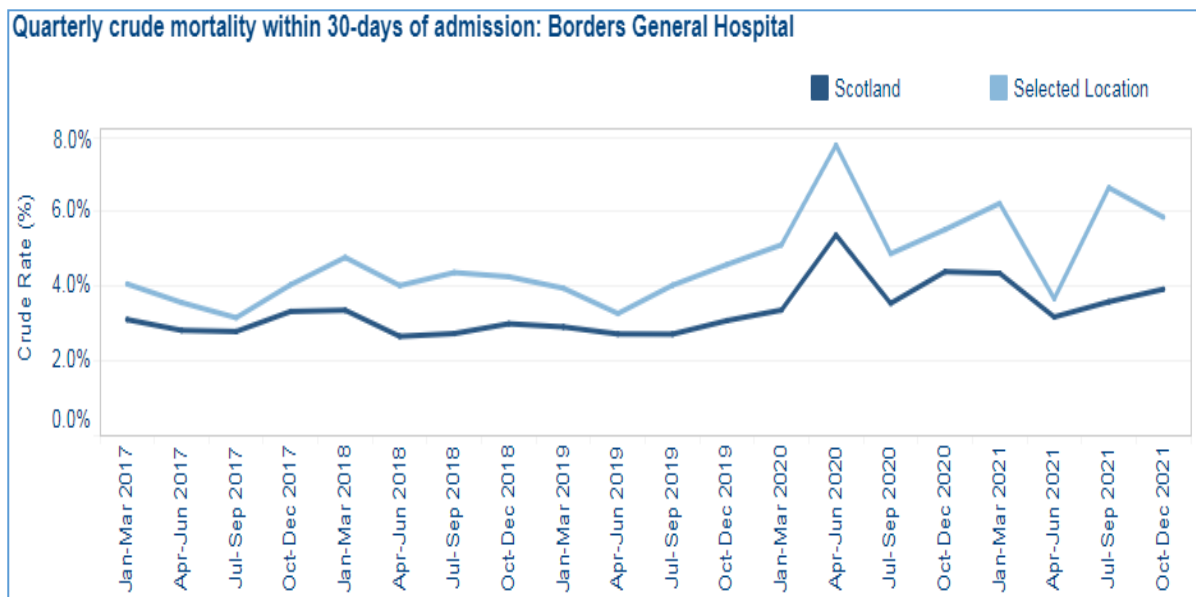
2.3.10 PATIENT SAFETY

- 2.3.11 NHS Borders Hospital Standardised Mortality Rate (HSMR) for the 12th data release under the new methodology is 1.00. This figure covers the period January 2021 to December 2021 and is based on 614 observed deaths divided by 612 predicted deaths. The funnel plot below shows NHS Borders HSMR remains within normal limits based on the single HSMR figure for this period:



*Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.12 NHS Borders crude mortality rate for quarter October 2021 to December 2021 was **5.8%** and is presented in Graph 1 below:

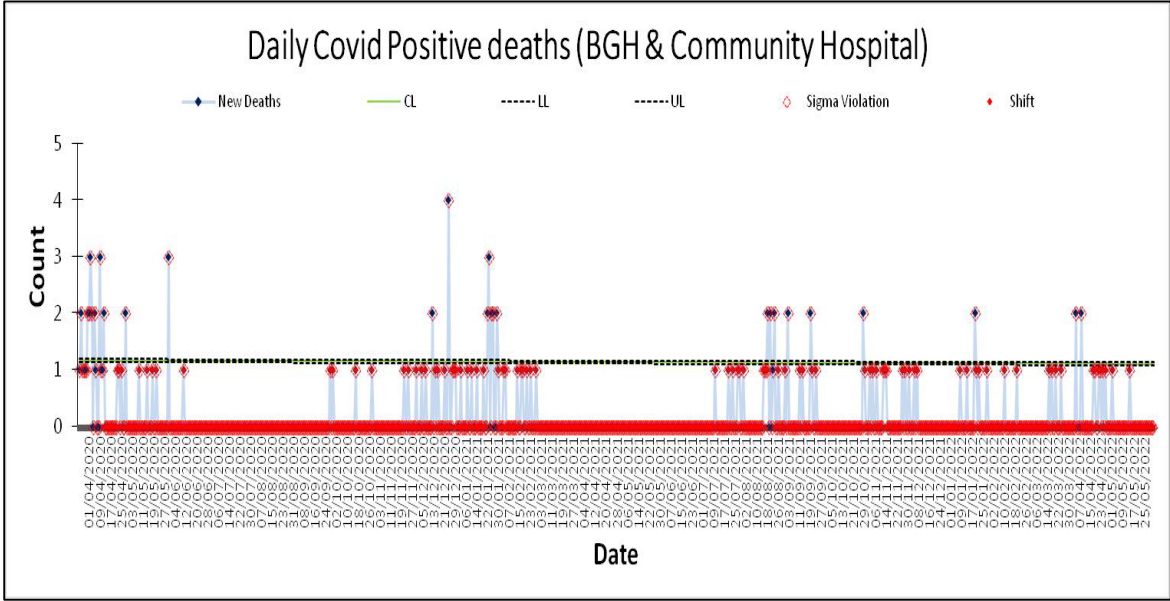


*Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.13 No adjustments are made to crude mortality for local demographics. It is calculated by dividing the number of deaths within 30 days of admission to the Borders General Hospital (BGH) by the total number of admissions over the same period. This is then multiplied by 100 to give a percentage crude mortality rate.

2.3.14 Deaths occurring in waves 1, 2 and 3 of the COVID 19 pandemic have contributed to the elevated crude mortality rates in quarter 4 of 2019/20; quarters 1, 3 and 4 of 2020/21 and quarter 2 of 2021/22. The significant reduction in the denominator, which is the number of admissions to the BGH, has further compounded the elevated rate in quarter 4 of 2019/20 and quarter 1 of 2020/21.

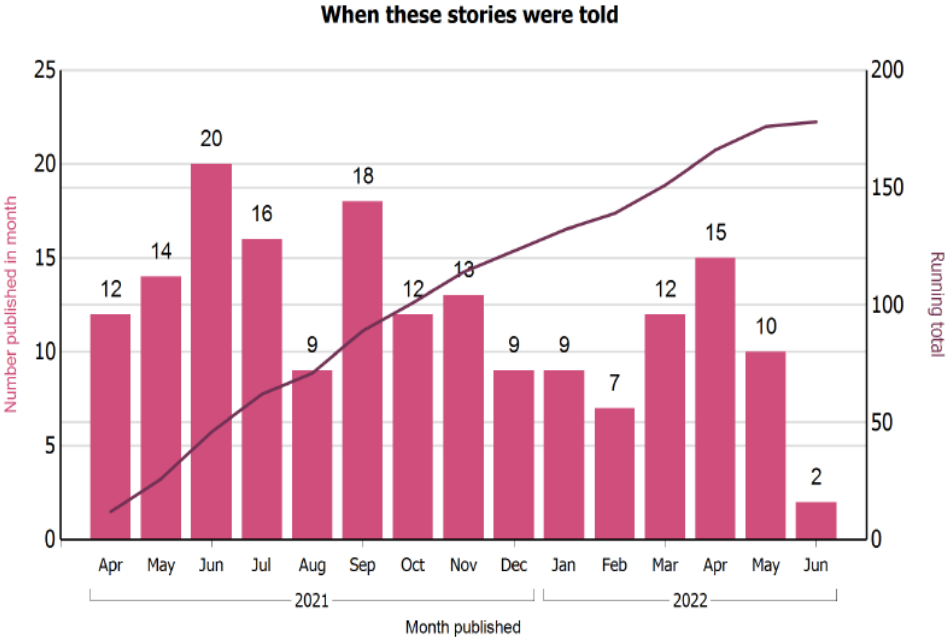
2.3.15 Graph 2 details the COVID 19 deaths which have occurred since the start of the COVID 19 pandemic in March 2020 up to 31 May 2022:



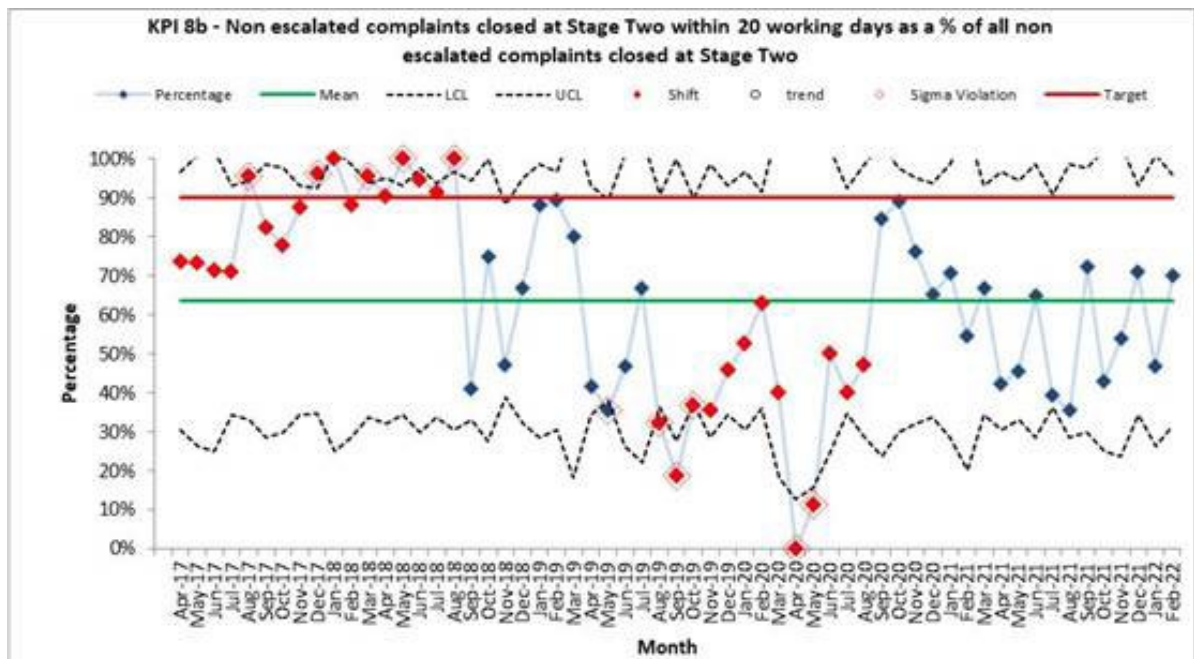
2.3.16 83% of COVID 19 deaths occurring between March 2020 and March 2022 in a hospital within 30 days of admission have been reviewed for learning to inform the local delivery of care. The remaining twenty-six cases are currently under review to conclude the 2021/22 cases. In addition, the core mortality review programme has continued to review 20% of non-COVID 19 deaths in hospital within 30 days of admission. From April 2022 onwards COVID 19 deaths are now being reviewed under the same sampling approach as all other deaths.

2.3.17 PATIENT EXPERIENCE

2.3.18 For the period 1 April 2021 to 31 May February 2022 178 new stories were posted about NHS Borders on Care Opinion. Graph 3 below shows the number of stories told in that period, as at 8 June 2022 these 178 stories had been viewed 29,564 times:

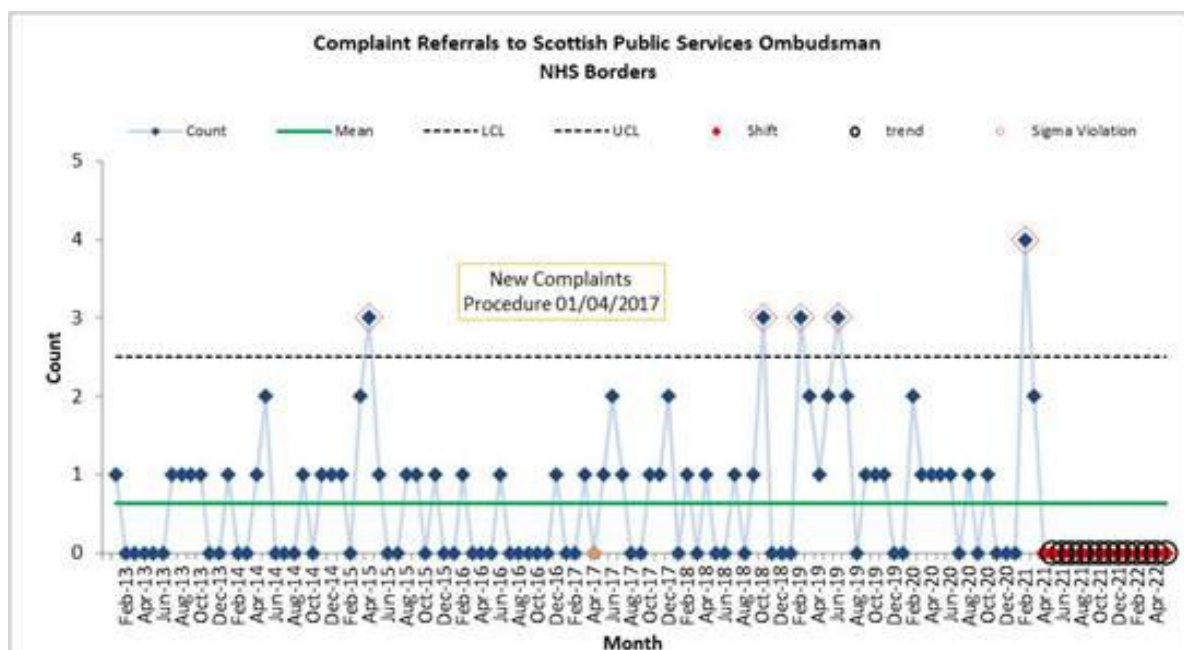


the ability to consistently deliver responses within the 20 working day target. This is likely to continue with current staffing pressures in acute services:



2.3.23 The Scottish Public Services Ombudsman (SPSO) are the final stage for complaints about most devolved public services in Scotland including the health service, councils, prisons, water and sewage providers, Scottish Government, universities and colleges. The additional scrutiny provided by the involvement of the SPSO is welcomed by NHS Borders as this gives a further opportunity to improve both patient care and our complaint handling.

2.3.24 Graph 7 below shows complaint referrals to the SPSO to 31 May 2022. Whilst the SPSO have not confirmed that they are investigating any new cases since March 2021, currently there are 7 initial enquiries awaiting a decision by the SPSO on whether they are cases they will investigate.



2.3.25 Quality/ Patient Care

Clinical prioritisation is underway to manage the NHS Borders response to the demands of the COVID 19 pandemic. This has required adjustment to core services and non-urgent and routine care. This prioritisation has necessitated the step down of services resulting in increased patient waits and a backlog of demand.

2.3.26 Workforce

Service and activities are being provided within agreed resources and staffing parameters, with additional COVID 19 resources being deployed to support the pandemic response. Staff have been required to support the ongoing extreme service demand many moving to support services out with their own team or clinical board. There has been an outstanding response from staff in this respect but many staff are exhausted and wellbeing remains an area of constant focus and concern whilst we continue to operate at this level of response.

2.3.27 Financial

Service and activities are being provided within agreed resources and staffing parameters with additional COVID 19 resources being deployed to support the pandemic response. As outlined in the report the requirement to step down services to prioritise urgent and emergency care has introduced waiting times within a range of services which will require a recovery plan during remobilisation.

2.3.28 Risk Assessment/Management

Each clinical board is monitoring clinical risk associated with the need to adjust services as part of the heightened pandemic response.

2.3.29 Equality and Diversity, including health inequalities

An equality impact assessment has not been undertaken for the purposes of this awareness report. A wide range of patient groups will be affected by the delays in service provision outlined in the paper which will require individual consideration within each service during this period and remobilisation.

2.3.30 Other impacts

No additional points to note.

2.3.31 Communication, involvement, engagement and consultation

This paper is for awareness and assurance purposes and has not followed any consultation or engagement process.

2.3.32 Route to the Meeting

The content of this paper is reported to Clinical Board Clinical Governance Groups, the Pandemic Committee and Board CGC.

2.4 Recommendation

The Board is asked to:

- note the report

Glossary

Clinical Governance Committee - CGC

Hospital Standardised Mortality Rate - HSMR

Borders General Hospital - BGH

Scottish Public Services Ombudsman - SPSO

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Infection Prevention and Control Report – April 2022
Responsible Executive/Non-Executive:	Sarah Horan, Executive Director of Nursing, Midwifery and Allied Health Professionals
Report Author:	Natalie Mallin, HAI Surveillance Lead Sam Whiting, Infection Control Manager

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe

2 Report summary

2.1 Situation

This report provides an overview for Borders NHS Board of infection prevention and control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government targets for infection control.

2.2 Background

The format of this report is in accordance with Scottish Government requirements for reporting HAI to NHS Boards.

2.3 Assessment

Healthcare Associated Infection Reporting Template (HAIRT)

Section 1– Board Wide Issues

1.0 Key Healthcare Associated Infection Headlines

- 1.1 NHS Borders had a total of 38 *Staphylococcus aureus* Bacteraemia (SAB) cases between April 2021 and March 2022, 21 of which were healthcare associated infections.
- 1.1a The Scottish Government set a target for each Board to achieve a 10% reduction in the healthcare associated SAB rate per 100,000 total occupied bed days (TOBDs) by the end of 2021/22 (using 2018/19 as the baseline).
- 1.1b On 11th May 2022, DL (2022) 13 was received which acknowledged the impact of the COVID-19 pandemic on health boards' ability to achieve the Scottish Government targets. An extension was granted meaning that NHS Borders must now achieve this target by 2022/23.
- 1.2 NHS Borders had a total of 11 *C. difficile* Infection (CDI) cases between April 2021 and March 2022; 7 of these cases were healthcare associated infections.
- 1.2a The Scottish Government set a target for each Board to achieve a 10% reduction in the healthcare associated CDI rate per 100,000 total occupied bed days (TOBDs) by 2021/22 (using 2018/19 as the baseline). As with the SAB target, DL (2022) 13 confirmed an extension to achieve the CDI target by 2022/23.
- 1.3 NHS Borders had a total of 103 *E. coli* Bacteraemia (ECB) cases between April 2021 and March 2022, 51 of which were healthcare associated.
- 1.3a The Scottish Government has set a target for each Board to achieve a 25% reduction in the healthcare associated ECB rate per 100,000 total occupied bed days (TOBDs) by the end of 2021/22 (using 2018/19 as the baseline) and with a total reduction of 50% by the end of 2023/24. DL (2022) 13 confirms that NHS Borders must now achieve each target by 2022/23 and 2024/25 respectively.

2.0 *Staphylococcus aureus* Bacteraemia (SAB)

See Appendix A for definition.

- 2.1 Between April and March 2022, there have been 36 cases of Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and 2 cases of Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia.
- 2.2 Figure 1 shows a Statistical Process Control (SPC) chart showing the number of days between each SAB case. The reason for displaying the data in this type of chart is due to SAB cases being rare events with low numbers each month.

2.3 Traditional charts which show the number of cases per month can make it more difficult to spot either improvement or deterioration. These charts highlight any statistically significant events which are not part of the natural variation within our health system. The graph shows that there have been no statistically significant events since the last Board update.

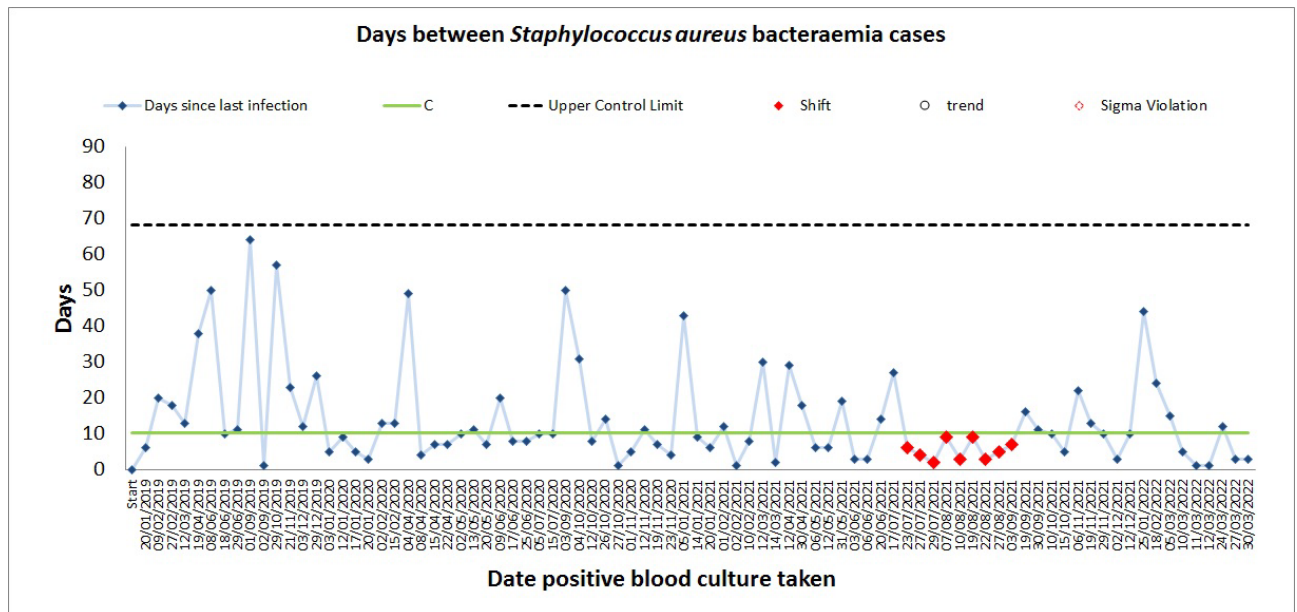
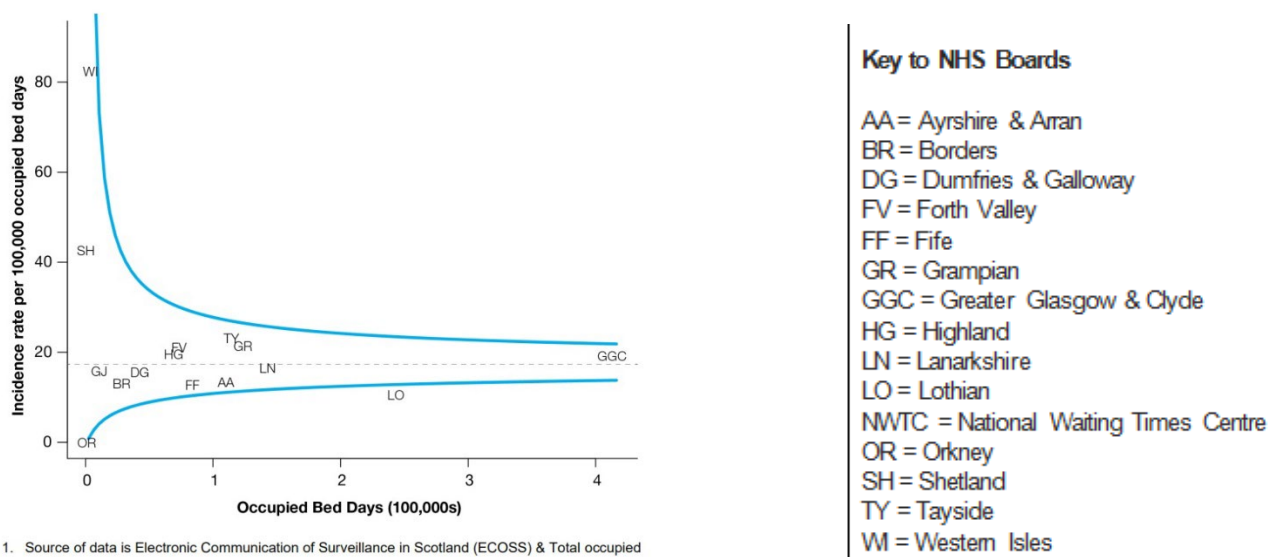


Figure1: NHS Borders ‘days between’ SAB cases (January 2019– March 2022)

2.4 In interpreting Figure 1, it is important to remember that as this graph plots the number of days between infections, we are trying to achieve performance above the green average line.

2.5 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 2 below shows the most recently published data as a funnel plot of healthcare associated SAB cases as rates per 100,000 Total Occupied Bed Days (TOBDs) for all NHS boards in Scotland in Quarter 4 2021 (Oct 2021 – Dec 2021). During this period, NHS Borders (BR) had a rate of 13.1 which was below the Scottish average rate of 17.3.

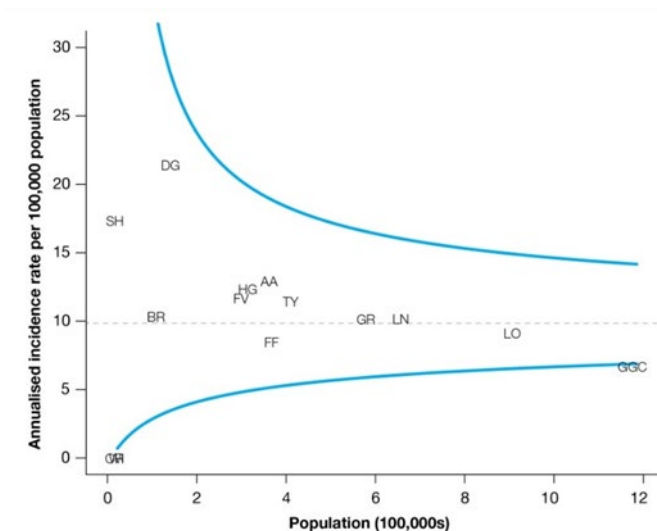


1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.

Figure 2: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q4 2021

2.6 A funnel plot chart is designed to distinguish natural variation from statistically significant outliers. The funnel narrows on the right of the graph as the larger health Boards will have less fluctuation in their rates due to greater Total Occupied Bed Days. Figure 2 shows that NHS Borders was within the blue funnel which means that we are not a statistical outlier despite our rate being above the Scottish average.

2.7 Figure 3 below shows a funnel plot of community associated SAB cases as rates per 100,000 population for all NHS boards in Scotland in Q4 2021.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & NRS mid-year population estimates.
2. NHS Orkney and NHS Western Isles overlap.

Figure 3: Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q4 2021

2.8 During this period NHS Borders (BR) had a rate of 10.3 which was above the Scottish average rate of 9.9. It is worth noting that community acquired SAB cases had no healthcare intervention prior to the positive blood culture being taken.

3.0 Clostridioides difficile infections (CDI)

See Appendix A for definition.

3.1 Figure 4 below shows a Statistical Process Control (SPC) chart showing the number of days between each CDI case. As with SAB cases, the reason for displaying the data in this type of chart is due to CDI cases being rare events with low numbers each month. The graph shows that there have been no statistically significant events since the last Board update.

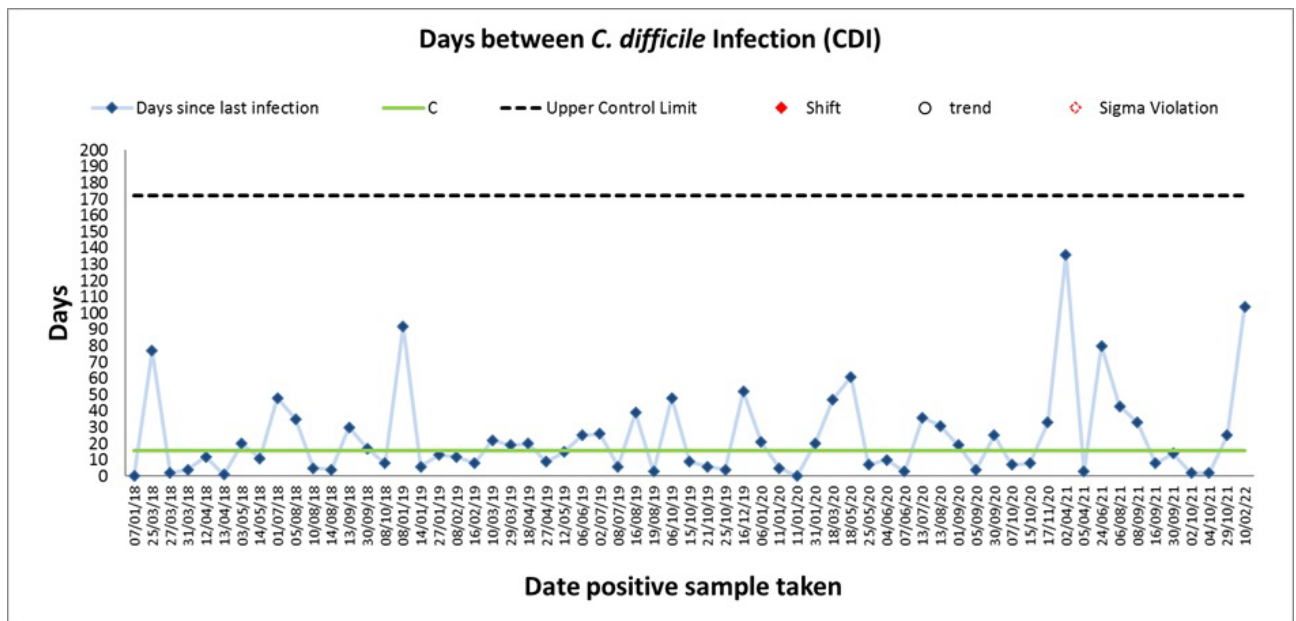
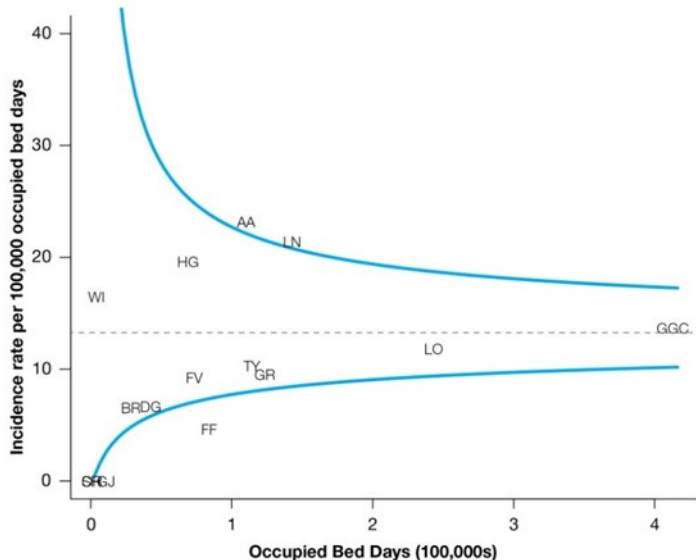


Figure 4: NHS Borders days between CDI cases (January 2018 – March 2022)

3.2 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 5 below shows a funnel plot of CDI incidence rates (per 100,000 TOBD) of healthcare associated infection cases for all NHS Boards in Scotland in Q4 2021.

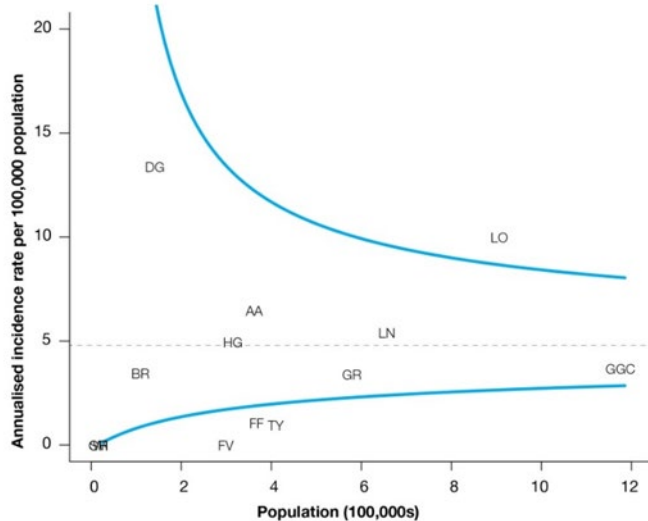


1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
2. NHS Golden Jubilee, NHS Orkney and NHS Shetland overlap.

Figure 5: Funnel plot of CDI incidence rates (per 100,000 TOBD) of healthcare associated infection cases for all NHS Boards in Scotland in Q4 2021

3.3 The graph shows that NHS Borders (BR) had a rate of 6.6 which was below the Scottish average rate of 13.3.

3.4 Figure 6 below shows a funnel plot of CDI incidence rates (per 100,000 population) of community associated infection cases for all NHS Boards in Scotland in Q4 2021.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & NRS mid-year population estimates.
2. NHS Orkney, NHS Shetland, and NHS Western Isles overlap.

Figure 6: Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q4 2021

3.5 The graph shows that NHS Borders (BR) had a rate of 3.4 which was below the Scottish average rate of 4.8.

4.0 Escherichia coli (E. coli) Bacteraemia (ECB)

4.1 The primary cause of preventable healthcare associated ECB cases is Catheter Associated Urinary Tract Infection (CAUTI) as shown in Figure 7 below. An update on quality improvement work relating to CAUTI is provided under *item 12* of this paper.

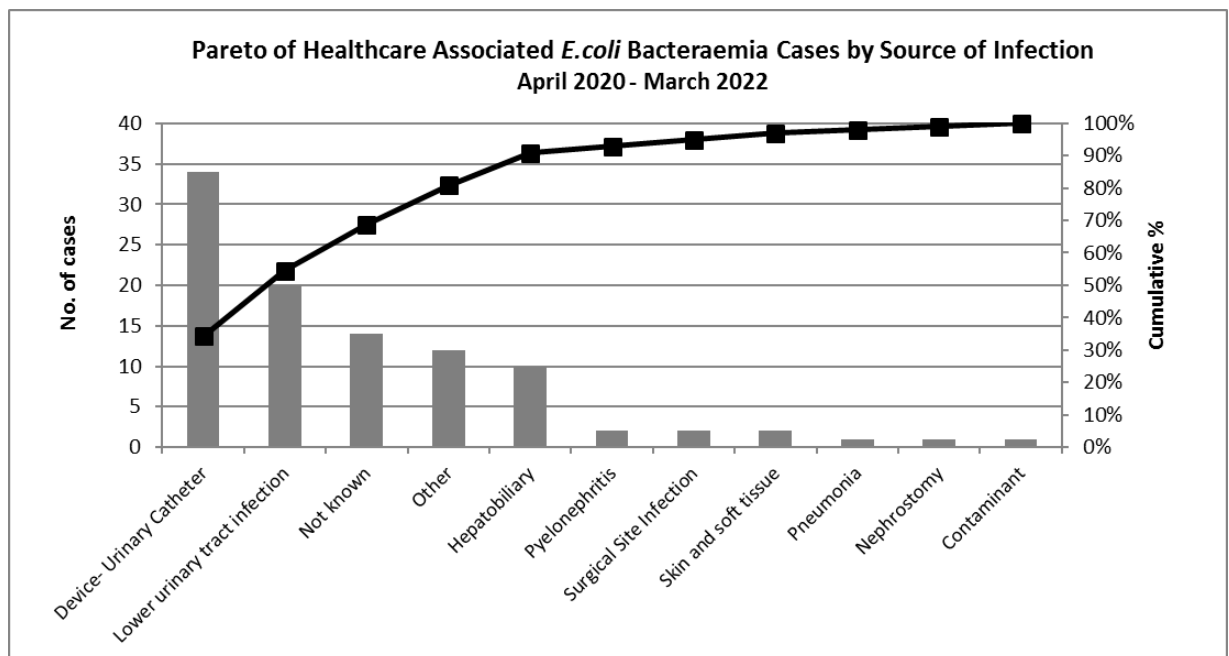


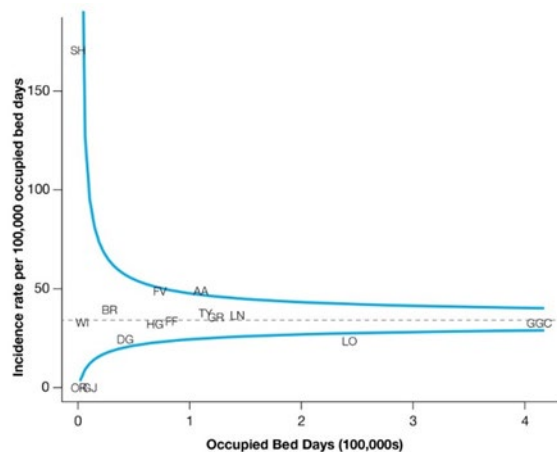
Figure 7: Pareto chart of healthcare associated ECB cases by source of infection

4.2 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 8 below shows a funnel plot of healthcare associated ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q4 2021. NHS Borders

(BR) had a rate of 39.4 for healthcare associated infection cases which was above the Scottish average rate of 34.1; however, we were not a statistical outlier from the rest of Scotland.

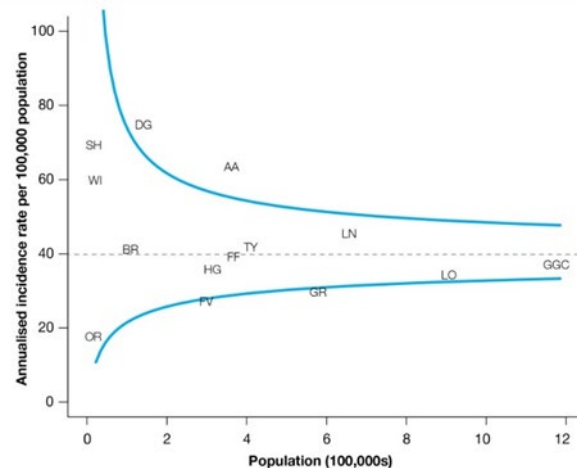
4.3 Figure 9 below shows a funnel plot of community associated ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q4 2021. NHS Borders (BR) had a rate of 41.3 for community associated infection cases which was above the Scottish average rate of 39.8; however, we were not a statistical outlier from the rest of Scotland.

It is worth noting that community acquired ECB cases had no healthcare intervention prior to the positive blood culture being taken.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
2. NHS Golden Jubilee and NHS Orkney overlap as do NHS Grampian and Tayside.

Figure 8: Funnel plot of healthcare associated ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q4 2021



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & NRS mid-year population estimates.

Figure 9: Funnel plot of community associated ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q4 2021

5.0 NHS Borders Surgical Site Infection (SSI) Surveillance

5.1 The Scottish Government updated the requirements for HAI surveillance on the 25th of March 2020. In light of the prioritisation of COVID-19 surveillance, all mandatory and voluntary surgical site infection surveillance has been paused from this date. Mandatory surveillance of *E.coli* bacteraemia, *Staphylococcus aureus* bacteraemia and *C. difficile* Infections has continued but as light surveillance only.

6.0 Hand Hygiene

For supplementary information see Appendix A

6.1 The hand hygiene data tables contained within the NHS Borders Report Card (section 2, p.12) are generated from wards conducting self-audits.

6.2 The Infection Control Committee approved for monthly hand hygiene audits conducted by wards to no longer be required to be submitted to Infection Control from 1st May 2022. Hand hygiene data will be compiled from processes independent from the area being audited and will be undertaken or coordinated by the Infection Prevention &

Control Team (IPCT). Compliance data captured from this new process will be included in future update papers.

- 6.3 It is anticipated that moving away from use of self-audit data for reporting purposes would be associated with an apparent reduction in compliance and the number of areas represented in the overall reported compliance scores would greatly reduce. SCNs may continue to conduct hand hygiene audits if they wish as part of their on-going quality assurance / improvement activity but this will no longer be an organisational requirement.

7.0 Infection Prevention and Control Compliance Monitoring Programme

- 7.1 In March and April 2022, management of COVID-19 and Norovirus incidents were prioritised. Spot checks were undertaken in a total of 5 clinical areas across NHS Borders with an average compliance of 89.5%.

8.0 Cleaning and the Healthcare Environment

For supplementary information see Appendix A.

- 8.1 The data presented within the NHS Borders Report Card (Section 2 p.12) is an average figure across the sites using the national cleaning and estates monitoring tool that was implemented in April 2012. NHS Borders cleaning compliance continues to be slightly above the national average.
- 8.2 The Facilities Manager continues to progress actions to improve the accuracy of monitoring and reporting through this national system.

9.0 2021/22 Infection Control Work plan

- 9.1 The 2021/22 Infection Control Work Plan was an ambitious work plan given the ongoing impact of the COVID-19 pandemic. As at 01/04/2022, 41% of actions due for completion had been completed with 54 actions outstanding. While these actions remain outstanding work towards some of them is progressing.
- 9.2 Work is progressing to compile a new work plan for 2022/23. The Infection Prevention & Control Team (IPCT) report to each Infection Control Committee on progress against the work plan highlighting potential risks associated with any delay in implementation. IPCT prioritise activity associated with the highest risks such as outbreak management.

10.0 Outbreaks/ Incidents

COVID-19

- 10.1 Between 20th February 2022 and 18th May 2022, there were 17 COVID-19 related clusters incidents for which a Problem Assessment Group and/or Incident Management Team was convened. A summary of COVID-19 clusters for this period is shown in Figure 10 below. It is worth noting that during this period, relaxation of COVID-19 restrictions, reduction in contact tracing services and high

community prevalence made it difficult to ascertain if CV-19 infections were related to the incident or were community acquired incidental findings. This may have resulted in over-reporting - particularly when recording staff cases. Learning from each incident is captured and acted upon in real time where appropriate.

Areas affected	Total positive patients	Total positive staff	Total deaths
Ward 7 (Bay 3)	4	0	0
Ward 5 (Staff cluster)	0	6	0
Hawick Community Hospital	19	29	0
MAU (Bay 1)	3	0	0
Kelso Community Hospital	8	18	0
BSDU	1	10	0
East Brig	5	10	0
Ward 5 (Bay 6)	2	0	0
MAU (Bay 2)	3	0	0
Ward 4 (Bay 4 & Bay 1) 30/03	7	0	0
MAU (Bay 1)	2	0	0
Ward 4 (Bay 1)	2	0	0
DME (Bay 4)	5	0	0
Ward 7 (Bay 4)	2	0	0
DME (Bay 3)	7	0	0
Huntlyburn	4	2	0
Ward 4 (Bay 2) & DME (Bay 4 and Bay 2)	6	1	0

Figure 10: Summary of COVID-19 clusters

10.2 ARHAI Scotland produces data on COVID-19 cases by hospital onset status using national definitions (Appendix B). NHS Borders data for week ending 30th January 2022 to week ending 15th May 2022 is displayed in Figure 11 below.

Hospital Onset COVID-19 Cases by Hospital Onset Status Summary		
For NHS Borders, the total number of hospital onset COVID-19 cases reported to ARHAI Scotland, with specimen dates from week-ending 30 Jan 2022 to week-ending 15 May 2022, was 100.		
	% of total	n =
Non-Hospital onset	4.0%	4
Indeterminate Hospital onset	31.0%	31
Probable Hospital onset	15.0%	15
Definite Hospital onset	50.0%	50
Grand Total	100.0%	100

Figure 11: ARHAI Scotland: NHS Borders COVID-19 cases by hospital onset status

NOROVIRUS

10.3 From 13th April 2022 to 2nd June 2022, there were 11 Gastrointestinal (GI)/Norovirus related incidents. A summary of these incidents for this period is shown in Figure 12 below. Learning from each incident is captured and acted upon in real time where appropriate.

Area affected	Type	Number of patients affected	Number of staff affected
MAU (Bay 3 & 4)	Norovirus	13	5
Ward 4 (Ward closure)	Norovirus	5	2
Ward 5 (Bay 6)	Norovirus	1	1
Ward 9 (Ward closure)	Norovirus	9	4
MAU (Bay 2)	Norovirus	1	0
Ward 4 (Bay 1)	GI Symptoms	1	0
BSU (Ward closure)	Norovirus	4	1
MAU (Bay 1)	Norovirus	2	0
Ward 9 (Ward closure)	Norovirus	9	3
Ward 12 (Bay 2 & Bay 4)	GI Symptoms	4	0
MKU (Ward closure)	GI Symptoms	4	0

Figure 12: Summary of Gastrointestinal/Norovirus Incidents

11.0 Infection Prevention and Control Team Capacity

11.1 Following the departure of a trainee Infection Control Nurse, the vacancy is currently being advertised.

11.2 The Infection Prevention and Control Team are currently undertaking a service review with the potential for future skill mix alterations.

12.0 Quality Improvement Update

12.1 The Infection Prevention & Control Team (IPCT) has reviewed current processes as well as re-allocation of essential workload to allow quality improvement work to be re-instated. The following quality improvement projects have been identified as a priority for progression and an update on each project is provided below:

Invasive device – Urinary catheters	<p>A draft action plan is being developed by the Prevention of CAUTI group based on the agreed driver diagram previously submitted to the group.</p> <p>A survey has been sent out to Registered Nurses to obtain their understanding and views on the urinary catheter care passport. Outcomes from this survey will be reviewed by the Prevention of CAUTI group and built into the action plan.</p> <p>Urinary catheters remain the primary cause of healthcare associated <i>Staphylococcus aureus</i> Bacteraemia (SAB) and <i>Escherichia coli</i> (E coli) Bacteraemia cases.</p>
Invasive device – PVC documentation	<p>Analysis of feedback from the recent survey carried out in Ward 4 has prompted implementation of education and promotion of PVC documentation. Further data will be collected to monitor the impact of this test of change.</p>
Hand hygiene	<p>Alcohol based hand rub (ABHR) bed end holders have been placed at each bed space within MAU to increase staff ability to perform hand hygiene at the correct opportunity. Follow-up with this area is planned for this month.</p> <p>The IPCT are in the process of conducting hand hygiene audits across all inpatient areas in NHS Borders to obtain independent baseline data.</p> <p>NHS Borders Gojo representative has a visit planned for 12/07/22 where we will request education and follow-up audits.</p> <p>The IPCT are planning to commence a new project to target over-use of gloves and the impact on performing hand hygiene at the appropriate opportunities.</p>
Infection Control screening documentation	<p>Work is currently underway to review the updated guidance in relation to Infection Screening and how this can be aligned to separate assessment documentation across NHS Borders.</p> <p>The IPCT has also re-commenced work with IM&T to consider if MRSA and CPE clinical risk assessment can be incorporated into Trakcare. This links to Excellence in Care Measure MDRO 1.</p>

12.2 An infection prevention & control improvement plan is currently being developed covering all improvement workstreams with links to patient safety, Excellence in Care and Back to Basics programmes.

13.0 Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum

- 13.1 DL (2022) 13 provides Boards with notice of a period of Transition from the Scottish Winter 2021/22 Respiratory Infections in Health and Care settings - Infection Prevention and Control Addendum to the National Infection Prevention and Control Manual
- 13.2 NHS NSS Antimicrobial Resistance Hospital Associated Infection (ARHAI) Scotland has provided a series of COVID19 guidance documents over the course of the pandemic. As pandemic controls have de-escalated in community as well as health and care settings, following consultation, ARHAI is now commencing the process of transition from the Winter Respiratory IPC Addendum back to the National Infection Prevention and Control Manual (NIPCM).
- 13.3 The Infection Prevention and Control Team has commenced a review of the changes that will be required to implement to enable planning discussions with the clinical boards.

14.0 Monkeypox

- 14.1 Public Health Scotland has published guidance for the management of suspected monkeypox in primary and community care. ARHAI Scotland has also published advice for healthcare settings.
- 14.2 This national guidance has informed local patient pathways and guidance which has been developed for the management of confirmed or suspected cases.

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). More information on these organisms can be found on the NHS24 website:

Clostridioides difficile :http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

Staphylococcus aureus :http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA:http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=1

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Targets

There are national targets associated with reductions in *C.diff* and SABs. More information on these can be found on the Scotland Performs website:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Understanding the Report Cards – 'Out of Hospital Infections'

Clostridium difficile infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes. The final Report Card report in this section covers 'Out of Hospital Infections' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.

NHS BORDERS BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
MRSA	1	0	0	0	0	0	1	0	0	0	0
MSSA	3	5	5	3	2	3	1	1	1	7	5
Total SABS	4	5	5	3	2	3	2	1	1	7	5

Clostridioides difficile infection monthly case numbers

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Ages 15-64	1	0	0	0	1	0	0	0	0	0	0
Ages 65 plus	0	0	1	3	2	0	0	0	1	0	0
Ages 15 plus	1	0	1	3	3	0	0	0	1	0	0

Hand Hygiene Monitoring Compliance (%)

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
AHP	96.4	97.8	98.2	94.2	91.5	99.3	97.1	100	97.8	98.3	97.3
Ancillary	98.8	95.2	97.5	92.2	97.8	90.0	94.8	98.7	93.8	98.5	97.3
Medical	96.2	94.3	98.8	96.2	97.7	94.4	97.4	99.3	100	96.3	99.0
Nurse	97.3	97.6	97.6	97.9	98.0	97.0	98.1	99.6	99.1	98.1	99.2
Board Total	97.2	96.2	97.7	95.1	96.2	95.2	96.8	99.4	97.7	97.8	98.2

Cleaning Compliance (%)

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Board Total	95.5	96.0	95.7	93.9	95.8	96.8	96.1	96.3	93.4	93.8	96.4

Estates Monitoring Compliance (%)

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Board Total	97.6	97.2	97.3	98.1	98.7	98.7	98.7	98.9	99.0	98.0	98.4

BORDERS GENERAL HOSPITAL REPORT CARD***Staphylococcus aureus* bacteraemia monthly case numbers**

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
MRSA	0	0	0	0	0	0	1	0	0	0	0
MSSA	1	2	2	0	0	0	0	0	1	2	1
Total SABS	1	2	2	0	0	0	1	0	1	2	1

***Clostridioides difficile* infection monthly case numbers**

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	1	0	0	0	1	0	0
Ages 15 plus	0	0	0	0	1	0	0	0	1	0	0

Cleaning Compliance (%)

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Board Total	95.3	96.1	95.5	95.6	96.6	95.3	97.1	96.3	96.0	95.8	96.4

Estates Monitoring Compliance (%)

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Board Total	95.5	95.0	95.7	95.5	97.4	97.7	98.1	97.9	98.6	98.4	98.4

NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Haylodge Community Hospital
- Hawick Community Hospital
- Kelso Community Hospital
- Knoll Community Hospital

Staphylococcus aureus bacteraemia monthly case numbers

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
MRSA	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0

Clostridioides difficile infection monthly case numbers

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0
Ages 15 plus	0	0	0	0	0	0	0	0	0	0	0

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
MRSA	1	0	0	0	0	0	0	0	0	0	0
MSSA	2	3	3	3	2	3	1	1	0	5	4
Total SABS	3	3	3	3	2	3	1	1	0	5	4

Clostridioides difficile infection monthly case numbers

	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Ages 15-64	1	0	0	0	1	0	0	0	0	0	0
Ages 65 plus	0	0	1	3	1	0	0	0	0	0	0
Ages 15 plus	1	0	1	3	2	0	0	0	0	0	0

2.3.1 Quality/ Patient Care

Infection prevention and control is central to patient safety

2.3.2 Workforce

Infection Control staffing issues are detailed in this report.

2.3.3 Financial

This assessment has not identified any resource implications.

2.3.4 Risk Assessment/Management

All risks are highlighted within the paper.

2.3.5 Equality and Diversity, including health inequalities

This is an update paper so a full impact assessment is not required.

2.3.6 Other impacts

None identified

2.3.7 Communication, involvement, engagement and consultation

This is a regular bi-monthly update as required by SGHD. As with all Board papers, this update will be shared with the Area Clinical Forum for information.

2.3.8 Route to the Meeting

This report has not been submitted to any prior groups or committees but much of the content will be presented to the Clinical Governance Committee.

2.4 Recommendation

Board members are asked to:-

Discussion – Examine and consider the implications of the content of this paper.

3 List of appendices

The following appendices are included with this report:

- Appendix A, Definitions and Supplementary Information
- Appendix B, ARHAI Scotland COVID-19 Hospital Onset Definitions

APPENDIX A

Definitions and Supplementary Information

Staphylococcus aureus Bacteraemia (SAB)

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well-known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemia. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemia for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemia can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

Clostridioidesdifficile infection (CDI)

Clostridioides difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridioides difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

Escherichia coli bacteraemia (ECB)

Escherichia coli (*E. coli*) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of *E. coli* live harmlessly in your gut, some types can make you unwell. When it gets into your blood stream, *E. coli* can cause a bacteraemia. Further information is available here:

<https://www.gov.uk/government/collections/escherichia-coli-e-coli-guidance-data-and-analysis>

NHS Borders participate in the HPS mandatory surveillance programme for ECB. This surveillance supports local and national improvement strategies to reduce these infections and improve the outcomes for those affected. Further information on the surveillance programme can be found here:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/escherichia-coli-bacteraemia-surveillance/>

Hand Hygiene

Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haiic/ic/nationalhandhygienecampaign.aspx>

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

APPENDIX B

ARHAI Scotland COVID-19 Hospital Onset Definitions

Day of sampling post admission	Nosocomial categorisation
Before admission	Community onset COVID-19
Day 1 of admission/on admission to NHS board	Non-hospital onset COVID-19
Day 2 of admission	Non-hospital onset COVID-19
Day 3 of admission	Indeterminate hospital onset COVID-19
Day 4 of admission	Indeterminate hospital onset COVID-19
Day 5 of admission	Indeterminate hospital onset COVID-19
Day 6 of admission	Indeterminate hospital onset COVID-19
Day 7 of admission	Indeterminate hospital onset COVID-19
Day 8 of admission	Probable hospital onset COVID-19
Day 9 of admission	Probable hospital onset COVID-19
Day 10 of admission	Probable hospital onset COVID-19
Day 11 of admission	Probable hospital onset COVID-19
Day 12 of admission	Probable hospital onset COVID-19
Day 13 of admission	Probable hospital onset COVID-19
Day 14 of admission	Probable hospital onset COVID-19
Day 15 of admission and onwards to discharge	Definite hospital onset COVID-19
Post discharge	Community onset COVID-19

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Area Clinical Forum Minutes
Responsible Executive/Non-Executive:	Alison Wilson, Non Executive
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to share the approved minutes of the Area Clinical Forum with the Board.

2.2 Background

The minutes are presented to the Board as per the Area Clinical Forum Terms of Reference and also in regard to Freedom of Information requirements compliance.

2.3 Assessment

The minutes are presented to the Board as per the Area Clinical Forum Terms of Reference and also in regard to Freedom of Information requirements compliance.

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An HIIA is not required for this report.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

This has been previously considered by the following group as part of its development. The group has supported the content.

- Area Clinical Forum 5 April 2022
- Area Clinical Forum 14 June 2022

2.4 Recommendation

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Area Clinical Forum minutes 30.11.21
- Appendix No 2, Area Clinical Forum minutes 05.04.22

MINUTE of meeting held on

Tuesday 30th November 2021 – 13:00 – 14:00

Via Microsoft Teams

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
Nicky Hall (Area Ophthalmic Committee) (NH)
Paul Williams (Allied Health Professionals) (PW)
Karen Hamilton, Chair (KH)
Rodger Zais (Area Dental Advisory Committee) (RZ)

Apologies: Dr Caroline Cochrane (Psychology)
Jackie Scott (Medical Scientists)
Suzie Flower Associate Nurse Director, Chief Nurse H&SC, BANMAC Chair
John McLaren (Employee Director)
Dr Kevin Buchan (GP/Area Medical Committee Chair/ACF Vice-Chair)
Kim Moffat, Minute Secretary

1 APOLOGIES and ANNOUNCEMENTS

AW welcomed those present to the meeting and acknowledged the apologies listed above. Members present gave a brief warm introduction to the Chair, Karen Hamilton, who attended this meeting.

2 DRAFT MINUTE OF PREVIOUS MEETING October 2021

The Minute of the previous meeting, held on 5th October 2021, was read and aside from one point of clarification regarding the AOC referral pathway, was approved as an accurate record of the meeting with no changes.

ACTION: Update and remove draft; available to IB in committees drive for NHS Borders Board (KM)

3 MATTERS ARISING AND ACTION TRACKER

Action Tracker updates:-

Assurance standards – IB to come back to meeting – also picking this up at the board, as it will follow on from the governance work occurring at the next board meeting.

RM – rescheduled from April.

Safe Staffing – Clare Smith for future meeting

Public Protection Nurse Consultant

Rest are completed.

ACTION: Update action tracker (KM)

4. WORK PLAN FOR 2022

Olive Herlihy will come to the ACF meeting in April to discuss the Realistic Medicine work plan. OPG and Clinical Governance discussions at recent meetings mentioned IM&T / Digital capacity and as such, AW discussed with Jackie Stephen, Head of IM&T and asked how can the ACF support her with the digital agenda. Jackie Stephen will attend the meeting in February in 2022. Jackie will also provide a paper to the board for the board also.

The IM&T planning includes updating systems and Office 365 as well as looking at other initiatives such as GP order comms system and Pharmacy projects; in all there are estimated to be 70 projects that IM&T are working on.

NH noted that there were some issues with internet browsers, and it is thought this and other technical issues that could be resolved by O365 work.

PW noted this is a good opportunity for ACF to talk to Jackie Stephen as there is an operational focus on what will operationally benefit the system, this will give a clinical view on what will impact on safety and quality of care. This is a good opportunity for us to go back to our different professional groups and come back with examples of digital solutions/opportunities within the service areas to make the case for the small projects that will have a big impact on services.

AW agreed that there are potentially areas that all clinical services in this meeting could work together, and it would be useful to put this topic on the agenda at your meetings to ask the question.

ACTION: All ACF members to go to their professional groups to discuss and identify any potential opportunities / digital solutions that would be beneficial for their clinical teams.

Safe staffing legislation is scheduled on for this year, this may not impact all the ACF members and their groups but it is beneficial for nursing staff and helpful for us all to see how it fits in, and also possibly applicable to primary care staff in the community. PW noted that AHPs are involved with safe staffing and advised that there are dental implications to this too. It may be challenging to implement this given current pressures, however having the same message being relayed via the safe staffing group and the ACF would be advantageous.

National Care Service is suggested for an item for a meeting later in the year and this will be added to the work plan.

PW commented on the link between the Clinical prioritisation (CP) group and ACF and noted that the CP group was created out of high clinical pressures and perhaps, if there were more time to prepare, these clinical decisions could be delivered through the ACF. If the role of the ACF is to be the professional clinical voice to the board, perhaps CP should be central to the ACF work.

AW advised that when the CP meetings were being collated, AW had strongly suggesting that the ACF voice should be included, despite challenges of those with patients to see, as the CP meetings were very Ad-HOC and with very short notice. This is something we could look at for any future meetings, depending on where the CP group goes in the future.

ACTION: KM to update the work plan as discussed.

5 ACF ANNUAL REVIEW

This year the ACF was asked to submit a 'half and half' document, looking back and looking forward for the annual review. The annual reviews are virtual this year and it seems there will be no discussion with ministers so a report is all that is required.

KH noted that the annual reviews are low key this year. There is a lot of work and effort that takes place to produce the documentation required. Other Boards have had their annual review and they have been fairly low key, so we can assume the same for NHS Borders. KH noted that if the work plan elements are added in for the ACF then this would be more than adequate.

6 PRIMARY CARE & SOCIAL WELLBEING FUNDING

AW made the committee aware of a letter received on 6th October from Cat McMeeken, Deputy Director, Leadership, Culture & Wellbeing Division titled 'Funding for Primary Care and Social Care Workforce Wellbeing'. The letter noted that 2m of funding should be directed to provide evidence based support to meet the needs of people working in primary and social care; local dental and ophthalmology team relations, training and development needs.

RZ noted that he had not seen this letter, and advised that this would have gone to the dental CD or Dental practice advisors.

7 EAST REGION FORMULARY

AW advised the committee that work is progressing with formulary chapters, SG have given increased funding to increase the pace of this work, to see if we can do 4 chapters a month rather than 3. Will also pick up the dental items but unsure of timescales for this at the moment.

8 CLINICAL PRIORITISATION GROUP

This group has met on a few occasions on the last few months, firstly to review resources to staff an additional Covid ward, however this was not required as we kept to the current Covid bed base.

A further meeting was held last week based on the Scottish Government's request to speed up the Vaccination programme in the run up to Christmas. There is a new variant of Covid, and the timing of vaccines between doses has been reduced. Additional clinics begin this week.

PW noted that there may be additional CP meetings in light of announcements of vaccines for 11-15 year olds. There is also a request for clarity from the Government with regards to stopping / stepping down of services, as boards can't deliver the vaccination programme without doing so, from a staffing perspective.

KH added that there is a meeting on Mondays with the Cabinet Secretary and discussions are being had on this, as well as the level of training for vaccinators. This is a big challenge for all boards across Scotland however there is a direct line to the system response group, so we will ensure the position of NHS borders is understood.

9 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK – AW

The meeting discussed feedback from CP meetings, the committee acknowledged the difficulty of recruiting staff, sickness absence and then staff deployment. Infection Control noted they reviewed their Covid cases, 13 cases between August and October, each of those instances had been reviewed and learning has been shared; the key point being the BGH doesn't have enough single bays in the hospital set up. There was some concern expressed at the new Covid pathways; as

well as the Red and Amber pathways, there are now also respiratory and non-respiratory, which goes back to the issue around not having enough single bays to keep patients isolated.

10 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

NH missed the last meeting however KH noted that there was a lot of work being done around construct and feeling of public Governance committee generally. Tris Taylor, Chair of this meeting is keen to refresh the focus of the meeting.

11 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW noted the last meeting Caroline Lamb, DGHSC attended the last meeting, however AW was unable to attend. The next meeting is tomorrow and AW will get the feedback form Caroline Lamb's contributions and feedback to this group at the next meeting.

12 NHS BOARD PAPERS: DISCUSSION

AW was interested to see the climate emergency paper on the agenda and advised the committee that a 'climate emergency and sustainability' group is to be established, and asks if there are any colleagues who are keen to take part then to advise.

Poverty strategy also on the agenda and this will be presented by Tim Patterson.

Scottish Government have put on 'financial turnaround' back on the agenda, so we are having to report back monthly on our financial position and savings.

13 PROFESSIONAL ADVISORY COMMITTEES

13 (a) Area Dental Advisory Committee (RZ) –

RZ reported no update from Hospital Dental Services (HDS) and Public Dental Services (PDS), the next meeting is on 8th December.

In regards to General Dental Services (GDS), the support payment from Scottish Government will come to an end by the end of March; dentists have to invest in additional equipment and ventilation. There is additional funding from SG, but doesn't take into account the real costs and maintenance costs. Enhanced PPE being supplied free of charge at present but this will change in March 2022 as there are changes being proposed to the Statement of Dental remuneration (SDR).

There are increasing costs in dentistry comes from NHS committed practice. A letter from NHS Borders informed dental practices of the withdrawal of the clinical waste and sharps waste as of January 2022; this was out of the blue. It has since been retracted but the issue remains on the table for discussion and will potentially increase the costs for running an NHS committed practice.

New IPC UK guidance published on 24th November, currently waiting for Scottish guidance for implementation. This will make life easier for dental practices with regards to AGP.

13 (b) Area Medical Committee/GP Sub Group (KB):

No update available for the GP sub of AMC at this time.

13 (c) Area Ophthalmic Committee (NH) –

No meeting has been held since last time.

Whistleblowing advice was issued last month, unsure if need to make all staff aware of this, not just ophthalmology.

13 (d) Area Pharmaceutical Committee (AW) –

AW noted the pharmacy application at Tweedbank is progressing and is at the 13 week consultation stage and closes on 10th January. Then we will write a report and make it available where we will take forward to next stage of the application process.

Eildon Pharmacy in Newtown St Boswells has moved to larger premises, which is good news as the previous property was not fit for purpose.

Borders Pharmacy in Langlee are working across two premises at present, as a few things outstanding in the new premises; the aim is to be moved in by December.

New team of prescribing support workers are in practices as part of the local enhanced service, supporting repeat prescriptions and aiming to see some savings here also.

Working through contract changes to get efficiencies, for example working on serial prescribing in practices, which will improve flow of work and reduce number of prescriptions.

At the end of October, pharmacies has administered 724 flu vaccines, and doing mop ups, the number has now been going up to over 1000. Physical space is an issue here as well as staffing for administering these vaccines.

Pharmacy palliative care network has been introduced, appx 6 are part of this network to support those with palliative care needs

13 (e) Allied Health Professionals Advisory Committee (PW) –

PW noted that AHP services continue to work across the 3 clinical boards within NHS Borders within challenging circumstances. Quality and intensity of input to patients has had to be reduced in order to meet demands. This will then have an impact on long term impacts on patient care. AHP leads are looking to see how they can support prevention of admission, early intervention and Public health input; this is difficult when staff are being requested for vaccinations / supporting the Covid wards etc.

National recruitment and workforce challenges in podiatry and OT not only impacting NHS Borders, but others too. It is challenging to recruit to posts, and looking to see how we can develop the Band 3, 4 5 posts to adapt.

PW summarised that the key themes are the current pressure and the long term impact this will have for patients and the wider workforce issues, as well as looking at how AHP services can link in with council OT and staff in other areas for a joint approach.

13 (f) BANMAC (SF)

AW read out an email update from Suzie Flower as she was unable to attend today's meeting, noting that a review of the Terms of Reference for BANMAC is proposed in order to refocus and be more proactive in the following areas:

- Focus on professional implications of changes in healthcare, technology and practice
- Seeking to identify the changing needs and priorities in the Borders

- Supporting and disseminating local research in nursing and midwifery; publicising examples of good practice,
- Seeking to work collaboratively with other professional disciplines

13 g) Medical Scientists

No update provided.

13 h) Psychology

No update provided.

14 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

- Workforce challenges, recruitment and retention of staff
- Dental funds for PPE, additional equipment and ventilation and maintenance
- Dental – clinical and sharps waste collection/disposal

PW noted that there may be an impact on professional identity, as we are asking staff to work outside of their professional remit, as staff could possibly use their skills in a more productive manner. The impact of asking staff to work in other areas should be recognised, how can we still support and develop that professional identity and protect the time for core professional skills.

AW noted that the dental service were also working in a similar manner and been working out with dental remit.

15 ANY OTHER BUSINESS

KH noted the point PW made and related it back to the 'Creating your voices' work, and acknowledge the real impact of moving staff to work in other areas. KH also wanted to express her gratitude to all staff who have worked so hard over the last 2 years.

NH noted that there is a surplus of PPE and asking if this can be used by other teams, in order to share resources. RZ noted that dental colleagues are required to order what is needed and share any surplus with other practices that needed it.

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for **1ST February 2022** at 13:00 via Microsoft Teams.

MINUTE of meeting held on

Tuesday 5th April 2022 – 13:00 – 14:00

Via Microsoft Teams

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
Nicky Hall (Area Ophthalmic Committee) (NH)
Paul Williams (Allied Health Professionals) (PW)
Olive Herlihy, Consultant Physician, Diabetes & Endocrinology, Realistic
Medicine Lead for NHS Borders
Gillian Smith, IMT Project Manager
Jackie Stephen (Head of IM&T)
Dr Kevin Buchan (GP/Area Medical Committee Chair/ACF Vice-Chair)
John McLaren (Employee Director)
Kim Moffat, Minute Secretary

Apologies: Dr Caroline Cochrane (Psychology)
Jackie Scott (Medical Scientists)
Suzie Flower Associate Nurse Director, Chief Nurse H&SC, BANMAC Chair
Rodger Zais (Area Dental Advisory Committee) (RZ)

1 APOLOGIES and ANNOUNCEMENTS

AW welcomed those present to the meeting and acknowledged the apologies listed above.

2. IMT Digital Update

Gillian Smith presented the digital portfolio update:

- Overview of stages and 'gates' that proposals go through in order to be delivered.
- At present, there are 164 projects at various stages of development, 27 are complete, 31 in progress.
- Extra-large projects are projects such as the installation of Office 365 (O365) and Windows 10
- O365 – There are 350 migrations left to do then some mop up, and legacy work then the project will be complete.
- Starting on Scoping SharePoint and one note, started with a few other boards too, also mobile management
- Windows10 – work has started and is due to be complete in Q3 of 2022.
- 30% of requests are regional or national – these are 'must do'
- 70% IMT requests are local

IM&T portfolio is split to spread the workload of regional and national work. The 3 year plan delivery costs were advised, 137 projects estimated costs 14.5m. It was noted that in order to assist IT with projects, it is helpful to follow the set process; and to contribute to the scoring/prioritisation work if offered. Clinical and service feedback on projects is really valuable.

Nicky Hall and Kevin Buchan will link in with IT for work in their areas and check on funding streams.

Jackie Stephen advised that if anyone would like any further information on the plan or for IT projects in their area, please do contact the IMT team directly.

Alison Wilson thanked Jackie Stephen and Gillian Smith for their time. Following the full process and IT keeping clinicians informed of projects relevant to them were two points taken away from this session.

3. Realistic Medicine

Olive Herlihy gave an overview of Realistic medicine (RM) to the committee, noting the 6 pillars of RM.

The challenges identified for NHS Borders regarding RM were noted as:

- Progress against action plan (development of a steering group and education programme)
- RM communication – engagement of staff and patients
- Appropriate administration support

OH advised the committee that what would really help is a steering group of people who represent different aspects of care and also to disseminate this to relevant colleagues.

John McLaren agreed that there should be a group of appropriate colleagues for a RM steering group. It was noted that patient centred feedback is very important and that we should look at ways to measure this; for example are patients getting to have the right conversations and medical staff responding appropriately? OH advised that RM is unidirectional, which can be viewed as an issue.

PW noted that AHPs work is more closely aligned with RM principals, means AHPs are able to deliver against the 6 RM pillars. Keen to support and use the RM language in delivering high quality services.

Kevin Buchan noted the presentation however voiced the view that RM is not what patients are looking for at the moment. Patients seem to want the testing and 'lost care' that has occurred in the last 2 years and that this needs time and availability of GPs for instance, as well as other medical professionals.

4 DRAFT MINUTE OF PREVIOUS MEETING November 2021

The Minute of the previous meeting, held on 30th November 2021 was approved as an accurate record of the meeting with no changes.

ACTION: Update and remove draft; available to IB in committees drive for NHS Borders Board (KM)

5 MATTERS ARISING AND ACTION TRACKER

Action Tracker updates:-

Assurance standards – IB to come back to meeting – also picking this up at the board, as it will follow on from the governance work occurring at the next board meeting.

Safe Staffing – Clare Smith is scheduled to attend to this in the October meeting

All other actions are complete.

ACTION: Update action tracker (KM)

6 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK – AW

- Mortality reviews were discussed

- Concerns on acute services, staffing levels in particular. Process of escalation being implemented

7 NON EXECUTIVE INPUT TO ACF

Karen Hamilton and AW met and discussed that the NXD are keen to have more visibility, to raise their profiles. It is thought that the NXD would attend our meetings and subcommittee meetings on an ad hoc basis, to raise awareness of advisory structures and ACF. The committee members on the call agreed this would be acceptable.

8 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW will send minutes round when they are available, AW didn't attend due to being on annual leave.

9 NHS BOARD PAPERS: DISCUSSION

No comments were raised regarding board papers.

10 PROFESSIONAL ADVISORY COMMITTEES

(a) Area Dental Advisory Committee (RZ) –

No update

(b) Area Medical Committee/GP Sub Group (KB):

AMC has not sat for a while due to absence and poor attendance. The group continues to function, a meeting will be held at a later date. Lack of meaningful output may stop members attending. AMC is an update and discussion group, not to 'resolve issues', unlike other groups.

GP Sub: no update.

(c) Area Ophthalmic Committee (NH) –

Not any new meetings being held

Communication from hospital isn't great, not much information on waiting times, and not much time given when asked to respond to items.

(d) Area Pharmaceutical Committee (AW) –

Area Pharmaceutical Committee met on 25th January 2022. Discussion included:-

- Update on Efficiency Programme projects and the work of new Pharmacy Support Workers. APC asked that the blue prescription which comes from Acute be provided with a letter as lack of information causes a hold up for the patient.
- Update on Medicines Care and Review – engagement with GP practices; progress to be monitored and shared as soon as available; move to Serial Prescribing discussed.
- Update on Pharmacotherapy Project - review in progress of national strategy to provide the service across the Borders; focus on this and clinic work has led to a reallocation within the pharmacy teams in practices.
- Update on Flu Vaccine and Covid Vaccine – for Flu to end of December with Community Pharmacists having administered 2,420 vaccines. Covid vaccination has highest rate in

Borders (12 and over) for doses 1 and 2. Thanks to everyone involved in the programme. At risk 5-11 year olds will start vaccination programme with paediatric vaccine; then those living with immune compromised patients, followed by potential roll out to all others in this group. Although Flu vaccination has gone well for the Board it has been a financial disaster for Community Pharmacies. With the change in goal posts and the level of private demands changes, pharmacies have been left with £000s in unusable stock. Also discussed the heavy workload for community pharmacy staff of administrating and booking patients.

- Updates on progress of Community Pharmacy Palliative Care Network, Pharmacy First Plus
- Eildon Pharmacy, Newtown St Boswells move to new premises is complete and no progress as yet on Tweedbank application.
- Out of Hours Service – discussed the equipment required to offer this service – otoscope, thermometer, pulse oximeter. Decision to discuss availability of prescribers with the OOH team.
- Feedback from festive period was not available in time for meeting. No issues raised during that period. 2022/23 public holiday dates and cover discussed.
- Update provided on Pharmacy Champion Visits and issues and lessons learned discussed.

Items for inclusion in update to Area Clinical Forum → Feedback to NHS Borders Board –

1. Feedback about unfairness of changing vaccination plans for CPs and financial consequences.
2. Ask why the vaccines purchased in CP supply chain were not able to be used by Board?
3. Education and Training – request for contact/shadowing with clinicians and clinics for practical training of trainee pharmacists – feedback to Medical Director/Board.
4. Raise issue with GP → Community Pharmacy referral process (national and local).

(e) Allied Health Professionals Advisory Committee (PW) –

PW updated in the teams chat for the AHP committee, that there are no major issues to flag from AHPs. Similar challenges to other areas around recent clinical pressures. Moving forward there has been engagement with both public health and third sector organisation regarding moving towards an early intervention and preventative approach.

(f) BANMAC (SF)

Susie Flower was unable to attend the ACF meeting today; however she did provide the following update regarding BANMAC:

We had our first meeting in March with the intent to create an advisory group that meets the objectives that are set out in the ToR. At the group we agreed that the Tor needed to be updated and these are in progress but recognise that the main purpose of the group is to

- provide a professional and holistic opinion on identified health issues, and issues within the borders which may impact on patients and services.
- To give a considered and collegiate response to relevant parties on specific issues that impact on the professional groups.

Agreed the importance of relevant membership and the commitment of them is to feedback to their relevant professions regarding the content of the meeting, and for the members to bring relevant information to the committee. It is also worthwhile noting that the chair (SF) is very clear that this meeting is not about service updates, and the intent will be to steer away from this.

The committee is currently building a rolling agenda which is likely to be focused around the 4 pillars within the NMC code:

Prioritising People

Promoting Professionalism and Trust
Preserving safety
Practicing effectively

Current research within NHS orders will be brought to each meeting, with the intention of the group considering impact of research and an assurance that research project objectives will be shared with their teams in order to raise awareness and bring that wider understanding of implications on practice. Also agreed that audit outcomes would be brought through this group.

Further discussions around competencies, clinical supervision and general education which will be a rolling agenda item on BANMAC.

The group is in the very early stages of the new format but progress is being made- SF will share the refreshed ToR and the rolling agenda for the next ACF.

g) Medical Scientists

No update provided.

h) Psychology

No update provided.

11 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

- Disappointment from GPs with regards to stepping down of CAC (Covid assessment centre). The Board is aware of GP feeling on this, CE and CO of IJB, to agree with GP sub to support movement of CAC into the community.

12 ANY OTHER BUSINESS

14th June 2022 is the next ACF meeting; this will be AW last meeting as Chair. IB will be joining to assist with the appointment of a new chair of ACF going forward.

Yellow card report is included in the agenda for noting – anyone can submit adverse effect of medication.

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for **14th June 2022** at 13:00 via Microsoft Teams.

Area Clinical Forum Purpose

As required by “Rebuilding our NHS” and revised as per CEL 16 (2010), the Area Clinical Forum (ACF) exists to advise the NHS Board. The purpose of the Area Clinical Forum (ACF) is to formulate comprehensive clinical advice to the Board on matters of policy and implementation. The Committee is committed to be pro-active in:

- Reviewing the business of professional advisory committees to ensure co-ordination of clinical matters across each of the professional groups;
- The provision of a clinical perspective on the development of the Local Delivery Plan and the strategic objectives of the NHS Board;
- Sharing best practice and encouraging multi-professional working in healthcare and health improvement;
- Ensuring effective and efficient engagement of clinicians in service design, development and improvement;
- Providing a local clinical and professional perspective on national policy issues;
- Ensuring that local strategic and corporate developments fully reflect clinical service delivery;
- Taking an integrated clinical and professional perspective on the impact of national policies at local level;
- Through the ACF Chair, being fully engaged in NHS Board business; and
- Supporting the NHS Board in the conduct of its business through the provision of multi-professional clinical advice.

The Chair of the ACF is a Non-Executive Director of the NHS Board; Alison Wilson has been Chair since August 2016.

Area Clinical Forum Members 2021-22

Chair	Alison Wilson, Non-Executive NHS Borders Board
Vice Chair	Dr Kevin Buchan, GP
Area Pharmaceutical Committee	Alison Wilson, Director of Pharmacy (& ACF Chair)
Area Medical Committee	Dr Kevin Buchan, GP
Area Allied Health Professionals Committee	Paul Williams, Associate Director of Allied Health Professionals
Area Nursing and Midwifery Committee	Mr Peter Lerpiniere, Associate Director of Nursing for Mental Health, Learning Disability & Older People (until June 2021) And Susannah Flowers, Associate Director Nursing P&CS / Chief Nurse Health & Social Care, Primary & Community Services (from October 2021)
Area Dental Committee	Ehsan Alanizi, Dentist
Area Optical Committee	Nicola Hall, Optometrist
Healthcare Scientists Advisory Committee	Jackie Scott, Department Manager Laboratories
GP Sub and GP Exec Groups	Dr Kevin Buchan, GP
Psychology/Mental Health Services	Dr Caroline Cochrane, Head of Psychology
Also attending:	John McLaren, Employee Director

Area Clinical Forum Meetings

The Area Clinical Forum (ACF) continues the practice of timing meetings to coincide with the release of NHS Borders Board Papers, allowing discussion and the ability for the ACF to offer advice. The ACF Chair has regular opportunities to meet with the Chair and Chief Executive of NHS Borders.

We welcome the regular attendance at meetings of the Employee Director, John McLaren who has a standing invitation to attend the ACF. The ACF Chair and several ACF Committee members continue to attend the Operational Planning Group, allowing ACF views to be sought and reflected in discussions related to policy, planning and delivery of services.

As per NHS Borders Corporate Objectives, safe, effective and person centred care remain the focus and interest of the ACF in its committee business and activities. Four Area Clinical Forum meetings were scheduled the year April 2021 and March 2022; one meeting was cancelled due to the number of apologies.

Feedback to Area Clinical Forum included:

Clinical Governance Committee	Infection control; care homes; dental access; IC nursing recruitment; Ophthalmology list backlog; clinical prioritisation; Covid deaths as part of Mortality review; digital strategy; recruitment and sickness issues; new Covid pathways;
Public Governance Committee	No updates were noted from Public Governance Committee by Area Clinical Forum.
National Area Clinical Forum	ACF annual reviews; attendance from Director General for Health & Social Care;

Presentations included:

- Financial
- Pharmaceutical Care Services Plan annual update for 2022
- Unscheduled Care Winter Plan

Topics also covered this year include:

- Covid Vaccinations Update
- Safe Staffing
- Clinical Prioritisation
- Remobilisation Plan
- East Region Formulary
- Dental services and funding for services
- 2022 Work plan for Area Clinical Forum
- Workforce challenges

Attendance from Professional Advisory Groups 2021-2022

Advisory Groups	22.06.21	05.10.21	30.11.21	01.02.22
Allied Health Professionals	✓	✓	✓	CANCELLED
Area Dental Advisory Committee			✓	
Area Medical Committee	✓	✓		
Area Ophthalmic Committee	✓	✓	✓	
Area Pharmaceutical Committee	✓	✓	✓	
Borders Area Nursing & Midwifery Advisory Committee				
GP Sub Group	✓	✓		
Medical Scientists				
Mental Health/Psychology				
John McLaren – Area Partnership Forum				
Karen Hamilton – Chair of NHS Borders			✓	

Area Clinical Annual Report Summary

The General Practice Subcommittee, Area Medical Committee (AMC), Ophthalmic Committee (AOC), Dental Committee and Pharmacy Committee (APC) continue to have reasonable attendance and are able to offer useful feedback and advice to the Board.

Some committees were unable to send a representative to the ACF meetings and this has impacted their ability to provide useful advice to the Board. Attendance to all ACF meetings is low and this is reflected across the country in the reports from other Board ACFs.

During 2021-2022 pressures of Covid 19 continued to affect all Health Care professionals and this was at the forefront of ACF Members' Group agendas.

Due to pressures at NHS Borders, clinical prioritisation was required several times throughout the year and ACF Members participated in these discussions. Limited work was done in areas for consultation or outside of clinical prioritisation during the year. ACF Members raised concerns around pressures that all groups are under and the risks associated with this.

The ACF micro site, to improve access to information, profile and effectiveness of the ACF locally, can be viewed at <http://intranet/microsites/index.asp?siteid=549&uid=1>



Alison Wilson, Area Clinical Forum Chair

June 2022

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	NHS Borders Performance Scorecard May 2022
Responsible Executive/Non-Executive:	June Smyth Director of Planning & Performance
Report Author:	Gemma Butterfield Planning & Performance Officer

1 Purpose

The purpose of this report is to update the Board on NHS Borders latest performance against the measures set out in the 2021/22 Remobilisation Plan (RMP4) which Scottish Government have rolled forward to Q1 of 2022/23, alongside key targets and standards that were included in previous Annual Operational Plans (AOPs) and Local Delivery Plans (LDP).

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan/Remobilisation Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

2 Report summary

2.1 Situation

Following Scottish Government Sign off of RMP4 NHS Borders Performance Scorecard has been updated to reflect agree performance measures whilst retaining oversight of performance against previous AOP/ LDP Measures.

When commissioning the Annual Delivery Plan's(ADP) in April 2022 Scottish Government advised that RMP4 was to be rolled forward to Q1 of 2022/23, therefore

for the purpose of reporting May 2022 performance Q4 trajectories / projections have been rolled forward in the Performance Scorecard.

2.2 Background

As part of the remobilisation process following COVID-19 Scottish Government required all boards to develop and submit a remobilisation plan (RMP3) for 2021/22, followed by a mid-year update (RMP4). As part of this plan trajectories were submitted which replaced some, but not all measures, previously contained within the AOP 2020/21.

2.3 Assessment

This is the first meeting this developed scorecard has been presented to NHS Borders Board following submission to the Resource & Performance Committee in May 2022 (which set out performance XXXX) and it remains 'work in progress' whilst this format is formalised and until we hear further from SG re monitoring arrangements for the ADP which will be submitted as a draft at the end of July 2022.

Where services have been able to provide it narrative is now contained within the body of the scorecard rather than within the cover paper. Any gaps in narrative are due to operational pressures within services. Service leads are working with Planning & Performance team members to develop a robust process for collating this narrative going forward.

In terms of performance as at May 2022, key areas of strong performance to highlight against the RMP4 trajectories/ projections are:

- New outpatients waiting longer than 12 weeks- projected 9195 actual 5713
- New outpatients waiting longer than 52 weeks- projected 2154 actual 1421
- New inpatients waiting longer than 12 weeks- projected 2296 actual 1623
- New inpatients waiting longer than 52 weeks- projected 848 actual 721
- All diagnostic waits waiting longer than 12 weeks- projected 762 actual 534

Area of performance to highlight in May 2022 off track against the RMP4 trajectories / projections:

- All diagnostic waits waiting longer than 52 weeks- projected 0 actual 29
- Endoscopy waits longer than 52 weeks- projected 3 actual 29
- Psychological therapy waits patients seen within 18 weeks- projected 85% actual 79.9%
- A&E waits patients seen within 4 hours- projected 85% actual 65.6%
- Delayed discharges- projected 29 patients actual 62

In Previous Years Mid-Year and End of Year Managing Our Performance Reports(MoP) have been produced and presented to the Board. Unfortunately due to capacity issues during 2022/23 these reports have not been produced but will be considered for 2022/23.

In the next report we will replace the RMP4 targets and trajectories with updated ones to reflect the performance expectations set out in the ADP for 2022/23, which are currently

being finalised alongside those AOP/LDP standards which remain in place. SG are currently revisiting the overall performance framework for NHS Scotland but this is unlikely to report until late in the calendar year.

2.3.1 Quality/ Patient Care

The RMP4 trajectories, Annual Operational Plan measures and Local Delivery Plan standards are key monitoring tools of Scottish Government in ensuring Patient Safety, Quality and Effectiveness.

2.3.2 Workforce

Directors are asked to support the implementation and monitoring of measures within their service areas.

2.3.3 Financial

Directors are asked to support financial management and monitoring of finance and resources within their service areas.

2.3.4 Risk Assessment/Management

There are several measures that are not being achieved and have not been achieved recently. For these measures service leads continue to take corrective action or outline risks and issues to get them back on trajectory. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.

2.3.5 Equality and Diversity, including health inequalities

A Health Inequalities Impact Assessment has been completed as part of RMP3/4.

2.3.6 Other impacts

None Highlighted

2.3.7 Communication, involvement, engagement and consultation

This is an internal performance report and as such no consultation with external stakeholders has been undertaken.

2.3.8 Route to the Meeting

The Performance Scorecard has been developed by the Business Intelligence Team with any associated narrative being collated by the Planning & Performance Team in conjunction with the relevant service area.

2.4 Recommendation

- **Note** performance as at end of March 2022

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Borders Performance Scorecard



PERFORMANCE SCORECARD

As at 31st May 2022

Month 2 - May 2022

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Introduction

As a result of the COVID-19 Pandemic the 2021/22 Annual Operational Plan has been replaced for all Health Boards by their Remobilisation Plan and associated trajectories agreed with Scottish Government, therefore this report contains RMP4 trajectory performance, but also continues to demonstrate previous AOP and LDP measures. RMP4 has been rolled over by Scottish Government in quarter one of 2022/23, whilst Boards develop their Annual Delivery Plan. Please note RMP4 Template 1 projections have been set quarterly rather than monthly as per Scottish Government Guidance.

Performance is measured against a set trajectory or standard. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

Current Performance Key

R	Under performing	Current performance is significantly outwith the trajectory/ standard set	Outwith the standard/ trajectory by 11% or greater
A	Slightly Below Trajectory/ Standard	Current performance is moderately outwith the trajectory/standard set	Outwith the standard/ trajectory by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory/standard set	Overachieves, meets or exceeds the standard/trajectory, or rounds up to standard/trajectory

Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

Key Metrics Report- RMP4 Performance

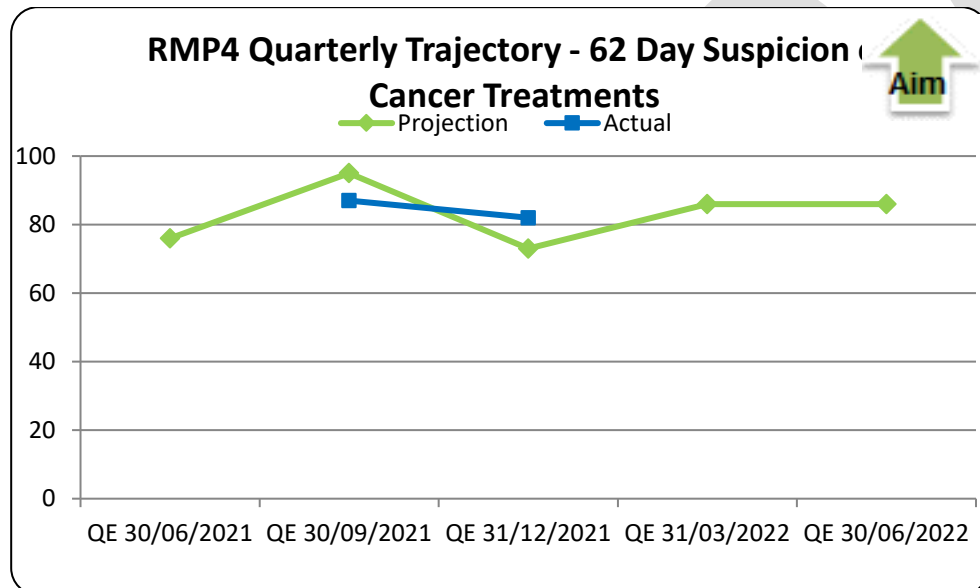
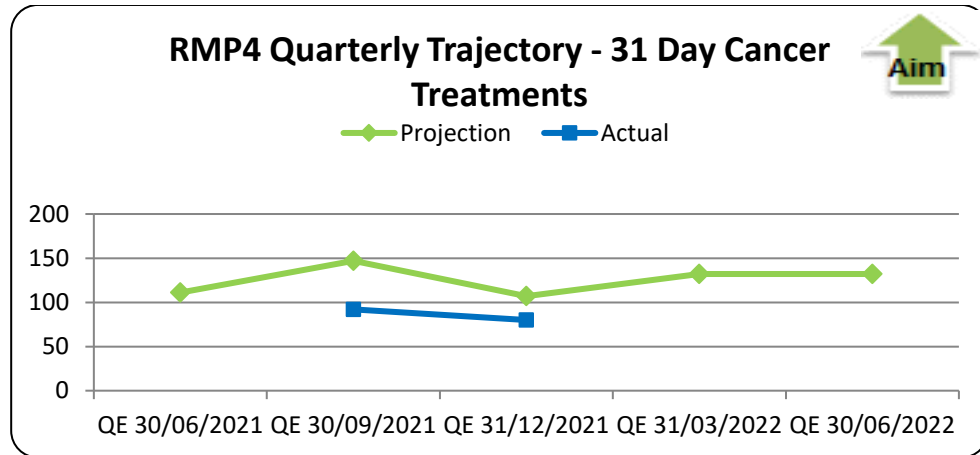
	Measure	Trajectory or Projection	Period Reported	Position	Period	Position	RAG
Remobilisation Plan (RMP4) Agreed Trajectories/ Projections	New Outpatients- Number waiting >12 Weeks Trajectory	9195 patients waiting longer than 12 weeks	Apr-22	5364	May-22	5713	↓
	New Outpatients- Number waiting >52 Weeks Trajectory	2154 patients waiting longer than 52 weeks	Apr-22	1165	May-22	1421	↓
	New Inpatients- Number waiting >12 Weeks Trajectory	2296 patients waiting longer than 12 weeks	Apr-22	1596	May-22	1623	↓
	New Inpatients- Number waiting >52 Weeks Trajectory	848 patients waiting longer than 52 weeks	Apr-22	696	May-22	721	↓
	All Diagnostics - Number waiting >12 weeks	762 patients waiting longer than 6 weeks for 8 key diagnostic tests	Apr-22	539	May-22	534	↓
	All Diagnostics - Number waiting >52 weeks	0 patients waiting longer than 6 weeks for 8 key diagnostic tests	Apr-22	43	May-22	29	↑
	Diagnostics Endoscopy - Number waiting >12 weeks	374 patients waiting longer than 12 weeks for endoscopy	Apr-22	299	May-22	267	↑
	Diagnostics Endoscopy - Number waiting >52 weeks	3 patients waiting longer than 52 weeks for endoscopy	Apr-22	43	May-22	29	↑
	Cancer waiting Times - 62 Day target quarterly projection	73 patients waiting longer than 62 days	Q2- 2022	87	Q3- 2022	82	↑
	Cancer waiting Times - 31 Day target quarterly projection	107 patients waiting longer than 31 days	Q2- 2022	92	Q3-2022	80	↑
	CAMHS - % treated within 18 weeks of referral quarterly projection	50% patients seen and treated within 18 weeks of referral.	Q3-2022	67.1%	Q4-2022	50.0%	↓
	Psychological Therapies - % treated within 18 weeks of referral quarterly projection	85% patients treated within 18 weeks of referral	Q3-2022	83.6%	Q4-2022	79.9%	↓
	A&E 4 Hour Standard - Patients discharged or transferred within 4 hours quarterly projection	85% of patients seen, discharged or transferred within 4 hours.	Q3-2022	70.7%	Q4-2022	65.6%	↓
	Delayed Discharges - Patients delayed over 72 hours quarterly projection	29 patients delayed in hospital for more than 72 hours	Q3-2022	45	Q4-2022	62	↓

Key Metrics Report – AOP Performance

	Measure	Target/ Standard	Period	Position	Period	Position	RAG
Annual Operational Plan Measures	Cancer waiting Times - 62 Day target	95% patients treated following urgent referral with suspicion of cancer within 62 days	Mar-22	100.0%	Apr-22	95.0%	↓
	Cancer waiting Times - 31 Day target	95% of patients treated within 31 days of diagnosis	Mar-22	100.0%	Apr-22	100.0%	↔
	New Outpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Apr-22	5364	May-22	5713	↓
	New Inpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Apr-22	1596	May-22	1623	↓
	Treatment Time Guarantee - Number not treated within 84 days from decision to treat	Zero patients having waiting longer than 84 days.	Apr-22	65	May-22	67	↓
	Referral to Treatment (RTT) - % treated within 18 weeks of referral	90% patient to be seen and treated within 18 weeks of referral.	Mar-22	65.6%	Apr-22	72.0%	↑
	Diagnostics (8 key tests) - Number waiting >6 weeks	Zero patients waiting longer than 6 weeks for 8 key diagnostic tests	Apr-22	838	May-22	900	↓
	CAMHS- % treated within 18 weeks of referral	90% patients seen and treated within 18 weeks of referral	Mar-22	36.4%	Apr-22	29.6%	↓
	A&E 4 Hour Standard - Patients discharged or transferred within 4 hours	95% of patients seen, discharged or transferred within 4 hours	Apr-22	60%	May-22	64%	↑
	Delayed Discharges - Patients delayed over 72 hours	Zero patients delayed in hospital for more than 72 hours	Apr-22	41	May-22	38	↑
	Psychological Therapies - % treated within 18 weeks of referral	90% patient treated within 18 weeks of referral	Mar-22	78.7%	Apr-22	84.8%	↑
	Drug & Alcohol - Treated within 3 weeks of referral	90% patient treated within 3 weeks of referral	Feb-22	100%	Mar-22	100%	↔
	Sickness Absence Rates	Maintain overall sickness absence rates below 4%	Mar-22	4.90%	May-22	5.30%	↓

Cancer Waiting Times

RMP4 Performance



What is the data telling us?

Cancer activity levels have broadly been in line with levels we would have expected to see over the period included in the performance data. More significantly performance for the both the 31 day and 62 day target AOP was achieved in April 2022 with 31 day standard performance at 99.5% and day standard at 95%.

There is a lag with the national data sets used to compile our quarterly activity data and Quarter 1 data for 2022 will be included in next month's scorecard.

Why is this the case?

Cancer has been and remains a priority activity for all diagnosis and treatment pathways. Urgent Suspicion of Cancer referrals or confirm cancers patients are prioritised above all other urgent and routine work in outpatient, diagnostic and treatment pathways. This is in line with specific prioritisation guidance provided by Scottish Government and reflect national priority.

We are seeing the volume of urgent referrals increasing in both outpatient departments and diagnostic pathways and this is putting pressure on current access times. We are keeping this under review but we may see increasing pressure around our reported 62 performance against this standard due to longer diagnostic pathways.

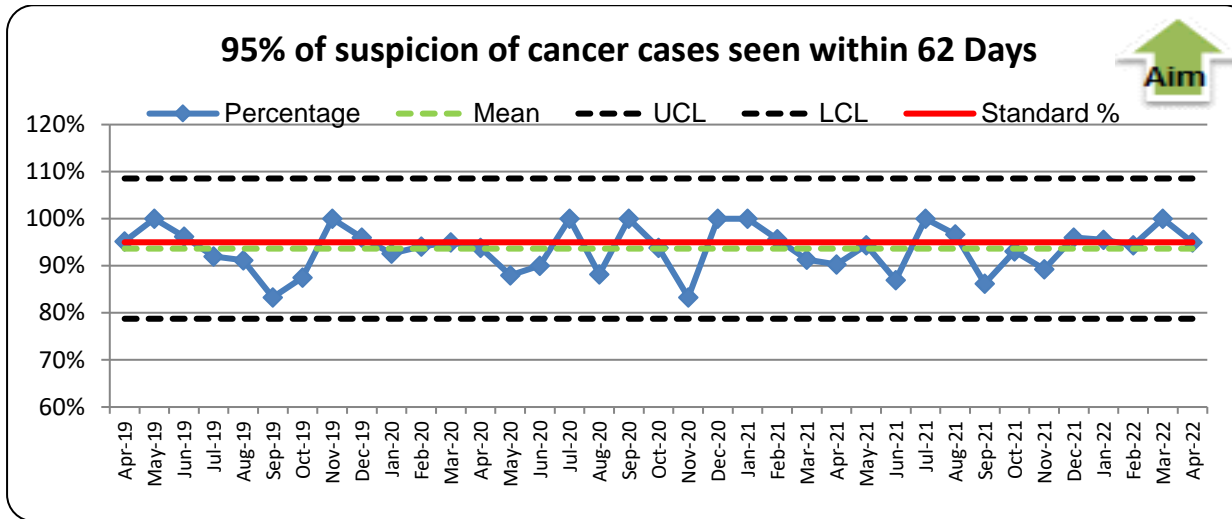
What is being done?

Cancer will continue to be prioritised and we are in dialogue with the Scottish Government around additional support in respect of CT and MRI pressures in particular

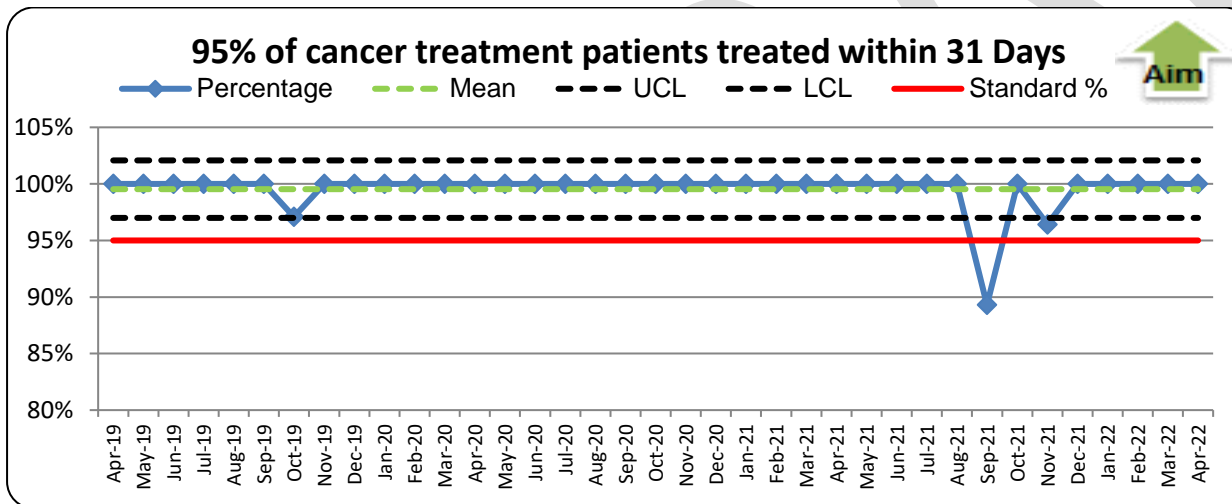
What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year

Performance Against Previous AOP Performance – For Further Information



Latest NHS Scotland Performance
83.1% (Jul - Sep 2021)

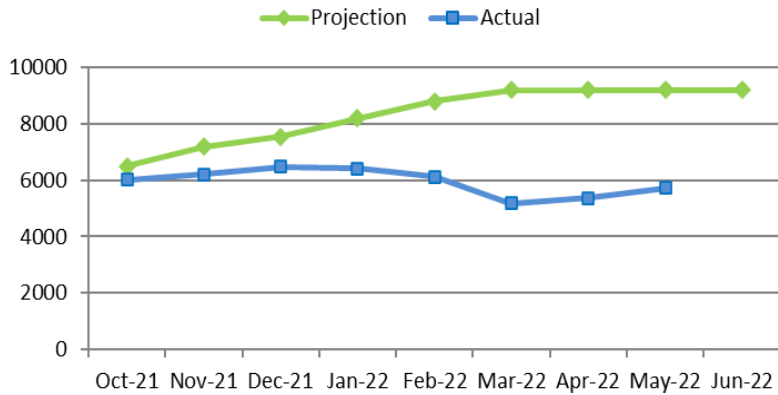


Latest NHS Scotland Performance
96.7% (Jul - Sep 2021)

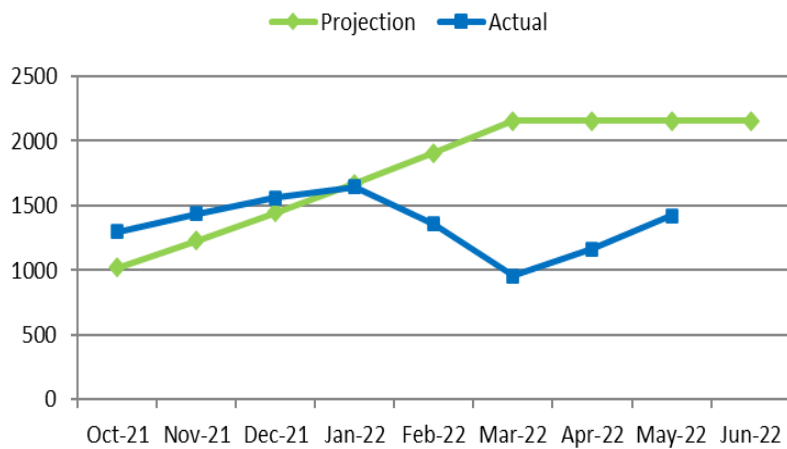
Waiting Time Performance Outpatients, TTG & RTT

RMP4 Performance

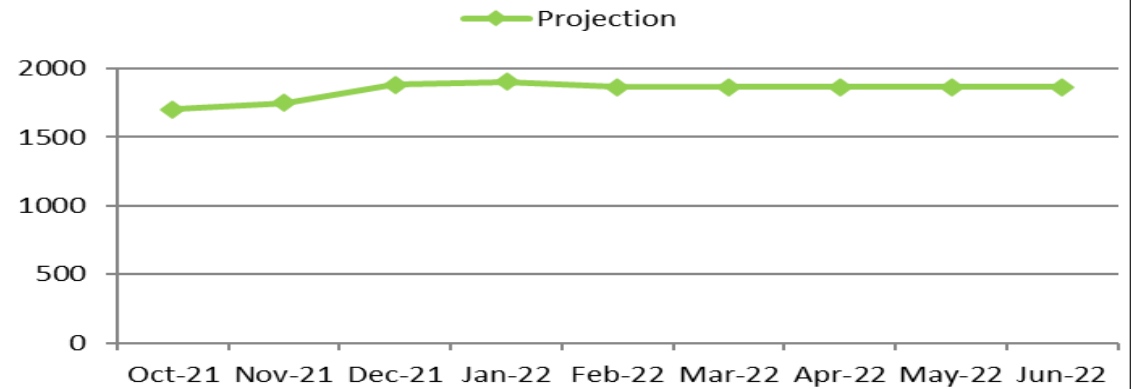
RMP4 - Outpatient Waits over 12 Weeks



RMP4 - Outpatient Waits over 52 Weeks



RMP4 - Outpatients Seen over 12 Weeks



What is the data telling us?

We have seen a stabilisation in outpatient waiting times over the 9 month period included within the report. This is due to a combination of higher capacity and activity being delivered in our outpatient departments, and waiting list initiatives targeted at our longest waiting patients in key specialties (Ophthalmology, General Surgery and Dermatology in particular). Seen patient data is not currently available whilst work is done after the report failure.

Why is this the case?

We are below projected waits above 12 week due to demand levels that are lower than we anticipated when agreeing RMP4.

What is being done?

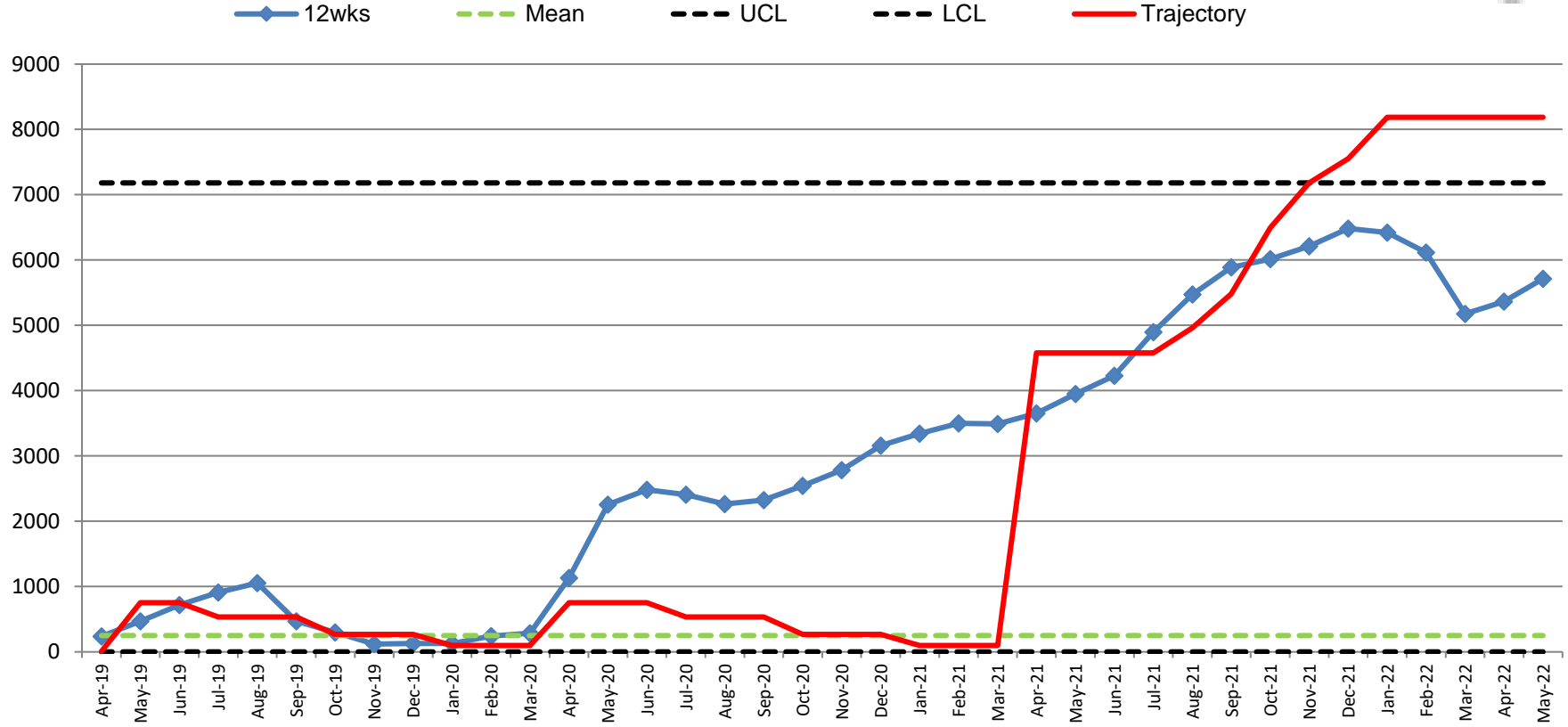
As noted revised trajectories have been submitted to Scottish Government, these anticipate a return to pre-pandemic activity levels during quarter two of 2022/23. Trajectories include an expectation of additional funding support from Scottish Government for waiting lists improvements during 2022/23. While formal confirmation on waiting times funding has not yet been provided, we have been asked to work on an assumption that funding levels will be consistent with those provided in 2021/22. This was significant lower than funding requested.

What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year

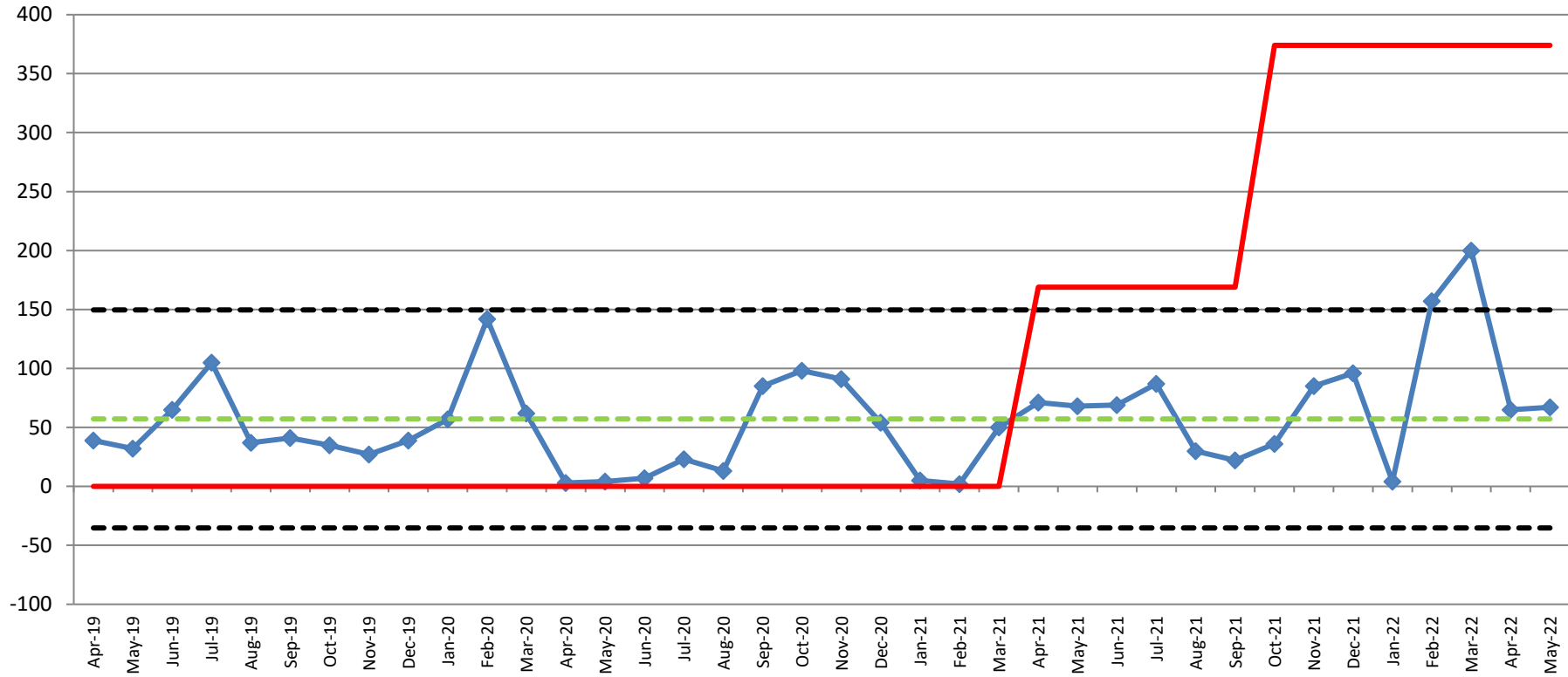
Performance Against Previous AOP Performance – For Further Information

Stage of Treatment Target - Outpatients Waiting Over 12 Weeks

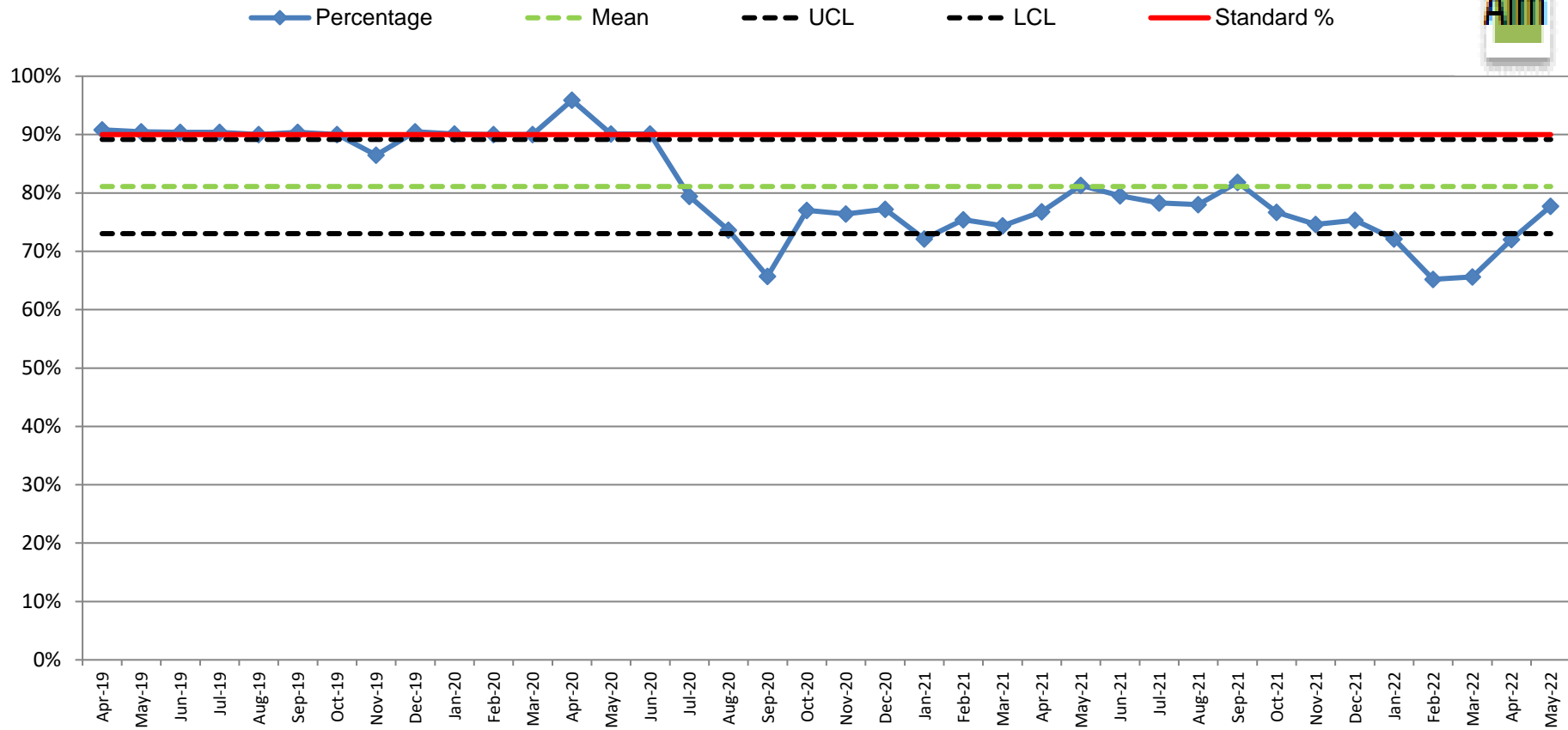


Patients Treated within the 12 weeks Treatment Time Guarantee

◆ 12wks TTG
 - - - Mean
 - - - UCL
 - - - LCL
 — Trajectory

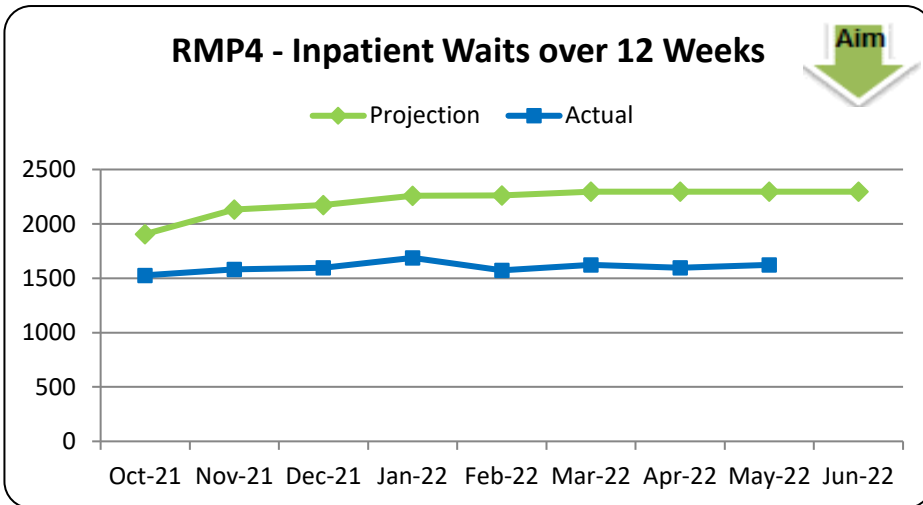


18 Weeks Percentage Referral to Treatment Combined Pathway Performance



Waiting Time Performance Inpatients

RMP4 Performance



What is the data telling us?

Movements in surgical waiting times reflect current capacity, and clinical prioritisation. Current capacity is stubbornly sitting at 45-55% of core, or pre-pandemic activity levels.

Why is this the case?

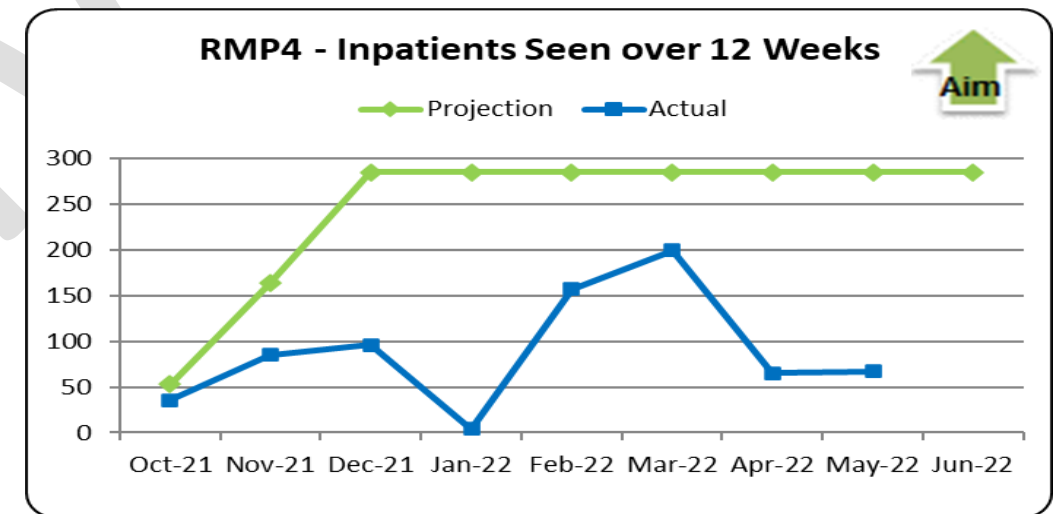
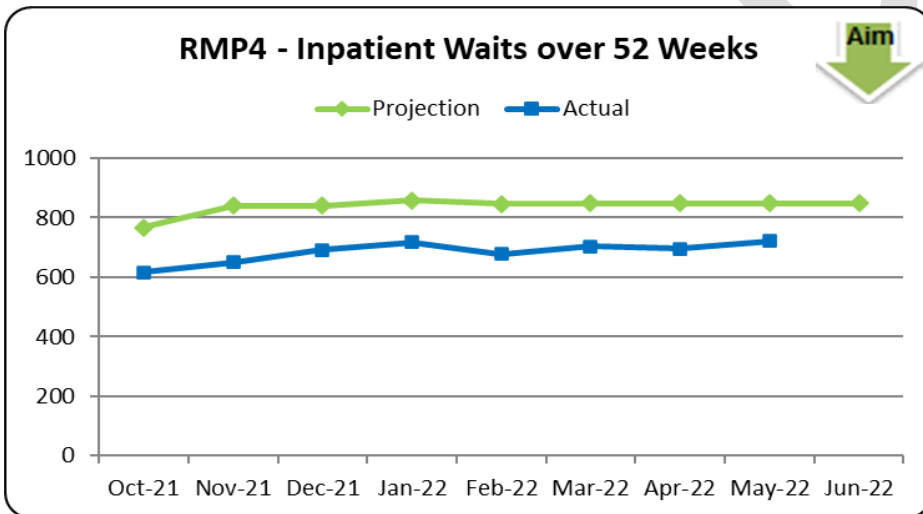
This is a consequence of both bed and key workforce challenges. This means that while patients waiting for urgent procedures are being accommodated, there is no significant capacity available for patient waiting for non-urgent or routine surgery. This is driving a gradual increase in numbers waiting, and how long routine cases will wait for surgery

What is being done?

We are actively reviewing the bed configuration within the Acute Service recognising capacity challenges overall, and for elective surgery in particular. We are aiming for ring fenced elective capacity during August, and planning for sustaining this as part of wider winter and pressures planning recognising inherent risks in extended elective waits. Workforce planning across key groups is also underway with a target of returning to core capacity levels gradually by March 2023.

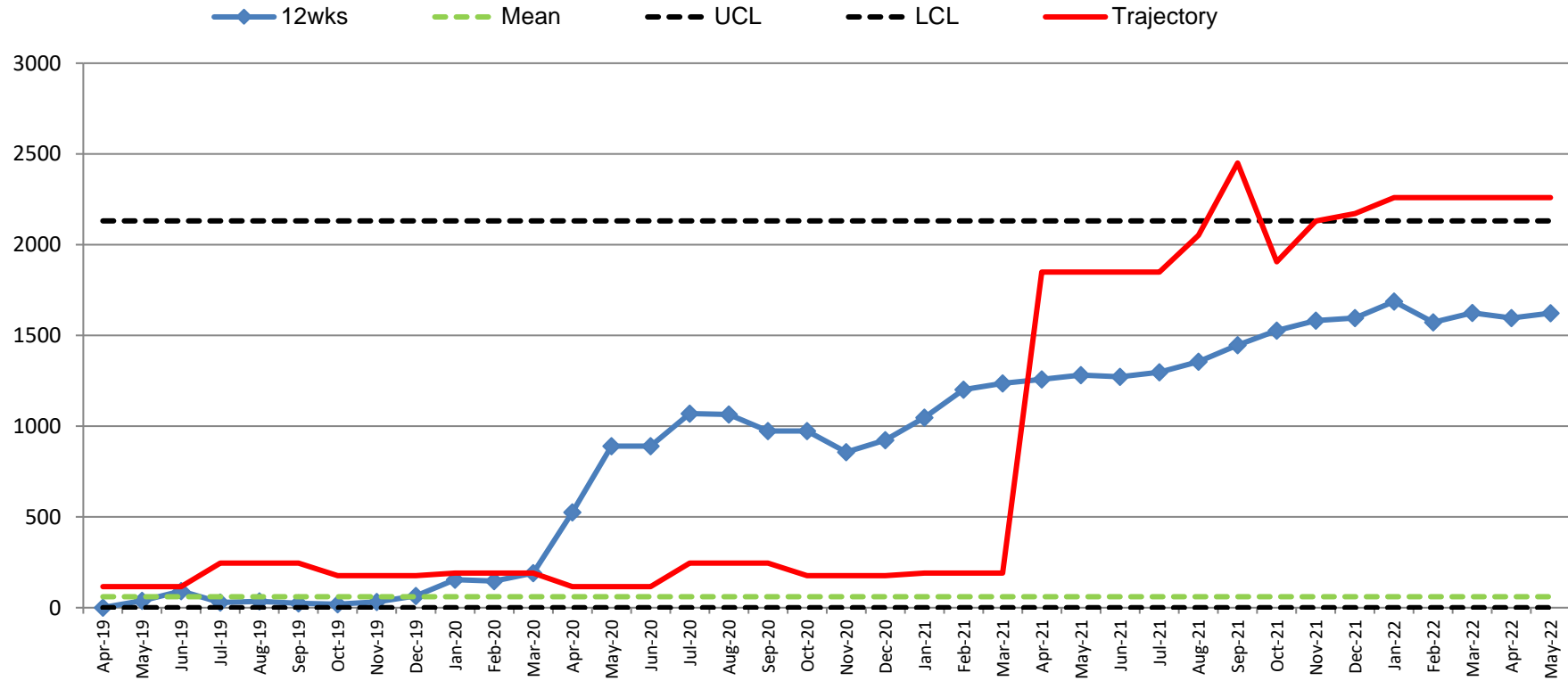
What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year



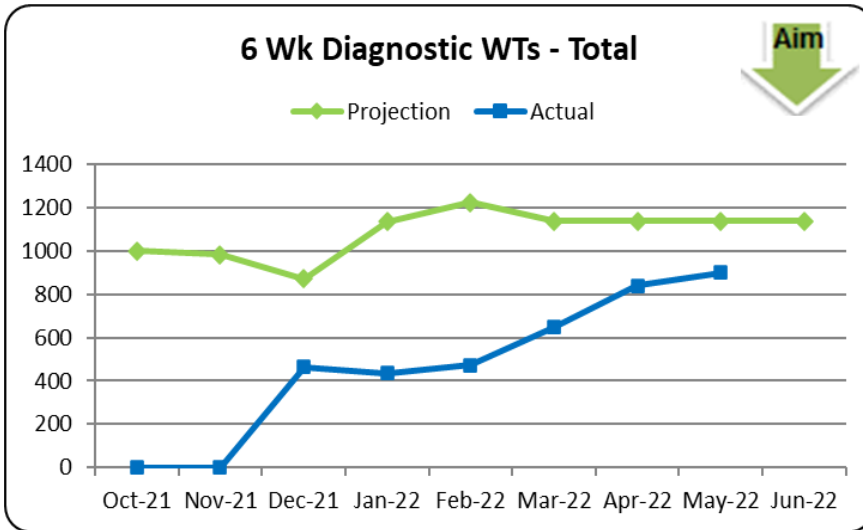
Performance Against Previous AOP Performance – For Further Information

Stage of Treatment Target - Inpatients Waiting Over 12 Weeks



Diagnostic Waiting Times- All Radiology

RMP4 Performance- Total



What is the data telling us?

Key diagnostic capacity is under significant pressure. This is a combination of increased emergency work and urgent referrals, and emerging workforce challenges. The prioritisation of emergency and urgent work is having an impact on less urgent work and we are seeing an increase in routine waits as a consequence.

Why is this the case?

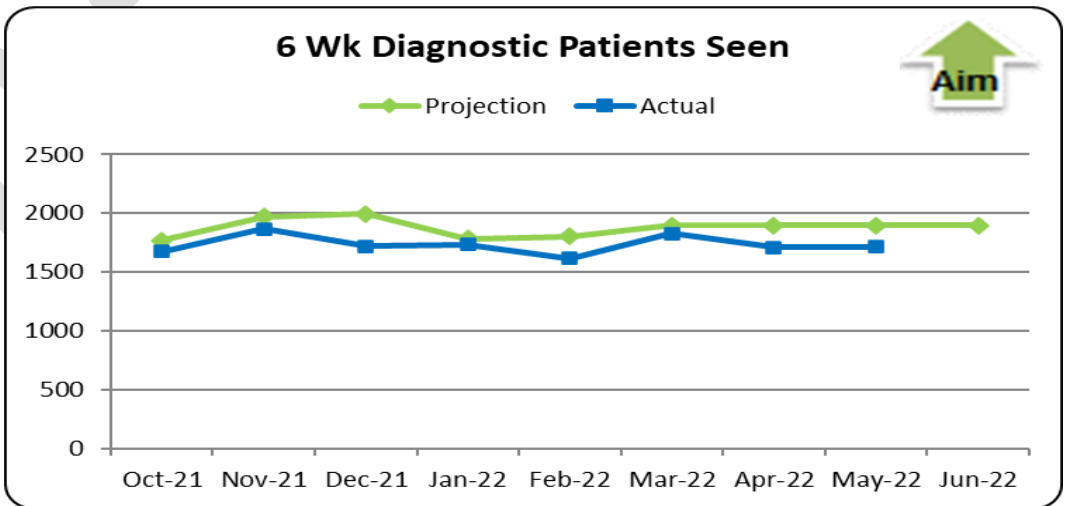
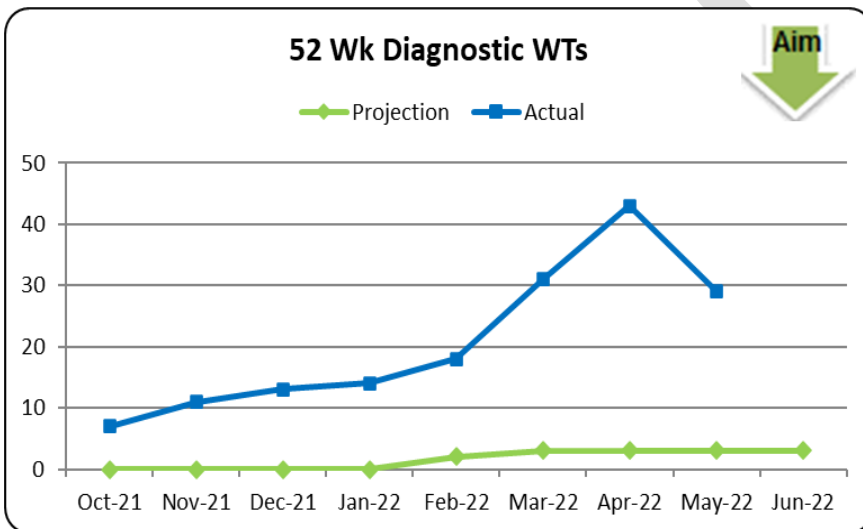
Demand in Radiology has been slower than anticipated to recover to pre-pandemic levels. However, we are now seeing activity increasing in line with recovery health care capacity overall. There is also evidence of an higher than anticipated volume of urgent work being requested. This is likely to be related to the increase in emergency work, latent unmet demand, and delays leading to more urgent referrals.

What is being done?

We are discussing capacity options with the Access Support team, including increased access to mobile capacity.. We are also actively recruiting internally to post we have not been able to fill.

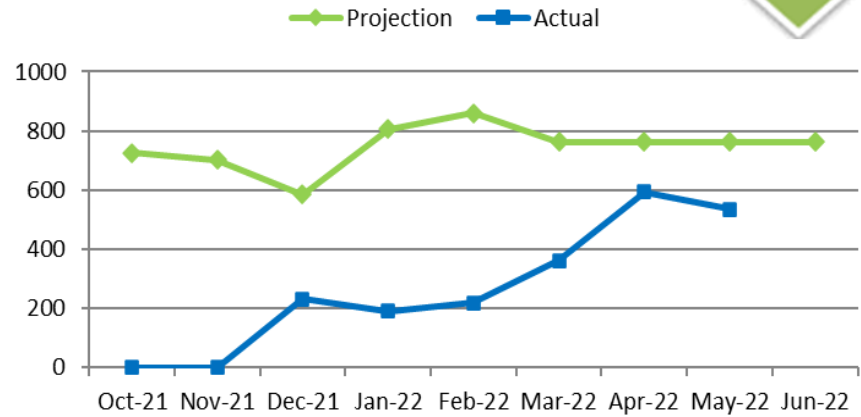
What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year



RMP4 Performance- Radiology

6 Wk Diagnostic WTs - Radiology



What is the data telling us?

Whilst for the 6 week target we are below projections the waiting times have increase through Feb-April, the dip in May was due to waiting list removals.

Why is this the case?

More than 60% of the CT departments workload is currently unscheduled (ED & Inpatients) which is reducing capacity for routine imaging.

MRI, CT and Ultrasound are all working at full capacity

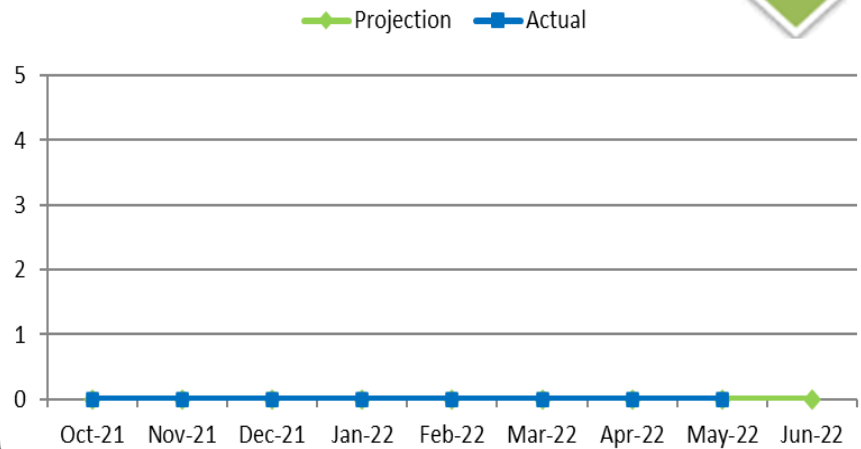
What is being done?

Routine patients are being given the option of going to Golden Jubilee for their scanning.

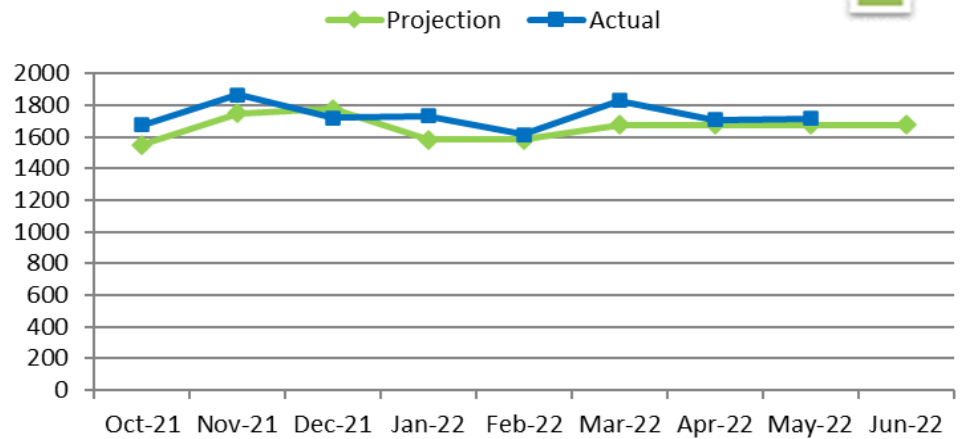
What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year

52 Wk Diagnostic WTs - Radiology

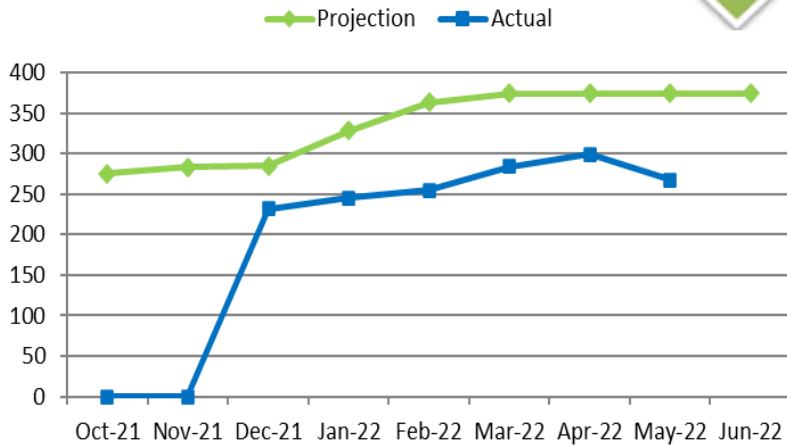


6 Wk Diagnostic Patients Seen - Radiology



RMP 4 Performance- Endoscopy

6 Wk Diagnostic WTs - Endoscopy



What is the data telling us?

While we have worked hard to meet urgent waiting times for Upper GI and Colonoscopy, capacity constraints have limited capacity for patient prioritised as routine. We have seen routine waits increasing over the past 18 months and now have some patient waiting for more than 12 months.

Why is this the case?

This has been the result of increased demand, particularly recovering the backlog in bowel screening referrals, and a lack of operator capacity in general due to workforce issues.

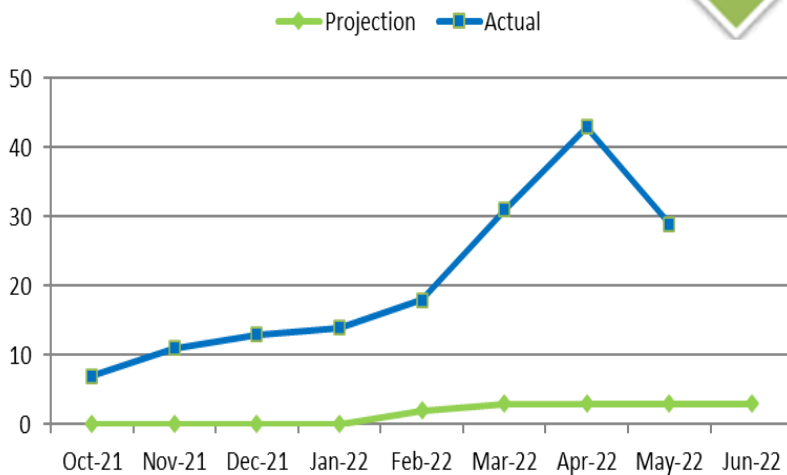
What is being done?

We are doing two things, ensuring that long waiting patient are being clinically reviewed and their priority increased where this is merited, and working with local teams and the independent sector to provide additional capacity to ensure we maintain acceptable urgent waits. We are also exploring longer term solutions to operator capacity issues that we are experiencing

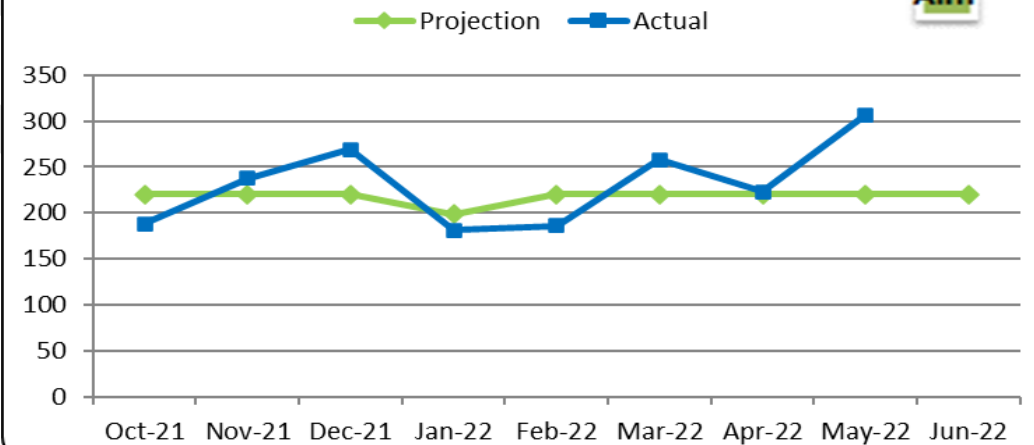
What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year

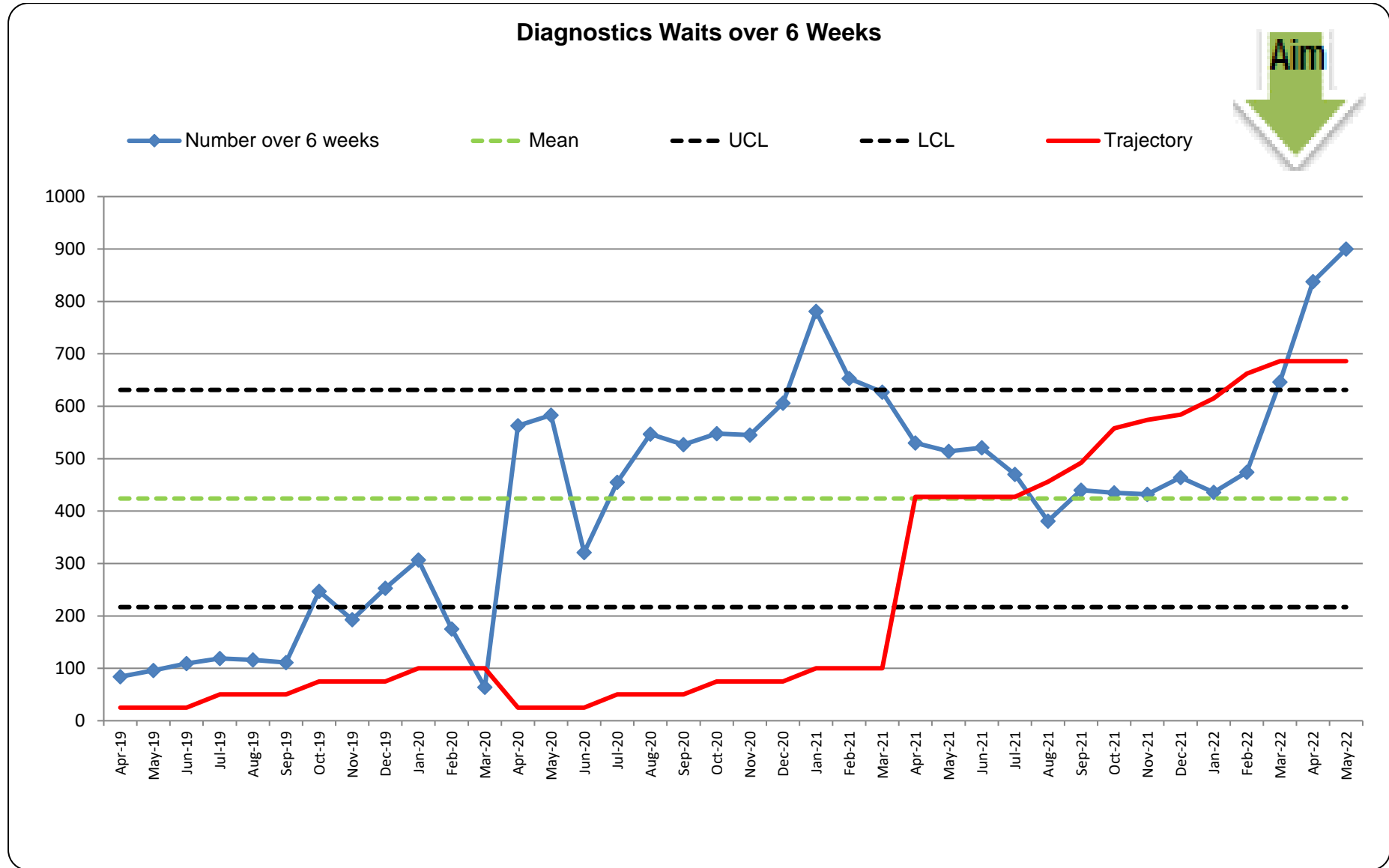
52 Wk Diagnostic WTs - Endoscopy



6 Wk Diagnostic Patients Seen - Endoscopy

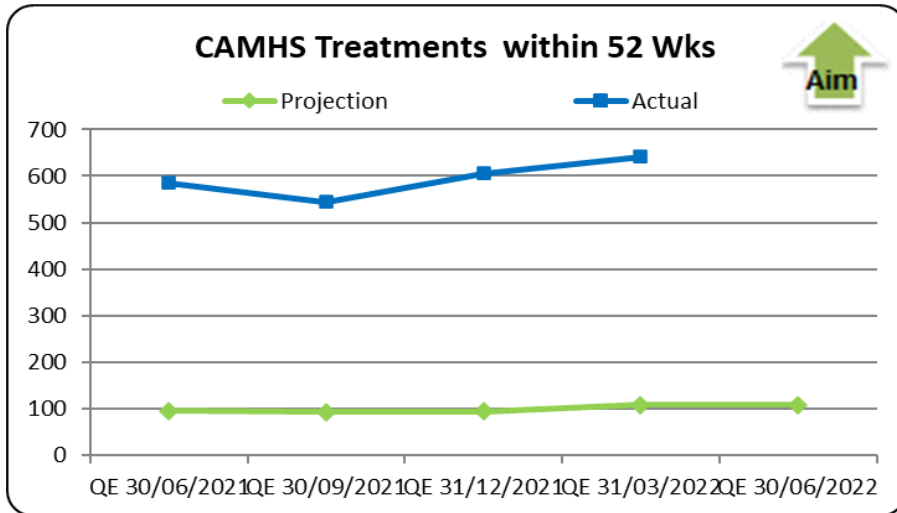


Performance Against Previous AOP Performance – For Further Information



Mental Health Waiting Times CAMHS

RMP4 Performance



What is the data telling us?

Performance against the CAMHS 18 week referral to treatment standard was 29.6% in April 2022.

Why is this the case?

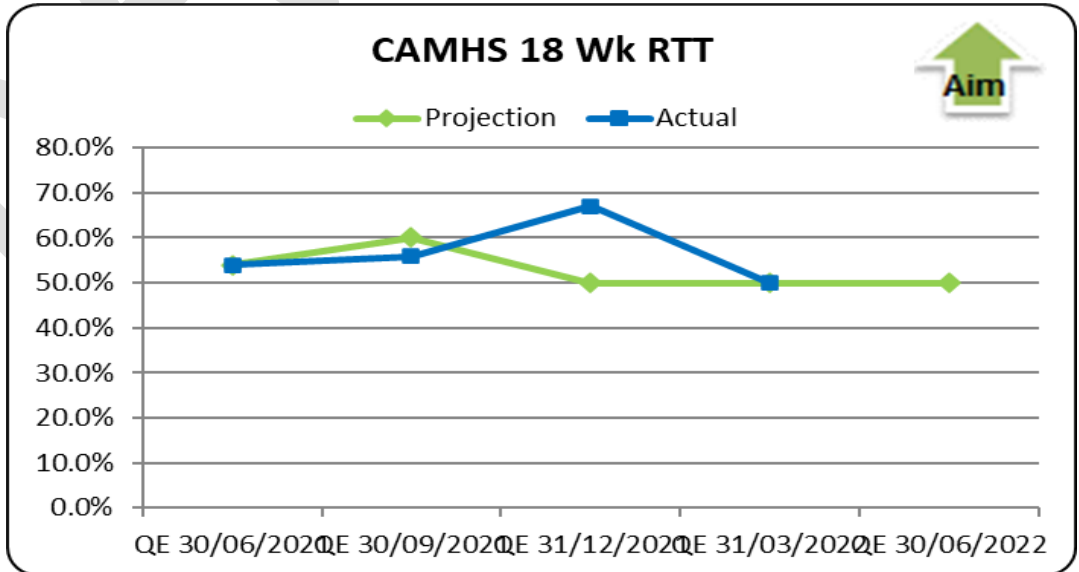
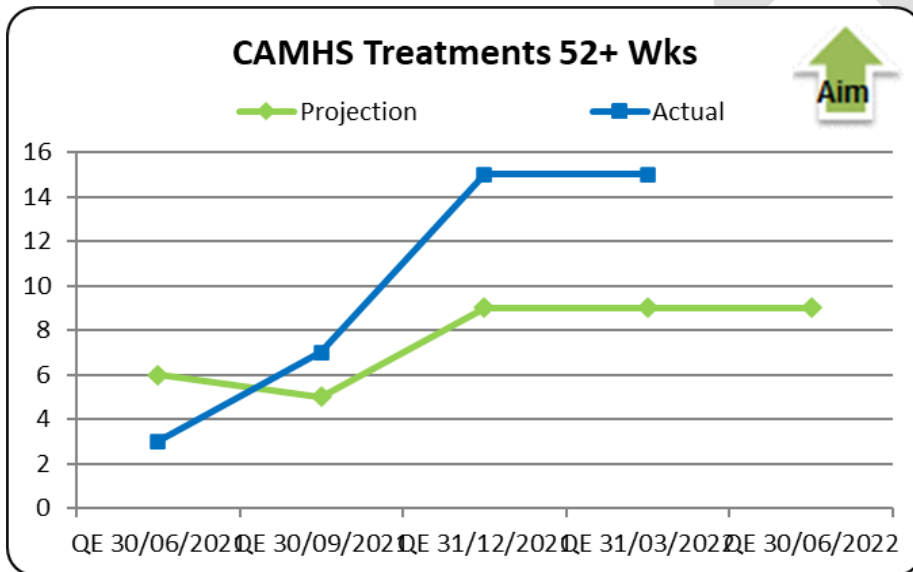
Our waiting times initiative has just commenced targeting the longest waits, a deterioration in performance was projected based on this initiative. Performance will continue to be below the national target until we eradicate the longest waits. Accepted referrals/ demand continues to be high which also influences performance

What is being done?

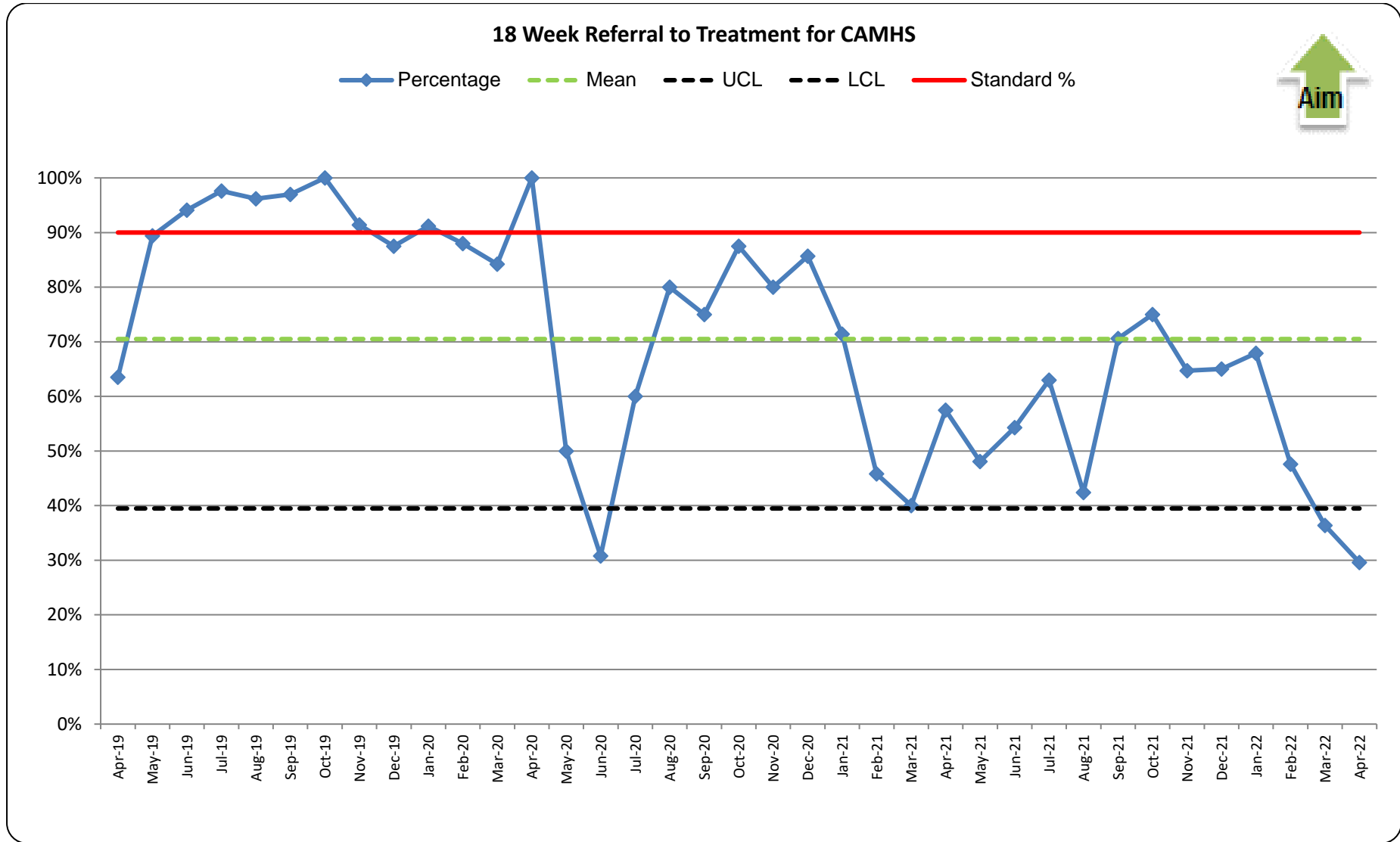
As well as what is outlined above the service are also undertaking live active recruitment

What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year

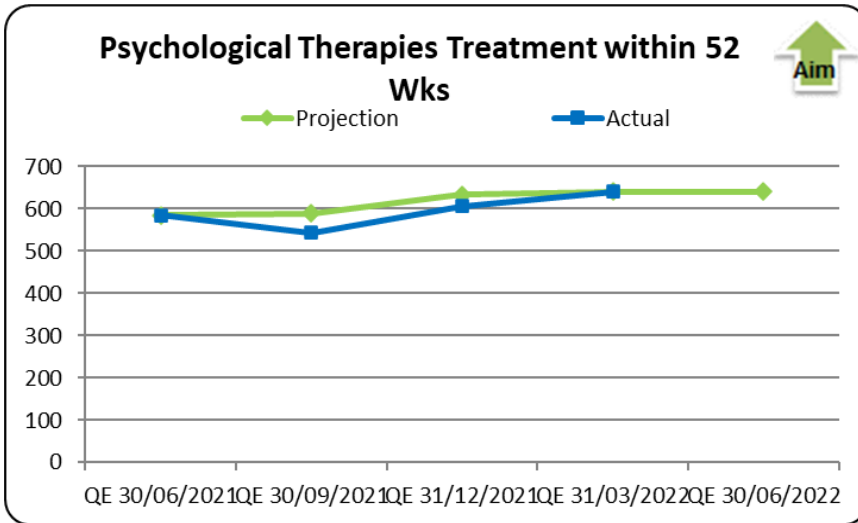


Performance Against Previous AOP Performance – For Further Information



Mental Health Waiting Times- Psychological Therapies

RMP4 Performance



What is the data telling us?

Performance against the Psychological Therapies 18 week referral to treatment standard was 84.8% in April 2022, which is an improvement from 78.7% in March 2022.

In April 2022 151 patients were seen for their first appointment of which 23 had waited longer than 18 weeks.

Why is this the case?

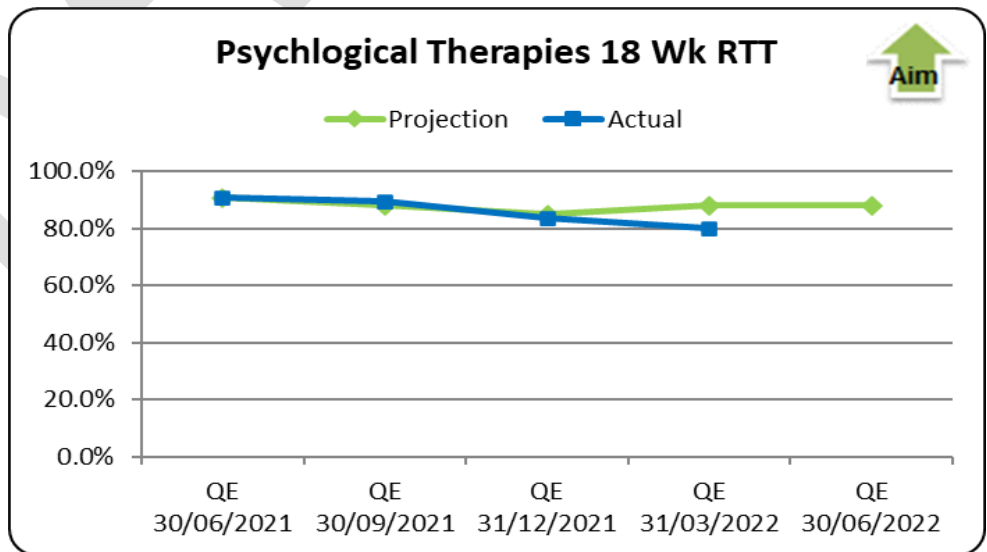
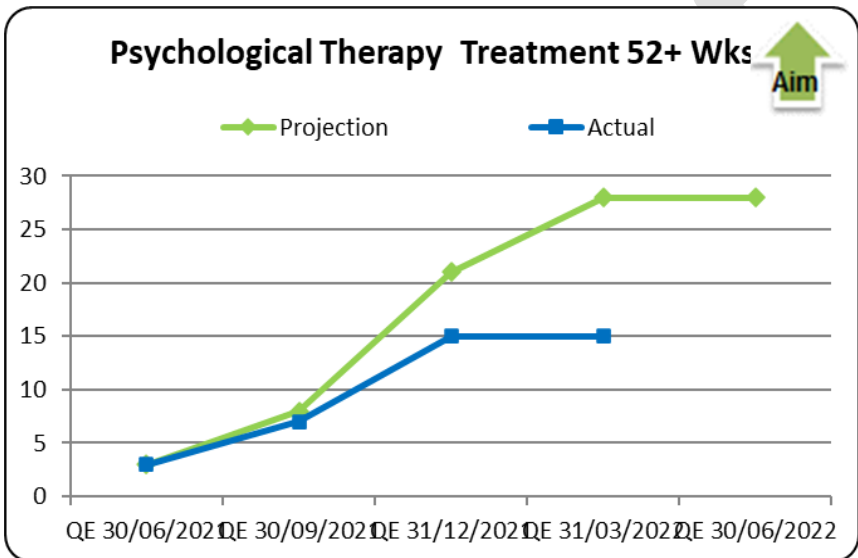
Demand continues to be strong especially through the Renew service whilst at the same time the service are working to reduce the longest waits. Some of the longest waits are for people who needed to be seen face to face or have special circumstances we are trying to accommodate.

What is being done?

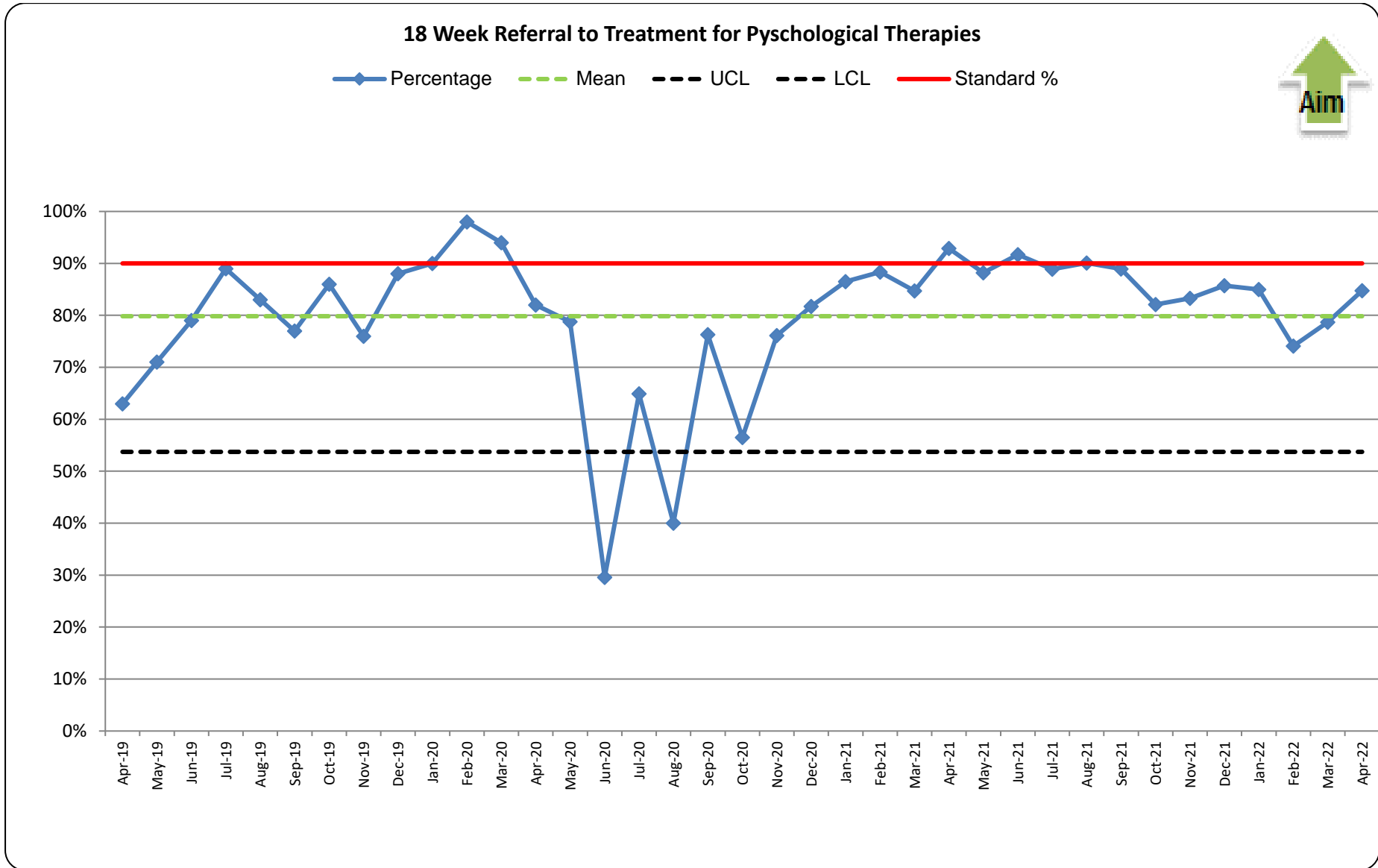
We continue to expand the courses/ groups that we offer in Renew and improvement worked is planned to reduce variation and increase consistency.

What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year



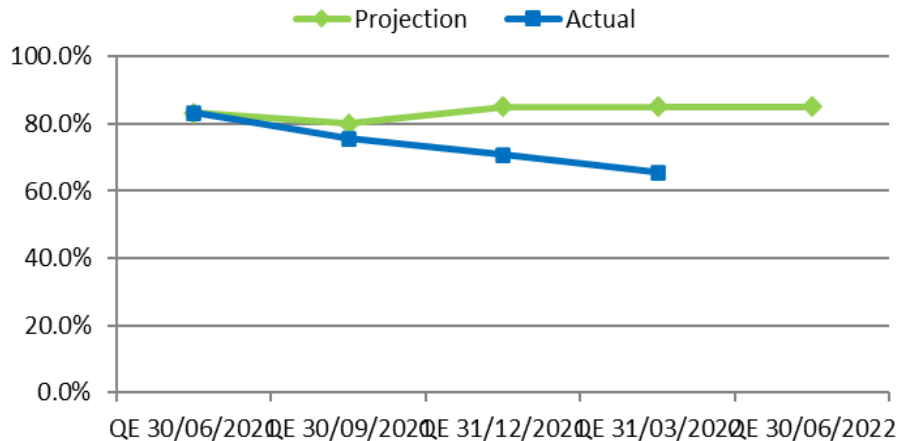
Performance Against Previous AOP Performance – For Further Information



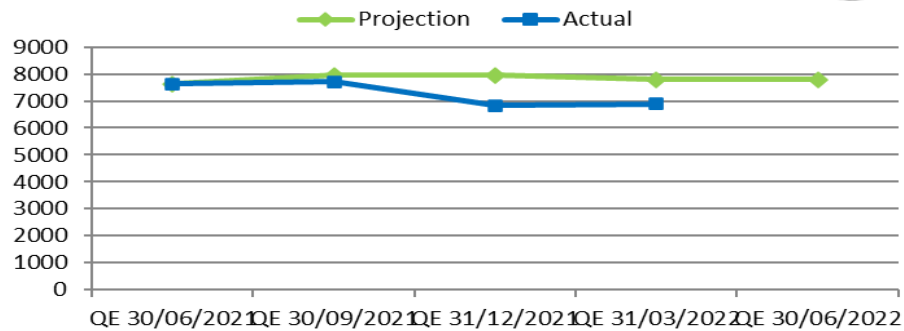
Unscheduled Care Performance

RMP 4 Performance

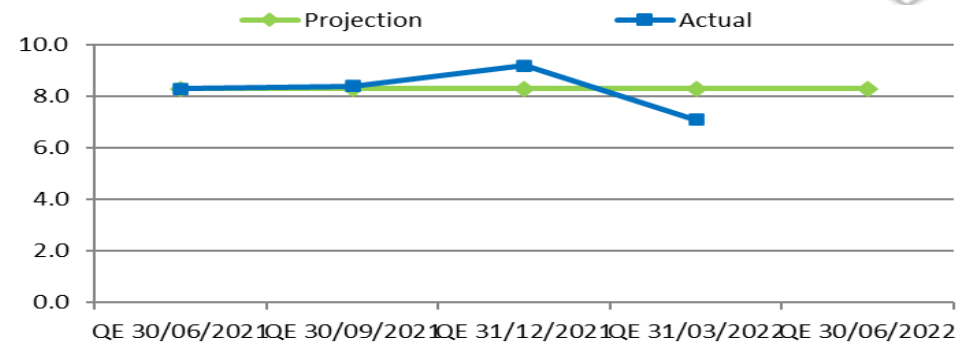
RMP4 Quarterly Trajectory for A&E 4 Hr Performance



RMP4 Quarterly Trajectory for A&E Attendances



RMP4 Quarterly Trajectory for Emergency Admissions' Length of Stay (Days)



What is the data telling us?

Whilst our trajected number of A&E attendances is below anticipated in RMP4 we have been unable to achieve the 4 hour wait trajectory, performance delivered in May was 64.2% which is an improvement against April performance of 60%

Why is this the case?

Our Emergency Department continues to face significant pressures in relation to exit flow with extended length of stay for patients waiting admission, however a number of performance indicators measured as part of the Acute Recovery Programme Board are showing early signs of improvement.

What is being done?

The acute service are remain focused on to five priority tasks aimed at reducing length of stay, removing activity from the ED and creating a protected elective ward.

A test of change is the Medical Assessment Unit has shown an increase in overall discharges.

The new Paediatric Emergency Department pathway has been successfully rolled out.

The Redesign of Urgent Care and Interface Care programmes of work and improvement continues. This is a long term programme of improvement work.

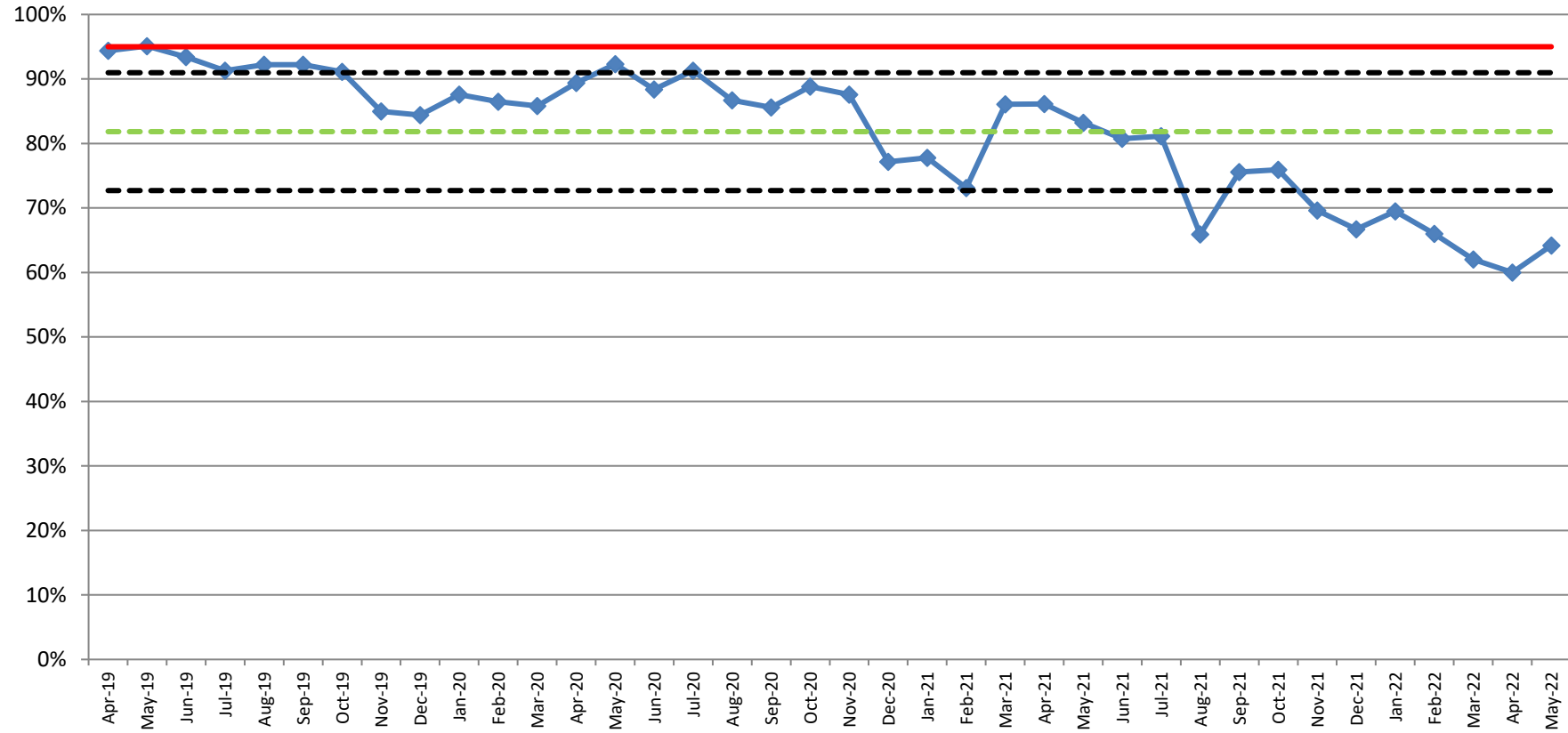
What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year

Performance Against Previous AOP Performance – For Further Information

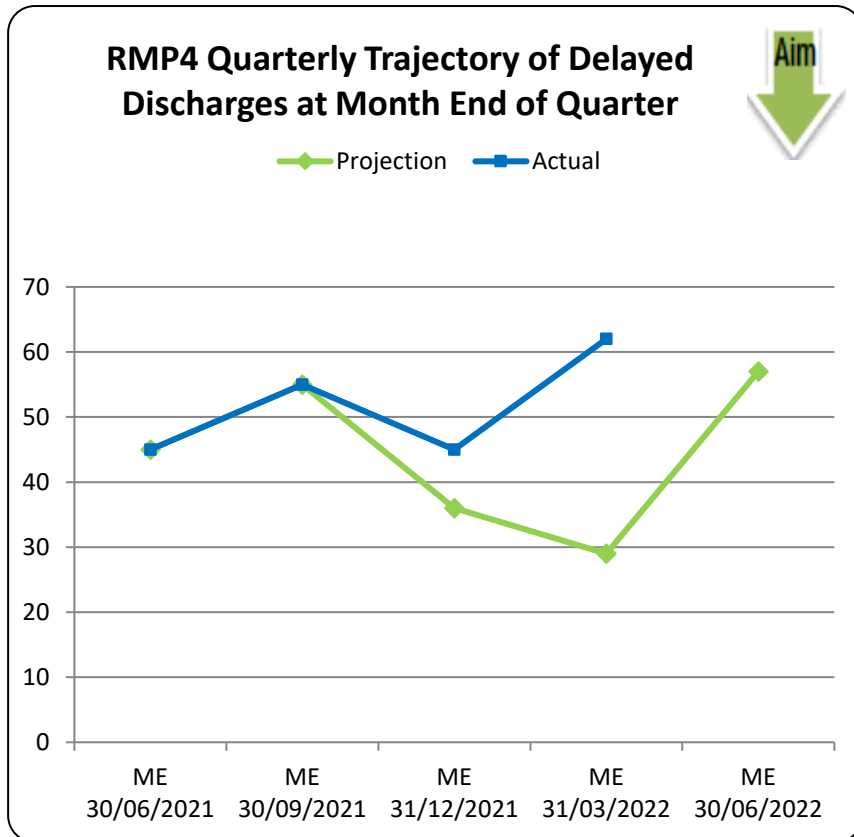
4 Hours from Arrival in ED to Discharge, Admission or Transfer

Percentage Mean UCL LCL Standard %



Delayed Discharge

RMP4 Performance



What is the data telling us?

The data is telling us that the number of people in hospital waiting for care provision (delayed discharges) has reached a peak and is now gradually reducing. This is in line with our updated plan (trajectory) to reduce the number of people waiting in hospital for care.

Why is this the case?

Demand for care has been outstripped the capacity available. As noted in the last update to the Board, this was due to both

- increased demand for social care with increased dependence of those referred from our hospitals and the community
- reduced capacity in social care, predominantly due to workforce issues and covid-19 impacts.

What is being done?

The Health and Social Care Partnership is working on immediate and longer term actions to ensure that more people can be cared for in a more appropriate setting when they are medically fit for discharge. These actions have been inputted into a new trajectory which has been signed off by the HSCP Joint Executive.

- Extra residential care capacity is being procured to assist with this, and HSCP teams will work with these settings to support these settings
- The HSCP is working closely with independent care sector and third sector providers to support ongoing sustainability, and has on a number of occasions over the past few months supported providers in its capacity as provider of last resort
- The IJB and HSCP is increasingly focusing on admission avoidance, including initiatives on polypharmacy support for social care service users, hospital at home, the development of a virtual ward, the development of the community geriatric model and developing a more integrated community team approach.
- Work has been progressing on Discharge without Delay.
- We have established an Urgent and Unscheduled Care Programme Board which will work to progress further actions relating to reducing and supporting unscheduled care.
- The Acute Recovery programme is undertaking work around reducing length of stay in hospital and it is expected that this will help to reduce demand for care. The IJB and HSCP is increasingly focusing on admission avoidance, including initiatives on polypharmacy support for social care service users, hospital at home, the development of a virtual ward, the development of the community geriatric model and developing a more integrated community team approach.

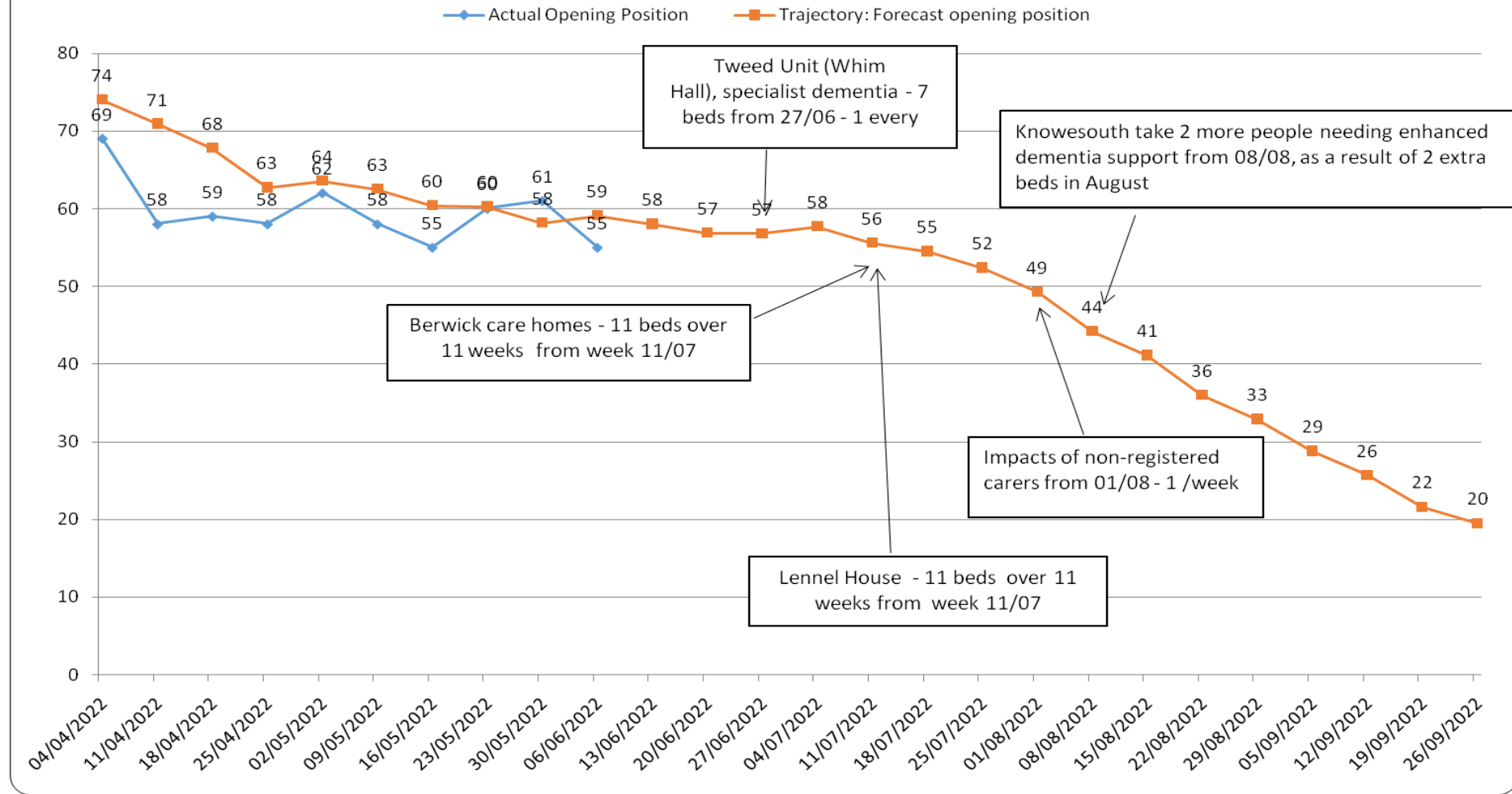
It is important that a whole system approach continues to be adopted to ensure that we effectively reduce the number of people waiting for care in our hospitals

What learning has been applied?

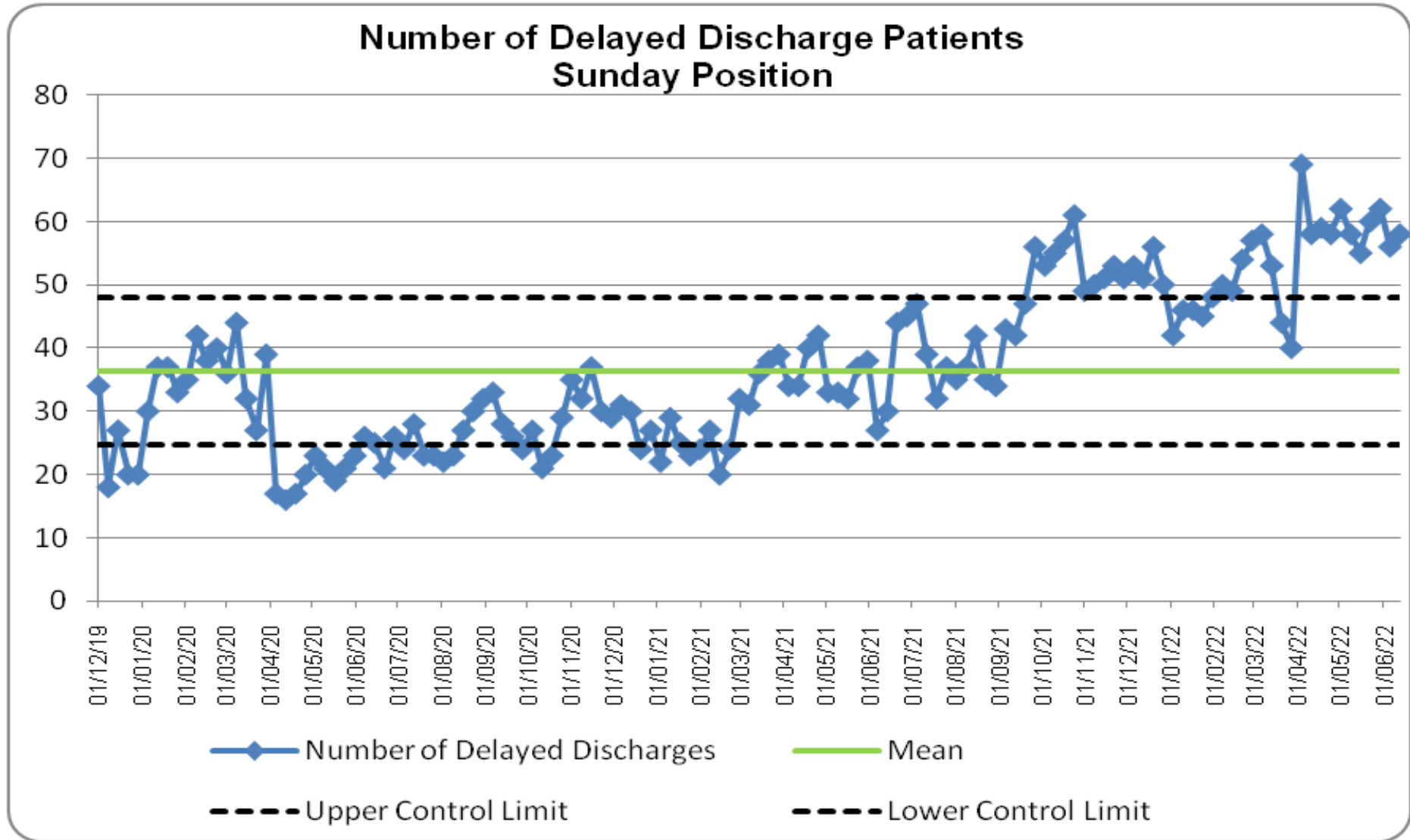
This answer will be provided quarterly in 2022/23 financial year

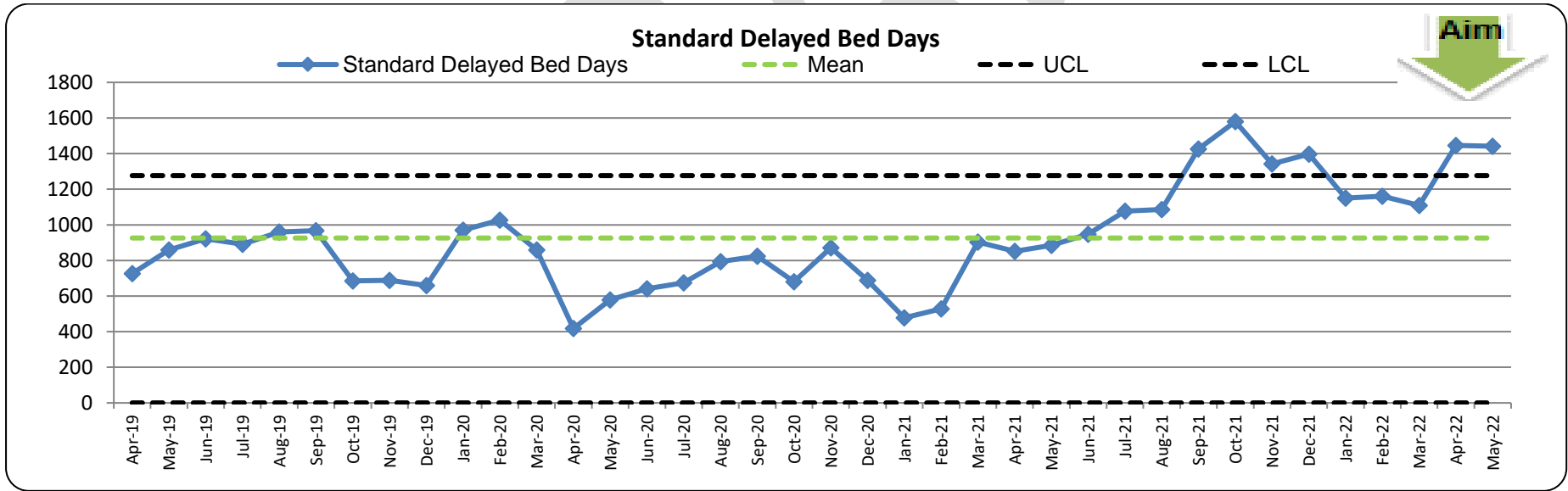
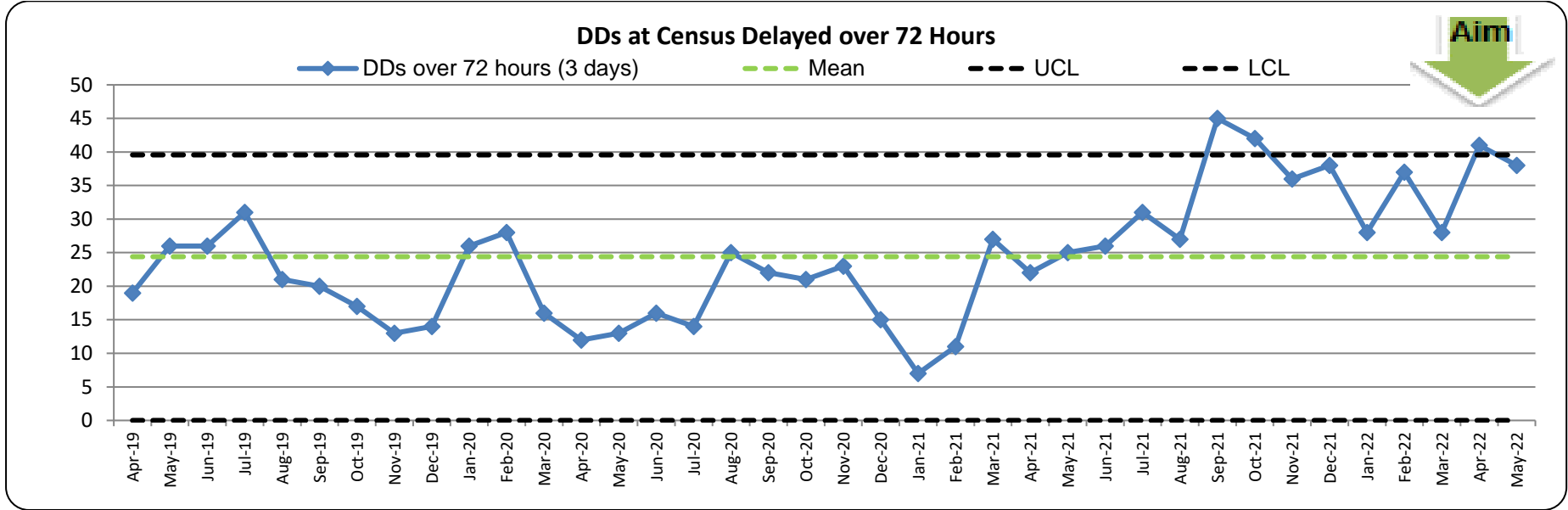
Performance Against April to September 2022 Trajectory

Scottish Borders HSCP Delayed Discharge Trajectory - Confirmed Actions April - Sep 2022



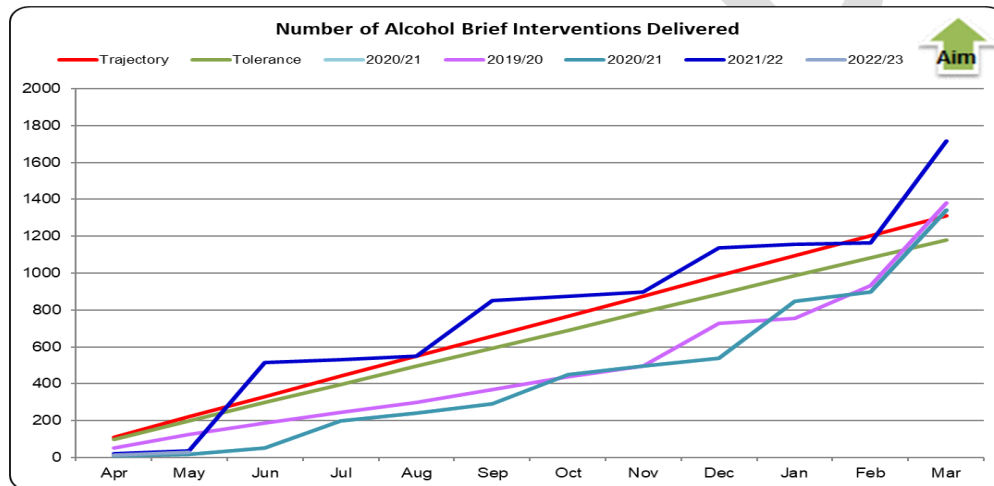
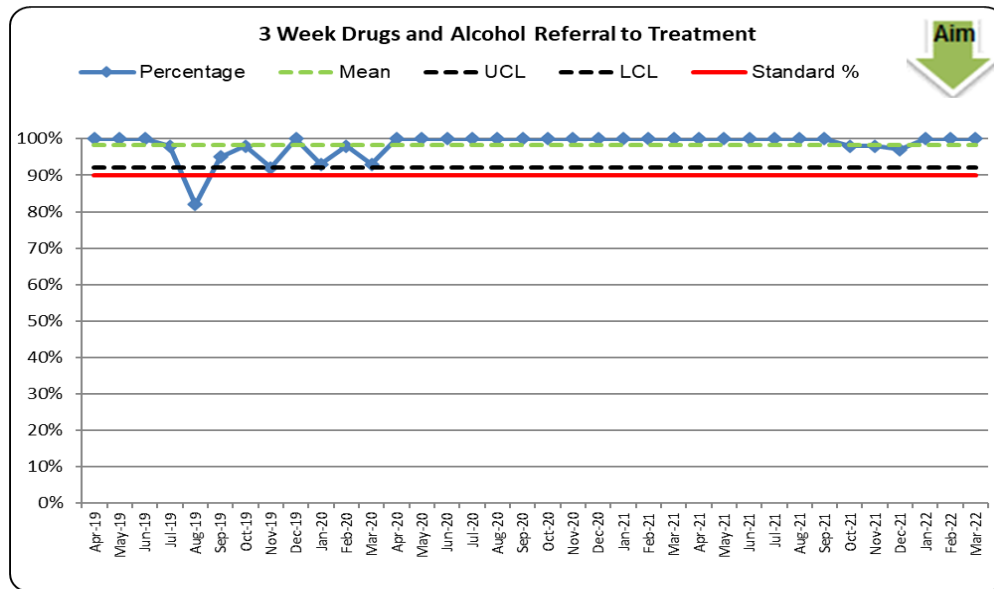
Performance Against Previous AOP Performance – For Further Information





Drug & Alcohol Performance

Performance Against Previous AOP Performance – For Further Information



What is the data telling us?

This performance remains strong and surpasses the national standard.

Why is this the case?

Borders Addiction Service (BAS) and We Are With You (WAWY) have reinstated drop-in clinics with same day or rapid access to medication prescribing and other treatment. Both services have worked to reduce barriers to access.

WAWY changed their assessment model last year to reduce waits for treatment for those attending scheduled appointments.

Virtual assessment and electronic prescribing has been implemented in BAS to address barriers in rural areas.

What is being done?

Drop-in clinics are currently available in Hawick, Gala, Duns and Kelso. Peebles commencing in June.

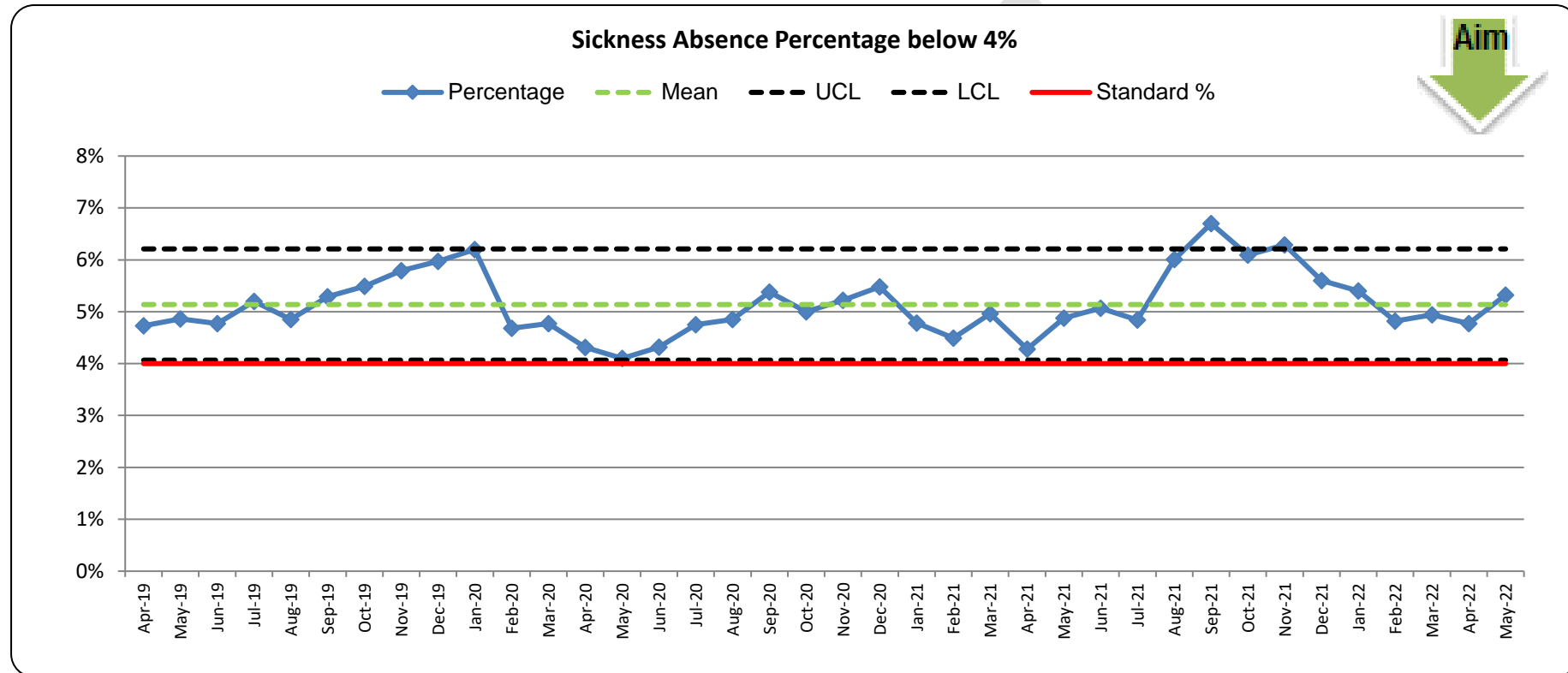
A national review of ABIs is underway and therefore local development activity has been in abeyance pending the findings and recommendations arising.

What learning has been applied?

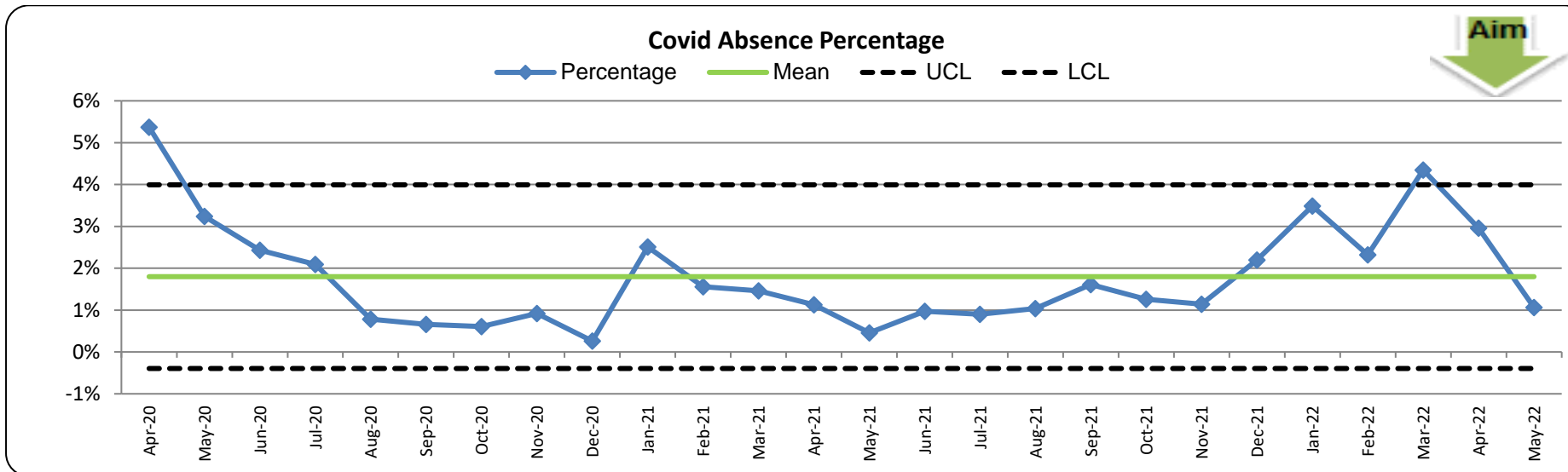
This answer will be provided quarterly in 2022/23 financial year

Sickness Absence Performance

Performance Against Previous AOP Performance – For Further Information



Latest NHS Scotland Performance
5.1%% Sickness Absence (Apr 22)



What is the data telling us?

NHS Borders absence rate (sickness and COVID-19) for May 2022 was 6.38%, of which 5.32% was sickness absence and 1.06% was COVID-19 related. In comparison to the month of April 2022 we have seen an increase in sickness related absence of 0.55% and a decrease in covid related absence of 1.9%, with a decrease in overall absence of 1.35% .

Why is this the case?

The Covid-19 prevalence rate within the Scottish Borders decreased during May which reduced our level of absence due to staff requiring to isolate.

What is being done?

The Occupational Health and Safety Service continue to support staff and managers. The Staff Wellbeing Group has agreed projects to support the mental health of staff. HR issue detailed monthly reports to line managers and continue to support the management of absence through running attendance clinics for managers and policy training events.

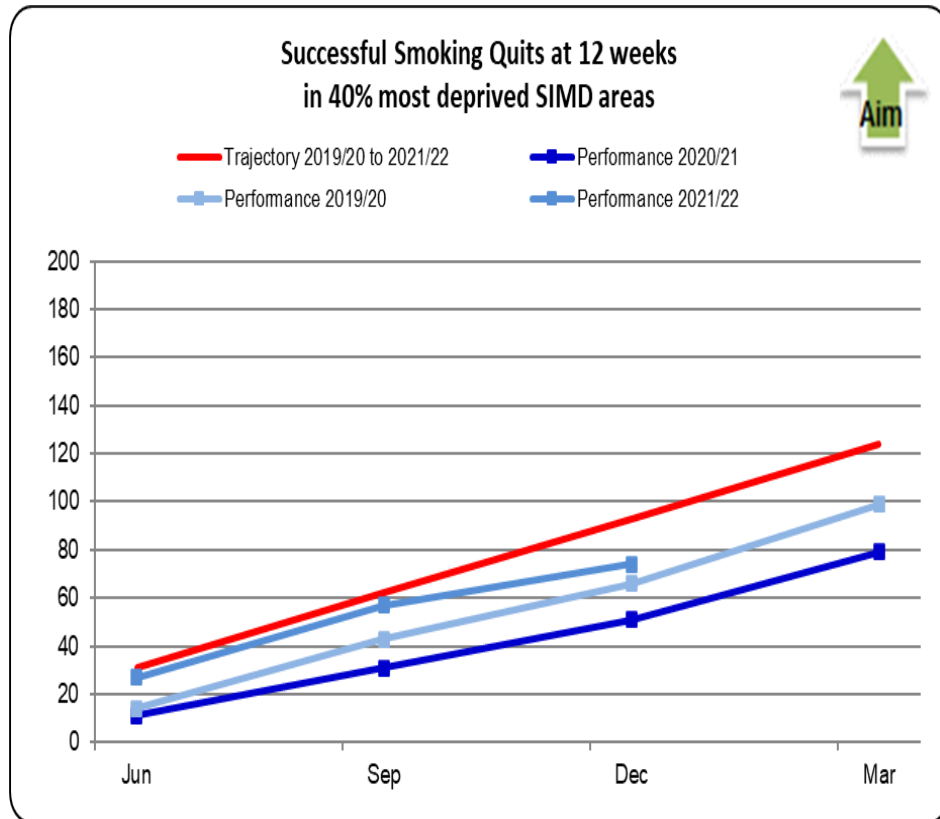
What learning has been applied

This answer will be provided quarterly in 2022/23 financial year

Smoking Quits

Performance Against Previous AOP Performance – For Further Information

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
97.2% (2019/20)	77.4% (2019/20)



What is the data telling us?

During 2020-21 the numbers of people seeking help (and subsequently successfully stopping smoking) decreased on previous years. Performance to date is higher than previous years.

Why is this the case?

Significant work has been undertaken to improve the data quality to maximise the number of quits which are recorded in line with national data requirements.

We have purchased external training to support Wellbeing Advisers competence and confidence in this area.

We have used social media advertising to boost the number of self referrals.

What is being done?

- Dedicated support to BGH is being reintroduced to support onwards referrals.
- Social media marketing is ongoing.
- A local Tobacco Control Group (Public Health, pharmacy, trading standards) has reconvened in March 2022 to review action plan

What learning has been applied?

This answer will be provided quarterly in 2022/23 financial year

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Code of Corporate Governance Sectional Update
Responsible Executive/Non-Executive:	Andrew Bone, Director of Finance
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Committee for:

- Decision

This report relates to a:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

To provide the Board with a sectional update to the Code of Corporate Governance (CoCG) to approve as recommended by the Audit Committee.

2.2 Background

The Code of Corporate Governance details how the Board organises and governs its business.

The Code of Corporate Governance is required to be updated every 3 years.

The Board on 1 April 2021 reviewed and approved a sectional update to the CoCG (Section A and Section F).

2.3 Assessment

Section B of the CoCG has now been refreshed Annex A:-

This section has been replaced with the approved Members Code of Conduct, which was agreed by the Board via email in May 2022.

Section D of the CoCG has now been refreshed Annex B:-

This section has been replaced with the revised Scheme of Integration which was agreed by the Board via email on 31 March 2022 and formally ratified by the Board on 7 April 2022.

Section G of the CoCG has now been refreshed Annex C:-

The tendering procedure section at Appendix 1 was no longer relevant and has been removed. The wording at section 14.1 has been revised as per below:-

14.1 NHS Borders uses the Public Contracts Scotland portal for the purposes of tender of public contracts. A full audit trail of tenders are maintained within the portal.

It is proposed that over the course of the summer and into the autumn of 2022 a fundamental review of Section F, Scheme of Delegation and Section G, Standing Financial Instructions will be undertaken.

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Not applicable.

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment is not required.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

Audit Committee 15.06.22.

2.4 Recommendation

The Board is asked to formally ratify the Members Code of Conduct, which was agreed by the Board via email in May 2022.

The Board is asked to approve updated Section B, Section D and Section G of the Code of Corporate Governance.

3 List of appendices

The following appendices are included with this report:

- Appendix No A, Section B Members Code of Conduct
- Appendix No B, Section D Scottish Borders Health & Social Care Integration Joint Board – Scheme of Integration
- Appendix No C, Section G Standing Financial Instructions

SECTION B

MEMBERS CODE OF CONDUCT

CONTENTS

Section 1: Introduction to the Code of Conduct

My Responsibilities
Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Respect and Courtesy
Remuneration, Allowances and Expenses
Gifts and Hospitality
Confidentiality
Use of Public Body Resources
Dealing with my Public Body and Preferential Treatment
Appointments to Outside Organisations

Section 4: Registration of Interests

Category One: Remuneration
Category Two: Other Roles
Category Three: Contracts
Category Four: Election Expenses
Category Five: Houses, Land and Buildings
Category Six: Interest in Shares and Securities
Category Seven: Gifts and Hospitality
Category Eight: Non-Financial Interests
Category Nine: Close Family Members

Section 5: Declaration of Interests

Stage 1: Connection
Stage 2: Interest
Stage 3: Participation

Section 6: Lobbying and Access

ANNEXES

Annex A Breaches of the Code
Annex B Definitions

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy / maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

- 3.10 I will respect and comply with rulings from the Chair during meetings of:
- a) my public body, its committees; and
 - b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to my public body;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body’s Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registerable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registerable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registerable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or

- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body or of which I am a member by reason of, or in implementation of, a statutory provision, unless:

- a) The matter being considered by my public body is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because

of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.

- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel

decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

SECTION D

SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD – SCHEME OF INTEGRATION

SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

- 1. Introduction**
- 2. The Role of NHS Borders Board**
- 3. The Role of NHS Borders Audit Committee**
- 4. The Health & Social Care Scheme of Integration**

SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

1. Introduction

The Public Bodies (Joint Working)(Scotland) Act 2014 requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed, and children’s health and social care services:

The Act requires Health Boards and Local Authorities to prepare jointly an Integration Scheme setting out how this joint working is to be achieved. NHS Borders and Scottish Borders Council have agreed to integrate planning for, and delivery of, adult health and social care services by delegating agreed functions to an Integration Joint Board using a “body corporate” arrangement.

The legislation underpinning the Scottish Borders Health & Social Care Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority and consists of NHS Non Executive Directors and Councillors. Whilst serving on the Scottish Borders Health & Social Care Integration Joint Board its members will carry out their functions under the act on behalf of the Scottish Borders Health & Social Care Integration Joint Board and not as delegates of the respective Health Board or Local Authority. The Scottish Borders Health & Social Care Integration Joint Board will plan and commission services to ensure the Scottish Borders Partnership meet its national and local outcomes based as detailed in the Strategic plan.

The Scottish Borders Partners, Borders Health Board, Scottish Borders Council and the Scottish Borders Health & Social Care Integration Joint Board have agreed detailed operational arrangements which are presented in the Scheme of Integration (Sol).

The Scottish Borders Health & Social Care Integration Joint Board will give direction to Borders Health Board and Scottish Borders Council to carry out each function delegated to it.

2. The Role of NHS Borders Board

The Scottish Borders Partnership have agreed integration arrangements as detailed in the Scheme of Integration (Sol). The arrangements will enhance, strengthen and develop the formerly separate services for the provision of adult health and social care.

The Scheme of Integration aims to integrate service delivery and fulfil the expectations of the Strategic Plan to enhance and promote the health and wellbeing of the people of the Scottish Borders.

NHS Borders Board:-

- has joint responsibility for achievement of the outcomes of the Strategic Plan
- has responsibility for the delivery and management of any services within the functions delegated as directed by the Scottish Borders Health & Social Care Integration Joint Board,
- will provide assurance to the Scottish Borders Health & Social Care Integration Joint Board on the performance of services delivered

- will provide performance reporting, through the Chief Officer, on a regular basis to the Scottish Borders Health & Social Care Integration Joint Board for those services within the delegated functions,
- will establish a performance management framework which meets the obligations set out in the legislation and will take account of the targets, measures and objectives for the delegated functions
- will provide assurance to the Scottish Borders Health & Social Care Integration Joint Board on clinical and care governance of health professionals delivering services linked to the delegated functions as delegated by the Scottish Borders Health & Social Care Integration Joint Board,
- will develop and implement a Joint Organisational Development Plan (which will cover the learning and development of staff and the development of an effective collaborative culture) and an outline Workforce Plan (to support the implementation of the strategic commissioning plan) for staff delivering integrated services,
- Will agree an Information Sharing Protocol and procedures with partners as required,
- Will agree a framework for how complaints for services within the delegated functions will be addressed,
- Will support work, led by the Chief Officer, to develop a risk management strategy for the Scottish Borders Health & Social Care Integration Joint Board.

3. The Role of NHS Borders Audit Committee

The NHS Borders Audit Committee is required to give assurance to the NHS Borders Board that the set up and ongoing governance of the functions and resources delegated to the Scottish Borders Health & Social Care Integration Joint Board are satisfactory and that governance processes which are in place minimise the risk to NHS Borders of the new arrangements.

The NHS Borders Audit Committee will seek assurance from both Internal and External Audit through their work that the arrangements which are in place between the NHS Board and the Scottish Borders Health & Social Care Integration Joint Board create a robust control framework.

4. The Scottish Borders Health & Social Care Scheme of Integration



Health and Social Care Integration Scheme for the Scottish Borders

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Preface

The Public Bodies (Joint Working)(Scotland) Act 2014 requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed, and children’s health and social care services:

The Act requires that the Local Authority and the Health Board jointly prepare, consult and then agree an Integration Scheme for the Local Authority Area, prior to them submitting it to Scottish Ministers for final approval. The Act states that the purpose of an integration scheme is to set out:

- which integration model is to apply; and
- the functions that are to be delegated in accordance with that model.

The Act also requires that the Health Board and the Local Authority undertake a joint consultation as part of the preparation of their integration scheme. This Integration Scheme describes how the new Act will be applied within the Scottish Borders.

Individuals and communities in the Scottish Borders have benefited from the integration of designated Health and Social Care services already. This Integration Scheme has been informed by considerable local experience of developing and delivering integration in practice; and also benefitted from a considerable amount of on-going dialogue and positive interaction with a range of stakeholders over recent years. The Health Board and the Local Authority are committed to continuing that constructive engagement.

The legislation supporting Health and Social Care Integration, through the Integration Joint Board, offers the opportunity for Councillors, Health Board Non-Executive Directors, the Third Sector and Independent Sector to work together to plan for a future health and care service able to meet the demands of the future. The Integration Joint Board will plan and commission services to ensure we meet our national and local outcomes all based on providing a more person centred approach with a focus on supporting individuals, families and communities.

In line with the legislation, the Integration Joint Board will not only plan but also oversee the delivery of the integrated services for which it has responsibility. In line with its Strategic Commissioning Plan, the Integration Joint Board will require that the Local Authority and Health Board provide services to match what is required and it will oversee performance and targets to ensure that delivery is in line with the outcomes.

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by Ministers, and children’s health and social care services.

The Act requires them to prepare jointly an Integration Scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this: the Health Board and Local Authority can either delegate between each other, or can both delegate to a third body called the Integration Joint Board. Delegation between the Health Board and Local Authority is commonly referred to as a “lead agency” arrangement. Delegation to an Integration Joint Board is commonly referred to as a “body corporate” arrangement.

This document uses the model Integration Scheme where the “body corporate” arrangement is used and sets out the detail as to how the Health Board and Local Authority will integrate services. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an Integration scheme for approval by Scottish Ministers.

Once the scheme has been approved by the Scottish Ministers, the Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.

The Act requires that an Integration Scheme, once approved, must be re-submitted and follow the consultation process set out in the regulations if it is to be amended. Changes to documents referred to within the Integration Scheme (eg Workforce Plan) do not require the Integration Scheme to go through this process – only changes to the Integration Scheme itself.

As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and consists of Councillors and NHS Non-Executive Directors. Whilst serving on the Integration Joint Board its members will carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority.

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of its functions set out within the Integration Scheme in Section 4. This scheme covers the health and wellbeing of all adults including older people and universal children’s health services in accordance with Section 29 of the Act. Further, the Act gives the Health Board and the Local Authority, acting jointly, the ability to require that the Integration Joint Board replaces their Strategic Commissioning Plan in certain circumstances. In these ways, the Health Board and the Local Authority together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

Vision, Aims and Outcomes of the Integration Scheme

Scottish Borders Council and Borders Health Board will build on a history of partnership working. By maximising the opportunities presented through legislation we aim to achieve the highest outcomes for the people of the Scottish Borders. By creating our new integrated arrangements across health and social care we will enhance, strengthen and develop the formerly separate services for the provision of adult health and social care. By integrating service delivery and fulfilling the expectations of our Strategic Commissioning Plan we seek to enhance and promote the health and wellbeing of the people of the Scottish Borders.

Working with the Third and Independent Sector, we will provide a unified approach across the public sector with a common sense of purpose. We will engage with service users, carers, staff and members of the public to empower individuals and communities to be a driving force for how the services will be shaped and developed. In turn, we will deliver the best possible services that will be safe, of the highest quality, person centred, efficient and fair.

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Joint Board will set out within its Strategic Commissioning Plan how it will deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5(1) of the Act namely:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

INTEGRATION SCHEME

The parties:

Scottish Borders Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at Newtown St Boswells, Melrose, Roxburghshire, TD6 OSA (“the Council”);

and

Borders Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Borders”) and having its principal offices at Borders General Hospital, Melrose, Roxburghshire, TD6 9BS (“NHS Borders”) (together referred to as “the Parties”)

1. Definitions and Interpretation

1.1 In this Integration Scheme, the following terms shall have the following meanings:-

- “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;
- “Integration Joint Board” means the Integration Joint Board to be established by Order under section 9 of the Act;
- “Outcomes” means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act
- “The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014
- “Integration Joint Board Order” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014
- “Scheme” means this Integration Scheme;
- “Strategic Commissioning Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and universal children’s health services in accordance with section 29 of the Act.
- “Universal children’s health services” refers to the functions exercisable in relation to the health care services set out in paragraphs 11-15 of Appendix 2, Part 2, Section 3, which are delegated in relation to persons of any age.
- “Payment” means the term used in legislation to describe the integrated budget contribution to the Integration Joint Board. This payment does not require a cash transaction to be made. The term is also used to describe the non cash transaction the Integration Joint Board makes to the Health Board and Local Authority for carrying out the directed functions.

- 1.2 In implementation of their obligations under the Act, the Parties hereby agree as follows:
- In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for Scottish Borders, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

- 2.1 Part of the remit of the Integration Joint Board is to prepare and implement a Strategic Commissioning Plan in relation to the provision of such health and social care services to people in their area in accordance with the requirements of the Act.
- 2.2 The regulations of the Integration Joint Board's procedure, business and meetings form the Standing Orders which may be considered at the first meeting of the Integration Joint Board.
- 2.3 Borders Health Board, Scottish Borders Council and the Integration Joint Board are all responsible for the achievement of the outcomes. (Appendix 1). The Integration Joint Board has oversight of the functions delegated to it and of the performance of the services related to those functions. The Chief Officer is responsible for reporting to the Integration Joint Board on performance of those services in the context of a performance framework agreed by the Integration Joint Board via the Chief Officer.
- 2.4 The Chief Officer will prepare an annual report on performance on delivery of the Strategic Commissioning Plan to the Integration Joint Board and share it with Borders Health Board and Scottish Borders Council.
- 2.5 The Integration Joint Board will have a distinct legal personality and the autonomy to manage itself. There is no role for Scottish Borders Council or Borders Health Board to, acting separately, sanction or veto decisions of the Integration Joint Board. In the event of a dispute arising between Borders Health Board and Scottish Borders Council the dispute resolution mechanism will be followed as set out at Section 14.
- 2.6 The Integration Joint Board may create such Committees that it requires to assist it with the planning and oversight of delivery of services which are within its scope. This is provided for in legislation. The Integration Joint Board may establish an Audit Committee, to seek and secure assurance over effective governance.
- 2.7 As agreed by Borders Health Board and Scottish Borders Council, the Integration Joint Board shall comprise five NHS Non-Executive Directors appointed by Borders Health Board, and five Elected Councillors appointed by Scottish Borders Council. The Integration Joint Board will include non-voting members as prescribed by Regulation 3 of the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014.
- 2.8 The term of office of voting Members of the Integration Joint Board shall last as follows:

(a) for Local Government Councillors, three years, thereafter Scottish Borders Council will identify its replacement Councillor(s) on the Integration Joint Board,

(b) for Borders Health Board nominees, three years, thereafter Borders Health Board will identify its replacement Non Executive(s) on the Integration Joint Board.

2.9 At the first meeting of the Integration Joint Board it elected a Chairperson and Vice Chairperson from the voting membership of the Integration Joint Board.

2.10 The Chair and Vice–Chair posts rotate on a three year basis between Borders Health Board and Scottish Borders Council, with the Chair being from one body and the Vice-Chair from the other.

2.11 All appointments, including the appointment of the Chair and Vice Chair, will be reviewed every 3 years. Members can be reappointed.

3. Delegation of Functions

3.1 The functions that are to be delegated by Borders Health Board to the Integration Joint Board are set out in Part 1 of Appendix 2. The services to which these functions relate , which are currently provided by Borders Health Board and which are to be integrated, are set out in Part 2 of Appendix 2.

3.2 Each function listed in column A of Part 1 of Appendix 2 is delegated subject to the exceptions in column B and only to the extent that:

(a) There are a number of functions delegated at Section 3 of Part 2 of Appendix 2 which are delegated in relation to persons of any age (universal children’s health services)); and

(b) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed in Section 1 of Part 2 of Appendix 2; or

(c) The function is exercisable in relation the health and care services listed in Section 2 of Part 1 of Appendix 2.

3.3 The functions that are to be delegated by Scottish Borders Council to the Integration Joint Board are set out in Part 1 of Appendix 3. The services to which these functions relate, which are currently provided by Scottish Borders Council and which are to be integrated, are set out in Part 2 of Appendix 3.

3.4 Each function listed in column A of Part 1 of Appendix 3 is delegated subject to the exceptions in column B and only to the extent that it is exercisable in relation to persons of at least 18 years of age.

4. Local Operational Delivery Arrangements

4.1 The Integration Joint Board is responsible for the strategic planning and oversight of the delivery of the services related to the functions delegated to it. This will be

carried out by the development of a Strategic Commissioning Plan as per section 29 of the Act. This plan will set out the arrangements for carrying out the integration functions and how these will contribute to achieving the nine National Health and Well-Being outcomes. As per Section 26 of the Act, the Integration Joint Board will give direction to Borders Health Board and Scottish Borders Council to carry out each function delegated to it. Assurance to the Integration Joint Board over the performance of services delivered by Borders Health Board and Scottish Borders Council will be provided by regular and frequent monitoring to the Integration Joint Board by the Chief Officer.

- 4.2 The Integration Joint Board will have provided to it, the necessary resources to undertake the functions delegated by Borders Health Board and Scottish Borders Council.
- 4.3 Borders Health Board and Scottish Borders Council Executives responsible for the delivery and management of any services within the scope of the Integration Joint Board, will report on performance on a regular basis to the Integration Joint Board through the Chief Officer.
- 4.4 The Integration Joint Board will:-
 - a. Appoint its Chief Officer.
 - b. Appoint its Chief Financial Officer.
 - c. Convene a Strategic Planning Group specifically to enable the preparation of Strategic Commissioning Plans in accordance with section 32 of the Act; inform significant decisions outside the Strategic Commissioning Plan in accordance with section 36 of the Act; and review the effectiveness of the Strategic Commissioning Plan in accordance with section 37 of the Act, in line with the obligations to meet the engagement and consultation standards.
 - d. Prepare, approve and implement a Strategic Commissioning Plan for all of its delegated functions, in accordance with the Act; supported by an integrated workforce and organisational development plan.
 - e. Establish arrangements for locality planning in support of key outcomes for the agreed localities in the context of the Strategic Commissioning Plan.
 - f. Approve the Strategic Commissioning Plan as presented by the Chief Officer, before the integration start date in accordance with the Act.
 - g. Approve the allocation of resources to deliver the Strategic Commissioning Plan within the specific revenue budget as delegated by each Party (in accordance with the standing financial instructions/orders of both Parties), and where necessary to make recommendations to either or both Parties.
 - h. Prepare and publish an annual financial statement that sets out the amount that the Integration Joint Board intends to spend in implementation of the Strategic Commissioning Plan in accordance with the Act.

- i. Share an Annual Report with Borders Health Board and Scottish Borders Council.
- j. Have oversight of the performance of all the services referred to in 3.1, 3.2, 3.3 and 3.4 above, through the Chief Officer.

4.5 The Integration Joint Board may consider the following:

- a. Maintaining and routinely reviewing an integrated risk management strategy, including (where necessary) to make recommendations to either or both Parties.
- b. Establishing a standing Audit Committee to focus on financial audit and governance matters, including (where necessary) making recommendations to either or both Parties.
- c. Establishing a Joint Staff Forum to focus on applying the principles of staff governance across services in partnership with trade unions, and where necessary to make recommendations to either or both Parties without impacting or undermining the consultation and bargaining mechanisms for staff employed by Borders Health Board and Scottish Borders Council.

4.6 **Targets and Performance Management**

- 4.6.1 Borders Health Board and Scottish Borders Council will establish a Performance Management Framework which meets the obligations set out in legislation and will take account of targets, measures and objectives which are in force at any given time for integrated and non integrated functions. The Integration Joint Board will receive frequent and regular monitoring reports on the agreed performance framework in pursuit of the delivery of the Strategic Commissioning Plan, including all delegated and set-aside budgets.
- 4.6.2 Both parties will develop for the Integration Joint Board a Performance Management Framework with a list of all relevant targets, measures and arrangements which relate to the integration functions and for which responsibility is to transfer, in full or in part, to the Integration Joint Board. Scottish Borders Council and Borders Health Board have existing performance management processes and the Integration Performance Management Framework will align with those processes to avoid duplication and streamline reporting and will as far as possible, draw on existing data sets and reporting mechanisms.
- 4.6.3 In meeting the delivery requirements of the national health and wellbeing outcomes, consideration will need to be given to any additional resource requirements for collecting and reporting information that is not currently collected, both in operational and support terms.
- 4.6.4 The Integration Joint Board will receive regular reports for the delegated functions from Borders Health Board and Scottish Borders Council on the delivery of integrated services and issue directions in response to those reports to ensure improved performance.

4.6.5 The Chief Officer will provide regular Strategic Commissioning Plan Performance Reports to the Integration Joint Board for members to scrutinise performance and impact against planned outcomes and commissioning priorities. This will culminate in the production of an annual performance report to the Integration Joint Board. The Strategic Commissioning Plan Performance Report will also provide necessary information on the activity and resources that relate to the planned and actual use of services, including the consumption patterns of health and social care resources by locality. The information will provide the opportunity for the Integration Joint Board resources to be used flexibly, to provide services co-designed with local communities, for their benefit.

4.6.6 The national and local performance measures and targets as they relate to the delegated functions outlined in 3.1, 3.2, 3.3 and 3.4 will be delegated in relation to the oversight of operational delivery arrangements and in relation to the strategic planning outcomes and performance reporting. These performance measures and targets may be fully or partially delegated by both Parties to the Integration Joint Board. Responsibility for financial planning and management of integrated budgets is the responsibility of the Integration Joint Board which is accountable for the delivery of the Strategic Commissioning Plan and associated financial objectives.

4.7 Corporate Services Support

4.7.1 With regard to corporate services support, Scottish Borders Council and Borders Health Board have:-

- identified the corporate resources used to deliver the delegated functions;
- agreed the corporate support services required to fully discharge Integration Joint Board duties under the Act.

4.7.2 These support services include, but are not limited to:-

- Finance (including capital planning)
- HR
- ICT
- Administrative Support
- Committee Services
- Internal Audit
- Performance Management
- Risk
- Insurance

4.7.3 Arrangements are in place for the provision of appropriate Corporate support and this is kept under on-going assessment and review.

4.7.4 In regard to support for strategic planning there will be set out local arrangements for the preparation of the strategic commissioning plan with support from Borders Health Board and Scottish Borders Council, taking into account the relevant activity and financial data covering the services, facilities and resources that relate to the Strategic Commissioning Plan. Local arrangements will be reviewed formally on an annual basis taking account of any changes to the Strategic Commissioning Plan.

5. Clinical and Care Governance

- 5.1 Assurance to the Integration Joint Board and subsequently, Scottish Borders Council and Borders Health Board in respect of the key areas of governance will be achieved through explicit and effective lines of accountability. This accountability begins in the care setting within an agreed clinical and care governance framework established on the basis of existing key principles embedded in the governance and scrutiny arrangements for Borders Health Board and Scottish Borders Council.
- 5.2 The Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing, Midwifery & AHPs and Director of Public Health) share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.
- 5.3 These Directors continue to hold accountability for the actions of the Borders Health Board clinical staff who deliver care through health and social care integrated services. They attend the Borders Health Board Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health care staff employed by Borders Health Board and which in turn will provide assurance to the Integration Joint Board that it has undertaken its duties in this respect.
- 5.4 As part of the integration arrangements the Chief Social Work Officer will provide oversight and advice to the Integration Joint Board on the quality of social work services delivered by social work staff through health and social care integrated services. The Chief Social Work Officer will continue to provide professional leadership for social work and be accountable for statutory decisions relating to Social Work. The Chief Social Work Officer is then held to account by Scottish Borders Council for such decisions and ensures that links are made across all Social Work services. The Chief Social Work Officer also advises Scottish Borders Council on the delivery of social work services through an annual report which will be made available to the Integration Joint Board for assurance purposes. Scottish Borders Council will in turn provide assurance to the Integration Joint Board via the Chief Social Work Officer.
- 5.5 Clinical governance groups operating for services within the Integrated Joint Board will consider a wide range of reports within their annual work programmes relating to clinical and care governance. These groups provide formal assurance through the NHS Borders Board Clinical Governance Committee. Beyond the annual report from the Board Clinical Governance Committee to the Integrated Joint Board specific assurance can be requested on Clinical and Care Governance matters relating to the delegated functions as and when required.
- 5.6 As part of the regular monitoring process the Integration Joint Board may, as required, also take advice from other appropriate professional forums and groups as outlined in Scottish Government guidance, including the Public Protection Committee (which encompasses adult and child protection activity and assurance across the partnership), Area Drug and Therapeutics Committee and Area Clinical Forum (ACF) or specific professional advisory groups under the ACF structure.
- 5.7 The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing, Midwifery & AHPs and Director of Public Health) will support the Chief Officer and the Integration Joint Board in the manner they support Borders Health Board for the range of their responsibilities.

5.8 The Chief Social Work Officer will support the Chief Officer and the Integration Joint Board in the same manner they support Scottish Borders Council. Appropriate arrangements are in place for the Chief Social Work Officer to discharge their responsibility to health and social care staff who have a professional or corporate accountability to the Chief Social Work Officer.

6. Chief Officer

6.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act.

6.2 The Chief Officer will be accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Commissioning Plan, including overseeing the operational delivery of delegated services as set out in Appendices 2 and 3.

6.3 Where the Chief Officer does not have operational management responsibility for services included in integrated functions, the parties will ensure that appropriate communication and liaison is in place between the Chief Officer and the person/s with that operational management responsibility.

6.4 The Chief Officer will be a member of the Parties relevant senior management teams and be accountable to and managed by the Chief Executive's of both Parties.

6.5 The Chief Officer is seconded to the Integration Joint Board from the employing body.

6.6 Where there is to be a prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Scottish Borders Council's Chief Executive and Borders Health Board's Chief Executive will jointly propose an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair at the request of the Integration Joint Board.

7. Workforce

7.1 Borders Health Board and Scottish Borders Council will jointly develop and put in place for their employees delivering integrated services, a Joint Organisational Development Plan (which will cover the learning and development of staff and the development of an effective collaborative culture) and an outline Workforce Plan (to support the implementation of the strategic commissioning plan).

7.2 Core HR services will continue to be provided by the appropriate corporate HR functions in Scottish Borders Council and Borders Health Board.

7.3 The corporate HR functions in Scottish Borders Council and Borders Health Board will provide the necessary resources to ensure the development and implementation of the joint organisational development plan and the outline workforce plan and will, where appropriate, consult with stakeholders.

7.4 Both the joint organisational development plan and the outline workforce plan will be refreshed periodically by the parties and the Integration Joint Board.

7.5 Borders Health Board and Scottish Borders Council professional/clinical supervisions arrangements for professional and clinical staff will continue until superseded by any jointly agreed arrangements.

8. Finance

8.1 The Integration Joint Board will seek assurance from Borders Health Board and Scottish Borders Council over the sufficiency of resources to carry out its delegated duties and adjust its performance accordingly, following which it will approve the initial amount delegated to it. This will continue in future years following negotiation with the other parties.

8.2 The arrangements in relation to the determination of the amounts paid, or set aside, and their variation, to the Integration Joint Board by Borders Health Board and Scottish Borders Council are set out below at sections 8.3, 8.4.8.5 and 8.6:-

8.3 Payment in the first year to the Integration Joint Board for delegated functions

8.3.1 The baseline payment was established by reviewing past performance and existing plans for Borders Health Board and Scottish Borders Council for the functions to be delegated, adjusted for material items.

8.3.2 Delegated baseline budgets were subject to due diligence and comparison to recurring actual expenditure in the previous three years adjusted for any planned changes to ensure they were realistic. There was an opportunity in the second year of operation to adjust baseline budgets to correct any inaccuracies.

8.4 Payment in subsequent years to the Integration Joint Board for delegated functions

8.4.1 In subsequent years the Chief Officer and the Integration Joint Board Chief Financial Officer will develop a case for the Integrated Budget based on the Strategic Commissioning Plan. The financial plan will be presented to Borders Health Board and Scottish Borders Council for consideration as part of the annual budget setting process. The case should be evidenced, with full transparency demonstrating the following assumptions:-

- Performance against outcomes
- Activity changes
- Cost inflation
- Price changes and the introduction of new drugs/technology
- Agreed service changes
- Legal requirements
- Transfers to/from the amounts made available by Borders Health Board for hospital services
- Adjustments to address equity of resource allocation

8.4.2 Borders Health Board and Scottish Borders Council should consider the following when reviewing the Strategic Commissioning Plan:

- The Local Government Financial Settlement
- The uplift applied to NHS Board funding from Scottish Government
- Efficiencies to be achieved

8.4.3 Whilst the Integration Joint Board will plan, agree and deliver the Strategic Commissioning Plan and related Financial Plan, this will follow a process of joint discussion and planning with the other parties.

8.5 **Method for determining the amount set aside for hospital services**

8.5.1 This should be determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board area.

8.5.2 The capacity should be given a financial value using the data from the latest Integrated Resources Framework (IRF).

8.5.3 It will be the responsibility of the Council Section 95 Officer and the NHS Board Accountable Officer to comply with the agreed reporting timetable and to make available to the Integration Joint Board Chief Financial Officer the relevant financial information required for timely financial reporting to the Integration Joint Board. This will include such details as may be required to inform financial planning of revenue expenditure. The Integration Joint Board's Chief Financial Officer will manage the respective financial plan so as to deliver the agreed outcomes within the Joint Strategic Commissioning Plan viewed as a whole. Monitoring arrangements will include the impact of activity on set aside budgets.

8.6 **In-year variations**

8.6.1 Neither Borders Health Board nor Scottish Borders Council may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within the constituent authorities, without the express consent of the Integration Joint Board and constituent authorities for any such change. Where appropriate supplementary resources are identified or received by Borders Health Board or Scottish Borders Council e.g. as a result of RSG redetermination, these will be passed on to the Integration Joint Board through increasing the level of budgets delegated to it.

8.6.2 The Chief Officer of the Integration Joint Board will deliver the agreed outcomes within the total agreed delegated resources. Where there is a forecast outturn overspend against an element of the operational budget the Chief Officer and the Chief Financial Officer of the Integration Joint Board must agree a recovery plan to balance the overspending budget with the relevant finance officer of the constituent authority. The recovery plan will need to be approved by the Integration Joint Board.

8.6.3 Should the recovery plan be unsuccessful the Integration Joint Board may request that the payment from Borders Health Board and Scottish Borders Council be adjusted, to take account of any revised assumptions. It will be the responsibility of the authority who originally delegated the budget to make the additional payment to cover the shortfall.

- 8.6.4 In the case of joint services any additional payment will be agreed pro rata in line with the original budget level.
- 8.6.5 The Integration Joint Board should make repayment in future years following the same methodology as the additional payment. If the shortfall is related to a recurring issue the Integration Joint Board should include the issue in the Strategic Commissioning Plan and financial plan for the following year.
- 8.6.6 Additional adjustments may be required, for example, when errors in the methodology used to determine the delegated budget are found. In these circumstances the payment for this element should be recalculated using the revised methodology.
- 8.6.7 Where there is a planned underspend in operational budgets arising from specific action by the Integration Joint Board it will be retained by the Integration Joint Board. This underspend may be used to fund additional capacity in-year or, with agreement with the partner organisations, carried forward to fund capacity in subsequent years. The carry forward will be held in an ear-marked balance within Scottish Borders Council's general reserve. If an underspend arises from a material error in the assumptions made to determine the initial budget, the methodology of the payment may need to be recalculated using the revised assumptions.
- 8.6.8 Any unplanned underspend will be returned to Borders Health Board or Scottish Borders Council by the Integration Joint Board either in the proportion that individual pressures have been funded or based on which service the savings are related to.
- The Integration Joint Board will have financial accountability for the funding received as payments from Borders Health Board and Scottish Borders Council. This financial accountability will not apply to notional funding for Set Aside Budgets included within the Strategic Commissioning Plan.
 - The Integration Joint Board will follow best practice guidelines for audit;
 - The Integration Joint Board and their Chief Financial Officer will receive financial management support from Borders Health Board and Scottish Borders Council who will:
 - Record all financial information in respect of the Integration Joint Board in an integrated database, and use this information as the basis for preparing regular, comprehensive reports to the Integration Joint Board.
 - Support the Chief Financial Officer of the Integration Joint Board to allow them to carry out their functions in preparation of the annual accounts, financial statement prepared under section 39 of the Act, the financial elements of the Strategic Commissioning Plan and other reports that may be required.
 - Ensure monthly financial monitoring reports relating to the performance of the Integration Joint Board against the delegated budget will be submitted

to the Chief Officer within 15 working days of the month end for reporting to the Integration Joint Board.

- Ensure regular reports will be prepared on the financial performance against the Strategic Commissioning Plan.
- Provide a schedule of payments to the Integration Joint Board following approval of the Strategic Commissioning Plan and its related financial plan. It is intended that this will be a one-off payment made during April/May of each financial year. This payment may be subject to in-year adjustments.
- In advance of each financial year a timetable of financial reporting will be submitted to the Integration Joint Board for approval.

8.7 **Capital Assets:**

8.7.1 The Integration Joint Board will not own any capital assets but will have use of such assets which will continue to be owned by Borders Health Board and Scottish Borders Council who will have access to sources of funding for capital expenditure. In line with guidance, the Integration Joint Board will not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure.

8.7.2 The Chief Officer will consult with Borders Health Board and Scottish Borders Council to identify need for asset improvement owned by either party and where investment is identified, will submit a business case to the appropriate party which will be considered as part of each party's existing capital planning and asset management arrangements.

8.8 **Year-end balances:**

8.8.1 In line with guidance, a process for jointly agreeing, reporting and carrying forward any unused balances at the end of the financial year will operate.

9. **Participation and Engagement**

9.1 Section 6(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to prepare an Integration Scheme. Before submitting the Integration Scheme to Scottish Ministers for approval, the Local Authority and Health Boards have consulted with:-

- Staff of the Local Authority likely to be affected by the Integration Scheme;
- Staff of the Health Board likely to be affected by the Integration Scheme;
- Health professionals;
- Users of health care;
- Carers of users of health care;
- Commercial providers of health care;
- Non-commercial providers of health care;
- Social care professionals;
- Users of social care;
- Carers of users of social care;
- Commercial providers of social care;

- Non-commercial providers of social care;
- Non-commercial providers of social housing; and
- Third sector bodies carrying out activities related to health or social care.

9.2 Feedback from all of the above has been used to inform the refresh of the Scheme of Integration.

9.3 There are national standards for community engagement and participation which underpin how Scottish Borders Council and Borders Health Board operate.

9.4 Timely and effective communications and engagement is a key component in the development, review and renewal of the Strategic Commissioning Plan. A communications and engagement strategy and action plan will be developed, in conjunction with the Strategic Planning Group to support this work.

10. Information-Sharing

10.1 The PAN Lothian and Borders General Information Sharing Protocol update was agreed by the Pan Lothian and Borders Data Sharing Partnership December 2014.

10.2 Scottish Borders Council, the Borders Health Board and the Integration Joint Board agree to be bound by the Information Sharing Protocol

10.3 This protocol describes the key principles the parties must adhere to for information to be shared lawfully, securely and confidentially. Other signatories will be added as appropriate.

10.4 Procedures for sharing information between Scottish Borders Council, Borders Health Board, and, where applicable, the Integration Joint Board will be drafted as Information Sharing Agreements and procedure documents, as required. This will be undertaken by a sub group (the Borders Data Sharing Partnership) on behalf of the PAN Lothian and Borders Data Sharing Partnership, and will detail the more granular purposes, requirements, procedures and agreements for the Integration Joint Board and their delegated function.

10.5 The national protocol on information sharing – Scottish Accord for the Sharing of Personal Information (SASPI) – will be adopted in due course.

10.6 **Information-Sharing and Confidentiality** All staff are bound by the data confidentiality policies of their employing organisations and the requirements of the Information Sharing Protocol that is in place.

10.7 **Information Sharing and data handling** With respect to person identifiable material, data and information will be held in both electronic and paper format and only be accessed by authorised personnel in order to provide the service user with the appropriate service within the partnership. It may be necessary to share information with external agencies and in that case consent will be sought from the service user if no statutory requirement to share information exists. In order to comply with the Data Protection Act 1998 all parties will always ensure that any personal data that is processed will be handled fairly, lawfully and with justification.

- 10.8 Scottish Borders Council and Borders Health Board will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control and access. The Integration Joint Board may require to be Data Controller for personal data where it is not held by either Scottish Borders Council or Borders Health Board.
- 10.9 Roles and responsibilities for Third party organisations will be detailed in contracts with respective commissioning bodies, and access to shared records agreed in advance.
- 10.10 Procedures will be based on a single point of governance model through the Data Sharing Partnership. This allows data and resources to be shared, with governance standards, and their implementation, the separate responsibility of each partner. Shared datasets governance will be agreed by all contributing partners prior to access.
- 10.11 Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of Borders Health Board and Scottish Borders Council and the Integration Joint Board.
- 10.12 Once established, Agreements and Procedures will be reviewed every two years by the Borders Data Sharing Partnership, or more frequently if required.
- 10.13 **The Public Records (Scotland) Act:** Both parties are scheduled Public Authorities under the Public Records (Scotland) Act and have a duty to create and have approved a records management plan. The Integration Joint Board also has a records management plan in compliance with the requirements of the Act. Reference to information management procedures of the integrated service will be recorded in both parties plans, including information sharing and other record keeping arrangements and duties that pertain to services contracted out to third party service providers or external agencies will also be included.
- 10.14 **Record keeping:** The parties will work towards common records and templates that are readily available for staff to use, in particular:
- Data sharing agreement template
 - Consent forms for data sharing
 - A data sharing log (this will be a public document)
 - Data sharing agreement Review form
- 10.15 Responsibility for the maintenance and distribution of joint service templates, logs and Borders Health Board and Scottish Borders Council records sits with the Chief Officer. File plans and records retention schedules for records created solely by the Integrated Services will be devised and approved by the Integration Joint Board.
- 10.16 Responsibility for records created, retained and disposed by each organisation remains with that organisation. Each party will maintain their existing records according to their own policies and disposal schedule.
- 10.17 **Security:** The success of information sharing relies on a common understanding of security. The information sharing protocol refers to the expected standard but each

party must maintain its own guidance to ensure it meets that standard and that controls to manage the following elements are included:-

- Safe storage of documents transported between work and site. Access to electronic and physical records. Use of laptops, memory sticks and other portable data devices when working off site (including at home);
- Confidential destruction;
- Security marking on electronic communications when applicable

- 10.18 **Access to information - Freedom of Information (FOI):** Both Borders Health Board and Scottish Borders Council will receive Freedom of Information requests and will manage these requests through their own existing processes. Both parties process involves a central FOI Co-ordinator for each organisation, a 10 day timescale for departments to respond to the FOI Co-ordinator and Service Director sign off prior to the response being returned to the requestor. The Co-ordinators of both organisations will work closely together and communicate regularly in relation to FOI.
- 10.19 Where an FOI relates to a joint service, the receiving organisation will forward the FOI to the relevant Service Manager who will provide the requested information on behalf of both organisations. The receiving organisation will undertake the progress monitoring, responsibility for redacting, quality checking and responding to the applicant. A list of services that are in scope for Integration will be shared between the two organisations. All FOI's that relate to integrated services will be signed off by the Chief Officer.
- 10.20 Should one organisation receive a request that also relates to the other, this request will be managed by the receiving organisation by partnership working of both organisations' FOI Co-ordinators.
- 10.21 Both organisations will use the same performance measures and report regularly to the Integration Joint Board and to the Office of the Scottish Information Commissioner (OSIC).
- 10.22 FOI requestors will be logged. Requests for review will be administered by the organisation who dealt with the request and will include review panel members from both organisations.
- 10.23 **Subject Access Requests:** The differing charging regimes in each organisation for Subject Access and Access to Medical Records requests prevents a joint approach being adopted for gathering of personal information. Therefore, each party will manage its requests following that organisation's procedures.
- 10.24 If a subject access request refers to the integrated service it may be necessary to send out two responses. The requestor should be informed at the outset that this will happen. There will be no change to the process for managing access to deceased persons records.

10.25 **Privacy and confidentiality:** Most of the information the integrated services will handle will be personal and confidential in nature. All staff with access to shared information will

1. receive regular training in handling personal data compliantly;
2. have access to systems and records removed as soon as they leave the post that allows them to share information;
3. be subject to appropriate level of vetting by HR. This particularly applies to existing staff that may not have been subject to checks in their current role but require it in their integrated services post.

10.26 **Information Governance:** The Information Governance reporting arrangements for each party are as follows:

1. Borders Health Board: The Information Governance Committee reports to the Borders Health Board's Audit Committee.
2. Scottish Borders Council: The Information Governance Group reports to the Corporate Management Team.

11. Complaints

11.1 The Parties agree that complaints in relation to the delegated functions as set out in Part 2 Appendix 2, and Part 2 Appendix 3, will be received, managed and responded to by the appropriate lead organisation and agree to the following arrangements in respect of this:-

- Complaints in relation to integrated services or Scottish Borders Council services can be made to Scottish Borders Council, Headquarters.
- Complaints in relation to integrated services or Borders Health Board services can be made to NHS Borders, Borders General Hospital.
- Each organisation will have a clearly defined description of what constitutes a complaint contained within their organisations complaints handling documentation.
- A framework has been developed that clearly shows the lead organisation for each integrated service and the contact details for those who will be responsible for progressing any complaints received. The lead organisation will take responsibility for the triage of the complaint, and liaise with the other organisation to develop a joint response where required.
- Where the complaint is multi-faceted and has a multi-agency dimension to it, the Chief Officer will designate one of the existing processes to take the lead for investigating and coordinating a response. The Chief Officer will have an overview of complaints related to integrated services and will provide a commitment to joint working, wherever necessary, between the parties when dealing with complaints about integrated services.

- If a complaint remains unresolved through the defined complaints-handling procedure, complainants will be informed of their right to go either to the Scottish Public Services Ombudsman for services provided by Borders Health Board, or to the Social Work Complaints Review Committee following which, if their complaint remains unresolved, they have the right to go to the Scottish Public Services Ombudsman for services provided by Scottish Borders Council.
- There will be three established processes for a complaint to follow depending on the lead organisation.
 1. Statutory Social Work.
 2. NHS.
 3. Independent Contractors – All Independent Contractors involved with the Integration Joint Board, will be required to have a Complaints Procedure in place. Where complaints are received that relate to a service provided by an Independent Contractor, the lead organisation will refer the complainant to the Independent Contractor for resolution of their complaint. This may be done by either provision of contact details or by the lead organisation passing the complaint on, depending on the approach preferred by the complainant.
- The current process for gathering service user/patient/carer feedback within Borders Health Board and Scottish Borders Council, how it has been used for improvement, and how it is reported will continue.

12. Claims Handling, Liability & Indemnity

- 12.1 Borders Health Board will continue to follow their CNORIS programme for their services and Scottish Borders Council will continue with their current insurance processes. This will be applied to all integrated services.
- 12.2 Where there is a shared liability negotiations will take place as to the proportionality of each parties liability on a claim by claim basis.

13. Risk Management





- 13.1 The risk management strategy will include: risk monitoring, risk management framework and the strategic risk register.
- 13.2 As part of the risk management strategy the Chief Officer will be responsible for drawing to the attention of the Integration Joint Board any new or escalating risks and associated mitigations to ensure appropriate oversight and action.
- 13.3 Business Continuity plans will be in place and tested on a regular basis for the integrated services.

14. Dispute resolution mechanism

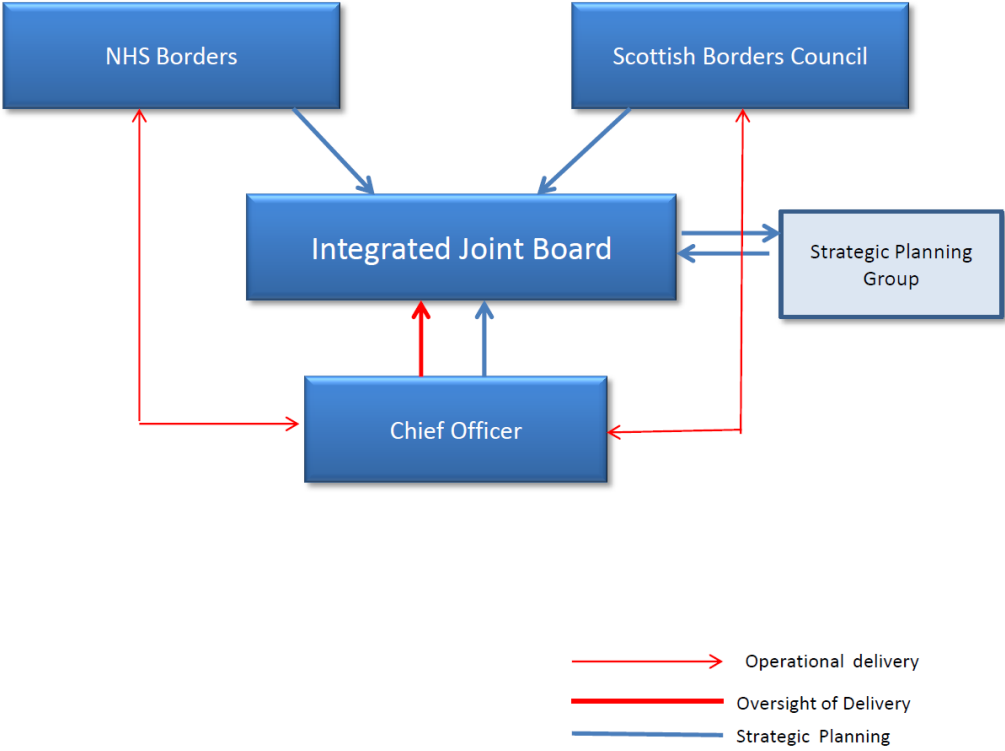
- 14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the process as set out below:

- (a) The Chief Executives of Borders Health Board and Scottish Borders Council, will meet to resolve the issue;
 - (b) If unresolved, the Borders Health Board, and Scottish Borders Council will each prepare a written note of their position on the issue and exchange it with the others;
 - (c) In the event that the issue remains unresolved, the Chief Executives (or their representatives) of Borders Health Board and Scottish Borders Council will proceed to mediation with a view to resolving the issue.
 - (d) A professional independent mediator will be appointed. The mediation process will commence within 28 calendar days of the agreement to proceed.
 - (e) The Mediator shall have the same powers to require any Partner to produce any documents or information to him/her and the other Partner as an arbiter and each Partner shall in any event supply to him such information which it has and is material to the matter to be resolved and which it could be required to produce on discovery; and
 - (f) The fees of the Mediator shall be borne by the Parties in such proportion as shall be determined by the Mediator having regard (amongst other things) to the conduct of the parties.
- 14.2 Where the issue remains unresolved after following the processes outlined above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached.
- 14.3 The Chief Executives shall write to Scottish Ministers detailing the unresolved issue, the process followed and findings of the mediator and seek resolution from Scottish Ministers.

APPENDIX OF DOCUMENTS – HEALTH AND SOCIAL CARE SCHEME OF INTEGRATION

Appendix No	Document
 HSC Integration 1 Scheme 151215 diagr	Integration Joint Board Governance Arrangements The Integration Joint Board has established its own Audit Committee.
 APPENDIX 2 2 Functions Delegated	Functions delegated by the Health Board to the Integration Joint Board
 APPENDIX 3 3 Functions Delegated	Functions delegated by the Local Authority to the Integration Joint Board
 Appendix 4 Carers 4 Act.docx	Functions delegated by the Health Board and Local Authority to the Integration Joint Board in respect of the Carers Act.

Integration Joint Board Governance Arrangements



Appendix 2

APPENDIX 2

Part 1

Functions delegated by the Health Board to the Integration Joint Board

Note

In accordance with paragraphs 3.1 and 3.2 of the Integration Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that:

(d) It is exercisable in relation to persons of at least 18 years of age (other than functions exercisable in relation to the health care services set out in paragraphs 11-15 of Section 3 of Part 2 of Appendix 2 which are delegated in relation to persons of any age); and

(e) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed in Section 1 of Part 2 of Appendix 2; or

(f) The function is exercisable in relation the health and care services listed in Section 2 of Part 1 of Appendix 2.

Functions prescribed for the purposes of section 1(8) of the Act

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (Functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS Contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children); section 38A (breastfeeding);

section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55 (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A (remission and repayment of charges and payment of travelling expenses);

section 75B(reimbursement of the cost of services provided in another EEA state);

section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82 use and administration of certain endowments and other property held by Health Boards);

section 83 (power of Health Boards and local health councils to hold property on trust);

section 84A (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation);

section 38 (Duties on hospital managers: examination notification etc.);

section 46 (Hospital managers' duties: notification);

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281 (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31 (Public functions: duties to provide information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Part 2

Services currently provided by the Health Board which are to be integrated

SECTION 1

Interpretation of Schedule 3

1. In this schedule—

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

SECTION 2

2. Accident and Emergency services provided in a hospital.

3. Inpatient hospital services relating to the following branches of medicine—

- (a) general medicine;
- (b) geriatric medicine;
- (c) rehabilitation medicine;
- (d) respiratory medicine; and
- (e) psychiatry of learning disability.

4. Palliative care services provided in a hospital.

5. Inpatient hospital services provided by General Medical Practitioners.

6. Services provided in a hospital in relation to an addiction or dependence on any substance.

7. Mental health services provided in a hospital, except secure forensic mental health services.

SECTION 3

8. District nursing services.

9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
11. The public dental service.*
12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.*
13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.*
14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.*
15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.*
16. Services providing primary medical services to patients during the out-of-hours period.
17. Services provided outwith a hospital in relation to geriatric medicine.
18. Palliative care services provided outwith a hospital.
19. Community learning disability services.
20. Mental health services provided outwith a hospital.
21. Continence services provided outwith a hospital.
22. Kidney dialysis services provided outwith a hospital.
23. Services provided by health professionals that aim to promote public health.

*Functions exercisable in relation to the health care services set out in paragraphs 11-15 above are delegated in relation to persons of any age and for the purposes of this Integration Scheme therefore include reference to “universal children’s health services”.

Appendix 3

APPENDIX 3

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

Note

In accordance with paragraphs 3.3 and 3.4 of the Integration Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that it is exercisable in relation to persons of at least 18 years of age.

PART 1

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
National Assistance Act 1948	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.

The Local Government and Planning (Scotland) Act 1982

Section 24(1)
(The provision of gardening assistance for the disabled and the elderly.)

Disabled Persons (Services, Consultation and Representation) Act 1986

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

Section 19
(Promotion of options for self-directed support.)

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

The Community Care and Health (Scotland) Act 2002

Section 4
The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002

Part 2

Services currently provided by the Local Authority which are to be integrated

Scottish Ministers have set out in guidance that the services set out below must be integrated.

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

Appendix 4

Scheme of Integration: New duties in Carers (Scotland) Act 2016 Functions delegated by the Local Authority to the Integration Joint Board

Note

In accordance with paragraphs 3.3 and 3.4 of the Integration Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that it is exercisable in relation to persons of at least 18 years of age.

PART 1

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

Column A

Carers (Scotland) Act 2016

Section 6: Duty to prepare adult carer support plan
Section 21: Duty to set local eligibility criteria
Section 24: Duty to provide support
Section 25: Provision of support to carers: breaks from caring
Section 31: Duty to prepare local carer strategy
Section 34: Information and advice service for carers
Section 35: Short breaks services statement

Functions delegated by the Health Board to the Integration Joint Board

Carers (Scotland) Act 2016

Section 31: Duty to prepare local carer strategy

SECTION G

STANDING FINANCIAL INSTRUCTIONS

STANDING FINANCIAL INSTRUCTIONS

1. Introduction
2. Responsibilities of Chief Executive as Accountable Officer, Director of Finance and Employees
3. Financial Strategy, Planning and Control
4. Budgetary Control and Monitoring
5. Commissioning/Providing Health Care Services
6. Annual Report and Accounts
7. Banking Arrangements
8. Security
9. Income
10. Payment of Accounts
11. Construction Industry Scheme
12. Payment of Salaries and Wages
13. Travel, Subsistence and Other Allowances
14. Contracting and Purchasing
15. Stores
16. Losses and Special Payments
17. Endowment Funds
18. Primary Care Contractors
19. Delegation of functions and the provision of resources by Borders Health Board to the Health & Social Care Integration Joint Board
20. Patients' Funds and Property
21. Audit
22. Information Management and Technology
23. Capital and Fixed Assets
24. Risk Management and Insurance
25. Financial Irregularities

Section G - Appendix 1: Common Seal

SECTION 1

INTRODUCTION

Made in terms of Regulation 4 of the National Health Service (Financial Provisions) Scotland) Regulations, 1974

Background

1.1 These Standing Financial Instructions (SFI's) are issued for the regulation of the conduct of Borders Health Board (The Board), its directors, officers and agents in relation to all financial matters. The SFI's are issued in accordance with the financial directions issued by the Scottish Government Health & Social Care Directorate under the provisions contained in Regulation 4 of the NHS (Financial Provisions) (Scotland) Regulations, 1974 together with the guidance and requirements contained in NHS Circular No 1974 (GEN) 88 and Annex, and NHS Circular MEL (1994) 80. Their purpose is to provide sound control of NHS Borders's financial affairs and shall have the effect as if incorporated in the Standing Orders of the Board.

1.2 The purpose of such a scheme of control is:

- To ensure that NHS Borders acts within the law and that financial transactions are in accordance with the appropriate authority;
- To ensure that proper accounting records, which are accurate and complete, are maintained;
- To ensure that financial statements, which give a true and fair view of the financial position of NHS Borders and its expenditure and income, are prepared timeously;
- To protect NHS Borders against the risk of fraud and irregularity;
- To safeguard NHS Borders's assets;
- To ensure that proper standards of financial conduct are maintained;
- To enable the provision of appropriate management information;
- To ensure that NHS Borders seeks best value from its resources, by making proper arrangements to pursue continuous improvement, having regard to economy, efficiency and effectiveness in NHS Borders's operations;
- To ensure that any delegation of responsibility is accompanied by clear lines of control and accountability, together with reporting arrangements.

1.3 NHS Borders shall exercise financial supervision and control by:

- formulating the financial strategy
- requiring the submission and approval of financial plans and budgets within approved allocations/overall income;
- defining and approving essential features of financial arrangements in respect of important procedures and financial systems (including the need to obtain value for money);
- defining specific responsibilities placed on directors and officers as indicated in the Scheme of Delegation document.

all within the financial resources made available to it, both directly and also through the Care Act 2014.

- 1.4 The SFI's identify the financial responsibilities which apply to everyone working for the Board and its constituent organisations. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance.
- 1.5 Should any difficulties arise regarding the interpretation or application of any of the SFI's then the advice of the Director of Finance must be sought before you act.

Compliance

- 1.6 The Director of Finance is responsible for assisting the Chief Executive as accountable officer and therefore has ultimate responsibility for ensuring that SFI's are in place, up to date and observed in NHS Borders. The responsibilities of the Director of Finance specified in the SFI's may be carried out by such other senior finance officers as he or she might specify.
- 1.7 Members, officers and agents of NHS Borders, including Local Authority employees who are employed in Integrated Services, shall observe these SFI's. Executive Directors shall be responsible for ensuring that the SFI's are made known within the services for which they are responsible and shall ensure that they are adhered to.
- 1.8 Failure to comply with these SFI's shall be a disciplinary matter.
- 1.9 Where these SFI's place a duty upon any person, this may be delegated to another person, subject to the Scheme of Delegation contained within the Standing Orders.

SECTION 2

RESPONSIBILITIES OF CHIEF EXECUTIVE, DIRECTOR OF FINANCE AND EMPLOYEES

Responsibilities of Chief Executive as Accountable Officer

- 2.1 Under the terms of Sections 14 and 15 of the Public Finance and Accountability (Scotland) Act 2000, the Principal Accountable Officer for the Scottish Government has designated the Chief Executive of Borders NHS Board as Accountable Officer.
- 2.2 Accountable Officers must comply with the terms of the **Memorandum to National Health Service Accountable Officers**, and any updates issued to them by the Principal Accountable Officer for the Scottish Government. The Memorandum was updated in April 2006.

2.3 General Responsibilities

- 2.3.1 The Accountable Officer is personally answerable to the Scottish Parliament for the propriety and regularity of the public finance for NHS Borders including functions delegated and resources provided by Borders Health Board to the IJB.

- 2.3.2 The Accountable Officer must ensure that the Board takes account of all relevant financial considerations, including any issues of propriety, regularity or value for money, in considering policy proposals relating to expenditure, or income.
- 2.3.3 It is incumbent upon the Accountable Officer to combine his or her duties as Accountable Officer with their duty to the Board, to whom he or she is responsible, and from whom he or she derives his/her authority. The Board is in turn responsible to the Scottish Parliament in respect of its policies, actions and conduct.
- 2.3.4 The Accountable Officer has a personal duty of signing the Annual Accounts of NHS Board. Consequently, he or she may also have the further duty of being a witness before the Audit Committee of the Scottish Parliament, and be expected to deal with questions arising from the Accounts, or, more commonly, from reports made to Parliament by the Auditor General for Scotland.
- 2.3.5 The Accountable Officer must ensure that any arrangements for delegation promote good management, and that he or she is supported by the necessary staff with an appropriate balance of skills. This requires careful selection and development of staff and the sufficient provision of special skills and services. He or she must ensure that staff are as conscientious in their approach to costs not borne directly by their component organisation (such as costs incurred by other public bodies), or financing costs, e.g. relating to banking and cash flow) as they would be, were such costs directly borne.

2.4 Specific Responsibilities

- 2.4.1 Ensure that from the outset proper financial systems are in place and applied, and that procedures and controls are reviewed from time to time to ensure their continuing relevance and reliability, especially at times of major changes;
- 2.4.2 Ensure that the Board's financial obligations and targets are met. The Chief Executive shall be responsible for the implementation of the Boards financial policies and for co-ordinating any corrective action necessary to further these policies. In fulfilling this responsibility the Chief Executive shall take account of advice given by the Director of Finance on all such matters. The Director of Finance shall be accountable to the Board for this advice.
- 2.4.3 Sign the Accounts assigned to him or her, and in doing so, accept personal responsibility for ensuring that they are prepared under the principles and in the format directed by Scottish Ministers.
- 2.4.4 Ensure that proper financial procedures are followed incorporating the principles of separation of duties and internal check, and that accounting records are maintained in a form suited to the requirements of the relevant Accounting Manual, as well as in the form prescribed for published Accounts.

- 2.4.5 Ensure that the public funds for which he or she is responsible are properly managed and safeguarded, with independent and effective checks of cash balances in the hands of any official.
- 2.4.6 Ensure that the assets for which he or she is responsible, such as land, buildings or other property, including stores and equipment, are controlled and safeguarded with similar care, and with checks as appropriate.
- 2.4.7 Ensure that, in the consideration of policy proposals relating to expenditure, or income, for which he or she has responsibilities as Accountable Officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and where necessary brought to the attention of the Board.
- 2.4.8 Ensure that any delegation of authority is accompanied by clear lines of control and accountability, together with reporting arrangements. Clarity is critical for delegated functions and resources provided to the IJB and the accountability of the Chief Officer. The Board's Code of Corporate Governance provides the required clarity.
- 2.4.9 Ensure that effective management systems appropriate for the achievement of the organisation's objectives, including financial monitoring and control systems have been put in place.
- 2.4.10 Ensure that risks, whether to achievement of business objectives, regularity, propriety, or value for money, are identified, that their significance is assessed and that systems appropriate to the risks are in place in all areas to manage them.
- 2.4.11 Ensure that best value from resources is sought, by making proper arrangements to pursue continuous improvement having regard to economy, efficiency and effectiveness, and in a manner which encourages the observance of equal opportunities requirements.
- 2.4.12 Ensure that managers at all levels have a clear view of their objectives, and the means to assess and measure outputs or performance in relation to those objectives.
- 2.4.13 Ensure managers at all levels are assigned well defined responsibilities for making the best use of resources (both those assumed by their own commands and any made available to organisations or individuals outside NHS Borders) including a critical scrutiny of output and value for money.
- 2.4.14 Ensure that managers at all levels have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.

2.5 Regularity and Propriety of Expenditure

- 2.5.1 The Accountable Officer has a particular responsibility for ensuring compliance with Parliamentary requirements in the control of expenditure. A fundamental requirement is that funds should be applied only to the extent

and for the purposes authorised by Parliament in Budget Acts (or otherwise authorised by Section 65 of the Scotland Act 1998). Parliament's attention must be drawn to losses or special payments by appropriate notation of the organisation's Accounts. In the case of expenditure approved under the Budget Act, any payments made must be within the scope and amount specified in that Act.

- 2.5.2 All actions must be able to stand the test of Parliamentary scrutiny, public judgements on propriety and professional Codes of Conduct. Care must be taken to avoid actual, potential, or perceived conflicts of interest when employing external consultants and their staff.

2.6 Advice to the Board

- 2.6.1 The Accountable Officer has a duty to ensure that appropriate advice is tendered to the Board on all matters of financial propriety and regularity, and more broadly, as to all considerations of prudent and economical administration, efficiency and effectiveness.

- 2.6.2 If the Accountable Officer considers that, despite their advice to the contrary, the Board is contemplating a course of action which they consider would infringe the requirements of regularity or propriety, and that they would be required to take action that is inconsistent with the proper performance of his or her duties as Accountable Officer, they should inform the Scottish Government Health and Social Care Department's Accountable Officer, so that the Department, if it considers it appropriate, can intervene and inform Scottish Ministers. If this is not possible, the Accountable Officer should set out in writing his or her objection and the reasons, to the proposal. If their advice is overruled, and the Accountable Officer does not feel that he or she would be able to defend the proposal to the Audit Committee of the Scottish Parliament, as representing value for money, he or she should obtain written instructions from the Board for which he or she is designated, and send a copy of his or her request for instruction and the instruction itself as soon as possible to the External Auditor and the Auditor General for Scotland.

- 2.6.3 The Accountable Officer must ensure that their responsibilities as an Accountable Officer do not conflict with those as a Board member. They should vote against any action that they cannot endorse as an Accountable Officer, and in the absence of a vote, ensure that his or her opposition as a Board Member, as well as Accountable Officer is clearly recorded.

- 2.6.4 It is the duty of the Chief Executive to ensure that Executive Directors and employees and all new appointees are notified of and understand their responsibilities within the SFI's.

2.7 Absence of Accountable Officer

- 2.7.1 The Accountable Officer should ensure that they are generally available for consultation, and that in any temporary period of unavailability a senior officer is identified to act on their behalf.

- 2.7.2 In the event that the Accountable Officer would be unable to discharge their responsibilities for a period of four weeks or more, NHS Borders will notify the Principal Accountable Officer of the Scottish Government, in order that an Accountable Officer can be appointed pending their return.
- 2.7.3 Where the Accountable Officer is unable by reason of incapacity or absence to sign the Accounts in time for them to be submitted to the Auditor General, the Board may submit unsigned copies, pending the return of the Accountable Officer.

Responsibilities of Director of Finance

2.8 The Director of Finance is responsible for:

- 2.8.1 provision of financial advice to the Board and its employees;
- 2.8.2 implementing the Board's financial policies and for co-ordinating any corrective action necessary to further those policies;
- 2.8.3 ensuring that sufficient records are maintained to show and explain the Board's transactions, in order to disclose, with reasonable accuracy, the financial position of the Board at any time;
- 2.8.4 the design, implementation and supervision of systems of internal financial control incorporating the principles of separation of duties and internal checks;
- 2.8.5 the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Board may require for the purpose of carrying out its statutory duties and responsibilities;
- 2.8.6 setting accounting policies consistent with Scottish Government and guidance and generally accepted accounting practice.

All Directors and Employees

- 2.9 All directors and employees of the Board, severally and collectively, are responsible for:
- 2.9.1 security of the Board's property;
- 2.9.2 avoiding loss;
- 2.9.3 exercising economy and efficiency in the use of Borders Health Board resources;
- 2.9.4 complying with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and Scheme of Delegation.

SECTION 3

FINANCIAL STRATEGY, PLANNING AND CONTROL

Financial Strategy and Planning

- 3.1 The Board is required to perform its functions within the total of funds allocated by the Scottish Government and all plans, financial approvals and control systems shall be designed to meet this obligation.
- 3.2 The Chief Executive has overall executive responsibility for the Board's activities and is responsible to the Board for ensuring that the Board stays within its funding limits.
- 3.3 In accordance with guidance issued by the Scottish Government Health and Social Care Department, the NHS Borders Chief Executive shall be responsible for leading an inclusive process, involving staff and partner organisations, to secure the compilation and approval by the Board, of the Annual Operational Plan for Borders.
- 3.4 By concisely setting out how these objectives will be tackled and by whom, and by setting clear priorities, key milestones and other quantified improvement targets over time, the Annual Operational Plan will help to secure understanding of important health issues, a shared approach to taking action, and a common commitment to achieving results.
- 3.5 In order to ensure that the planned actions within the Annual Operational Plan are affordable, the Chief Executive, with the assistance of the Director of Finance, shall be responsible for the annual development and updating of the NHS Borders Financial Plan.
- 3.6 The Financial Plan shall include a statement of the significant assumptions and risks on which the Plan is based and comprise both Revenue and Capital components, and shall be compiled within available resources, as determined by reference to the Revenue Resource Limit and Capital Resource Limit as notified or indicated by the Scottish Government Health and Social Care Department, and as forecast for subsequent periods.
- 3.7 The Financial Plan shall be submitted to the Finance and Performance Committee for detailed scrutiny and risk assessment, following which the Committee shall be responsible for recommending approval of the Financial Plan by the Board.
- 3.8 The Financial Plan shall be an appendix to the Annual Operational Plan and shall be reconcilable to an annual update of the financial planning returns which the Director of Finance will prepare and submit to the Scottish Government Health & Social Care Department, in accordance with guidance or direction issued from time to time.
- 3.9 The Board Executive Team is responsible for the development and approval of operational financial plans which shall be;
 - consistent with the Annual Operational Plan as submitted to Scottish Government

- in accordance with the aims and objectives set out in the Annual Operational Plan;
- prepared within the limits of available funds;
- identify potential risks; and
- analyse both funds available and proposed expenditure between that which is recurring and that which is non-recurring.

Control

- 3.10 The Director of Finance shall ensure that adequate financial and statistical systems are in place to monitor and control income and expenditure and to facilitate the compilation of financial plans, estimates and any investigations which may be required from time to time.
- 3.11 The Director of Finance shall devise and maintain systems of budgetary control and all officers whom the Board may empower to engage staff or otherwise incur expenditure or to collect or generate income, shall comply with the requirements of those systems. The systems of budgetary control shall incorporate the reporting of (and investigation into) financial, activity or workforce variances from budget. The Director of Finance shall be responsible for providing budgetary information and advice to enable the Chief Executive and other officers to carry out their budgetary responsibilities.
- 3.12 The Chief Executive may, within limits approved by the Board, delegate authority for a budget or a part of a budget to the individual officer or group of officers who will be responsible for the activities provided for within that budget. The terms of delegation shall include a clear definition of individual and group responsibilities for control of expenditure, exercise of virement, achievement of planned levels of service and the provision of regular reports upon the discharge of those delegated functions to the Chief Executive. Responsibility for overall budgetary control, however, shall remain with the Chief Executive.
- 3.13 Except where otherwise approved by the Chief Executive, taking account of advice of the Director of Finance, budgets shall be used only for the purpose for which they were provided and any budgeted funds not required for their designated purpose shall revert to the immediate control of the Chief Executive, unless covered by powers of virement delegated by him or her. Where an underspend in the integrated budget occurs as a direct result of planned actions by the IJB, the underspend will be retained by the IJB for reallocation.
- 3.14 Expenditure for which no provision has been made in an approved budget shall only be incurred after authorisation by the Chief Executive, subject to his/her authorised virement limit.
- 3.15 Delegated authority is granted as set out in the Scheme of Delegation, this includes authority to approve the transfer of funds up to this level between budget heads, including transfers from reserves and balances.
- 3.16 The Director of Finance shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards, and other events and trends affecting budgets, and shall advise on the financial and economic aspects of future plans and projects.

- 3.17 There is a duty requiring the Chief Executive, other officers and agents of NHS Borders, not to exceed approved budgetary limits.
- 3.18 The Chief Executive is responsible for the negotiation of funding for the provision of services in accordance with the Local Delivery Plan and for establishing the arrangements for the cross-boundary treatment of patients in accordance with the guidance of the Scottish Government Health and Social Care Department. In carrying out these functions the Chief Executive shall take into account the advice of the Director of Finance regarding:
- Costing and pricing of services;
 - Payment terms and conditions;
 - Arrangements for funding in respect of patients from outwith the Borders area, and for the funding of the treatment of Borders residents other than by NHS Borders.
- 3.19 The Chief Executive shall also be responsible for negotiating agreements for the provision of support services to/from other NHS Bodies
- 3.20 Non-recurring funds should not be used to finance recurring expenditure without the approval of the Chief Executive.

Reporting

- 3.21 Any substantial funds arising from inability to action, or delay in the implementation of projects approved by the Board, shall be reported in the first instance by the Chief Executive, together with advice on the use of such funds, to the Resources and Performance Committee. The Committee shall report as appropriate to the Board.
- 3.22 The Director of Finance shall produce a regular Financial Report for submission to the Board. This report shall highlight any significant in-year variance from the Financial Plan together with a forecast of the outturn position for the financial year concerned, and shall recommend any proposed corrective action.
- 3.23 In order to fulfil these responsibilities, the Director of Finance shall have right of access to all budget holders on budgetary related matters.

SECTION 4

BUDGETARY CONTROL AND MONITORING

Delegation of Budgets

- 4.1 The Chief Executive may delegate the management of a budget to the Clinical Executive or individual employees, to permit the performance of a defined range of activities. Responsibility for overall budgetary control, however, shall remain with the Chief Executive.
- 4.2 The delegation must be accompanied by a clear definition of the:
- amount of the budget;

- purpose(s) of each budget heading;
- individual and group responsibilities;
- authority to exercise virement;
- achievement of planned levels of service;
- arrangements for escalation of overspends: and
- provision of regular reports.

4.3 In carrying out their duties:

- The Chief Executive and all budget holders with delegated authority shall not exceed the budgetary or virement limits set by the Board;
- Budget holders shall strictly observe the budgetary limits and control procedures set for them by the Chief Executive;
- The Chief Executive may vary the budgetary limit of a budget holder within the Chief Executive's own budgetary limit;
- Officers shall not use non-recurring budgets on recurring expenditure.

4.4 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.

4.5 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

4.6 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

Budgetary Control and Reporting

4.8 The Director of Finance will devise and maintain systems of budgetary control. These will include:

- monthly financial reports to the Board in a form approved by the Board containing:
 - income and expenditure to date showing trends and forecast year end position;
 - capital project spend and projected outturn against plan;
 - explanations of any material variances from plan;
 - details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
- the issue of timely, accurate and comprehensible advice and financial reports to each holder of a budget, covering the areas for which they are responsible;
- investigation and reporting of variances from financial, workload and manpower budgets;
- monitoring of management action to correct variances; and
- arrangements for the authorisation of budget transfers.

4.9 Each holder of a delegated budget is responsible for ensuring that:

- any potential overspending or reduction of income which cannot be met by virement must have prior consent;

- the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement; and
- permanent employees can only be appointed with the approval of the Boards Vacancy Control process unless appointed within the budgetary establishment .

4.10 Expenditure for which no provision has been made in an approved budget and not subject to funding under the delegated powers of virement shall only be incurred after authorisation by the Chief Executive or the Board as appropriate.

4.11 No budget holder may charge expenditure to a budget for which they are not the budget holder without the express authority of the authorised budget holder.

4.12 The Chief Executive is responsible for ensuring there is a process and arrangements in place for identifying and implementing cost improvements/efficiency savings and income generation initiatives in accordance with the requirements of the Annual Operational Plan and a balanced budget.

4.13 Except where otherwise approved by the Chief Executive, taking account of advice of the Director of Finance budgets shall be used only for the purpose for which they were provided and any budgeted funds not required for their designated purpose shall revert to the immediate control of the Chief Executive, unless covered by delegated powers of virement. Any substantial funds arising from inability to action, or delay in the implementation of projects approved by the Board, should be reported to the Board by the Chief Executive, together with advice on the use of such funds.

4.14 Budget holders are required to take such action as may be required following the receipt of their budget reports from the Director of Finance to ensure that their budgetary objectives are met.

Establishment Control

4.15 The Director of Finance shall be responsible for designing a system of establishment control. The funded establishment of any department may only be varied in accordance with the approved establishment control system.

Virement

4.16 The Board is responsible for agreeing the rules applying to virement between budgets. These are contained in the Board's Scheme of Delegation.

Capital Expenditure

4.17 The Chief Executive will submit capital plans for the Board's approval and following on from this submit for Board approval all business cases required to be submitted to SGH&SCD.

4.18 The general rules applying to delegation and reporting shall also apply to capital expenditure.

Monitoring Returns

- 4.19 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to SGH&SCD.

SECTION 5

COMMISSIONING/PROVIDING HEALTH CARE SERVICES

- 5.1 The Chief Executive, in conjunction with the Director of Finance, shall be responsible for ensuring that all services required or provided are covered by a series of service agreements or, if not, that adequate funds are retained or requested to pay for services obtained outside service agreements, all within the context of the approved Annual Operational Plan and Financial Plan. They shall be responsible for ensuring that the total service framework is affordable within the overall Revenue and Capital Resource Limits set by the Scottish Government Health and Social Care Department.
- 5.2 The Chief Executive is responsible for ensuring that service agreements are put in place with due regard to the need to achieve best value.
- 5.3 The Director of Finance is responsible for agreeing to the financial details contained in those service agreements agreed by the Board.
- 5.4 The Chief Executive is responsible for establishing robust financial arrangements, in accordance with guidance from the Scottish Government Health & Social Care Department, for the treatment of Borders residents by other NHS systems, or by the private sector, and for the treatment of residents of other health systems within NHS Borders.
- 5.5 The Director of Finance is responsible for maintaining a system for the rendering and payment of service agreements invoices in accordance with the terms of service agreements, or otherwise in accordance with national guidance.
- 5.6 The Director of Public Health in his capacity as Caldicott Guardian, is responsible for ensuring that all systems operate in a way to maintain the confidentiality of patient information as set out in the Data Protection Act 1998 under Caldicott guidance.

SECTION 6

ANNUAL REPORT AND ACCOUNTS

- 6.1 The Board is required under the terms of Section 86(3) of the National Health Service (Scotland) Act 1978 to prepare and transmit Annual Accounts to Scottish Ministers.
- 6.2 Scottish Ministers have issued Accounts Directions in exercise of the powers conferred by Section 86(1) of the National Health Service (Scotland) Act 1978 which contain the following provisions:

Basis of Preparation: Annual Accounts shall comply with:

- Generally accepted International financial reporting standards as applied to the NHS;
- The accounting and disclosure requirements of the Companies Act;
- All relevant accounting standards issued or adopted by the Accounting Standards Board, as they apply to the NHS and remain in force for the financial year for which the accounts are to be prepared;

Form of Accounts: The Annual Accounts shall comprise:

- A foreword (taken to be the Governance Statement in the Accounts);
- An operating cost statement;
- A statement of total recognised gains and losses;
- A balance sheet;
- A cash flow statement;
- Such notes as may be necessary for the purposes referred to below.

The Annual Accounts shall give a true and fair view of the income and expenditure, total recognised gains and losses, balance sheet and cash flow statement. Subject to the foregoing requirement, the annual accounts shall also contain any disclosure and accounting requirements which Scottish Ministers may issue from time to time.

- 6.3 The Director of Finance shall maintain proper accounting records which allow the timeous preparation of the Annual Accounts, in accordance with the timetable laid down by the Scottish Government Health and Social Care Department, and which give a true and fair view of NHS Borders and its expenditure and income for the period in question.
- 6.4 Annual Accounts should be prepared by NHS Borders in accordance with all appropriate regulatory requirements and be supported by appropriate accounting records and working papers prepared to an acceptable professional standard.
- 6.5 Under the terms of the Public Finance and Accountability (Scotland) Act 2000, the Auditor General for Scotland will appoint an external auditor to undertake the audit of NHS Borders annual accounts and report.
- 6.6 The Director of Finance shall agree with the External Auditor a timetable for the production, audit, adoption by the Board of accounts to the Auditor General for Scotland and the Scottish Government Health and Social Care Department. This timetable shall be consistent with the requirements of the Scottish Government Health and Social Care Department.
- 6.7 The Annual Accounts shall be prepared in accordance with the relevant Accounts Direction and Accounts Manual issued by the Scottish Government Health and Social Care Department.
- 6.8 The Chief Executive is responsible for preparing a Governance Statement, and shall seek appropriate assurances, including that of the Chief Internal Auditor, with regard to the adequacy of internal control throughout the organisation.
- 6.9 The Annual Accounts shall be reviewed by the Audit Committee, which has the responsibility of recommending adoption of the Accounts by the Board.

- 6.10 Under the terms of the Public Finance and Accountability (Scotland) Act 2000, Annual Accounts may not be placed in the public domain, prior to them being formally laid before Parliament.
- 6.11 Following the formal approval of the motion to adopt the Accounts by the Board, the Annual Accounts and relevant certificates shall be duly signed on behalf of the Board, and submitted to the External Auditor for completion of the relevant audit certificates.
- 6.12 Signed sets of Annual Accounts shall be submitted to the Scottish Government Health & Social Care Department, and by the External Auditor to the Auditor General for Scotland.

SECTION 7

BANKING ARRANGEMENTS

- 7.1 The Director of Finance is responsible for managing the Board's banking arrangements and for advising the Board on the provision of banking services and the operation of bank accounts. This advice will take into account such guidance and directions as may be issued from time to time by the Scottish Government.
- 7.2 All arrangements with NHS Borders's bankers and the Government Banking Services will be made by or under arrangements approved by the Director of Finance, who shall be authorised by the Board to operate such bank accounts as may be considered necessary.
- 7.3 No officer other than the Director of Finance shall open any bank account in the name of Borders NHS Board.
- 7.4 All funds shall be held in accounts in the name of Borders NHS Board, Borders NHS Board Endowment Fund or Borders NHS Board Patients' Fund.
- 7.5 The Director of Finance shall nominate, for each appropriate bank account, the officers, including him/herself, authorised to release monies from each account, on a single signature basis up to a maximum of £5,000. An authorisation schedule will be held by the appropriate Banks and over that limit of £5,000 two signatures will be required. As a minimum, a Senior Finance Manager will fulfil the 2nd signatory for transactions over £5,000.
- 7.6 The Director of Finance shall notify the bankers promptly of the cancellation of any authorisation to draw on the Board accounts.
- 7.7 Cheques processed will be signed by the Director of Finance or other authorised officers. Where such cheques are for sums in excess of £5,000, two authorised officers will sign.
- 7.8 All cheques (which shall be crossed with 'Not Negotiable - Account Payee Only') to be treated as controlled stationery in the charge of a duly designated officer controlling their issue.

- 7.9 All cheques, postal orders, cash, etc, shall be banked intact promptly, in accordance with the Director of Finance's rules of procedures to the credit of the main account (or, if appropriate, endowment fund/patients' fund interest bearing account. Disbursements shall not be made from cash except under arrangements approved by the Director of Finance.
- 7.10 All arrangements for the receipt and payment of monies using BACS (the Bankers Automated Clearing Service) and CHAPS (The Clearing Houses Automated Payment System) will be made by or under arrangements approved by the Director of Finance.
- 7.11 All arrangements for payments to be made by Standing Order or Direct Debit from any NHS Borders bank account will be made by or under arrangements approved by the Director of Finance.
- 7.12 The use of credit cards will be made by or under arrangements approved by the Director of Finance.

SECTION 8

SECURITY

Security of cash and other items

- 8.1 The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due, including income due under service agreements for the provision of patient care services.
- 8.2 All receipt books, tickets, agreement forms, or other means of officially acknowledging or recording amounts received or receivable shall be in a form approved by the Director of Finance. Such stationery shall be ordered and controlled by him or her and subject to the same precautions as are applied to cash, in accordance with the Director of Finance's requirements.
- 8.3 All officers, whose duty it is to collect or hold cash, shall be provided with a safe or with a lockable cash box which will normally be deposited in a safe. The officer concerned shall hold one key and all duplicates shall be lodged with a banker or such other officer authorised by the Director of Finance and suitable receipts obtained. The loss of any key shall be reported immediately to the Head of Finance. The Director of Finance shall, on receipt of a satisfactory explanation, authorise the release of the duplicate key. The Director of Finance shall arrange for all new keys to be despatched directly to him or her from the manufacturers and shall be responsible for maintaining register of authorised holders of safe keys.
- 8.4 The safe key-holder shall not accept unofficial funds for depositing in the safe unless deposits are in sealed envelopes or locked containers. It shall be made clear to the depositor that the Board is not to be held liable for any loss and written indemnity must be obtained from the organisation or individual absolving NHS Borders from responsibility for any loss.

- 8.5 During the absence of the holder of a safe or cash box key, the officer who acts in his place shall be subject to the same controls as the normal holder of the key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for audit inspection.
- 8.6 All cash, cheques, postal orders and other forms of payment shall normally be received by more than one officer, neither of whom should be a Cashier and shall be entered immediately in an approved form of register which should be signed by both. All cheques and postal orders shall be crossed immediately 'Not negotiable - account payee [Borders NHS Board]'. The remittances shall be passed to the Cashier, from whom a signature shall be obtained in the register.
- 8.7 The opening of coin-operated machines (including telephones) and the counting and recording of the takings in the register shall normally be undertaken by two officers together and the coin box keys shall be held by a nominated officer. The collection shall be passed to the cashier from whom a signature shall be obtained in the register.
- 8.8 The Director of Finance shall prescribe the system for the transporting of cash and uncrossed pre-signed cheques. Wherever practicable, the services of a specialist security firm shall be employed.
- 8.9 All unused cheques, receipts and all other orders shall be subject to the same security precautions as are applied to cash. Bulk stocks of cheques shall normally be retained by the Director of Finance or his/her nominated officers and released by them only against authorised requisitions.
- 8.11 In all cases where NHS Borders officers receive cash, cheques, credit or debit card payments, empty telephone or other machine coin boxes, etc, personal identity cards must be displayed prominently. Staff shall be informed in writing on appointment by the departmental or senior officers of their responsibilities and duties for the collection, handling or disbursement of cash, cheques, etc.
- 8.12 Any loss or shortfall of cash, cheques etc, shall be reported immediately in accordance with the agreed procedure for reporting losses.
- 8.13 Under no circumstances shall funds managed by the Board be used for the encashment of private cheques or the making of loans of a personal nature.

Security of Physical Assets

- 8.15 The overall control of fixed assets is the responsibility of the Chief Executive.
- 8.16 Each employee has a responsibility to exercise a duty of care over the property of NHS Borders and it shall be the responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Persistent breach of agreed security practices shall be reported to the Chief Executive.
- 8.17 Wherever practicable, items of equipment shall be marked as NHS property. Items to be controlled shall be recorded and updated in an appropriate register including all capital assets.

- 8.18 Nominated officers designated by the Chief Executive shall maintain up to date asset registers of items which are capital by definition as well as items classed as 'special' and they shall ensure the responsible designated officers also maintain up to date and accurate copies.
- 8.19 There shall be an approved form of asset register and method of updating.
- 8.20 The items on the register shall be checked regularly by the nominated officers and all discrepancies shall be notified in writing to the Director of Finance, who may also undertake such other independent checks as he/she considers necessary.
- 8.21 Any damage to premises, vehicles and equipment, or any loss of equipment or supplies shall be reported by staff in accordance with the agreed procedure for reporting losses.
- 8.22 Registers shall also be maintained by responsible officers and receipts retained for:
- Equipment on loan;
 - Leased Equipment;
 - All contents of furnished lettings.
- 8.23 On the closure of any facility, a check shall be carried out and a responsible officer will certify a list of items held showing eventual disposal. The disposal of fixed assets (including donated assets) shall be in accordance with Section 23.

SECTION 9

INCOME

- 9.1 The Director of Finance shall be responsible for designing and maintaining systems for the proper recording, invoicing and collection of all money due.
- 9.2 The Director of Finance is responsible for approving and regularly reviewing the level of fees and charges other than those determined by SGH&SCD.
- 9.3 All officers shall inform the Director of Finance of monies due arising from transactions they initiate, including all contracts, leases, tenancy agreement and any other transactions. The Director of Finance shall approve contracts with financial implications in excess of the figures set out in the Scheme of Delegation. Responsibility for arranging the level of rentals for newly acquired property and for the regular review of rental and other charges shall rest with the Director of Finance who may take into account independent professional advice on matters of valuation.
- 9.4 The Director of Finance shall take appropriate recovery action in all outstanding debts including the establishment of procedures for the write-off of debts after all reasonable steps have been taken to secure payment.
- 9.5 In relation to Income Generation Schemes, the Director of Finance shall ensure that there are systems in place to identify all costs and services attributed to each scheme before introduction and such schemes should only proceed on the basis of providing income in excess of the cost of the scheme.

SECTION 10

PAYMENTS OF ACCOUNTS

- 10.1 The Director of Finance must approve the manual or electronic list of officers authorised to certify invoices, non-invoice payments, and payroll schedules, including where required by the Director of Finance financial limits to their authority. The Director of Finance will maintain details, together with his or her specimen signatures for manual authorisation. Electronic authorisation must be allocated by effective access control permissions to those approved by the Director of Finance.
- 10.2 The Director of Finance is responsible for the payment of all accounts, invoices and contract claims in accordance with contractual terms and/or the Confederation of British Industries (CBI) Prompt Payment Code. Payment systems shall be designed to avoid payments of interest arising from non-compliance with the Late Payment of Commercial Debts (Interest) Act 1998.
- 10.3 All officers shall inform the Director of Finance promptly of all monies payable by their organisation arising from transactions which they initiate, including contracts, leases, tenancy agreements and other transactions. To assist financial control, a register of regular payments should be created.
- 10.4 FHS Contractor payments and administration has been delegated to National Services Scotland under a Service Level Agreement, National Services Scotland will act as agents of the Board in accordance with the Service Level Agreement.
- 10.5 Where a manual payment system is in place, all requests for payment should, wherever possible, have relevant original invoices or contract payment vouchers attached and shall be authorised for payment by an approved officer from a list of authorised signatories agreed by the appropriate organisation. Where an electronic payment system has been approved by the Director of Finance the system must ensure that payment is made only for goods received for which there is an authorised Purchase Order.
- 10.6 The Director of Finance is responsible for designing and maintaining systems for the verification, recording and payment of all amounts payable, including monies relating to clinical services. Certification is required either manually or electronically (within a tolerance level approved by the Director of Finance) for the following:
- Goods have been duly received, examined, are in accordance with specification and order, are satisfactory and that the prices are correct;
 - Work done or services rendered have been satisfactorily carried out in accordance with the order; that where applicable, the materials used were of the requisite standard and that the charges are correct;
 - In the case on contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, that the rates of labour are in accordance with the appropriate rates, that the materials have been checked as regards quantity, quality and price and that the charges for the use of vehicles, plant and machinery have been examined;
 - Where appropriate, the expenditure is in accordance with regulations and that all necessary Board or appropriate officer authorisations have been obtained;

- The account or claim is arithmetically correct;
- The account or claim is in order for payment;
- VAT has been recovered as appropriate;
- Clinical services have been carried out satisfactorily in accordance with Service Agreements and Unplanned Activity arrangements (UNPACs);
- A timetable and system for submission to the Director of Finance of accounts for payment with provision shall be made for early submission of accounts, subject to cash discounts or otherwise requiring early payment, and
- Instruction of staff regarding the handling, checking and payment of accounts and claims within Financial Accounting section of the Finance Directorate.

10.8 The Director of Finance shall ensure that payment for goods and services is only made once the goods and services are received other than under the terms of a specific contractual arrangement.

10.9 Budget Holders shall ensure, before an order for goods or service is placed, that the purchase has been properly considered and forms part of the department's allocations, agreed business plans, or other known and specific funds available to the department.

10.10 Where an officer certifying accounts or claims relies upon other officers to do preliminary checking he shall, wherever possible, ensure that those who check delivery or execution of work act independently of those who have placed an order and negotiated prices and terms. Budget Managers must therefore ensure, within delegated limits that there is effective separation of duties between:

- The person placing the order;
- The person certifying receipt of goods and services, and;
- The person authorising the invoice manually or electronically

That no one person should undertake all three functions.

10.11 In the case of contracts for building or engineering works which require payment to be made on account during progress of the works, the Director of Finance shall make payment on receipt of a certificate from the technical consultant or officer. Without prejudice to the responsibility of any consultant or works officer appointed to a particular building or engineering contract, a contractor's account shall be subject to such financial examination by the Director of Finance and such general examination by a works officer as may be considered necessary, before the person responsible for the contract issues the final certificate. To assist financial control, a contracts register should be created.

10.12 Where a contract is based on the measurement of time, materials or expenses, the checks to be carried out must provide confirmation that:

- the time charged is in accordance with the time sheets;
- the rates of labour are in accordance with the appropriate rates;
- the materials have been checked as regards quantity, quality, and price;
- the charges for the use of vehicles, plant and machinery have been examined.

10.13 The Director of Finance may authorise advances on the imprest system for petty cash and other purposes as required. Individual payments must be restricted to the

amounts authorised by the Director of Finance and appropriate vouchers obtained and retained in accordance with the policy on culling and retention of documents.

- 10.14 NHS Borders officers responsible for commissioning self employed contractors (who were previously employees of the Board or other NHS bodies) must ensure that, subject to their delegated authority and before any work assignment is agreed, that evidence is obtained from the self employed contractor that confirms their status to ensure that NHS Borders is not held liable for Income Tax and National Insurance by the Inland Revenue. This evidence must be submitted to the Director of Finance.
- 10.15 Advance Payment for supplies, equipment or services shall not normally be permitted. Should exceptional circumstances arise, any proposal must be submitted to the Director of Finance at the earliest opportunity. The Director of Finance shall take appropriate advice in determining a course of action.
- 10.16 Advance payments to general medical practitioners and community pharmacists shall comply with the specific contractor NHS plans and regulations.
- 10.17 The budget holder is responsible for ensuring that all items due under a payment in advance contract are received and he must inform the Director of Finance or Chief Executive immediately problems are encountered.

SECTION 11

CONSTRUCTION INDUSTRY SCHEME

- 11.1 The scheme is to be administered in accordance with guidance supplied by HM Revenue and Customs, booklet CIS348.
- 11.2 In the event of any doubt, the Head of Finance will determine whether a payment should be made gross or net of deduction of tax and shall consult with HMRC, as necessary.
- 11.3 The Director of Finance is responsible for remitting to HMRC any tax deducted from payments made to sub-contractors. The Director of Finance must ensure that this is done in accordance with the timetable(s) set out in CIS348, as appropriate.

SECTION 12

PAYMENT OF SALARIES AND WAGES

- 12.1 Staff may be engaged or regraded only by authorised officers within the limit of the approved budget and establishment when agreed by the Chief Executive or other authorised officer.
- 12.2 The Remuneration Committee of the Staff Governance Committee will approve any changes to the remuneration, allowances and conditions of service of the Chief Executive and other Directors in accordance with the Code of Corporate Governance.
- 12.3 The Director of Finance is responsible for:

- specifying timetables for submission of properly authorised time records and other notifications;
 - ensuring the processing of payroll data;
 - making payment on agreed dates and
 - agreeing the method of staff payment.
- 12.4 The Director of Workforce shall be responsible for issuing contracts of employment and for dealing with variations to, or termination of, contracts of employment.
- 12.5 Each employee shall be issued with a contract which shall comply with current employment legislation and be in a form approved by the Board.
- 12.6 A signed copy of the engagement form and such other documents necessary for the payment of staff as they may require shall be sent to the Senior Accountant (Financial Accounting) immediately upon the employee commencing duty.
- 12.7 A termination of employment form and such other documents as they may require, for payment purposes, shall be submitted to the Senior Accountant (Financial Accounting) immediately upon the effective date of an employee's resignation, retirement or termination being known. Where an employee fails to report for duty in circumstances which suggest that he or she has left without notice, the Senior Accountant (Financial Accounting) shall be informed immediately.
- 12.8 A notification of change form shall be sent to the Senior Accountant (Financial Accounting) by the Director of Workforce immediately upon the effective date of any change in state of employment or personal circumstances of an employee being known.
- 12.9 Where the personnel and payroll systems are connected by an electronic interface the requirement for contract/engagement forms, termination of employment forms and notification of change forms to be sent to the Senior Accountant (Financial Accounting) may be altered to allow for such information to be transmitted by electronic means providing always that appropriate procedures for such transmissions are agreed by the Director of Finance.
- 12.10 All time records, staff returns and other pay records and notifications shall be in a form approved by the Director of Finance and shall be certified and submitted in accordance with his instructions. Where this information is transmitted by electronic means, appropriate procedures covering such transmissions require to be agreed by him or her.
- 12.11 Subject to the limits laid down in the Scheme of Delegation, all early retirements which result in additional costs being borne by the employer will be submitted to the Remuneration Committee. Authorisation of any payments will be in accordance with circular DL(2019)15 NHS Scotland Guidance on Settlement and Severance Arrangements.
- 12.12 The Director of Workforce and the Director of Finance shall be jointly responsible for ensuring that rates of pay and relevant conditions of service are in accordance with current agreements. The Chief Executive or the Remuneration Committee in appropriate circumstances, shall be responsible for the final determination of pay,

but subject to the statutory duty of the Director of Finance, who shall issue instructions regarding:

- Verification of documentation or data;
- The timetable for receipt and preparation of payroll data and the payment of staff;
- Maintenance of subsidiary records for Superannuation, Income Tax, National Insurance and other authorised deductions from pay;
- Security and confidentiality of payroll information in accordance with the principle of the Data Protection Act, 1984;
- Checks to be applied to completed payroll before and after payment;
- Authority to release payroll data to a Security firm, if applicable;
- Methods of payment available to various categories of staff;
- Procedures for payment of cheques, bank credits or cash to staff;
- Procedures for unclaimed wages which should not be returned to salaries and wages staff;
- Pay advances authorised in paragraph 12.16 and their recovery;
- Maintenance of regular and independent reconciliation of adequate control accounts;
- Separation of duties of preparing records and handling cash;
- A system to ensure the recovery from leavers of sums due by them; and
- A system to ensure recovery or write-off of payment of pay and allowances.

12.13 The Director of Finance or Director of Workforce shall have the right to request work rosters or any other supporting information to ensure that correct payments are made to staff.

12.14 The Remuneration Committee shall approve performance assessments and salary uplifts of the Chief Executive and all other Executive and Senior Management posts.

12.15 The Medical Director and Director of Workforce, acting together and with the agreement of the Chair of the Remuneration Committee, are given delegated authority to approve payments, in circumstances where recruitment has to be actioned urgently and requires agreement for expedience reasons. Where such approval is given, powers are delegated to the Director of Workforce to agree appropriate contractual arrangements. There is a requirement for such payments to be homologated at the following Remuneration Committee.

12.16 The Director of Finance shall ensure salaries and wages are paid on the currently agreed dates, but may vary these when necessary due to special circumstances (e.g. Christmas and other Bank Holidays). Payment to an individual shall not be made in advance of normal pay, except:-

- To cover a period of authorised leave involving absence on the normal pay day; or
- As authorised by the Chief Executive or Director of Finance to meet special circumstances and limited to the net pay due at the time of payment.

All employees shall be paid by bank credit transfer monthly unless otherwise agreed by the Director of Finance.

SECTION 13

TRAVEL, SUBSISTENCE AND OTHER ALLOWANCES

- 13.1 The Director of Finance shall ensure that all expense claims by employees of NHS Borders or outside parties are reimbursed in line with the relevant national pay agreements or otherwise approved within the authority of the Staff Governance Committee and that all such claims should be supported by receipts wherever possible. Removal expenses will be limited to £6,000, authority has been given to the Medical Staffing Officer to approve to a limit of £8,000 on an individual basis in exceptional circumstances following agreement of the Director of Workforce. Executive Director removal expenses must be approved by the Remuneration Committee.
- 13.2 All claims for payment of car allowances, subsistence allowances, travelling and incidental expenses will be submitted to the Director of Finance, duly certified in an approved form, and made up to a specified day of each month. The names of officers authorised to sign such records will be sent to the Head of Finance together with specimen signatures for manual authorisations and an approved list of officers with appropriate access control permissions for electronic authorisation and will be amended on the occasion of any change.
- 13.3 The Chair shall personally authorise all expense claims from the Chief Executive. The Chief Executive shall personally authorise all expense claims from the Executive Directors of the Board.
- 13.4 The Chair shall personally authorise all expense claims from Non-Executive Board Members. In the absence of the Chair, this duty shall be undertaken by the Chief Executive or Director of Finance.
- 13.5 The certification by or on behalf of the Director of a service, or Head of Department shall be taken to mean that the certifying officer is satisfied that the journeys were authorised, the expenses properly and necessarily incurred and that the allowances are properly payable by NHS Borders.
- 13.6 The Director of Finance shall issue additional guidance on the submission of expense claims, specifying the documentation to be used, the timescales to be adhered to and the required level of authorisation. The express approval of the Director of Finance or Head of Finance is required for claims which are signed by the claimant after three months of the month of claim. If approval is not given the claimant may submit a grievance in accordance with the appropriate grievance procedure.

SECTION 14

CONTRACTING AND PURCHASING

- 14.1 NHS Borders uses the Public Contracts Scotland portal for the purposes of tender of public contracts. A full audit trail of tenders are maintained within the portal.

- 14.2 The requisitioner shall seek to obtain best value through the application of Standing Orders and Standing Financial Instructions. In so doing, the advice of the appropriate procurement adviser (Procurement, Pharmacy, Estates or IM&T) should normally be followed. Where the requisitioner has sound evidence that this advice is inappropriate or that it is divergent from best professional practice, the Director of Finance or Chief Executive shall be consulted, whose decision shall be final.
- 14.3 Where national, regional or local contracts exist (including framework arrangements), use of these contracts is mandatory. Only in exceptional circumstances and with the authority of the Board's lead Procurement manager or Director of Finance, based on existing schemes of delegation, shall goods or services be ordered outwith such contracts. [CEL 05(2012)]
- 14.4 NHS Borders shall comply as far as is practicable with the Scottish Capital Investment Manual and other Scottish Government Health and Social Care Department guidance on contracting and purchasing.
- 14.5 NHS Borders will utilise the Public Contracts Scotland Portal for the advertisement of all procurement of goods and services, to the value of over £50K, which are not covered by local or national contracts.
- 14.6 European Union Procurement Directives shall have effect as if incorporated in these Standing Financial Instructions.
- 14.7 Orders must not be split or otherwise placed in a manner devised so as to avoid the financial thresholds.

Acceptance and Award by Chief Executive, etc

- 14.8 The Chief Executive as Accountable Officer is authorised to accept tenders and award contracts as per the Code of Corporate Governance, Section F, Reservation of Powers and Delegation of Authority.
- 14.9 The limits for delegation for the acceptance of tenders must be approved by the Board.

Waiver

- 14.10 Formal tendering procedures may be waived by officers to whom powers have been delegated by the Board or Chief Executive as detailed in the Code of Corporate Governance, Section F, Reservation of Powers and Delegation of Authority without reference to him or her, where:
- The estimated expenditure or income does not, or is not reasonably expected to, exceed £10,000 (including VAT suffered); or
 - Where the supply is proposed under special arrangements negotiated by the Scottish Government in which event the said special arrangements must be complied with.
 - The timescale genuinely precludes competitive tendering. Failure to plan the work properly is not a justification for single tender; or
 - Specialist expertise is required and is available from only one source; or

- The task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate or;
- There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering; or
- Where provided for in the Scottish Capital Investment Manual.

The exercise of this authority and reason for the decision made must be recorded in the waiver of tender register.

14.12 Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and reported by the delegated officers to the Board in a formal meeting and recorded in a register kept for that purpose.

Quotations

14.13 Quotations are required where formal tendering procedures are waived.

14.14 Where quotations are required they should be obtained from at least three firms/individuals based on specifications and / or statement of requirements prepared by, or on behalf of, NHS Borders.

14.15 Quotations should be in writing or by secure electronic means approved by the Chief Executive unless they determine that it is impractical to do so in which case quotations may be obtained by telephone/fax. Confirmation of telephone quotation should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record. 'Quick Quote' facility can be utilised as an alternative to the above, this facility is available on the Public Contracts Scotland Portal.

14.16 All quotations should be treated as confidential and should be retained for inspection in accordance with NHS Borders Records Retention Schedules.

14.17 The Chief Executive or nominated officer should evaluate the quotations and select the one which gives best value. If this is not the lowest then this fact and the reasons why the lowest quotation was not chosen should be in a permanent record and reported to the Director of Finance.

14.18 Non-competitive quotations in writing or by secure electronic means approved by the Chief Executive may be obtained for the following purposes with the recorded approval of the Director of Finance where:

- The supply of goods/services of a special character for which it is not, in the opinion of the Chief Executive or their nominated officer, possible or desirable to obtain competitive quotations;
- The goods/services are required urgently.

Single Tender

14.19 The limited application of the single tender rules should not be used to avoid competition or for administrative convenience or to award further work to an external consultant originally appointed through a competitive procedure.

Maintenance Measured Term Contracts

14.20 The Director of Finance and Head of Estates shall establish through competitive tendering, for each three year period an approved list of Maintenance Contractors.

- Works not exceeding a value of £10,000 (including VAT suffered) may be instructed from the maintenance contractors listed on a time and material basis;
- Works exceeding £10,000 (including VAT suffered) but not exceeding £25,000 (including VAT suffered) will be ordered on the basis of competitive tenders invited from the maintenance contractors listed or other approved contractors;
- All contractors either listed as maintenance contractors or approved contractors may be invited to tender for works in excess of £25,000 (including VAT suffered).

14.21 Where a project exceeds the threshold set out above, for reasons that could not be foreseen before the project commenced, then the justification for continuing to complete the project without going out to tender should be documented on file and be approved by the Director of Finance and Head of Estates unless the revised value exceeds £25,000 (including VAT suffered) in which case the authority of the Chief Executive is required.

Third Party Developer Schemes

14.23 Where an NHS Borders organisation procures accommodation through a Third Party Developer but in conjunction with General Medical Practitioners, the District Valuer independently determines the leased rent. The contract price in these instances will not be set through competitive tender.

14.24 Irrespective of the authority vested by 14.18 above, the supervising officer will seek to obtain best value through competition from approved jobbing contractors on NHS Borders's list. The supervising officer will ensure strict adherence to the NHS Borders jobbing contractor's conditions of service.

Official Orders

14.25 No goods, services or works other than works and services executed in accordance with a contract and purchases from petty cash shall be ordered except on an official order, whether hard copy or electronic, and contractors shall be notified that they should not accept orders unless on an official order form or processed via an approved secure electronic medium. Verbal orders shall be issued only by an officer designated by the Chief Executive and only in cases of emergency or urgent necessity. These shall be confirmed by an official order issued no later than the next working day and clearly marked 'Confirmation Order'. National and Local contracts should be used where available/appropriate.

14.26 Official orders shall be consecutively numbered, in a form approved by the Director of Finance and shall include such information concerning prices or costs as he may require. The order shall incorporate an obligation on the contractor to comply with

the conditions printed thereon as regards delivery, carriage, documentation, variations etc.

14.27 Manual requisition forms shall only be issued to and signed by officers authorised by the Chief Executive. Lists of authorised officers shall be maintained and a copy of such list supplied to the Director of Finance.

14.28 No order shall be issued for any item or items for which there is no budget provision or for which no funding has been provided under the delegated powers of virement, unless authorised by the respective Director of Finance on behalf of the Chief Executive. Members and officers must ensure that all contracts, leases, tenancy agreements and other commitments they enter into on behalf of NHS Borders for which a financial liability may result but without secured funding or budget provision are notified to the Director of Finance in advance of any commitment being made.

Purchases from Petty Cash

14.29 Purchases from Petty Cash will be restricted in value and by type of purchase and records maintained in accordance with instructions issued by the Director of Finance and shall not be placed in a manner devised to avoid the financial thresholds specified.

Trial and Lending

14.30 Goods e.g. medical equipment shall not be taken on trial or loan in circumstances that could obligate or compromise NHS Borders in a future procurement process.

14.31 Arrangements to trial or loan medical equipment should be as directed by the Head of Procurement in line with agreed process.

Management Consultants

14.32 Management Consultants are defined as always having two characteristics. Firstly they are engaged to work on specific projects that are regarded as outside the usual business of NHS Borders and there is an end-point of their involvement, and secondly the responsibility for the final outcome of the project largely rests with NHS Borders. Management Consulting is distinct from 'outsourcing' or 'staff substitution'.

14.33 Management Consultants should only be engaged after all other options have been explored. This should include an assessment of whether internal resources could be used instead. Documentary evidence, based on the assessment, should be recorded in the register to be held within Procurement, that benefit will accrue to NHS Borders. The officer responsible for seeking the engagement should carry out an assessment. Approval based on the outcome of the assessment, should be given by officers who have delegated authority to approve tenders, and the decision must be reported to the appropriate Committee.

14.34 The following guiding principles should be followed for the placing and controlling of all management consultancy assignments. These principles include the recommendations contained in the NHS Circular MEL(1994) 4, which advise health

bodies of the results of a review undertaken on the use of Management Consultants and sets out a course of action to be adopted.

- 14.35 In consideration of whether a particular Management Consultant should be accepted, officers shall have regard to whether the Management Consultants are capable of carrying out the assignment, whether value for money will be obtained and whether probity is demonstrated in awarding the contract and these decisions should be formally recorded, using the standard documentation devised for this purpose, in a register held within the Procurement Department.
- 14.36 Appointment of Management Consultants should be through use of National Framework Contract or by competitive tender, where no such Framework exists. Where it is likely that there will be successive assignments, these should also be subject to tender arrangements. It may be appropriate, for follow on assignments to appoint one management consultant under a call off arrangement and to carry out periodic systematic reviews, to be documented in the register held within the Procurement Department, of such contracts, to ensure they are not self perpetuating, thus losing the benefit of commercial competition. To avoid self perpetuation, a clear contract duration with clear contract deliverability or financial cap must be specified.
- 14.37 It is recognised that tender action is not always appropriate. In this event, formal tendering procedures may be waived by officers to whom powers have been delegated by the Chief Executive as detailed within Section F, Reservation of Powers and Delegation of Authority of the Code of Corporate Governance.
- 14.38 Assignments should be made by entering into a contract and not simply by letter. NHS Scotland standard Terms & Conditions of Contract should be used where possible. Variation from standard terms and conditions should be discussed with and approved by the Procurement Steering Group. The agreement should explicitly cover the payment of expenses and place a limit on the amount payable. Receipted invoices should always be provided to support claims for expenses, to ensure that the expenditure has been incurred.
- 14.39 At conclusion of an engagement, an overall review and evaluation for all projects more than £25,000 (inclusive of VAT), should be carried out, as formal records of the Management Consultant's effectiveness, by the officer responsible for engaging the Management Consultant, and recorded in the register held within the Procurement Department. Specific issues to be addressed in any review should be:
- Was the work completed on time
 - Were costs contained within the contracted figure
 - Did the consultants carry out all their contractual obligations
 - Were the terms of reference discharged
 - How did the consultants key people perform
 - Were effective and realistic solutions proposed
 - Did the engagement represent value for money
- 14.40 The outcome of the review and evaluation must be reported to the same Committee as the initial assessment was reported to. The degree of record keeping will vary depending on the materiality of the contract.

14.41 It should be noted that Professional Adviser fees are exempt from the process contained in sections 14.32 to 14.38 above. Professional Advisers are defined as having two characteristics. Firstly they are engaged on work that is an extended arm of the work done in-house and secondly they provide an independent check. Examples include professional advice on the treatment of VAT, work carried out in relation to ratings revaluations/appeals. Professional Advisers fees relating to capital projects such as architects, quantity surveyors, structural engineers etc. are also exempt from this process.

Property Advisers

14.42 The Scottish Government Health Department Property Transaction Manual 2000 states that all external professional advisers, including Property Advisers, Independent Valuers and other valuers or consultants if engaged, should be appointed by competitive tender unless the fees for the work are estimated at less than £1,000 when fee negotiation may be adopted. The Valuation Office Agency offers a valuation service and may be included in the list of those invited to tender for this work.

Invitation to Tender

14.43 NHS Borders shall ensure, through utilisation of the Public Contracts Scotland Portal and pre qualification questionnaires (PQQ), the appropriate selection of prospective tenders. The short listed invitees would normally consist of six, and in no case less than three, firms/individuals, having regard to their capacity determined through PQQ utilisation to supply the goods or materials or to undertake the services or works required.

14.44 NHS Borders shall ensure that tenders will be invited following the process of contract advertisement within the Public Contracts Scotland Portal, or through Frameworks Scotland or 'hub' South East Scotland Territory Partnering Agreement.

Contracts

14.45 NHS Borders may only enter into contracts within their statutory powers and shall comply with:

- Standing Orders;
- Standing Financial Instructions;
- EU Directives and other statutory provisions;
- Any relevant directions including the Scottish Capital Investment Manual and guidance on the Use of Management Consultants;
- Such of the NHS Standard Contract Conditions as are applicable.

14.46 Where specific contract conditions are considered necessary by the lead officer appointed by the Chief Executive or Director of Finance or by the Project Team/Board, where appropriate, advice shall be sought from suitably qualified persons. Where this advice is deemed to be legal advice, this must be sought from the Central Legal Office.

14.47 Where appropriate, contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.

14.48 In all contracts made by NHS Borders, Members and officers shall endeavour to obtain best value. The Chief Executive or Director of Finance shall formally nominate an officer who shall oversee and manage each contract.

14.49 All contracts entered into shall contain standard clauses empowering NHS Borders to:

- Cancel the contract and recover all losses in full where a company or their representative has offered, given or agreed to give, any inducement to staff or officials;
- Recover all losses in full or enforce specific performance where goods or services are not delivered in line with contract terms.

14.50 The Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts JCT, Frameworks Scotland NEC3, 'hub' and property transactions comply with the guidance contained within the current version of the NHS Scotland Property Transactions Handbook and the Scottish Capital Investment Manual - SCIM. The technical audit of these contracts shall be the responsibility of the relevant Director.

14.51 Contracts shall be executed on behalf of the Board as follows:-

- A contract which is executed in the form of an attested deed (a clause at the end of a document, which sets forth the legal requirements the document must satisfy, states that those requirements have been met, and is signed by one or more witnesses) shall be subscribed on behalf of the Board by the Chair or Vice-Chair and Chief Executive and the Common Seal shall be affixed to it where required.
- A contract in writing, but not in deed form, shall be executed on behalf of the Board by the Chief Executive or other officer acting on their authority.
- A contract which may be validly made verbally may be made on behalf of the Board by the Chief Executive or other officer acting on their authority, but shall be confirmed in writing.
- A building, engineering property or capital contract should be signed by the Chief Executive or other officer acting on their authority.
- Any document required to be completed on behalf of the Board in connection with legal proceedings, including the acquisition and disposal of property, shall be signed in accordance with Ministerial direction.

Acceptance of Financial Assistance, Gifts and Hospitality, and Declaration of Interests

14.52 The principles relating to the acceptance of financial assistance, gifts and hospitality from commercial sources and declaration of interest are stated in Section C, Standards of Business Conduct for NHS Staff, of the Code of Corporate Governance.

14.53 Where the maintenance of a register is referred to for recording interests in contracts or receipt of gifts/inducements, a register will be maintained by the Board Secretary.

- 14.54 No order shall be issued for any item or items, for which an offer of gifts (other than low cost items, e.g. calendars, diaries, pens and like value items) or hospitality has been received, from the person interested in supplying goods or services. Any officer receiving such an offer shall notify his line manager as soon as is practicable.
- 14.55 Visits at supplier's expense to inspect equipment, etc. should only be undertaken in exceptional circumstances and must have the prior written approval of the Chief Executive.

SECTION 15

STORES

- 15.1 Subject to the responsibility of the Director of Finance for the systems of control, the overall control of stores, except for pharmaceutical stocks, shall be the responsibility of designated officers. The day to day management may be delegated to departmental officers and Stores Manager/Keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of pharmaceutical stocks shall be the responsibility of the Director of Pharmacy.
- 15.2 The responsibility for security arrangements and the custody of keys for all stores' locations shall be clearly defined in writing by the Head of Estates/Director of Pharmacy and the designated officer referred to in the above clause in the case of the Board. Wherever practicable, stocks shall be marked as health service property.
- 15.3 All stores records shall be in such form and shall comply with such system of control as the Director of Finance shall approve.
- 15.4 All goods received shall be checked as regards quantity and/or weight and inspected as to quality and specifications. A delivery note shall be obtained from the supplier at the time of delivery and shall be manually signed or receipt acknowledged electronically by the person receiving the goods. Instructions shall be issued to staff covering the procedure to be adopted in those cases where a delivery note is not available. Particulars of all goods received shall be entered on a goods received record or input to computer file on the day of receipt. Where goods received are seen to be unsatisfactory or short on delivery they shall be accepted only on the authority of the designated Procurement/Pharmaceutical Officer and the supplier shall be notified immediately.
- 15.5 The issue of stores shall be supported by an authorised requisition and a receipt for stores issued shall be given to the Procurement/Pharmaceutical Department, independent of the Storekeeper. Where a 'topping-up' system is used, a record shall be maintained in a form approved by the Director of Finance (such a form may be electronic in place of paper). Regular comparisons shall be made of the quantities issued to wards/departments, etc and explanations recorded of significant variations.

- 15.6 Requisitions whether for stock or non-stock items may be transmitted electronically and not held in paper form providing always that appropriate procedures for such transmissions are agreed by the Director of Finance.
- 15.7 All transfers and returns shall be recorded on forms provided for the purpose and approved by the Director of Finance.
- 15.8 Breakages and other losses of goods in stores shall be recorded as they occur, and a summary shall be presented to the Director of Finance at regular intervals. Tolerance limits shall be established for all stores subject to unavoidable loss, e.g. shrinkage in the case of certain foodstuffs and natural deterioration of certain goods.
- 15.9 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least one other officer other than the Storekeeper and the Director of Finance shall have the right to attend, or be represented at their discretion. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check. Any surplus or deficiency revealed on stocktaking shall be reported immediately to the Director of Finance and they may investigate as necessary. Any known losses of stock items not under the control of the procurement department shall be reported to the Director of Finance.
- 15.10 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.
- 15.11 The designated Officers/Pharmaceutical Officer shall be responsible for a system approved by the Director of Finance for a review of slow-moving and obsolete items for condemnation, disposal, and replacement of all unserviceable articles. The designated Procurement/Pharmaceutical Officer shall report to their Chief Executive any evidence of significant overstocking and of any negligence or malpractice (see also Section 23 Capital and Fixed Assets).
- 15.12 Instructions for stock-take and basis of valuation will be issued at least once per year by the Director of Finance where appropriate.

SECTION 16

LOSSES AND SPECIAL PAYMENTS

- 16.1 Any officer discovering or suspecting a loss of any kind must inform their head of department, who must immediately inform the Director of Finance. Where a criminal offence is suspected, the Counter Fraud Policy and Action Plan must be applied.
- 16.2 The Director of Finance shall maintain a losses and compensation register in which details of all losses shall be recorded as they are known. Write-off action shall be recorded against each entry in the register. Payments in satisfaction of claims settled out of court are sometimes described as ex-gratia for legal purposes. These should not be noted in the losses statement.

- 16.3 Losses are classified in accordance with SFR 18.1 'Details of Losses and Special Payments' issued by the Scottish Government Health and Social Care Department in the NHS Board's Accounts Manual for Accounts.
- 16.4 In accordance with Section F, Reservation of Powers and Delegation of Authority of the Code of Corporate Governance, the Chief Executive may, acting together with the Director of Finance or any officer, approve the writing-off of losses within the limits delegated to the Board by the Scottish Government Health and Social Care Department.
- 16.5 The exercise of powers of delegation in respect of losses and special payments will be subject to the submission of an annual report to the Audit Committee identifying which powers have been exercised and the amount involved.
- 16.6 The Board shall formally annually approve any losses and compensation payments when approving the statutory Annual Accounts.
- 16.8 The Director of Finance shall be authorised to take any necessary steps to safeguard the interests of the Board in bankruptcies and company liquidations.
- 16.9 All articles surplus to requirements or unserviceable shall be condemned or otherwise disposed of by an officer authorised for that purpose by the Director of Finance.
- 16.10 The condemning officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance and Chief Executive, who shall take the appropriate action.

SECTION 17

ENDOWMENT FUNDS

- 17.1 Endowment (or non-exchequer) Funds are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the National Health Service, the objects of which are for the benefit of the National Health Service in Scotland. They are administered by the Board acting as trustees. An Endowment Fund Board of Trustees will be responsible for the management of the Board's Endowments Funds.
- 17.2 The foregoing sections of these Standing Financial Instructions shall apply to the Endowment Funds of the Board, except that expenditure from Endowment Funds shall be restricted to the purposes of the appropriate Fund and made only with the approval of the respective Trustees.
- 17.3 By virtue of their appointment by Scottish Ministers, Executive and Non-executive Members of NHS Borders Board are "ex officio" Trustees of NHS Borders Endowment Fund. By virtue of their appointment, the Chair of NHS Borders is also appointed Chair of the Board of Endowment Fund Trustees. The Vice Chair shall be elected by the Trustees.
- The Trustees have specific responsibilities:

- Acting together and individually with all other Trustees;
- Control cannot be delegated to staff or fund managers;
- Must have an understanding of ideals and purposes of the Endowment Fund;
- Cannot carry out activities beyond the remit within the appropriate legislation;
- Money can only be spent for charitable purposes within the remit of the charity or the purposes of a restricted fund;
- Transactions entered into by Trustees, which although legal but are outwith the Charity's objectives and are deemed to be 'ultra vires', and could lead to the Trustees being personally liable for any loss incurred by the Endowment Fund.

17.4 The quorum for the Endowment Fund Board of Trustees meetings is one-third of the whole number of members, of which at least two must be Non Executive members of Borders NHS Board. Meetings of the Board of Trustees shall be held not less than four times per annum. In the absence of the Chair, the Vice Chair shall preside. In the absence of both the Chair and the Vice Chair, the Trustees shall nominate a Chair for the meeting.

17.5 The remit of the Board of Trustees is:

- Agree Scheme of Delegation for the Endowment Fund.
- Agree Delegated Limits.
- Agree the Cash Policy which details a level of £300k max in each of the operational commercial bank accounts.
- Consider expenditure proposals based on recommendations from the Endowment Advisory Group
- Consider fund raising proposals as recommended by the Fundraising Officer.
- Ensure that funds received for specific purposes are used in accordance with the expressed wishes of the legator or donor so far as is reasonably practical
- Appoint an Investment Advisor to the Fund and review their performance over the agreed contract period
- Determine the investment policy, taking cognisance of the capital value necessary to generate the required level of income and monitor the performance of the investments within that policy on a regular basis
- Taking account of advice from the Investment Advisor, authorise investment / disinvestment decisions. Investments to be reviewed with the Investment Advisor not less than twice per annum
- Appoint an Auditor to the Endowment Fund

17.6 Under the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 the Trustees have a responsibility to:-

- Provide on request an up to date annual report and set of accounts in a form and content consistent with the requirements of the Act;
- Control and manage the finances of the Endowment Fund, ensure proper accounts are kept as required by Statute, regulations and reported in a form prescribed as best practice in the Statement of Recommended Practice - SORP;
- Control the investment policy and monitor the performance of the investments within that policy on a regular basis;

- Prepare an annual statement of accounts comprising an Income and Expenditure Statement, Balance Sheet and Cash Flow Statement, together with additional information by way of notes all consistent with the requirements laid down under SORP;
 - The annual statement of accounts must be approved by the Trustees and signed by one of their members on their behalf and as authorised by them.
- 17.7 The Director of Finance shall ensure that annual accounts are prepared as soon as possible after the year end and in accordance with the Charities (Scotland) Act 1992, and that proper arrangements are made for these to be subject to audit by a separately appointed External Auditor.
- 17.8 The Director of Finance shall maintain such accounts and records as may be necessary to record and protect all transactions and funds of the Trustees as Trustees of Endowment Funds, including an Investments Register consistent with the current statutory requirements (Law Reform (Miscellaneous Provision) (Scotland) Act 1990).
- 17.9 All share and stock certificates and property deeds shall be deposited either with the Trustee's Board's Bankers or Investment Advisers, or in a safe, or a compartment within a safe, to which only a designated responsible officer will have access.
- 17.10 The ownership of all shares and stock certificates, if managed by a commercial concern, shall be periodically verified by the auditors appointed by the Trustees.
- 17.11 All gifts, donations and proceeds of fundraising activities which are intended for Endowment Funds shall be handed immediately to the Director of Finance or an officer nominated by him or her for the purpose, to be banked directly into the appropriate Endowment Fund, subject to the local use of smaller amounts as agreed from time to time.
- 17.12 All gifts accepted shall be received and held in the name of appropriate Trustees and administered in accordance with the Trustees' policy, subject to the terms of specific Funds.
- 17.13 As Trustees may accept gifts for specific and non-specific purposes relating to the Health Service, officers shall, in cases of doubt or where there are material revenue expenditure consequences, consult the Director of Finance before accepting any gifts.
- 17.14 The Director of Finance shall be required to advise the appropriate Trustees on the financial implications of any proposal for fundraising activities which the Board may initiate, sponsor or approve under the guidance contained in Circular No 1981 (GEN) 34.
- 17.15 The Director of Finance shall be kept informed of all enquiries regarding legacies and shall keep an appropriate record. After the death of a testator, all correspondence concerning a legacy shall be dealt with on behalf of the appropriate Trustees by the Director of Finance who alone shall be empowered to give an executor a good discharge.

- 17.16 Where it becomes necessary for the Trustees to obtain a grant of probate, or to make an application for Confirmation of Executor in order to obtain a legacy due to the Trustees under the terms of a will, the Director of Finance shall be the Trustees' nominee for the purpose.
- 17.17 Non-Exchequer Funds shall be invested by the Director of Finance in accordance with Board policy and subject to statutory requirements. The Director of Finance shall have authority to obtain professional advice on investments.
- 17.18 The Endowment Fund Board of Trustees is required to review its Terms of Reference on an annual basis.

SECTION 18

PRIMARY CARE CONTRACTORS

- 18.1 In line with Scottish Government arrangements, the Practitioner Services Division (PSD) of National Services Scotland is the payment agency for all Family Health Services (FHS) contractor payments:-
- Primary Medical Services;
 - Prescribing;
 - General Dental Services
 - General Pharmaceutical Services
 - General Ophthalmic Services
- 18.2 The Director of Finance shall conclude a 'Service Level Agreement' with the PSD covering administration of primary care contractors, payment validation, monitoring and reporting and the provision of an payment verification process conducted by National Services Scotland.
- 18.3 The manager nominated as a Contracts Manager will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received will be dealt with equitably, within any time limits laid down in the contractors' NHS Terms and Conditions of Service.
- 18.4 The manager nominated as a Contracts Manager will:-
- Ensure that lists of all Primary Care contractors, are maintained and kept up to date; and
 - Ensure that systems are in place to deal with applications, resignations, inspection of premises, etc, within the appropriate contractor's terms and conditions of service.
- 18.5 The Director of Finance shall ensure that National Services Scotland systems are in place to provide assurance that:
- Only contractors who are included on the Board's approved lists receive payments;
 - All valid contractors' claims are paid correctly, and are supported by the appropriate documentation and authorisations;

- All payments to third parties are notified to the General Practice Independent Contractors on whose behalf payments are made;
- Ensure that regular independent post payment verification of claims is undertaken to confirm that:
 - Rules have been correctly and consistently applied;
 - Overpayments are prevented wherever possible; if, however, overpayments are detected, recovery measures are initiated;
 - Fraud is detected and instances of actual and potential fraud are followed up.
- Exceptionally high/low payments are brought to his/her attention;
- Payments made on behalf of the Board by National Services Scotland are pre-authorised;
- Payments made by National Services Scotland are reconciled with the cash draw-down reported by the Scottish Government to Health Boards.

18.6 The Director of Finance shall issue operating procedures to cover all payments made by National Services Scotland (both payments made directly and payments made on behalf of the Board).

18.7 Payments made to all Primary Care independent contractors and community pharmacists shall comply with their appropriate contractor regulations.

SECTION 19

DELEGATION OF FUNCTIONS AND THE PROVISION OF RESOURCES BY BORDERS HEALTH BOARD TO THE HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD (IJB)

19.1 Under the Joint Working Act 2014 Borders Health Board is required to delegate adult health functions and provide resources for those delegated functions to the Integrated Joint Board with effect from 1st April 2016.

19.2 Full details on arrangements linked to the IJB are covered in Section D, Health and Social Care Integration – Integration Joint Board of the Board’s Code of Corporate Governance.

19.3 The IJB is delegated functions and provided with resources for the functions delegated to it by Borders Health Board and Scottish Borders Council. Details of the arrangements in place to demonstrate the IJB’s financial governance framework are detailed in the IJB Financial Regulations.

19.4 Borders Health Board has agreed the financial governance framework it will have in place to delegate functions to the IJB

19.5 The IJB will have oversight on the delivery of services it commissions from NHS Borders ensuring that the outcomes detailed in the strategic plan are delivered.

SECTION 20

PATIENTS’ FUNDS AND PROPERTY

20.1 NHS Borders has the responsibility (NHS Circular 1976 (GEN) 68), and the Adults with Incapacity (Scotland) 2000 Act (Part 4) to provide safe custody for money and personal property (thereafter referred to as 'property') which is:

- Handed in by a patient;
- In the possession of an unconscious or confused patient;
- In possession of a patient dying in hospital or dead on arrival;
- Managed on behalf of an incapable patient.

20.2 The Chief Executive shall be responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- notices and information booklets;
- hospital admission documentation and property records;
- the oral advice of administrative and nursing staff responsible for admissions;

that the Board will not accept responsibility or liability for patients' monies and personal property brought into the Board's premises, unless it is handed in for safe custody and a copy of an official patient's property record is obtained as a receipt.

20.3 The Director of Finance shall provide written procedures for all staff whose duty it is to administer the property. This shall include instructions for accepting, recording, safekeeping, continuing management and disposal of (both discharge and death of a patient) the property.

20.4 Interest bearing bank account(s) shall be opened, under arrangement of the Director of Finance solely for the management of patients' funds.

20.5 In summary, the procedure shall require:-

- Patients, relatives, carers and guardians, as appropriate, to be informed before or at any time of the patient's admission, that the Board shall not take responsibility or liability for property brought to the Board's premises unless it is handed in for safe keeping and an official receipt obtained. This will be done by:
 - Notices and leaflets;
 - Hospital admission documents;
 - Verbal advice of administrative and nursing staff.
- Systems for:
 - Collection and banking of funds, pension and other income belonging to patients;
 - For paying to patients' pocket money, or paying creditors on their behalf ;
 - Recording intrusions on behalf of patients;
 - Recording, holding and maintaining where appropriate, patients' property;
 - To ensure patients' pension and allowances are dealt with in accordance with NHS Circular 1981 (GEN) 42 and the Social Security Contributions and Benefits Act 1992;
 - Returning to the patient their money and property on discharge;
 - Disposal of a deceased patient's estate;
 - Reporting financial information (Form 19).

- Compliance with the Adults with Incapacity (Scotland) Act (Part 4) (thereafter referred to as the 'Act'). The procedure shall include instruction to Authorised Managers of their roles under the Act:
 - Principles of intervention;
 - Method of intervention;
 - What can and cannot be managed;
 - Authority limits;
 - Record keeping and reporting;
 - Use of patients' funds;
 - Sale of assets;
 - Reviewing and revoking certificates;
 - Variation of authority;
 - Supervisory body requirements.

20.6 The Director of Finance shall prepare an abstract of receipts and payments of patients' private funds in the form laid down in the Manual for Accounts. This abstract shall be audited independently and presented to the Audit Committee annually, with the auditor in attendance at the meeting.

SECTION 21

AUDIT

21.1 In accordance with Standing Orders, the Board shall formally establish an Audit Committee, with clearly defined terms of reference, which will consider:-

- Internal Control and Corporate Governance;
- Internal Audit;
- External Audit;
- Code of Corporate Governance;
- Accounting Policies;
- Annual Accounts (including the schedules of losses and compensations);
- Risk Management;
- Information Governance;
- Counter Fraud.

21.2 Where the Audit Committee feels there is evidence of ultra vires, i.e. illegal or unauthorised transactions, evidence of improper acts, or if there are other important matters that the Committee wish to raise, the Chair of the Audit Committee should refer the matter to a full meeting of the Borders NHS Board. Exceptionally, the matter may need to be referred to the Scottish Government Health & Social Care Department.

21.3 It is the responsibility of the Audit Committee to regularly review the operational effectiveness of the internal audit service. The Audit Committee shall be involved in the selection process when an internal audit service provider is changed.

21.4 The Director of Finance shall be notified immediately whenever any matter arises which involves, or is thought to involve, irregularities involving cash, stores, other property of the Board, or any suspected irregularity in the exercise of any function of a financial nature, and at his discretion, normally through the Fraud Liaison Officer,

shall participate in the investigation of cases of fraud, misappropriation or other irregularities in accordance with the Counter Fraud Policy and Action Plan.

21.5 The Chief Executive is responsible for:

- Ensuring arrangements are adequate to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function (in accordance with Government Internal Audit Standards and the Audit Committee Handbook);
- Ensuring that the Chief Internal Auditor prepares the following plans for approval by the Audit Committee:
 - Strategic audit plan covering the coming three years;
 - A detailed operational plan for the coming year.
- Designating an officer as the Fraud Liaison Officer to work with NHS Scotland Counter Fraud Services and co-ordinate the reporting of frauds and thefts.

21.6 Ensuring that an annual internal audit report is prepared by the Chief Internal Auditor, in accordance with the timetable laid down by the Audit Committee, for the consideration of the Audit Committee and the Board. The report must cover:

- A clear statement on the effectiveness of internal control;
- Major internal control weakness discovered;
- Internal control evaluation;
- Progress against plan over the previous year.

21.7 The Director of Finance is entitled without necessarily giving prior notice to require and receive:

- Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- Access at all reasonable time to any land, premises or employee of each organisation;
- The production of any cash, stores or other property of each organisation under an employee's control; and
- Explanations concerning any matter under investigation.

21.8 The Chief Internal Auditor, as required, will produce interim reports for the Audit Committee, which contain details of work completed, recommendations made and the response of managers to these recommendations.

Role of Internal Audit

21.9 The purpose of Internal Audit is to provide an objective evaluation and opinion on the adequacy and effectiveness of governance, risk management and control. The role of Internal Audit and scope of activities are as set out in the Government Internal Audit Standards, including Internal Audit's assurance role and consulting services.

21.10 Internal Audit operates in accordance with the Definition of Internal Auditing, Code of Ethics and Standards set out in the Government Internal Audit Standards. Any

deviations from the standards will be reported to the Audit Committee, and significant deviations will be considered for inclusion in the Statement on Internal Control.

21.11 The Chief Internal Auditor's reporting line is to the Chief Executive. However, the Chief Internal Auditor has direct access and freedom to report to the Audit Committee, Chairman and the Board. Within this right, the Chief Internal Auditor has freedom to meet in private with the Chairperson of the Audit Committee.

21.12 Internal Audit has the right to determine audit scopes, perform work and issue reports free from interference. In particular, Internal Audit has the right to issue reports without necessarily obtaining agreement or approval from directors or operational managers.

21.13 Internal Audit is entitled without necessarily giving prior notice to require and receive:

- (a) access to all records, documents, correspondence or information relating to any transactions or matters, including documents of a confidential nature;
- (b) access at all reasonable times to any land, premises or employee of the health board;
- (c) the production of any cash, stores or other property of the health board under an employee's control; and
- (d) explanations concerning any matter under investigation.

21.14 The Audit Committee appoint the organisation to deliver Internal Audit services to the Board.

21.15 The Chief Internal Auditor is responsible for appointing members of the Internal Audit team, in line with the agreed contract. The Chief Internal Auditor will appoint candidates to maintain appropriate professionalism, skills and experience to deliver Internal Audit's assurance and consulting services.

21.16 The Chief Internal Auditor will normally attend Audit Committee meetings.

21.17 The Chief Internal Auditor shall prepare risk-based audit plans for approval by the Audit Committee. Unless otherwise agreed by the Audit Committee, audit plans will comprise:

- (i) a detailed annual audit plan for the forthcoming year; and
- (ii) outline audit plans covering the two years thereafter.

21.18 In addition to standard audit reports, the Chief Internal Auditor shall prepare an annual report to be considered by the Audit Committee. The annual report will confirm whether:

- (i) adequate and effective internal controls were in place throughout the year;
- (ii) the Chief Executive as Accountable Officer has implemented a governance framework sufficient to discharge the responsibilities of this role; and

(iii) the internal audit plan has been delivered in line with the Government Internal Audit Standards.

21.19 Directors and operational managers are required to respond fully to draft audit reports within two weeks of the issue date. Responses should be presented either in writing or during a close-out meeting with Internal Audit. If an appropriate response is not received, Internal Audit can deem the draft audit report and management actions as being fully accepted.

21.20 Directors and operational managers must address issues raised in audit reports by the agreed target dates. There will be a process for follow-up on the completion of management actions, and the provision of completed reports to the Audit Committee. Failure by directors or managers to complete agreed actions on time shall be reported by Finance to the Audit Committee.

21.21 In addition to the appropriate directors and operational managers, Internal Audit will issue copies of final audit reports to the board's external auditors.

External Audit

21.22 The External Auditor is concerned with providing an independent assurance of each organisation's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of the Board rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000.

21.23 The appointed auditor has a general duty to satisfy himself that:

- The organisation's accounts have been properly prepared in accordance with directions given under the Public Finance and Accountability (Scotland) Act 2000;
- Proper accounting practices have been observed in the preparation of the accounts;
- The organisation has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.

21.24 In addition to these responsibilities, Audit Scotland's Code of Audit Practice requires the appointed auditor to consider:

- Whether the statement of accounts presents a true and fair view of the financial position of the organisation.

21.25 The Audit Committee provides a forum through which Non-Executive Members can secure an independent view of any major activity within the appointed auditor's remit. The Audit committee has a responsibility to ensure that NHS Borders receives a cost-effective service and that co-operation with senior managers and Internal Audit is appropriate.

SECTION 22

INFORMATION MANAGEMENT AND TECHNOLOGY

- 22.1 The Director of Finance shall be responsible for the accuracy and security of the financial data of the Board.
- 22.2 The Director of Finance shall devise and implement any necessary procedures to protect the Board and individuals from inappropriate use or misuse of any financial or other information held on computer files for which they have responsibility and shall take account of the provisions of the current Data Protection legislation.
- 22.3 The Director of Finance shall satisfy themselves that such computer audit checks and reviews as they may consider necessary, are being carried out.
- 22.4 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by an organisation outwith NHS Borders, assurances of adequacy will be obtained from them prior to implementation.
- 22.5 The Director of Finance shall ensure that contracts or agreements for computer services for financial applications with the Board or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing and storage. The contract or agreement should also ensure rights of access for audit purposes.
- 22.6 Where the Board or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.
- 22.7 Where computer systems have an impact on corporate financial systems the Director of Finance shall ensure that:
- Systems acquisition, development and maintenance are in line with corporate policies such as an Information Management and Technology Strategy;
 - Data produced for use with financial systems is adequate, accurate, complete and timely and that a management (audit) trail exists;
 - The Director of Finance staff have access to such data
- 22.8 The Director of Finance shall ensure that any information system that they have responsibility for is recorded in the Board's Information Asset Register.
- 22.9 The Chief Executive shall arrange to draw up business continuity plans to ensure minimal disruption to business operations in the event of an interruption in the operation of Board IM&T systems.

SECTION 23

CAPITAL AND FIXED ASSETS

- 23.1 The Chief Executive shall ensure that

- There is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon the financial plans for each organisation.
- Capital investment, whether public or private, is consistent with an approved Property and Asset Management Strategy, and supportive of the Annual Operational Plan.
- All stages of capital schemes are managed and shall institute procedures to ensure that schemes are delivered on time and to cost.
- Appropriate project management and control arrangements are in place.

23.2 The Director of Finance shall ensure that every capital expenditure proposal meets the following criteria:

- Complies with delegated authority for capital investment issued by Scottish Government Health and Social Care Department;
- Potential benefits have been evaluated and compared with known costs;
- Potential purchasing authorities should be able and (as far as can be ascertained) willing to meet cost consequences of the development as reflected in prices; and
- Complies with the guidance in the NHS in Scotland Scottish Government Scottish Capital Investment Manual including appropriate option appraisal and business case preparation.

23.4 The Director of Finance shall maintain a system for assessing whether leases or any NPD contracts should be accounted for as on or off balance sheet in the context of SSAP21, IFRS17 and any other relevant guidance advice received.

23.5 Refinancing of any NPD projects may be undertaken, however, guidance issued by the Scottish Government in June 2006 must be followed in order to facilitate appropriate Scottish Government approval. Refinancing is often undertaken once a NPD project has been completed and it is essentially the substitution of new debt on more attractive terms.

23.6 In the case of large capital schemes a system shall be established for progressing the scheme and authorising necessary payments up to completion. The Director of Finance shall ensure that provision is made for regular reporting of actual expenditure against authorisation of capital expenditure.

23.7 It is mandatory that Post Project Evaluation be carried out at the completion of all capital projects in excess of £250,000

23.8 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Where land and property is disposed of, the requirements set out in the NHS Scotland Property Transactions Handbook, together with any subsequent amendments, shall be followed.

23.9 There is a requirement to achieve best value when disposing of assets belonging to NHS Borders. Competitive tendering should normally be undertaken in line with the requirements of each organisation's tendering procedure.

23.10 Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- Any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or their nominated officer;
- Obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Board;
- Items to be disposed of with an estimated sale value of less than £5,000, this figure to be reviewed annually
- Capital expenditure purchases which fall into the following categories should be included as fixed assets:
 - Intangible assets such as computer software licence which can be valued and are capable of being used within NHS activities for more than one year and have a replacement cost equal to or greater than £5,000;
 - Tangible assets which are capable of being used for a period of which could exceed one year and have a cost equal to or greater than £5,000;
 - Assets of lesser value than £5,000 which may be included as fixed assets where they form part of a networked computer system purchased at approximately the same time and cost over £5,000 in total, or where they are part of the initial cost of equipping a new development and total over £5,000.
- Items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- Land or buildings concerning which Scottish Office Guidance has been issued but subject to compliance with such guidance.

23.11 Managers must ensure that:

- All assets are to be disposed of in accordance with MEL (1196) 7 'Sale of Surplus and Obsolete Goods and Equipment';
- The Director of Finance is notified of the disposal of any fixed assets;
- All proceeds from the disposal of fixed assets are notified to the Director of Finance.

23.12 The overall control of fixed assets shall be the responsibility of the Chief Executive, advised by the Director of Finance.

23.13 The Board shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Capital Accounting Manual (Section 10) as issued by the Scottish Government Health & Social Care Department.

23.14 The organisation shall maintain a register of any assets held under operating leases or Private Finance Initiative contracts.

23.15 The Director of Finance shall approve fixed asset control procedures. This procedure shall make provision for:

- Recording managerial responsibility for each asset;
- Identification of additions and disposals and transfers between departments;
- Identification of all repairs and maintenance expenses;

- Physical security of assets;
- Periodic (at least annual) verification of the existence of, condition of and title to assets recorded;
- Identification and reporting of all costs associated with the retention of an asset.

23.16 Additions to fixed asset registers must be clearly attributed to an appropriate asset holder and be validated by reference to:

- Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- Stores requisitions for own materials and wages records for labour including appropriate overheads;
- Lease agreements in respect of assets held under a finance lease and capitalised.

23.17 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

23.18 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance.

23.19 The value of each asset shall be indexed to current values in accordance with methods specified in the Scottish Capital Investment Manual.

23.20 The value of each asset shall be depreciated using methods and rates as specified in the Scottish Capital Investment Manual.

23.21 The Director of Finance shall approve procedures for the calculation of capital charges as specified in the Scottish Capital Investment Manual.

SECTION 24

RISK MANAGEMENT AND INSURANCE

24.1 The Chief Executive shall ensure that NHS Borders has a programme of risk management that will be approved and monitored by the Board. The programme of risk management shall include, amongst other things

- A process for identifying and quantifying risks and potential liabilities;
- Fostering among all levels of staff a positive attitude to the control of risk;
- The implementation of a programme of risk training;
- Management processes to ensure that all significant risks and potential liabilities are addressed, including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- The maintenance of an organisation-wide risk register;
- Contingency plans to offset the impact of adverse events;
- Audit arrangements, including internal audit, clinical audit, health and safety review;
-

24.2 The existence, integration and evaluation of the above elements will provide a basis for the Clinical Executive to make a statement to the Audit Committee of the Board on the effectiveness of risk management arrangements in the organisation.

24.3 In the case of Partnership Working with other agencies, the NHS Borders risk management framework will be shared to identify and quantify the individual risks, particularly where responsibility cannot be assigned to an individual partner.

SECTION 25

FINANCIAL IRREGULARITIES

This section should be read in conjunction with Section E, Counter Fraud Policy and Action Plan of the Code of Corporate Governance.

Suspected Theft, Fraud and Other Irregularities

Introduction

The following procedures should be followed, as a minimum, in cases of suspected theft, fraud, embezzlement, corruption or other financial irregularities to comply with Scottish Government Health Department Circular No HDL (2005) 5. This procedure also applies to any non-public funds.

Theft, Fraud, Embezzlement, Corruption and Other Financial Irregularities

The Chief Executive has the responsibility to designate an officer within the Board with specific responsibility for co-ordinating action where there are reasonable grounds for believing that an item of property, including cash, has been stolen.

It is the designated officer's responsibility to inform as he deems appropriate, the Police, the Counter Fraud Services (CFS), the appropriate Executive Director, the Appointed Auditor, and the Chief Internal Auditor where such an occurrence is suspected.

Where any officer of the Board has grounds to suspect that any of the above activities has occurred, his or her local manager should be notified without delay. Local managers should in turn immediately notify the Director of Finance who should ensure consultation with the CFS, normally by the Fraud Liaison Officer. It is essential that preliminary enquiries are carried out in strict confidence and with as much speed as possible.

If, in exceptional circumstances, the Director of Finance and the Fraud or Deputy Fraud Liaison Officer are unavailable, the local manager will report the circumstances to the Chief Executive who will be responsible for informing the CFS. As soon as possible thereafter, the Director of Finance should be advised of the situation.

Where preliminary investigations suggest that *prima facie* grounds exist for believing that a criminal offence has been committed, the CFS will undertake the investigation, on behalf of, and in co-operation with the Board. At all stages, the Director of Finance and the Fraud Liaison Officer and Director of Workforce will be kept informed of developments on such cases. All referrals to the CFS which are progressed must also be notified to the Chair of the Audit Committee.

Remedial Action

As with all categories of loss, once the circumstances of a case are known, the Director of Finance will require to take immediate steps to ensure that so far as possible these do not recur. However, no such action will be taken if it would prove prejudicial to the effective prosecution of the case. It will be necessary to identify any defects in the control systems, which may have enabled the initial loss to occur, and to decide on any measures to prevent recurrence.

Reporting to Scottish Government Health & Social Care Directorate (SGH&SCD)

While normally there is no requirement to report individual cases to the Scottish Government Health & Social Care Directorate there may be occasions where the nature of scale of the alleged offence or the position of the person or persons involved, could give rise to national or local controversy and publicity. Moreover, there may be cases where the alleged fraud appears to have been of a particularly ingenious nature or where it concerns an organisation with which other health sector bodies may also have dealings. In all such cases, the Scottish Government Health & Social Care Directorate must be notified of the main circumstance of the case at the same time as an approach is made to the CFS.

Responses to Press Enquiries

Where the publicity surrounding a particular case of alleged financial irregularity attracts enquiries from the press or other media, the Chief Executive should ensure that the relevant officials are fully aware of the importance of avoiding issuing any statements, which may be regarded as prejudicial to the outcome of criminal proceedings.

Section G – Appendix 1:

COMMON SEAL

The Common Seal shall be kept by the Board Secretary in a secure place and they shall be responsible for its safe custody and use.

The Seal shall be affixed in the presence of the Chair and the Chief Executive. If the Chair cannot be present the Vice Chair or a Non-executive Member nominated by the Chair must be present.

The Board Secretary shall keep a register which shall record the sealing of every document. Every such entry shall be signed by those present when the document is sealed. The entries in the register shall be consecutively numbered.

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	30 June 2022
Title:	Integration Joint Board Minutes
Responsible Executive/Non-Executive:	Chris Myers, Chief Officer Health & Social Care
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to share the approved minutes of the Integration Joint Board with the Board.

2.2 Background

The minutes are presented to the Board in regard to Freedom of Information requirements compliance.

2.3 Assessment

The minutes are presented to the Board in regard to Freedom of Information requirements compliance.

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An HIA is not required for this report.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

This has been previously considered by the following group as part of its development. The group has supported the content.

- Integration Joint Board 15 June 2022

2.4 Recommendation

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Integration Joint Board minutes 02.03.22



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 2 March 2022** at **9am** via Microsoft Teams

Present:

(v) Cllr D Parker (Chair)	(v) Mrs L O'Leary, Non Executive
(v) Cllr S Haslam	(v) Mrs H Campbell, Non Executive
(v) Cllr T Weatherston	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr J McLaren, Non Executive
	(v) Mr T Taylor, Non Executive

Mr C Myers, Chief Officer
Mrs J Smith, Borders Care Voice
Ms V MacPherson, Partnership Representative NHS
Mr D Bell, Staff Side SBC
Mr N Istephan, Chief Executive Eildon Housing
Mr S Easingwood, Chief Social Work and Public Protection Officer
Ms L Jackson, LGBTQ+
Dr L McCallum, Medical Director

In Attendance: Miss I Bishop, Board Secretary
Mrs J Stacey, Internal Auditor
Mr R Roberts, Chief Executive NHS
Mrs N Meadows, Chief Executive, SBC
Mr D Robertson, Chief Financial Officer SBC
Mr A Bone, Director of Finance, NHS Borders
Dr T Patterson, Director of Public Health
Mr S Burt, General Manager MH&LD
Mrs C Oliver, Head of Communications & Engagement NHS
Mr P McMEnamin, Deputy Director of Finance NHS
Mr G Samson, Audit Scotland
Ms S Flower, Chief Nurse Health & Social Care Partnership
Ms N Austin-Hunt, Chief Executive Third Sector Dumfries & Galloway

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr Jenny Linehan, Mrs Sarah Horan, Director of Nursing, Midwifery & AHPs, NHS, Dr Kevin Buchan GP, Ms Juliana Amaral, BAVs, Mrs Jen Holland, Director of Strategic Commissioning and Partnerships SBC, Mrs Lynn Gallacher, Borders Carers Centre.
- 1.2 The Chair welcomed a range of attendees including, Norma Austin Hart, Chief Executive, Third Sector Dumfries & Galloway, Simon Burt, General Manager, Mental Health & Learning Disabilities service and Paul McMEnamin, Deputy Director of Finance, NHS

1.3 The Chair confirmed the meeting was quorate.

2. DECLARATIONS OF INTEREST

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

2.2 Mr Nile Istephan declared that Eildon Housing had a financial interest in item 5.3 on the agenda.

2.3 Cllr Elaine Thornton-Nicol declared that she was a potential party to the lease of the property at item 5.3 on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declarations made.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 15 December 2021 were approved.

4. MATTERS ARISING

4.1 **Action 2020-3:** Mr Chris Myers advised the review of the Scheme of Integration had been taken forward by Scottish Borders Council and NHS Borders and consulted on with the general public through Citizen Space. The consultation had concluded on 28 February 2022 and the results were being reviewed.

4.2 **Action 2021-5:** Mr Chris Myers advised that the Joint Needs Assessment would enable meaningful engagement with unpaid carers across the Borders and their influence of the IJB Strategic Commissioning Plan and directions.

4.3 **Action 2021-7:** The monitoring of the direction would take place through the IJB Audit Committee. The action would be marked as complete if the direction was agreed by the IJB.

4.4 **Action 2021-8:** The monitoring of the direction would take place through the IJB Audit Committee. The action would be marked as complete if the direction was agreed by the IJB.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5. HEALTH, SOCIAL CARE AND ADULT SOCIAL WORK PRESSURES AND LEVELS OF RISK

5.1 Mrs Suzie Flower provided an overview of the pressures within health, social care and the care home setting over her previous 18 months. She highlighted several challenges including: recruitment; short and long term sickness; transfers of patients to

residential care beds; increasing pressures on community hospitals and in the acute setting; and more deconditioned patients at admission. In terms of progress there was closer working between health and social care through the provision of mutual aid in social care and increasing capacity in the Home First service. The wellbeing of staff was paramount given the challenges in recruitment and a whole social care and health approach to staff wellbeing was being taken to ensure patients received the right level of care.

- 5.2 Mr Stuart Easingwood spoke of the mitigations and collaborative work being taken forward to address the various pressures across the provision of health and social care services which had enabled innovations and flexibility to be taken across the whole system. He further highlighted caseload allocations and the percentage of work that had increased with particular pressures with adult social work. The Scottish Government had recognised the increase in workload and need for further resource which they had supplied and work was underway to use that additional resource to bolster the workforce and maximise the benefits across the whole system to improve outcomes for people.
- 5.3 Mr Easingwood reassured the Board that it was a national situation and work was progressing to mitigate risks and promote innovation in challenging circumstances.
- 5.4 Mrs Karen Hamilton enquired if there were examples of good practice that could be transferred to Borders. Mr Easingwood commented that good practice was already being seen in terms of keeping people in their communities and patients at the centre of their care. Innovation, best practice and how to do things differently was being sought out in various networks both regionally and nationally.
- 5.5 Mr Tris Taylor enquired about the context of the update to the Board, any consequential risks to the Board and a quantification of the scale of the challenge. Mr Easingwood commented that the update had been provided to the Board to keep it abreast of what was happening on the front line for health and social care services. If required he would be happy to return to the Board with a metrics to provide assurance on the mitigations of risk, quantification of work and performance.
- 5.6 Mr Chris Myers commented that he was keen that the Board as commissioners of services were sighted on the pressures and challenges faced across the whole system, in the context of the outcomes being sought by the Integration Joint Board.
- 5.7 Mr Ralph Roberts commented that the outcomes and delivery of services sat with the parties to the Integration Joint Board and it was helpful to share those in the joint space. In terms of assurance he commented that the Board should be assured in terms of partnership working. In relation to health outcomes it was important that the Board understood the delivery of unscheduled care, elective care and planned care was not as it should be, often due to flow through the whole system and in effect that lead to harm for people and collectively none of the whole system organisations were comfortable with that position.

- 5.8 Cllr Tom Weatherston commented that the past 18 months had been a huge challenge for the provision of care in the community and he congratulated staff for being agile and continuing to deliver services during that time.
- 5.9 Ms Linda Jackson commented that she accepted the unprecedented pressures on staff across the whole system and highlighted that parent carers and dementia carers were exhausted due to a lack of capacity, availability of staff, some requiring building based services and others seeing their packages of care being reduced. She suggested it was helpful to be engaged with to understand the issues and what could be done to help carers and reduce unnecessary hospital admissions.
- 5.10 Mr Easingwood commented that opportunities were being explored to meet the needs of the whole health and social care system through working with communities and carers and those with lived experience to enhance working together to identify the best options available. He was committed to finding opportunities to meet unmet need and reduce the current pressures on families.
- 5.11 Mr Taylor suggested it was vital that unmet need was quantified as it would be a key element of the metrics moving forward.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

6. COMMUNITIES MENTAL HEALTH AND WELLBEING FUND UPDATE

- 6.1 Ms Norma Austin Hart, provided a presentation and update on the community mental health and wellbeing fund and highlighted: the fund was administered for Dumfries and Galloway and the Scottish Borders; the process followed and the results of the first round for Scottish Borders: the lessons learned and a heads up on key decisions; the role of the Steering Group and governance processes; application form and scoring criteria; and the next round of bids would commence in April for 2022/23.
- 6.2 Mr John McLaren sought clarification that the 10 projects in the lowest group did not receive funding. Ms Austin Hart commented that of the 22 projects received there were 10 projects that did not exceed the quality threshold and in order to preserve the integrity of the process any projects below the quality threshold did not receive funding.
- 6.3 Mrs Lucy O'Leary enquired if there were lessons learned on how to encourage and stimulate smaller organisations to apply or for organisations to apply for smaller amounts. Ms Austin Hart commented that the main barrier for organisations had been the short timescale for applications and the lack of time to prepare the application, develop the idea and concept. She suggested it would be addressed in the next round of bids where the plan was to take several months to work through the third sector interface with local communities and resilience groups to develop their capacity and capability.
- 6.4 Mr Chris Myers commented that it was a clear demonstration of the power of the third sector and the impact of the fund across local communities would support the

partnership to deliver against the outcomes outlined in the strategic commissioning plan.

- 6.5 Dr Lynn McCallum welcomed the opportunities that were included in the fund and highlighted that the one thing the pandemic had highlighted had been the inequalities within the south of Scotland region and she enquired if deprivation had been taken into account when assessing applications. Ms Austin Hart commented that it had been considered for any groups at risk, for those living in poverty and for any project that addressed mental health inequality.
- 6.6 Cllr Elaine Thornton-Nicol enquired if there was a risk of repeating work that was already being undertaken. Ms Austin Hart commented that the steering group had asked the scoring panel to produce a portfolio of projects that would strike a balance in terms of geographic spread, diversity of applicants and benefits.
- 6.7 Ms Austin Hart commented that in summary the key decisions were taken by the steering group, a process was agreed for allocating underspends and considerations were given to maximum amounts of grants to be applied. The timescale for the next round of applications would commence in April through to July. The fund would be opened in August and the results of the applications would be known in November with funds being committed the following March.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation.

7. 2022/23 JOINT FINANCIAL PLAN

- 7.1 Mr Andrew Bone provided a presentation on the draft financial plan and highlighted the work being taken forward to clarify detail and the content of the allocation letter.
- 7.2 Cllr Shona Haslam commented that it would be helpful to be able to set the budget before the commencement of the financial year. Mr Bone commented that both he and Mr David Robertson were disappointed that they had been unable to present a budget to the Board for sign off ahead of the next financial year due to the amount of uncertainty in terms of level of detail and funding allocations to be provided to local authorities and health boards. He advised that the recruitment process for a Chief Financial Officer for the Integration Joint Board was underway and part of their remit would be to develop a timetable and approach to financial planning in order to settle the budget before the next financial year and then amend it moving forward in light of late allocations.
- 7.3 Cllr Haslam noted that the additional money this year meant the IJB could offset the savings target for this year. In terms of the COVID funding for one year, she enquired if it would lead to increased pressures for a further year. Mr Bone commented that in relation to COVID expenditure a level of resource had been confirmed to be sufficient to offset COVID expenditure to be incurred in the coming year.
- 7.4 Mr David Robertson commented that the savings that Scottish Borders Council had brought forward were in the region of £1.3m and in setting the budget, the IJB had

clarity on what they were looking at in terms of individual savings packages. He suggested the level of savings required would be set out in the final budget paper for the IJB to approve and the areas to be targeted for those savings would be clarified along with any residual gap that might exist.

- 7.5 Cllr Haslam reminded the Board that a period of purdah for councillors would be entered into in mid March and enquired when the budget paper would be brought to the IJB to ensure the meeting would be quorate. Mr Robertson confirmed that routine business, such as agreeing the budget, could continue during the period of purdah.
- 7.6 Cllr David Parker noted that the next meeting of the IJB was scheduled for 20 April however he was concerned that it might not be quorate.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation.

8. NEEDS ASSESSMENT: ORAL HEALTH AND DENTAL SERVICES

- 8.1 The item was deferred to the next meeting.

9. MILLAR HOUSE

Mr Nile Istephan had declared an interest in the item.

Cllr Elaine Thornton-Nicol had declared an interest in the item.

- 9.1 Mr Simon Burt provided an overview of the content of the report and highlighted: the core services provided by the rehab service; the provision of inpatient beds both within NHS Borders and external providers; unsuitability of the current provision of accommodation for long term clients; efficiency savings; working through a business case; and repatriation of clients currently outwith Borders in line with national guidance.
- 9.2 Mrs Netta Meadows enquired if the risk sharing of failing would be equally split across the partnership. Mr Burt commented that 4 efficiency savings had been identified which were RAG rated. Mr Burt advised that the financial model had been discussed and the largest risk was in terms of efficiencies. It was a 77%/23% balance in funding and was mirrored in the new model.
- 9.3 Mr Ralph Roberts commented that he thought it was the right thing to do and noted that there was a risk issue in not being able to guarantee there were not other clients coming forward who would need external provision. The reality was that one of those clients was funded outwith the budget and that was a cost pressure on the service. The intention was that the nature of the service would give flexibility to minimise the risk. The other issue was the split of risk and it was set out as it was currently split and a piece of work needed to be taken forward jointly on joint funding also on getting better at managing risk shares and working through that without any prejudged assumptions on what the impact would be for each partner.

- 9.4 Mrs Jenny Smith welcomed the efficient use of the estate that had become available. She noted that Carr Gom were positive about the process and she welcomed the reference to working with lived experience and carers. She enquired if the reference in the direction to quantitative should have been qualitative. Mr Myers confirmed that it should have been qualitative feedback and not quantitative.
- 9.5 Cllr Haslam enquired what consultation had taken place with the families involved and how they would be supported through the transition. Mr Burt advised that discussions and questionnaires had been completed with all the tenants to be impacted by the change. It was a coproduced project and would continue to be coproduced as it moved to the implementation stage. The transition plan would be progressed with those with lived experience. Carr Gom would continue to be the provider for a period of time as the transition took place. The community rehab team would work closely with the client group and provide some enhanced health support to the new accommodation. Mr Burt assured the Board that there had been consultation and each transfer would be individually designed to meet the needs of each individual.
- 9.6 Cllr Haslam enquired about the level of consultation. Mr Burt confirmed that consultation had taken place before the project had reached the current point. Mrs Smith commented that consultation had taken place through the provision of questionnaires, involvement of carers representatives and the involvement of those with lived experience through BIAS. It had taken into account where possible the challenges with the unknowns in terms of raising the expectations of a vulnerable client group. She was content with the consultation process undertaken. Cllr Haslam commented that following Mrs Smith's clarification she was also content with the process undertaken.
- 9.7 Mr Tris Taylor enquired about the verification of the opinion of service users and carers and sought to understand in what way the proposal had changed due to the involvement of those with lived experience and carers. He further enquired if the proposal was a major service change. Mr Burt advised that it was not a major service change as it was a re-provision of a service with an enhancement.
- 9.8 Mr Taylor enquired about the governance route for the proposal. Mr Burt advised that it had been presented to the Health & Social Care Senior Leadership Team, the NHS Operational Planning Group, the NHS Board Executive Team and the IJB Strategic Planning Group. Both informal and formal discussions with the Finance teams in both partner organisations had taken place and the final body to present to would be the Housing provider at their meeting in April. He assured the Board that both the Chief Executives of NHS Borders and Scottish Borders Council and their senior teams were in support of the proposal.
- 9.9 Mr Taylor suggested it was important to understand the appropriate location for the scrutiny of services and changes to those services that affected the population and the discharge of the duties of the deliverers.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the Business Case and the draft IJB Directions set out below:

“The IJB are being asked to Direct NHS Borders and Scottish Borders Council to Commission the Community Rehabilitation Service set out in the Millar House Business Case submitted on 2nd March 2022 (subject to Eildon HA Board approval to lease the Millar House site and accommodation to the commissioned service provider Carr Gom).”

10. DIRECTIONS

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the directions as set out below:-

10.1 Direction: HSCP Integrated Workforce Plan

To continue to progress the development of a Scottish Borders Health and Social Care Partnership Integrated Workforce Plan in line with the national timescales set out below, ensuring that the plan takes into account:

- Scottish Government integrated workforce planning expectations
- The immediate workforce sustainability issues faced by the HSCP, including existing workforce gaps and any service shortfalls, the increased risks of workforce, internal and partner supplier failure and future market for care (Strategic Risks: IJB003, IJB006 and IJB007), and how to promptly resolve these challenges locally
- Future workforce needs, based on meeting need, including additional demand and any backlogs associated to Covid-19
- Plans for sustainable integrated workforce models across health and social care
- Improved training, development, recruitment and retention across health and social care
- Affordability in the context of the financial constraints across the IJB, NHS Borders and Scottish Borders Council

As part of this process, it is expected that:

- There will be full and appropriate consultation and engagement with all stakeholders, including (but not exclusively) appropriate staff, partnership; professional, independent sector, educational institutions (e.g. Borders College, NES, Universities), partner reference groups, the IJB Joint Staff Forum and the Strategic Planning Group
- The HSCP Integrated Workforce Plan will be considered for final approval at the Integration Joint Board prior to submission to the Scottish Government

Out of scope: The development of a plan for Unpaid Carers will be undertaken in the IJB's Carers Workstream, and as such should be considered as out of scope of the Integrated Workforce Plan.

10.2 Direction: Strategic Commissioning Plan

To provide planning, performance, communications and public engagement support for the development of the Strategic Commissioning Plan. This includes support for:

- The design and production of a Strategic Joint Needs Assessment
 - o Population / Public Health Needs Assessment (NHS Borders)
 - o Performance and data support (NHS Borders and Scottish Borders Council)
 - o Communications support (NHS Borders and Scottish Borders Council)
 - o Full and appropriate consultation and engagement with stakeholders, staff and partners (NHS Borders and Scottish Borders Council)

- The production of a Strategic Commissioning Plan based on the priorities identified by the Strategic Joint Needs Assessment
 - o Planning and Project Management support (NHS Borders and Scottish Borders Council)
 - o Liaison between finance teams, IJB Chief Finance Officer and IJB Chief Officer (NHS Borders and Scottish Borders Council)
 - o Full and appropriate consultation and engagement with stakeholders, staff and partners (NHS Borders and Scottish Borders Council)
- Communications support (NHS Borders and Scottish Borders Council)

10.3 **Direction: Care Village Provision**

To scope the development of an Outline Business Case for Care Home service provision in Hawick, and progress the development of a Full Business Case for the Tweedbank Care Village. As part of this process, it is expected that:

- There will be full and appropriate consultation and engagement with stakeholders
- The model of services will be needs based

It is recognised that the capital investment needed to deliver the Care developments is included in the Scottish Borders Council's Capital plan. It is expected that both of the Business Cases will be reviewed at the Integration Joint Board for consideration on the revenue spend prior to full sign off by the Scottish Borders Council.

10.4 **Direction: Oral Health Plan. The direction was deferred.**

10.5 **Direction: Millar House**

NHS Borders and the Scottish Borders Council are requested to commission the Community Rehabilitation Service set out in the Millar House Business Case submitted on 2nd March 2022 (subject to Eildon Housing Association Board and the Scottish Housing Regulator's approval to lease the Millar House site and accommodation to the commissioned service provider Carr Gomm).

10.6 **Direction: 2022/23 Budget. The direction was deferred.**

11. MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2021/22 AT 31 DECEMBER 2021

11.1 Mr Paul McMenamin provided an overview of the content of the report.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the combined forecast adverse variance of (£5.523m) for the Partnership for the year to 31 March 2022 based on available information and arrangements in place to partially mitigate this position.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that whilst the forecast position includes direct costs relating to mobilising and remobilising in respect of Covid-19, it also assumes that all such costs will again be funded by the Scottish Government in 2021/22.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the position includes additional funding vired to the Health and Social Care Partnership during the first half of the financial year by Scottish Borders Council to meet reported pressures across social care functions from managed forecast efficiency savings within other non-delegated local authority services and funding brought forward in respect of Covid-19 expenditure.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any residual expenditure in excess of the delegated budgets at the end of 2021/22 will require to be funded by additional contributions from the partners in line with the approved Scheme of Integration.

12. UPDATE ON IMPACT OF INTEGRATION JOINT BOARD REQUIREMENTS AS CATEGORY 1 RESPONDERS UNDER THE CIVIL CONTINGENCIES ACT 2004

12.1 Mr Chris Myers provided an overview of the content of the report.

12.2 Mrs Karen Hamilton assured the Board as the Chair of the IJB Audit Committee that it would welcome the opportunity to take on the review of the on-going arrangements in relation to the Civil Contingencies Act.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered and noted the assessment of the obligations, and assessed requirements for the Integration Joint Board outlined within this update paper in relation to the amendment to The Civil Contingencies Act 2004 (Amendment of List of Responders) (Scotland) Order 2004

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested that the IJB Audit Committee to build in the review of on-going arrangements in relation to the Civil Contingencies Act (Amendment of List of Responders) (Scotland) Order 2004 into their audit cycle to ensure that these obligations are met

13. CHIEF SOCIAL WORK OFFICE ANNUAL REPORT

13.1 Mr Stuart Easingwood provided an overview of the report which pertained to 2020/21 but had been delayed in being presented to the IJB due to demands on the IJB agenda. Mr Easingwood highlighted several elements from within the report including: references throughout the report to the COVID-19 pandemic and how services were delivered; the significant impact of the pandemic on carers, households and communities across the Scottish Borders; the strength and resilience of local communities; the workforce which was a massive asset in the delivery of services to all during the pandemic; recruitment and retaining professionally qualified social work staff; and creating career pathways for existing staff to do professional training.

13.2 Mr Easingwood further commented that currently there were 5 staff who would graduate this summer to allow them to be matched into existing vacancies across the social work and social care landscape.

13.3 Cllr Elaine Thornton-Nicol offered congratulations to the people within the services covered by the report and also thanked Mr Easingwood for his work throughout the pandemic period.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

14. STRATEGIC PLANNING GROUP MINUTES: 03.11.21

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

15. ANY OTHER BUSINESS

15.1 The Chair advised that there had been no notification of any other business.

16. DATE AND TIME OF NEXT MEETING

16.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 20 April 2022, from 10am to 12noon, via Microsoft Teams.

The meeting concluded at 11.20am.

Signature:
Chair